

### Concept Paper Form

**Program Director/Principal Investigator:**

Prefix: \_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address (Line 1): \_\_\_\_\_

Address (Line 2): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Title of Project:** \_\_\_\_\_

**Select the program for your submission:** Community Matching Grant Program \_\_\_\_

Investigator Initiated Research Program \_\_\_\_ Physician Investigator Research Award Program \_\_\_\_

**Addresses (select one or more):** Healthcare Cost \_\_\_\_ Quality of Care \_\_\_\_ Access to Healthcare \_\_\_\_

Ability Status: \_\_\_\_ Persons with at least one disability \_\_\_\_ Persons without a disability

If the proposed project addresses ability status, please provide description of disability/disabilities addressed:

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Total Project Budget: \_\_\_\_\_

Grant Request Amount: \_\_\_\_\_ Duration (in months): \_\_\_\_

Estimated Start Date: \_\_\_\_\_

**Purpose of Project (include target population; word limit: 150)**

**Description of Project (include rationale and target population; word limit: 350)**

**How this Project Addresses Health Equity and/or the Social Determinants of Health (word limit: 200)**

**Expected Impact/Outcomes (Include measurable outcomes and what impacts and outcomes you**

expect the target population to experience as a result of the project; word limit: 250)

**How Expected Impact/Outcomes Will Be Measured (word limit: 250)**

Email completed concept paper to: [foundation@bcbsm.com](mailto:foundation@bcbsm.com)