



Blue Cross Blue Shield of Michigan Foundation
Grant Programs
Final Report

Grant #: _____

Title of Project: _____

Community Health Matching Grant Program _____

Investigator Initiated Research Program _____ Physician Investigator Research Award Program _____

Project Director/Principal Investigator:

Prefix: _____ First Name: _____ Middle Initial: __ Last Name: _____ Suffix: _____

Title: _____ Phone: _____

Email: _____ Secondary Email: _____

Co-Project Director/Co-Principal Investigator (if applicable):

Prefix: _____ First Name: _____ Middle Initial: __ Last Name: _____ Suffix: _____

Title: _____ Phone: _____

Email: _____ Secondary Email: _____

Has there been a change of contact for the PD/PI, or Co-PD/PI: Yes _____ No _____

If yes, please provide new contact information:

Prefix: _____ First Name: _____ Middle Initial: __ Last Name: _____ Suffix: _____

Title: _____ Phone: _____

Email: _____ Secondary Email: _____

Person submitting the report:

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Grant award start date: _____

Grant award end date: _____

IRB Status (If applicable):

Since the mid-term report have there been any changes in IRB status, excluding personnel/staff changes?

Yes ___ No ___ IRB Modification Approval Date: _____ IRB Expiration Date: _____

If the IRB has been modified, excluding staff/personnel changes, and approved, please submit a copy with this report

Final Report

ACCOMPLISHMENTS: This section can be completed and submitted as a separate document.

List all goals/aims of the project. Describe what was accomplished. Include 1) major activities, 2) specific objectives, 3) significant results/null results, 4) major developments, 5) conclusions (both expected and unexpected), 6) key outcomes and 7) other achievements. Include a discussion of stated goals not met.

Since the mid-term report, have any of the accomplishments related to this project been disseminated (manuscripts, articles, presentations, blogs, social media/media coverage, websites)? Yes No

If yes, provide citations and/or links

FUNDING

Since the mid-term report, is there one or more new funding associated with this project? Yes If No
yes, list funding agency, project title and amount

Will you use the results of this project in an application for funding in the future? Yes No

If yes, list the funding agency, project title and amount.

PERSONNEL

Were there personnel changes to report? Yes No If yes, please describe.

ENROLLMENT

Any changes to the targeted/planned participant enrollment? Yes No If yes, please describe.

OUTCOMES

What were the outcomes of the grant? Write this section in clear, concise and comprehensive language suitable for the general public. Word limit: 500 words

Please attach the following:

- Final enrollment table
- Final expenditure report
- Final Invoice
- Tables/figures, if needed
- Any materials that would enhance this report

**BCBSM Foundation
Grant Programs
Final Enrollment Table
FINAL REPORT**

This report format should NOT be used for data collection from study participants.

Project Director/Principal Investigator (Last, First, Middle):

Grant #:

Project Title:

Total Planned Participants:

Total Actual Participants:

	Females	Males	Transgender Females	Transgender Males	Gender Variant/Non-Conforming	Total
Ethnic Category						
Hispanic or Latino						
Not Hispanic or Latino						
Racial Categories						
American Indian/Alaska Native						
Asian						
Black or African American						
Arab or Arab American						
White or Caucasian						
More than One Race						
Other (add appropriate category)**						
Total of All Subjects *	0	0	0	0	0	

Did you enroll persons with at least one disability? Yes ___ No ___

If serving persons with at least one disability, please describe the disability/disabilities:

Sample Expenditure Report:

BLUE CROSS BLUE SHIELD OF MICHIGAN FOUNDATION						
EXPENDITURE FORM						
FINAL REPORT						
Please make the submitted budget as detailed as possible. A budget justification for each line item must accompany each line. Funds requested, anticipated, or provided by other sources for the same project must be described in detail and referred to in the cover letter.						
SAMPLE LINE ITEMS						
	Percent Effort (%)	Base Salary	Percent Fringe (%)	Fringe Amount	Other	Total BCBSM Funding Expensed
Personnel Name, Project Title						
Personnel Sub-total						
Salary Total						
Supplies						
Project Staff Travel						
Consultant Fees						
Dissemination Cost						
Funds from Other Sources						
GRANT TOTAL (BCBSM Foundation Request)						
The Foundation does not pay for capital expense, and/or indirect costs with the exception of limited fringe benefits. Example of ineligible expenses are computer equipment including hardware and software unless they are directly related to aim the proposed project.						