

BLUE CROSS AND BLUE SHIELD OF MICHIGAN FOUNDATION
Investigator Initiated Research Program
Application

Title of Project:

Purpose of Project:

***Principal Investigator:** (name, title, address, phone, e-mail and fax number)

Applicant Institution _____

IRB Approval Included: _____ **Not Included** _____

Number of Months Support Requested: _____

Total support requested: \$ _____

The terms and conditions that apply to grants made by the Blue Cross and Blue Shield of Michigan Foundation can be found under Application Materials on website. Please read them carefully before signing this form. Your signature on this form constitutes acceptance in full of all conditions contained herein.

Institutional Approval:

(name and title of official authorized to sign for institution)

(name, typed or printed)

(signature)

(title)

(date)

*Principal Investigator is the individual responsible for the conceptualization, development, implementation and outcome of the proposed activity.

Please complete this form and email it with your signed Terms and Conditions and other application material to: foundation@bcbsm.com

BLUE CROSS AND BLUE SHIELD OF MICHIGAN FOUNDATION

SAMPLE BUDGET

Please make the submitted budget as detailed as possible on a separate spread sheet. A budget justification for each line item must accompany the budget. Funds requested, anticipated or provided by other sources for the same or similar project must be described in detail on a separate sheet and referenced in a cover letter.

SAMPLE LINE ITEMS

Personnel

Name and Project Title	Base Salary	X	Percent Time (%)	=	Project Salary
------------------------	-------------	---	------------------	---	----------------

List each person on the project team grant funds are requested. Provide his/her base salary, the percent of time committed to the project which results in the salary amount charged to the project. The principal investigator (for research grants) or project director (for community grants) must have a time commitment to the project. If a salary is being paid from another source, please list the source.

Salary Subtotal

Fringe Benefits*

The allowable fringe benefit expense may not exceed the lesser of 25% of the salary subtotal figure or the actual cost of the fringe benefits. Fringe benefits include health, person and/or medical benefits.

Salary Total

Supplies

Office Operations

To include items such as printing, duplicating, telephone, postage, computer/data processing.

Project Staff Travel**

Conference travel is limited to \$1,000.

Consultant Fees

The expense of out of state consultants is limited to 5% of the total budget.

Grand Total

** The Foundation does not pay for indirect costs with the exception of limited fringe benefits.