

**Blue Cross Blue Shield of Michigan Foundation
Research Grant Programs
Grant Application**

Title of Project: _____

Investigator Initiated Research Program ____

Physician Investigator Research Award Program ____

Principal Investigator:

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

Title: _____

University/Organization: _____ EIN: _____

Email: _____ Secondary Email: _____

Address (Line 1): _____

Address (Line 2): _____

City: _____ County: _____ State: __ Zip Code: _____ Telephone: _____

Co-Principal Investigator (if applicable):

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

Title: _____

University/Organization: _____ EIN: _____

Email: _____ Secondary Email: _____

Address (Line 1): _____

Address (Line 2): _____

City: _____ County: _____ State: __ Zip Code: _____ Telephone: _____

Total Project Budget: _____

Grant Request Amount: _____ Duration (in months): ____

Estimated Start Date: _____

Concept Paper submitted: Y ___ N ___ Date of submission: _____

Approximate No. Study Population: _____ Age Range of Population: _____

Addresses (select one or more): Healthcare Cost ___ Quality of Care ___ Access to Healthcare ___

Received Previous Award from BCBSM Foundation: Y ___ N ___ if yes, check below

Community Matching ___ Physician Investigator ___ Investigator Initiated ___

Proposal Development ___ Request for Proposal (program name) _____

***For Research Projects Only**

IRB Received: Y ___ N ___ In progress ___ N/A or Exempt ___

IRB Approval Date: _____ IRB Expiration Date: _____

If completed, please attach.

Institutional Approval:

Name: _____ Signature: _____

Title: _____ Date: _____

Your narrative (approximately 2,000-4,500 words) should include the following sections:

- Background
- Hypothesis(es)
- Significance of research
- Innovation of research
- Research design and methods
- Expected outcomes
- Addressing health equity and social determinants of health
- Addressing cost, quality, and access to healthcare
- Conclusion

Please use AMA 10th Edition or APA 7th edition citation style. Citations do not count towards the recommended word count.

Please attach the following:

- Background and purpose of your proposal in plain English (approximately 250 words)
- Target enrollment table
- Budget justification (does not count towards word limit)
- Project timeline
- Letters of support from collaborators, if applicable
- Signed Terms and Conditions

**BCBSM Foundation
Research Programs
Targeted/Planned Enrollment Table**

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

Principal Investigator (Last, First, Middle):

Project Title:

Total Planned 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 *						

Describe the ability of the targeted participants: ___ Persons with at least one disability ___ Persons without a disability

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

Sample Budget:

BLUE CROSS BLUE SHIELD OF MICHIGAN FOUNDATION						
BUDGET FORM						
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 Foundation Request
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.						

BLUE CROSS AND BLUE SHIELD OF MICHIGAN FOUNDATION

Research Programs

Terms and Conditions of Grant

To induce the Blue Cross and Blue Shield Foundation ("Foundation") to make the grant requested, the grantee accepts and agrees to comply with the following conditions, in the event that such grant is awarded.

1. PURPOSE AND ADMINISTRATION.

The grant shall be used exclusively for the purposes specified in the grantee's proposal, dated _____. In the event that the funds are not used for these purposes within the time specified in the grantee's proposal or within any approved extension of said time period, the unspent funds shall be returned to the Foundation.

The grantee will directly administer the project or program being supported by the grant and agrees that no grant funds shall be disbursed to any organization or entity, whether or not formed by the grantee, other than as specifically set forth in the grant proposal referred to above.

All copyright interests in materials produced as a result of this grant are owned by the grantee. The Foundation, however, retains a royalty-free, nonexclusive and irrevocable license to reproduce, publish, use in modified form (e.g., shortened, summarized or abbreviated) or otherwise use and to authorize use of any such materials for any lawful purpose in furtherance of the BCBSM Foundation's mission to enhance quality, control costs, and improve access to health care in Michigan. Notice will be provided to the grantee should the BCBSM Foundation use or authorize the use of such materials.

No part of the grant shall be used for a grant contract or subcontract to another person or organization without prior written approval of the Executive Director of the BCBSM Foundation.

2. BUDGET.

Expenditures of the grant funds must adhere to the specific line items in the grantee's approved grant budget. Transfers among line items (increases and decreases) must be requested on the Request for Budget Adjustment Form, and approved by the Executive Director of the Foundation.

3. ACCOUNTING AND AUDIT.

A systematic record on a fund-accounting basis shall be kept by the grantee of the receipt and disbursement of funds and expenditures incurred under the terms of the grant, and the substantiating documents, such as bills, invoices, canceled checks, receipts, etc., shall be retained in the grantee's files for a period of not less than four (4) years from the date of the expiration of the grant period. The grantee agrees to promptly furnish the Foundation with copies of such documents upon the Foundation's request, and without charge to the Foundation.

The Foundation, at its expense, may audit or have audited the records of the grantee insofar as they relate to the disposition of funds granted by the Foundation, and the grantee shall provide all necessary assistance in connection therewith without charge to the Foundation. Randomly selected projects may be selected for routine audit with or without cause.

4. REPORTS.

Narrative and financial reports shall be furnished by the grantee to the Foundation at the midway and conclusion or upon expiration or termination of the grant. Such reports shall be furnished to the Foundation within 30 days after the due date or close of the grant. The narrative report should briefly summarize the objective of the project, describe grant-related activities including, the progress made by the grantee towards achieving the grant's objectives, and discuss any problems or obstacles encountered including the strategy used to resolve the problem(s).

The financial report is to be in the same format as the approved grant budget, and for each line item, show the original project budget, the balance carried forward as of the report date, the amount expended against each line item for the current period, and the resulting balance remaining in each line. A total is to be shown for each column. If an encumbrance system is used, encumbrances are to be shown in a separate column from cash expenditures.

The Foundation may, at its expense, monitor and conduct an evaluation of operations under the grant, which may include visits by representatives of the Foundation or its designees to observe the grantee's program procedures and operations, and to discuss the program with the grantee's personnel.

The final report shall be presented to the Foundation within 30 days of the end of the grant period, unless an extension is granted. The final report shall be of a quality and in a format suitable for publication.

The Foundation may request grant recipients to present their research at an appropriate forum within the state of Michigan.

5. PUBLIC REPORTING.

The Foundation will report this grant, if made, in its next Annual Report. The grantee may be asked to review and approve a project summary briefly describing the grantee's activity which will be used by the Foundation to respond to inquiries and for other public information purposes.

The grantee shall send to the Foundation copies of all papers, manuscripts, and other information materials which it produces that are related to the project sponsored by the Foundation.

In all publications, press releases, annual reports, or other announcements - grantees are required to refer to the Foundation by its full name: Blue Cross and Blue Shield of Michigan Foundation.

6. CERTIFICATION REQUIRED WHEN GRANT MAY BE USED FOR RESEARCH INVOLVING HUMAN SUBJECTS.

If the grant is to be used in whole or in part for research involving human subjects, the grantee hereby certifies that an institutional review board, which applies the ethical standards and the criteria for approval of grants set forth in the Department of Health and Human Services policy for the protection of human research subjects and other appropriate data confidentiality (45CFR part 46, as amended from time to time), has determined that the human subjects involved in this grant will not experience risk over and above that involved in the normal process of care, and that appropriate safeguards will be established to protect against the unauthorized use or distribution of confidential data.

7. GRANT REVERSION AND TERMINATION.

If the grant is intended to support a specific project or to provide support for a specific period of time, any portion of the grant unexpended at the completion of the project and the end of the time period and any authorized extension thereof shall be returned to the Foundation within thirty (30) days.

The BCBSM Foundation may, for its sole convenience, cancel this grant in whole or part, with or without cause, at anytime by giving the grantee thirty (30) days written notice of its intention to do so. In the event of such termination, the grantee will be entitled to recover all approved project costs incurred prior to date of termination.

If the grant is terminated prior to the scheduled completion date, the grantee shall, upon request of the Foundation, provide to the Foundation a full accounting of the receipt and disbursement of the funds and expenditures incurred under the grant as of the effective date of termination. The grantee shall repay within thirty (30) days after written request by the Foundation all grant funds unexpended as of the effective date of termination and all grant funds expended for purposes or items allocable to the period of time subsequent to the effective date of termination.

8. LIMITATIONS AND CHANGES.

It is expressly understood that the Foundation, BCBSM, or any of its subsidiaries, by making this grant, have no obligation to provide data or support to the grantee for purposes of this project or any other purposes other than the support requested in the grant request or agreement to provide data as expressly described in a separate letter of agreement by BCBSM, its subsidiaries or affiliates. Any changes, additions, or deletions to the conditions of the grant must be made in writing only and must be jointly approved by the Foundation and the grantee. If the grant is awarded, the Foundation agrees to fund projects for a period of one year. Subsequent years of funding, for multiple year requests, shall be reviewed and approved, annually.

The foregoing conditions are hereby accepted and agreed to as of the date indicated.

DATE

GRANTEE INSTITUTION

AUTHORIZED SIGNATURE OF INSTITUTIONAL OFFICIAL

TITLE OF INSTITUTIONAL OFFICIAL

DATE

SIGNATURE OF PRINCIPAL INVESTIGATOR

**Please complete this form and email it with your completed application to:
foundation@bcbsm.com**

Did you include the following?

- ✓ **Completed Application Form**
- ✓ **Figures and Tables, if applicable**
- ✓ **Copy of Project Timeline**
- ✓ **Targeted Enrollment Table**
- ✓ **Copy of IRB approval**
- ✓ **Copy of Principal Investigator's curriculum vitae/biosketch**
- ✓ **Signed Terms and Conditions**