



Blue Cross Blue Shield of Michigan Foundation
Grant Programs
Mid-Term 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: _____ Planned end date: _____

IRB Status (If applicable):

Since the application approval 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

Mid-term Report

ACCOMPLISHMENTS: Submit a separate narrative document for this section.

List major goals/aims of the project as stated in the approved application. Describe milestones/target dates for important activities or phases of the project. Identify the milestones/target dates and show actual completion dates or the percentage completion. Include a discussion of stated goals not met.

Have the major goals changed since the initial award? Yes No

If yes, provide a revised description of major goals.

What was accomplished under the revised major goals/aims? Include 1) major activities, 2) specific objectives, 3) significant results, 4) major developments or conclusions (both expected and unexpected), 5) key outcomes and 6) other achievements. Include a discussion of stated goals not met.

Describe how you will accomplish the goals/aims of the project during the next reporting period?

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

For this reporting period, is there one or more new funding associated with this project? Yes No

If yes, list funding agency, project title and amount

PERSONNEL

Are 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.

BUDGET

Will a budget modification be needed? Yes No If yes, please complete the attached "Budget Adjustment" form and submit with this report.

TIMELINE

Will the grant need an extension? Yes No If yes, please submit a revised timeline.

OUTCOMES

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

Please attach the following:

- Actual enrollment table
- Expenditure report
- Invoice
- Request for budget adjustment form, if needed
- Revised timeline, if needed
- Tables/figures, if needed
- Any materials that would enhance this report

**BCBSM Foundation
Grant Programs
Actual Enrollment Table
MID-TERM 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						
MID-TERM 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.						