

Physician Investigator Research Award



Blue Cross Blue Shield of Michigan Foundation

www.bcbsm.com/foundation

The philanthropic affiliate of Blue Cross Blue Shield of Michigan
Dedicated to Improving the Health of Michigan Residents



Blue Cross
Blue Shield
of Michigan



Blue Cross Blue Shield of Michigan and BCBSM Foundation are nonprofit corporations
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Physician Investigator Research Award Program

This program is for physicians who have an interest in health and medical care research related to one or more of the following:

- Quality of health care
- Cost of health care
- Appropriate access to health and medical care for Michigan residents

The purpose of this award program is to enable physicians to explore the merits of a research idea by providing \$10,000 in “seed” money to physicians who propose a pilot study, feasibility study or small research study to explore the merits of a research idea. (The program does not support basic science, biomedical research including drug studies, or studies using animals.)

The BCBSM Foundation seeks applications from physicians interested in research, who are licensed and domiciled in the state of Michigan. Applicants may include physicians working in research environments such as medical schools or university-affiliated hospitals, health care systems, or nonprofit agencies.

Proposals will be reviewed according to the following criteria:

- The viability of the project as a possible area of research
- The potential of the project for appropriately answering the research question
- The applicant’s qualifications for conducting the proposed project
- The feasibility of the proposed project

Applications for the Physician Investigator Research Award Program are accepted throughout the year. The application packet includes:

- Application Instructions (one page)
- Physician Investigator Research Award Program Application (one page)
- Conditions of Grant (three pages)
- Sample Budget (one page)

Physician Investigation Research Award Program

Blue Cross Blue Shield Of Michigan Foundation Application Instructions

A complete application must include the original (unbound) and 2 copies of the items listed below:

- I. Request for Physician Investigator Research Award program support form, signed on page one and on page four
- II. One page project summary
- III. Detailed Budget, including details of other sources of funding, either existing or contemplated
- IV. Body of proposal (3-5 pages) organized as follows:
 - A. Nature of the research question:
 1. Statement of the research question or hypotheses upon which the project is based
 2. Information on the significance of the problem addressed
 3. Rationale for the proposed activity
 4. Summary of similar, relevant work by the applicant and others, as reported in the medical and scientific literature
 - B. Research design, including a description of the research or intervention being proposed
 - C. Assessment of barriers which may impede widespread implementation of this intervention and how barriers might be overcome
- V. A statement that all applicable requirements of the applicant's institution regarding research involving human subjects have been met
- VI. Resume of the principal investigators and other key personnel.

Applications are accepted at any time. Blue Cross and Blue Shield of Michigan employees, members of their immediate families, and employees and immediate family members of any Blue Cross Blue Shield of Michigan affiliate and/or subsidiary are ineligible to receive BCBSM Foundation grants.

Send complete applications to:

Nora Maloy, DrPH
Senior Program Officer
Mail code X520
Blue Cross and Blue Shield of Michigan Foundation
600 E. Lafayette Blvd.
Detroit, MI 48226

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Foundation**

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600 E. Lafayette Blvd.
Detroit, MI 48226**

**Request for Physician Investigator Research Award
Support**

Title of Project: _____

Purpose of Project:

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

Applicant Institution: _____

Number of Months: _____

Support Requested: \$ _____

Checks payable to:

Mail checks to:

Attention _____

The conditions that apply to grants made by the Blue Cross Blue Shield of Michigan Foundation can be found in the following pages. 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, also required on page 4)

(title)

(date)

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

Conditions Of Grant

Physician Investigator Research and Award

To induce the Blue Cross Blue Shield of Michigan 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 , the Request for Project Support form on page 1 hereof, and related documents, all as approved by the Foundation. 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 BCBSM Foundation. The grantee will directly administer the project or program 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 BCBSM Foundation, however, retains a royalty-free, nonexclusive and irrevocable license to reproduce, publish, use in modified (e.g., shortened, summarized or abbreviated) form 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 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 Blue Cross Blue Shield of Michigan 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.
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 without cause.

4. **REPORTS.** Narrative and financial reports shall be furnished by the grantee to the Foundation quarterly and upon expiration or termination of the grant. Such reports shall be furnished to the Foundation within 30 days after the quarter or close of the grant. The quarterly narrative report should briefly summarize the objective of the project, describe grant-related activities in the past quarter 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. 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 BCBSM 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 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 HIPPA Regulations will be adhered to and that all 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 fifteen (15) days. The BCBSM Foundation may, for its sole convenience, cancel this grant in whole or part, 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 BCBSM 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

Blue Cross and Blue Shield of Michigan Foundation

Budget Guidelines

Budget Period: From _____ To _____

Grant Period: From _____ To _____

LINE ITEMS

Personnel

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

Salary Subtotal					_____
Fringe Benefits**					_____
Salary Total					_____
Supplies					_____
Office Operations					_____
(To include items such as printing, duplicating, telephone, postage, computer/data processing)					
Project Staff Travel***					_____
Consultant Fees					_____
Grand Total					_____

* Funds requested, anticipated or provided by other sources for the same or similar project proposes must be described in detail on an attached sheet and referenced in a cover letter.

** The Foundation does not pay for indirect costs with the exception of limited 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, pension and/or medical benefits.

*** Conference travel is limited to \$1,000.