

# Request for Proposals

## *Transforming KC: Health Outcomes Research Grants Program*

### APPLICATION DEADLINES

1. Letter of Intent (LOI) is due by 5:00 pm on June 29<sup>th</sup>, 2026
2. By invitation, full proposals and applications must be received by 5:00 pm on September 18<sup>th</sup>, 2026
3. Award funding begins December 2026

### Award

BioNexus KC is pleased to issue a Request for Proposal (RFP) on behalf of Blue Cross and Blue Shield of Kansas City (Blue KC) for a portfolio of sponsored research grants. Three research grants, not to exceed \$50,000 each over a one-year period, will be awarded.

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## Background

Blue KC, the largest not-for-profit health insurer in Missouri and the only not-for-profit commercial health insurer in Kansas City, has been part of the Kansas City community since 1938. Their mission is to provide affordable access to healthcare and improve the health of their members. Being mission driven, they have championed regional health and wellness for more than 80 years. Blue KC recognizes that health is created both inside and outside of the doctor's office. As a partner in health, Blue KC is continuing its commitment to the region by championing research initiatives that seek to improve health outcomes for all.

Good health shouldn't be affected by the color of our skin, the neighborhood where we live, the language we speak, our age or social class, physical disabilities, functional limitations, sexual orientation, or gender identity. Unfortunately, generations of systems and structures have contributed to health and healthcare disparities based on these and other factors. This takes a damaging toll on the physical health, mental health, and well-being of thousands of people in our communities.

The Transforming KC: Health Outcomes Research Grants Program focuses on identifying healthcare innovations that can improve health and wellness for all Kansas and Missouri residents. Through this program, Blue KC will fund three awards that will support research projects focusing on Medical Care Optimization, Food as Medicine, or Mental and Behavior Healthcare.

## Eligibility

Full-time researchers or clinicians at research organizations, community-based organizations, including area hospitals, and clinics performing research or serving patients within the 32-county region of greater Kansas City and Northwest Missouri are invited to submit research proposals aimed at the items embedded in the scope of this project.

### Missouri Counties

- Andrew
- Atchison
- Bates
- Benton
- Buchanan
- Caldwell
- Carroll
- Cass
- Clay
- Clinton
- Daviess
- DeKalb
- Gentry
- Grundy
- Harrison
- Henry
- Holt
- Jackson
- Johnson
- Lafayette
- Livingston
- Mercer
- Nodaway
- Pettis
- Platte
- Ray
- Saline
- St. Clair
- Vernon
- Worth

### Kansas Counties

- Johnson County
- Wyandotte County

## Funding Objective

This award is intended to support the generation of proof-of-concept data and early implementation evidence focused on medical care optimization, mental health, and behavioral health innovation. Priority will be given to projects that improve care delivery, patient outcomes, access to care, care coordination, treatment adherence, and cost-effective models of care.

Awards are limited to \$50,000 for a project period of up to one year. Awards are intended to leverage investigator expertise and institutional strengths to develop scalable healthcare solutions and position investigators for future external funding opportunities. The number of awards issued will depend on available funding.

# Scope

## Medical Care Optimization

Transforming KC: Health Outcomes Research Grants Program will support innovative research that improves healthcare outcomes and chronic disease management among the Blue KC 32-county regional communities. The scope of the Medical Care Optimization grant focuses on approaches that can increase treatment adherence, leverage technology for early risk identification and intervention, and expand access to effective, lower-cost alternatives to traditional care particularly in the area of chronic disease management and high-cost conditions where the burden of care falls to the patient.

Proposals can include but are not limited to studies on:

- Research evaluating alternatives or complements to high-cost therapies (e.g., biologics, immunosuppressant therapies), including home-based interventions (e.g., light therapy), and their impact on patient outcomes, quality of life, or healthcare utilization.
- Research assessing multidisciplinary care models (e.g., community health workers, pharmacists, behavioral health integration) and their effects on patient outcomes, care coordination, healthcare utilization, or access to care.
- Research evaluating patient engagement and incentive strategies designed to influence adherence to treatment regimens, including glucose monitoring, CPAP use, and other chronic disease management interventions.
- Research assessing health equity strategies, including culturally responsive program design, targeted outreach, and reduction of structural barriers to care, and their influence on healthcare access, engagement, and patient outcomes.
- Research evaluating lifestyle, behavioral, or supportive care interventions and their effects on chronic disease outcomes, long-term treatment needs, treatment burden, or progression to more intensive pharmacologic interventions.
- Research evaluating nutrition-based interventions or digital therapeutics as first-line or adjunct approaches for chronic disease prevention, management, or treatment.
- Research focused on the development and evaluation of population health tools designed to identify rising-risk individuals and support proactive outreach, early intervention, or care management strategies.

## Food as Medicine

Access to nutritious food should not be determined by socioeconomic status, geographic location, or cultural background. Yet, food insecurity and limited access to healthy food options disproportionately affect underinvested communities, exacerbating chronic diseases and impacting overall well-being. Recognizing the powerful connection between food and health, the Transforming KC: Health Outcomes Research Grants Program will support innovative research that aims to integrate food as medicine principles serving populations within the Blue KC 32-county region.

The scope of the Food as Medicine grant focuses on research that explores the deployment, efficacy, and scalability of food-based interventions to improve health outcomes. This includes, but is not limited to, programs that provide medically tailored meals, produce prescriptions, nutrition education, and community-based food access initiatives. The program aims to foster systemic and structural changes that establish sustainable food as medicine models, leading to measurable improvements in chronic disease management, preventive care, and overall health.

Researchers are encouraged to explore demographic, socioeconomic, and healthcare access variables, including insurance coverage status, to better understand factors that may influence access to and participation in food as medicine interventions, implementation feasibility across

community and clinical settings, long-term intervention adoption, care utilization, and variation in health outcomes across diverse populations.

Proposals can include but are not limited to studies on:

- Research evaluating produce prescription programs and their effects on pre-diabetes, diabetes management, cardiovascular health outcomes, healthcare utilization, or dietary adherence.
- Research evaluating food as medicine interventions and their influence on mental health, behavioral health outcomes, quality of life, or healthcare engagement.
- Research assessing community-based interventions that integrate nutrition education, hands-on food preparation programs, and facilitated access to affordable produce, and their effects on dietary behaviors, chronic disease outcomes, or food security.
- Research evaluating the role of community-based food hubs, urban agriculture, and local food distribution models in improving access to healthy food options and reducing nutrition-related disparities in underinvested communities.
- Research evaluating the use of technology-enabled or personalized nutrition interventions and their effects on dietary adherence, chronic disease management, patient engagement, or health outcomes.
- Research assessing the use of food boxes, medically tailored meals, or nutrition support programs and their impact on chronic disease management, treatment adherence, healthcare utilization, or patient outcomes.
- Research evaluating the deployment and effectiveness of community health workers, behavioral health workers, or community mental health workers in connecting underserved populations to food as medicine programs and supportive health services.
- Research focused on interventions designed to support individuals experiencing food insecurity and co-occurring chronic, mental health, or behavioral health conditions, and their effects on healthcare access, health outcomes, or quality of life.

## Mental and Behavioral Health

Mental and behavioral health should not be determined by factors such as race, socioeconomic status, geographic location, or access to care and resources. Unfortunately, systemic inequities have created significant disparities in mental and behavioral healthcare, resulting in disproportionately negative outcomes for underinvested and under resourced communities. The Transforming KC: Health Outcomes Research Grants Program will support innovative research that addresses these disparities within the Blue KC 32-county region.

The scope of this grant focuses on research that identifies, evaluates, and implements interventions designed to reduce and improve mental and behavioral health inequities. This includes, but is not limited to, projects that address access to culturally competent care, the impact of social determinants on mental health, and the integration of mental health services into community settings. The program aims to foster systemic and structural changes that lead to measurable improvements in mental and behavioral health outcomes for underinvested populations.

Proposals can include, but are not limited to, studies on:

- Research evaluating the deployment and effectiveness of community health workers, behavioral health workers, or peer support specialists in connecting underserved populations to mental and behavioral health programs, supportive services, and ongoing care.
- Research assessing interventions designed to address social determinants of health and their effects on mental and behavioral health outcomes, healthcare access, treatment engagement, or quality of life.
- Research evaluating the use of technology-enabled approaches, including telehealth, digital platforms, and remote support tools, to expand access to mental and behavioral health services and improve patient engagement or clinical outcomes.

- Research evaluating the development, implementation, and effectiveness of culturally responsive or culturally adapted mental and behavioral health interventions and their influence on healthcare access, treatment engagement, symptom improvement, or patient outcomes.
- Research assessing strategies designed to improve access to mental and behavioral health services and reduce emergency room utilization, acute crisis escalation, or barriers to care in rural and urban underserved communities.
- Research evaluating behavioral health care pathway redesign, including crisis stabilization, early intervention programs, and coordinated care models, and their effects on emergency room utilization, acute crisis escalation, healthcare utilization, or patient outcomes.
- Research evaluating the integration of mental and behavioral health services into primary care settings and their effects on patient access, care coordination, healthcare utilization, symptom improvement, or clinical outcomes.
- Research focused on substance use disorders, addiction treatment models, and co-occurring mental and behavioral health conditions, including their effects on treatment engagement, recovery outcomes, healthcare utilization, or quality of life.
- Research evaluating family-based, school-based, or community-based interventions for youth mental and behavioral health conditions and their effects on clinical outcomes, functional outcomes, treatment engagement, or long-term well-being compared with standard care approaches.
- Research focused on youth mental and behavioral health prevention and intervention strategies, including trauma and adverse childhood experiences, social and cultural determinants of health, technology and social media influences, suicide prevention, and early identification of behavioral health risk factors.

## Review Criteria

- A. Proposals must address important and relevant question(s) as detailed in the SCOPE of this RFP.
- B. Studies will be expected to produce results that address clinical issues pertinent to Blue KC member subpopulations, have the potential to impact a larger population beyond the research proposal, and yield actionable interventions that support its mission.
- C. Proposals should describe how the proposed grant support will facilitate the development and submission of a proposal(s) seeking external funding from government and/or private agencies. The long-term expectations regarding the institution's extended research programs and potential for expanded research in related areas of research should also be well articulated.
- D. Merit review criteria are essentially the same as those used by federal granting agencies such as NIH and NSF. Criteria include scientific and technical significance, innovation, approach, and likelihood of success in achieving external funding.
- E. Qualifications and research experience of the Principal Investigator, Co-Principal Investigators, and collaborating investigators are important considerations.
- F. Proposals must present a realistic assessment of the scope of work proposed for the one-year period of funding with delineated milestones. The feasibility of the one-year period only pertains to completing the outlined experiments and not beholden to specific results.
- G. Appropriateness of the proposed budget.
- H. Research publication plan, if applicable.
- I. The potential of research to generate new innovations and quality of commercialization plan; however, none of the Blue KC grants will fund app or software development for private or commercial purposes.
- J. Overall scale of the entire research project.

# Application Procedure – Letter of Intent (LOI)

---Submitted to Randy Logan (randy@bionexuskc.org), Scientific Director, BioNexus KC, by 29Jun2026

Letters of intent must include the following:

- A. The principal investigator's name, title, organization, address, phone number, and email address.
- B. A summary of your project (not to exceed 1 page) including the following information:
  - a. Brief review of the literature
  - b. Problem statement and root cause analysis of the problem
  - c. Project description
  - d. Project deliverables and associated implementation plan
  - e. Success measures
  - f. Relevance to Blue KC and potential for impact on a larger population beyond the research proposal
  - g. Funding estimate, including indirect expenses (not to exceed 10% of total)
  - h. Project timeline
  - i. Potential for new innovations (and, if applicable, potential for collaborations/community partnerships)
- C. Tax Identification Number, IRS letter verifying 501(c)(3) status, audited financial statement, and list of Board of Directors.
- D. Disclosure statement of any conflict of interest for each investigator or 501(c)(3) institution acting as a financial partner.
- E. LOIs must either bear **original signatures** of all collaborating investigators or be accompanied by appropriate commitment letters bearing **original signatures**. PDF files containing documents bearing original signatures are acceptable. Fax copies will not be accepted.
- F. Full proposals will be invited following the review of LOIs received. LOIs will also be used to identify appropriate scientific reviewers to be assigned to full proposals.

# Application Procedure – Full Proposals

---Submitted to Randy Logan (randy@bionexuskc.org), Scientific Director, BioNexus KC, by 18Sep2026

*Note- IRB and/or IACUC approval are only required if the proposal is selected for funding.*

The instructions for the full proposals (upon invitation) are as follows:

- A. Full proposals should use the latest version of PHS 398 forms available electronically at <https://grants.nih.gov/grants/funding/phs398/phs398.html>. Institutional administrative review and approval of applications by all applicable stakeholder institutions must be completed prior to submission. An electronic version in editable PDF format (not imaged) of the full application with signed approval from the lead institution's signatory official must be submitted to Randall Logan, Scientific Director, BioNexus KC prior to the stated deadline for full consideration. Full submission details provided in the "Submission Instructions" section at the end of this document.
- B. Strict compliance to the following criteria is necessary in preparing the proposal:
  - a. The Face Page should identify only the lead institution and Principal Investigator in addition to other required information about the lead institution.
  - b. The Description, Performance Sites, and Key Personnel should clearly detail collaborating investigators and institutions.
  - c. The Detailed Budget for Initial Budget Period Page must be used and should reflect the following:
    - i. Requests may be up to \$50,000 for one year.
    - ii. Salary and fringe benefits may be requested and must be in accordance with set institutional guidelines.
    - iii. Indirect cost rates may not exceed 10% of total costs and must be included within the \$50,000 total limit.
    - iv. Equipment requests may not exceed 20% of the total funding request. Equipment is defined as any tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost over \$5,000.
    - v. The budget and budget justification should only represent funds requested of Blue KC.
  - d. Separate budget justification page must follow the budget page and detail the rationale for all budget requests. Supply items should be summarized within major categories.
  - e. **Do not include** the Budget for Entire Proposed Period of Support Page.
  - f. The NIH biographical sketch form 398/2590, (also found at <https://grants.nih.gov/grants/funding/phs398/biosketch.doc>) must be used for each investigator and **must not exceed three pages** per investigator. The Principal Investigator's Biographical Sketch Format Pages must be first followed all other investigators. The bio-sketches must be provided as an appendix.
  - g. The Resources Format Page must detail resources that are to be used at the collaborating institutions toward completion of the project. Use additional pages as necessary.
  - h. **Do not include** the Checklist Form Page and Personal Data Form Page
  - i. The Research Plan must be no more than 10 pages, single-line spaced, 12 pt. Arial or Times New Roman font with one-inch margins throughout.

# Full Proposal Format

Full proposals must be organized as follows:

## Problem Statement:

Provide a brief description of the problem addressed in the proposed project, its importance, and the research project that will be undertaken.

## Project Description:

- a. Objectives and Activities – State the project’s principal objectives and explain what activities will help accomplish these objectives. Include the research hypothesis.
- b. Significance – Detail how this project will support Blue KC’s mission as described in the SCOPE section above and anticipated positive impact on Blue KC constituents (members, providers and employers). Also describe the extent of impact on any special needs, high risk or minority populations.
- c. Deliverables and Outcomes – Clearly outline the inclusion and exclusion criteria for research subjects. Describe the project’s deliverables and expected outcomes. Define outcomes measures, and any applicable benchmarks or comparative measures. Describe pre- and post-intervention measures, and explain how control groups, subpopulations or cohorts will be used to evaluate the effectiveness of the research interventions.
- d. Research Method – Describe the project’s data sources, data collection methods, and analysis.
- e. Staffing & Resources – Identify the principal project staff, key partners and collaborators necessary to achieve the project’s objectives. Also describe other resources such as in-kind services applicable to your project and identify other funding sources and amounts.
- f. Funding Sources and Budget – Provide an outline of estimated funding and a detailed budget for the project. Describe all funding contributions and/or requests. Provide details for indirect expenses. Note: Funding for indirect expenses is limited to 10% of total costs.
- g. Communications – Describe the project communication plan. Describe special audiences (e.g., state policymakers, hospital CEOs, medical organizations, and the public) you will need to reach to achieve your project’s objectives; messages you plan to deliver; and how you will deliver these messages.
- h. Timeline – Provide a project timeline to include major milestones and communication activities. The timeline does not need to guarantee results or outcomes of a hypothesis.

## Appendices:

- a. A lay executive summary of the proposal. The lay summary should be succinct, not exceeding one page in length at 12 pt. Arial or Times New Roman font with one-inch margins throughout. Please do not copy the abstract or summary statements from above. Please also use an 8<sup>th</sup> grade reading level as a reference of succinctness and simplicity of language.
- b. Signed letters of commitment, with original signatures, from each Co-Principal Investigator, collaborative research investigator, and the President and CEO or Executive Director of collaborating organizations named in the budget must be provided as an appendix. Signatures obtained on the original letter of intent cannot be substituted for this requirement.
- c. Proposed publication plan (of study results) in Peer-reviewed journals.
- d. Potential for new innovations resulting from the project, intellectual property management/ownership, and pathways for commercialization
- e. Proposed plan for scaling the project to serve the broader community
- f. **IRB approval is not required unless the proposal is funded.** Funds will not be released until a final IRB approval is received by BioNexus KC.

- g. The budget and budget justification should clearly delineate which costs will be incurred at each institution. One option is to submit a combined budget along with sub-budgets for each institution. Another option is to subcontract with collaborating institutions and provide the supporting budget form. If other funding sources are proposed to be combined with anticipated Blue KC grant funds, the source, amount, and role of each funding source in the proposed project must be clearly delineated.

## Review Process

Proposals will undergo an initial administrative review by BioNexus KC staff to ensure compliance with the submission requirements outlined in this RFP. Compliant proposals will then undergo peer review for scientific and technical merit and will be assigned NIH-style priority scores ([see NIH Simplified Review Framework](#)).

Applicants may submit up to three individuals they wish to exclude from the peer review process. This is intended to avoid selection of reviewers with whom the applicant(s) may have a conflict, competing interest, or other concern regarding objectivity or confidentiality. BioNexus KC will consider these requests when assembling an appropriate peer review panel.

Following completion of peer review, BioNexus KC will evaluate proposal rankings and develop funding recommendations for consideration by Blue KC. Individuals with a real or perceived conflict of interest will be excluded from the review and discussion of relevant proposals.

In addition to required progress and financial reporting to BioNexus KC, principal investigators may be invited to present project findings and outcomes to Blue KC at the conclusion of the funding period.

## Submission Instructions

1. Submit an electronic, editable PDF (not imaged) of the LOI or full proposal application (full proposal if invited) to:  
**Randy Logan, PhD**  
**Scientific Director**  
**BioNexus KC**  
**Email: [randy@bionexuskc.org](mailto:randy@bionexuskc.org)**  
**Subject: Blue KC Health Outcomes Grant**
2. Copy Nerissa Lowe ([nerissa@bionexuskc.org](mailto:nerissa@bionexuskc.org)) on the electronic submission.