



GRANT PROPOSAL PREPARATION INFORMATION

Prepare your grant proposal according to the Criteria specified on the next page in an electronic format using single space in 11-point Times New Roman. Do not alter the page margins. Update the 'header' fields to include your grant application number AND applicant first name initial and last name. Any appendix, bibliography, etc are sheets that must be included in the maximum count of no more than 12 pages. Do not include supplemental materials or attachments in addition to the 12 page total as they will not be considered in the review. The electronic file can be saved in either a Microsoft WORD or Adobe PDF file. This cover page does not need to be included in your submitted proposal.

ELECTRONIC SUBMISSION INFORMATION

The Community Pharmacy Foundation (CPF) uses an electronic submission process for receiving grant materials. Please follow the instructions below if you are asked to submit a Grant Proposal.

- Access “Login to MyCPF” in the upper right corner of the CPF home page (www.communitypharmacyfoundation.org)
- Enter your “Email Address” and “Password” along with security code and select “Secure Login”
- Select “Manage My Grants”
- Select the “Expand to View” button for the appropriate grant (if more than one grant available)
 - *Note- the steps and options below are only available when the grant status is “Application Approved” in the Manage My Grants section*
- Click the link to “Upload your final Grant Proposal to CPF”,
 - Complete the form
 - Click the “Choose File” button to browse for the location of your grant proposal on your computer
 - Click the ‘Upload & Submit’ button
 - CPF preference is that one complete Grant Proposal file is uploaded. In the event that a separate file type is needed, the upload process can be repeated if more than one file is being submitted.
 - Once the file is uploaded, you will notice the following message in red font
 - File upload successful. You may upload another file or return to MyCPF.
- Next steps
 - CPF will be auto-notified once the proposal is submitted
 - The proposal will remain in your MyCPF area for future viewing and access
 - The proposal will be considered at the next scheduled Board meeting

QUESTIONS OR TECHNICAL DIFFICULTIES

Please submit an inquiry to [ContactUs](#) if you have questions on the Grant Proposal Criteria or technical difficulties with the electronic submission.

GRANT PROPOSAL CRITERIA PATIENT OR SURVEY PROJECT

The following must be completed and submitted to the Community Pharmacy Foundation for those Grant Applications that have been accepted and requested to submit a Grant Proposal.

Your proposal will be reviewed according to the following items.

- A. Proposal Criteria
- B. CPF Documentation Items
- C. Business Plan (Template provided as Appendix 1)

Select a Project/Research Category

- Patient
- Survey
- Other

A. PROPOSAL CRITERIA – Please complete the following sections. If an item is not-applicable to your project, please respond with N/A

- I. Title
- II. Background/Rationale
 - a. How does this project meet the [mission statement](#) of the Community Pharmacy Foundation?
 - b. Needs assessment
- III. Capacity, Readiness and Operations of your organization to implement the proposed project.
 - a. Description of pharmacy student involvement
- IV. Goal(s)
 - a. Objectives
- V. Methods
 - a. Study design
 - b. Sample size
 - i. Justification
 - ii. On what basis it is reasonable to assume that the sufficient sample size will be obtain
 - iii. Contingency plans for low enrollment / response rate
 - c. Subject characteristics
 - d. Method of subject identification, recruitment, and retention.
 - e. Length of participation (number and frequency of visits or contacts)
 - f. Data collection (type and process)
 - g. Data analysis
- VI. Dissemination Plan
 - a. Where you plan to publish or present the results?
- VII. Timetable (insert your own or use table in the Appendix 2)
- VIII. Budget
 - a. Expense categories and amounts
 - b. Proposed payment plan
 - i. Provide a proposed breakdown of payments based upon anticipated expenses and achievement of objectives milestones
 - ii. This should include an item for at least 15% of the total funds withheld until submission and review of final project deliverables
- IX. References

B. CPF DOCUMENTATION ITEMS

Please add your response to the four items listed in the grid below. The responses can be typed directly into the grid.

Item	Response
IRB Required	Yes or No
Sustainability	<p>This project will be sustainable in the future by/because/through/etc...</p> <p>For example:</p> <ul style="list-style-type: none"> • Financial <ul style="list-style-type: none"> ○ For example, will it generate sufficient funding to be self-sustainable • Collaborative relationships • Others – staff skills, revenue stream, skills
Transferability	This project is transferable/can be replicated by others by/because/through/etc...
Future implications	Future research and pharmacy/pharmacist opportunities will be created by/because/through/etc.

C. BUSINESS PLAN (APPENDIX 1)

The following is the format to submit the Business Plan for your proposal. The copy below is an example of the layout by which to identify each “goal” associated with your proposal and the “objectives” for each goal. Utilize the number of sheets necessary to detail your Business Plan, all within the total of 12 pages for your proposal.

GOALS/OBJECTIVE (list each goal and objectives related thereto)	KEY ACTION STEPS	DATA SOURCE	OUTCOME & EVALUATION	PERSON RESPONSIBLE	COMMENTS/NOTES
<p>Goal A. Establish liaison with college of pharmacy</p> <p>Obj: A1 To assist with project development</p> <p>Obj: A2 To assist with project operations</p> <p>Obj: A3 To provide experiential training for student</p> <p>Obj: A4 To examine project assessment methodology</p> <p style="text-align: center;">*</p> <p>Goal B. Design marketing plan to advise patients of new service</p>	<p>A1a Set up appointment with Dr. X at college of pharmacy</p> <p>A2a Prepare outline of project to present to Dr. X</p> <p>A3a To ascertain if pharmacy resident available for project</p> <p>A3b To examine funding support for this aspect of project</p> <p>A4a Add assessment methodology as component of data collection consideration</p> <p style="text-align: center;"><i>Complete remaining sections and use additional sheets to provide detailed business plan</i></p>	<p>A4a Meet with systems rep to ascertain if phcy system can do so</p>	<p>- Meetings with Dr X concluded and pharmacy resident retained with funding arranged.</p> <p>- Paper prepared and approved by Dr X to validate our assessment methodology and internal analysis performed to verify data collection is appropriate</p> <p><u><i>Include detailed outcome and evaluation criteria that your proposal will incorporate to assure assessment & performance accountability, particularly for outcomes measurement</i></u></p>	<p>Project Director</p> <p>- On site verification visit by Dr. X</p>	<p>This step although it could have preceded grant application it was decided to wait until grant proposal approved as early discussions at college of pharmacy indicated an high level of interest in this project</p>

APPENDIX 2

Sample Timetable

This sample is available for your use but not required. Insert the specific project tasks in the left column and place an 'X' in the associated month the task will be conducted.

Task	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
....	X											
....			X	X								
....						X	X	X				

Task	Month											
	13	14	15	16	17	18						
....	X											
....			X	X								
....						X						