

**CPF Grant Application Overview**  
The Community Pharmacy Foundation

**Grant Application Details**

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1. Amount Requested
2. For What Time Period Months
3. Grant Program/Project Title
4. Brief Description Of The Objectives For This Program/Project (5 - 7 sentences):
5. Will it be financially self-sustaining  Yes  No
6. Were other funding sources provided  Yes  No
7. If "Yes," what were the other funding sources and the approximate funds provided by each
8. Will your organization provide matching funds  Yes  No
9. Does this program/project involve collaboration with another health profession or health professional organization?  Yes  No
10. Have you had your work published in a peer reviewed publication  Yes  No
11. List the top 4 anticipated expenditures as a percentage of total budget (i.e. salaries – X%, marketing – X%, data analysis – X%, postage and supplies – X%). Please note CPF does not cover indirect costs.
12. Other comments regarding the grant application or submission process (2-3 sentences).
13. Do you have the capability to create a 3-5 minute video submission describing your final project/study results?
14. Will your program/project involve pharmacy student participation?

## Organization Details

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### A. What is your organization's contact information?

1. Organization/Pharmacy/College Name:

2. Organization's Mailing Address:

3. City

4. State/Province

5. Zipcode

6. Country

7. Phone (Main)

8. Phone (Alt)

9. Fax

10. Web Site:     <https://>

### B. Additional Information About Your Organization:

1. Name of Executive/Owner/Dean/Principal

2. Type of  
organization:

3. Your Job Title:

## Contact Information

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### 1. How may we reach you by telephone?

Phone (Main)

Phone (Alt)

Phone (Cell)

Fax Number

### 2. What is your home address?

Home Address

City

State/Province

Zipcode

Country