CPF Grant Application Overview
The Community Pharmacy Foundation

Grant Application Details

1. Amount Requested

2. For What Time Period

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

6. Were other funding sources provided

7. If "Yes," what were the other funding sources and the approximate funds provided by each

8. Will your organization provide matching funds

9. Does this program/project involve collaboration with another health profession or health professional organization?

10. Have you had your work published in a peer reviewed publication

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

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

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