

CPF Grant Application Overview
The Community Pharmacy Foundation

Project Overview

1. Grant program/project title
2. Provide a brief description of the project and list of objectives (5 - 7 sentences).
3. Describe the new or novel idea(s) this project will contribute towards the advancement of community pharmacy practice.
4. What deliverable(s) will be produced by this program/project that can be shared with others to advance community pharmacy practice?
5. Describe how you envision this program/project being replicated/scaled beyond the funded project.

Budget/ Funding

1. Amount requested
2. For what time period (Number of Months - inclusive of final report submission)?
3. 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.
4. Are there additional funding sources available to support this program/project?
5. If “Yes”, list the other funding sources and the approximate funds provided by each.
6. Will your organization provide matching funds?
7. Describe how this program/project will be sustainable beyond the grant funding.
8. If this project includes a pharmacy service, describe the payment model that will support this service.
9. Does this program/project involve collaboration with another health profession or health professional organization?
10. If “Yes”, list the other health professions or health professional organizations.
11. Have you had your work published in a peer reviewed publication?
12. Please provide a link to a 1-minute video pitch describing how this program/project will advance community pharmacy practice. Videos do not need to be posted publicly and will not be shared publicly without applicant’s approval.

Applicant Registration Information Details

1. First Name
2. Last Name
3. Email Address
4. Organization
5. Position/Title
6. Professional Credentials

Organization's Contact Information

1. Organization's Mailing Address
2. City
3. State/Province
4. Zipcode
5. Phone (Main)
6. Web Site (optional)
7. Type of Organization