



The National Community Pharmacists Association Foundation
100 Daingerfield Road • Alexandria, Virginia 22314-2888
703.683.8200 • Fax 703.683.3619
www.ncpafoundation.org



6/2/10

Catalyst Grant Awards for Innovative Practice Projects

Application Form

Application and proposal must be received **by August 6, 2010** and sent electronically to ncpaF@ncpanet.org. In the subject line, enter *Catalyst Grant* followed by first initial and last name (e.g., Catalyst Grant: X. Smith).

Please direct any inquiries to ncpaF@ncpanet.org.

Personal Profile

Your name:

NCPA member ID:

Degree:

- CF
- CPhT
- DPh
- PD
- PharmD
- PhD
- RPh
- None

Years in practice:

Years at current site:

Current practice position:

License number:

State:

License number:

State:

Home address:

City:

State:

Zip code:

E-mail:

Telephone number:

Your name:

Project Profile

Focus area:

Project title:

Co-investigator(s):

Name of pharmacy school assisting or involved (if applicable):

Practice Profile

Name of pharmacy:

Pharmacy website:

Pharmacy address:

City:

State:

Zip code:

Telephone number:

Fax number:

Number of pharmacists:

Number of pharmacy technicians:

Average prescription volume per week:

Number of pharmacy locations owned:

Describe the populations your practice serves:

List the special services currently offered at your practice:

Check the technology currently employed in your practice:

- Point-of-sale system
- Automatic Phone System with Integrated Voice Response
- Robotics
- Other:

Type of practice setting:

- Independent
- Clinic
- Specialty
- Home Health Care
- Long-term Care
- Other:

Proposal

Include with this application the project proposal. The proposal should not exceed seven typewritten pages with one-inch margins, using 12-point font, and should contain the following:

- Your name
- Title
- Specific purpose of project
- Project background/significance/justification or needs assessment
- Population served by the project
- Objectives and evaluation strategy to determine if objectives are met (e.g., baseline profile)
- Project description (approach, structure, implementation)
- Timetable/schedule for the project
- Budget that includes total costs and justification of adequate resources to conduct the project

Information Validation

The information I have provided in support of this application is complete and correct to the best of my knowledge. I have read the accompanying guidelines and am aware of all requirements for participation. If selected to receive a Catalyst Grant Award, I agree to provide the NCPA Foundation with an interim report, final report, and final expense report. I permit publication and distribution of these reports. By electronically submitting this report, I attest to the validity of the above statements.

Date of submission:

Your name: