



The National Community Pharmacists Association Foundation  
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As of: 12/15/11

## Catalyst Grant Awards for Innovative Practice Projects

### Application Form

Application and proposal must be received by midnight (eastern) **August 3, 2012** and sent electronically to [ncpaF@ncpanet.org](mailto: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 inquiries to [ncpaF@ncpanet.org](mailto:ncpaF@ncpanet.org).

### Personal Profile

Your name:	NCPA member ID:
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Degree:

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

Yrs in practice:	Yrs at current site:	Current practice position:	
License #:	State:	License #:	State:

Home address:		
City:	State:	Zip code:
E-mail:	Telephone number:	

Your name:

### Project Profile

Project title:

Focus area:

Co-investigator(s):

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

### Practice Profile

Name of pharmacy:

Pharmacy website:

Pharmacy address:

City:

State:

Zip:

Telephone:

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
- Specialty
- Long-term Care
- Other:

## Proposal

Include with this application the project proposal. The proposal should not exceed seven typewritten pages (1-sided) 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:
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