

The Pharmacy Education Foundation

Incentive Grants for Innovative Pharmacy Projects

PROGRAM DESCRIPTION:

The PEF will award grants of set amounts of \$500-\$2500 for projects to be initiated in the 2007 year. The grants provide funds to help Indiana pharmacists in all practice settings explore new methods and services that enhance their role as pharmaceutical care providers, and to encourage them to share their experiences with others.

Note: There is a set limit of \$10,000 that may be made available annually and will be awarded until designated funds are utilized.

OBJECTIVES:

- To support research and educational projects
- To develop new and innovate ideas in the practice of pharmacy
- To enhance the pharmacy profession

GRANT REQUIREMENTS:

- Applicants must be licensed pharmacists, actively practicing in the state of Indiana, or students in the P2 through P4 years in an accredited Indiana school of pharmacy, or certified pharmacy technicians. Students must have a licensed pharmacist or faculty member as an adviser for projects.
- An application must be completed and submitted along with a proposal explaining the project and its objectives.
- An itemized and fully explained budget for the project must accompany the project proposal. Note: The funds provided may not be used for capital expenditures including remodeling or for costs such as rent, utilities, salaries for researchers, and travel to present projects etc. These types of expenses will be excluded from coverage by the grant funds.
- Grant funds are not for starting or developing proprietary or profit making businesses.
- The Board may choose to allow grant funds to be used for loan seed money for a project or to provide money for a matching grant.
- Projects must be completed within one year of award.
- Brief interim reports (1-2 pages typed) must be completed and submitted to the Board of Directors as directed until the project has been completed.
- A final presentation must be made to the PEF Board of Directors upon completion of the project.
- A poster must be prepared and displayed at the next IPA meeting.

APPLICATIONS:

Four copies of the application, proposal, and budget should be submitted for consideration by the Board.

The proposal should not exceed 5 typewritten pages single-spaced and should include:

- Significance of the project
- Clear objectives
- Project methods and design
- Expected completion date
- Detailed project budget

Applications may be mailed to:

Pharmacy Education Foundation
Attn: Board of Directors
729 N. Pennsylvania Street
Indianapolis, IN 46204

SELECTION CRITERIA:

The following criteria will be considered when reviewing applications:

- Relevance to the mission of the PEF
- Originality and creativity
- Applicability to pharmacy practice
- Clarity of proposal
- Demonstrated positive effect on the community

Mission:

The mission of the Pharmacy Education Foundation (PEF) is to support the Indiana Pharmacists Alliance by soliciting philanthropic contributions to support scholarships, grants, the building fund and other foundation programs.

PAYMENT:

The grant will be paid in two installments. The first payment will be made upon receipt of the completed grant acceptance form. The second payment will be made upon arrival of the second interim report. Funds may only be used for direct costs associated with the development and implementation of approved projects. The Board should be contacted if there are any questions regarding the use of funds. Any funds remaining upon the completion of the project must be returned to the PEF.

DEADLINES:

The Board of Directors meets 4 times each year to consider grant proposals: March, July, October, and December. To be considered at the next meeting of the Board, proposals must be received two months before the meeting.



Section 1 – Personal Profile

Name: _____ License Number: _____

Designation: Pharmacist Pharmacy Technician Pharmacy Student (*Sponsoring faculty:* _____)

Current Position/Title: _____ Years at Current Practice Site: _____

Home Phone: _____ Email Address: _____

Section 2 – Practice Profile

Name of Practice: _____

Address of Practice: _____ City: _____

State: _____ Zip: _____ Practice Phone: _____ Fax: _____

Number of Pharmacists: _____ Number of Pharmacy Technicians: _____ Other Personnel: _____

Average Prescription Volume per Week: _____ New: _____ % Refill: _____ %

Describe the population your project serves: _____

Type of Practice: Independent Chain (4 or more pharmacies under the same name) Managed Care
 Consultant Home Health Hospital Outpatient Other: _____

Section 3 – Innovative Practice Description

Please answer the following question on a separate sheet of paper. Detail expenditures necessary to implement your innovative practice idea on separate sheet of paper. Please type your response and limit to 500 words. List objectives of your project.

Question: Describe your innovative practice idea and how you will document the impact of your practice innovation and determine its value.

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 fact sheet and am aware of all requirements for participation. If selected to receive an incentive grant, I agree to provide the PEF with a six month Interim Report and a one-year Final Report, and to permit publication of these reports in the Indiana Pharmacists Alliance (IPA) publications.

Signature of Applicant

Date

The application and attachments must be received by the PEF no later than March 9, 2007.
Mail application and attachments to:

Pharmacy Education Foundation, Incentive Grants,
729 North Pennsylvania Street ♦ Indianapolis, IN 46204-1128
Questions? Call 317-634-4968 or email tabitha@indianapharmacists.org

For PEF Use Only	
Received	_____
Sent to Board	_____
Status	_____
Interim Report	_____
Annual Report	_____