

# DALHOUSIE PHARMACY ENDOWMENT FUND

## GRANT APPLICATION FORM A

**Note:** In order for a grant to be considered by the Pharmacy Endowment Fund Board, all sections of the Application (see Applicant's Checklist) must be completed fully and submitted prior to the Board's Annual Meeting (see deadline date under General Information).

**Instructions:** Use your tab key to move through document.

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### 1. Application Focus

a) check box for category of grant you are applying

Research Support Grant with Personnel (i.e., pharmacy student, pharmacy technician, research assistant, etc.)

Opportunity Grant (funds to support the development or improvement specific programs such as a community residency program, a toxicology information centre, a drug information consultative service for consumers, new and innovative continuing education programs for pharmacists, fellowships, or equipment)

b) Title of research project: \_\_\_\_\_

c) Please provide a brief description to CLEARLY demonstrate the relevance of this project in meeting the objectives of the Dalhousie Pharmacy Endowment Fund.  
\_\_\_\_\_

d) How does this project foster future research? \_\_\_\_\_

e) How will results of this project be disseminated? \_\_\_\_\_

### 2. Contact Applicant

**Name:** First: \_\_\_\_\_ Initial: \_\_\_\_\_ Last: \_\_\_\_\_

**Title or professional position:** \_\_\_\_\_

**Mailing Address** (complete with postal code) for all correspondence regarding this application: \_\_\_\_\_

**Telephone #'s** work: \_\_\_\_\_ other: \_\_\_\_\_

**Fax #(s)** work: \_\_\_\_\_ other: \_\_\_\_\_

**Email address:** \_\_\_\_\_

### 3. Names of Co-Applicants: \_\_\_\_\_

4. **Name of Student (if applicable):** \_\_\_\_\_

5. **Timeframe for Proposed Project (maximum duration – 24 months)**

from \_\_\_\_\_ (month and year)

to \_\_\_\_\_ (month and year)

6. **Budget for Project:**

(a) Personnel

Name	Job Function	Hours/Week	# of Weeks	Hourly rate (including benefits)	Total

(b) Materials, Supplies and Services (such as telephone, postal, printing)

Item/Service	Number/Time used	Cost per unit/service	Total

(c) Other Expenses (i.e., travel\*, peer review, consultant fees, etc.)

Description	Cost

\*travel essential to the conduct of the proposed project not to present project findings

**Total Budget requested: \$**\_\_\_\_\_

(d) Provide a detailed justification of all items in the proposed budget. If funding is being obtained from multiple sources, please indicate where funding from the Endowment Fund will be utilized.

7. **Attachments**

- research proposal (six double-spaced typed pages or less)

- title page
- introduction which includes objective(s), rationale and anticipated significance of project, and a review of the research in the area with appropriate references
- study design and procedures to be used, including data evaluation
- a description of the study population
- equipment and facilities available
- a proposed work plan which describes the activities of all research participants, centres of responsibility and target completion dates of each aspect of the project

- other pertinent information, such as photographs, information leaflets, reprints, etc.
- executive summary (no longer than 3 pages)
- curriculum vitae for all applicants which includes the following:
  - education
  - professional experience (for the past five years)
  - research experience
  - publications

8. How much funding are you applying for from the Dalhousie Pharmacy Endowment Fund to support this project? \$ \_\_\_\_.

9. Please list all other amounts and sources of support that you have received and/or are currently applying for this research project. \_\_\_\_\_

10. Have you previously received funds from the Pharmacy Endowment Fund?

Yes

No

If yes, please indicate the year in which you received funds \_\_\_\_ .

11. Date of submission of application: \_\_\_\_\_

## 12. Acknowledgement and Acceptance

It is understood and agreed by the undersigned that any grant received as a result of this application is subject to the following terms:

- funds granted as a result of this request are to be expended for the research project as described in this application
- the statements contained in this application are true and complete to the best of your knowledge
- applicants must advise of potential conflict of interest upon submission of the proposal.
- an interim progress report Form D(1) for a Research Support Grant or Opportunities Grant that is still in progress, must be submitted by the date listed on the DPEF website. (1 electronic copy, plus the original hard copy, three-hole punched)
- a final report Form D(2) for a completed Research Support Grant or Opportunities Grant must be submitted by the date listed on the DPEF website. (1 electronic copy, plus the original hard copy, three-hole punched)
- both D(1) and D(2) forms must summarize what has been achieved or completed relative to the original objective(s), including budgetary details.

- the contact applicant will be deemed to accept all responsibility for meeting published criteria
- responsibility for grants is not transferable
- all documents reporting work from the grant shall acknowledge the support of the Dalhousie Pharmacy Endowment Fund

Signature of Contact Applicant: \_\_\_\_\_

Signature of Contact Applicant's Director or Supervisor:

\_\_\_\_\_

13. Date application received at Endowment Fund Office, Box 24042, Stratford, PE. C1B 2V5, courier 243 Keppoch Road, Stratford, PE, C1B 2J5 or College of Pharmacy Office.

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<b>Please submit:</b>	<b>1 electronic copy</b> <b>1 original copy, three-hole punched</b>
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**Please note:**  
**No money will be released until Ethical Review, if necessary, has been approved.**  
**(if available, please provide confirmation)**