



Pharmacy and Sustainable Environment Grant Competition (SAVING)

Criteria and Submission Checklist

Please review the following questions carefully before submitting your grant application.

Your submission will not be considered if these criteria are not met.

If you need clarification of any criteria, please contact CSHP BC Branch by e-mail at cshpbc@gmail.com

Criteria and Submission Checklist (a copy of this completed checklist is required with your submission)	
<input type="checkbox"/>	I/we understand that the application will be reviewed by CSHP-BC Branch. A grant program description is posted on the CSHP BC Branch website . Grant decisions will be announced in May of year in which the application was submitted . CSHP-BC reserves the right to revise the funding amount requested by the Principal Applicant.
<input type="checkbox"/>	The Principal Applicant is a CSHP-BC Pharmacist or Technician Member, Member-in-Training and has been a member for at least 12 months at the time of the grant application. A single Principal Applicant must be specified, and their CSHP Membership Number must be provided.
<input type="checkbox"/>	This is the sole application to this grant competition for the Principal Applicant Principal.
<input type="checkbox"/>	This application is <u>not</u> being submitted on behalf of a CSHP group (committee, task force, or affiliated board).
<input type="checkbox"/>	The application describes a proposal how the applicant intends to reduce pharmaceutical wastage, reduce pharmaceutical impact on the environmental and/or increase climate resilience of the health system and of patients
<input type="checkbox"/>	This application does not duplicate funding already held for this project or a portion of the project. If an additional funding source is being solicited, please declare the funding source and decision date for that funding source. <input type="checkbox"/> Potential funding source _____; decision date _____ Amount _____ <input type="checkbox"/> Potential funding source _____; decision date _____ Amount _____
<input type="checkbox"/>	The grant requested in this application will not fund conference attendance or travel to attend a conference.
<input type="checkbox"/>	The complete submission contains the following as 5 (or 6) distinct documents: <ul style="list-style-type: none"> <input type="checkbox"/> Completed checklist <input type="checkbox"/> Title page that contains the name and contact information of the Principal Applicant, CSHP number, grant type, project title, co-applicant names with contact information. <input type="checkbox"/> Written proposal., See Pharmacy and Sustainable Environment Grant Program Description, available at HERE for the required elements. These should be clearly defined to enhance the quality of your submission. <input type="checkbox"/> Budget, not to exceed \$5,000 (template provided: justification for each item is required) <input type="checkbox"/> Letter of support from applicant's Pharmacy Director. <input type="checkbox"/> Curriculum vitae of the Principal Applicant.
<p>Your complete submission/application package must be submitted electronically to CSHP BC Branch at cshpbc@gmail.com and all files must be in PDF format. DEADLINE DATE FOR SUBMISSIONS: April 22nd.</p>	