WALGREENS/OSU COLLEGE OF PHARMACY DIVERSITY GRANT

The OSU College of Pharmacy has a strong commitment to diversity. To that end, this grant was created with a gift from the Walgreens Corporation. The purpose of this grant is to fund projects within the College and the community that emphasize diversity.

Selection Criteria
Projects will be accepted based on the ability of the application to explain/show an effect in one of the following areas:

1. Increased diversity in the College
2. Increased diversity in the profession of pharmacy
3. Increased access for underserved or underrepresented population
4. Increased awareness and acceptance of diverse groups

Application Instructions

1. Each section of the application should be completed in full
2. A report must be provided within 6 months of the end of the program. If it is an ongoing project (i.e., project will not be completed by the close of the current academic year) please provide a report within 6 months of the disbursement of money.
3. Please describe in your application the mechanism by which the OSU College of Pharmacy is involved in the project. This may be in a planning capacity or it may be student involvement in outreach projects. If you have other mechanisms for the College to be involved please feel free to explain in the application. Note that students are encouraged to apply but must identify a COP faculty advisor for the project.
4. Complete applications must be received via e-mail by 5:00PM on March 6, 2015. Or they may be mailed but they must be received (not just postmarked) by 5:00PM on March 6, 2015.
   a. To e-mail please send application to: natalea.braden-suchy@oregonstate.edu
   b. Or you may mail application to: OSU College of Pharmacy
      Attn: Natalea Braden-Suchy, Pharm.D.
      1601 SW Jefferson St
      203 Pharmacy Building
      Corvallis, OR 97331
WALGREENS/OSU COLLEGE OF PHARMACY DIVERSITY
GRANT APPLICATION

All applications must be received by March 6, 2015

Contact Information

Applicant Name:
Applicant Institution:
Address:
Phone: Fax: Email:

Name of responsible OSU COP Project Personnel/Faculty Advisor (if student project):

Project Description

1. Describe your project and how it relates to diversity. Please provide specific information about the location(s) and target population(s). Include a description of the involvement of the OSU College of Pharmacy.
2. What are the goals or desired outcomes for your project?
3. Please list other funding sources for this project if applicable.
4. What are other methods are you employing to ensure that the program continues after this funding cycle?
5. Please give a timeline for the events associated with your project. Please include meetings, program deadlines and community events.
6. Please list members of the committee responsible for planning and implementation of your project and indicate their role and affiliation.
Please provide a detailed budget for the funds that you are requesting. If other funding sources are being used to pay for project costs, please include below. (Table below may be modified to accommodate specific project needs).

<table>
<thead>
<tr>
<th>Budget</th>
<th>Quantity</th>
<th>Note (if needed)</th>
<th>Total Project Cost</th>
<th>Total Requested Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Direct Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Costs (Direct + Indirect)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>