***Grant Narrative***

***Community Need and Patient Population 15 Points***

Describe the population served by this grant proposal.

Include the population’s healthcare needs, service area needs, information on the incidence of poverty and unemployment. Also detail uninsured rates and chronic disease rates in the targeted community in addition to other pertinent demographic data that support the necessity for grant funding.

Please refrain from using bullets or tables in your essay.

***How will access to MAP funds address community need? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15 Points***

Describe how these funds will address the need for medication assistance in the communities your organization serves.

Please refrain from using bullets or tables in your essay.

***How will your agency utilize these funds? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_15 Points***

Describe the purpose of the grant.

The project description should be specific on what medication assistance related services you plan to fund with this grant. Include proposed activities, timelines to implement grant activities, and anticipated outcomes.

Will your dispensing plan be compliant with the NC Board of Pharmacy?

Yes No

Please refrain from using bullets or tables in your essay- All instructions should go together.

***Why is the proposed funding a good use of State dollars? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ 15 Points***

Describe the process you will use to evaluate how the proposed use of funds affects the population and/or community need.

Please refrain from using bullets or tables in your essay.

***Please list current community partnerships and responsibilities of each agency. \_\_\_\_\_\_\_\_\_\_ 10 Points***

Describe all project partners and their respective roles. How will partnering with other community agencies increase the number of patients receiving medication assistance?

Please refrain from using bullets or tables in your essay.

***What is the insurance breakdown of patients receiving services at the pharmacy? \_\_\_ \_\_ 5 Points***

List the current number of patients receiving pharmacy services who use private insurance, public insurance or are uninsured.

|  |  |
| --- | --- |
|  | Patient Population Served |
| 1. No Insurance/Uninsured Patients |  |
| 1. Public Insurance (e.g., Medicare, Medicaid, CHIP, Tricare) |  |
| 1. Private Insurance (e.g., BCBS) |  |