

HEALTHY MEDICATION USE PROJECT Pharmacy Care Initiative Grant Report



Comments? _____



As a condition of the Pharmacy Care Initiative grant, reporting for the current fiscal year is required on or before March 31 of the fiscal year in which the grant was received. We're providing you with this brief Report to quickly and easily provide the details of activities supported by this funding. If you would rather complete the Report by way of an electronic link, please navigate here:

https://interceptum.com/s/en/HMU PCI Grant Closing Report If you complete the report using this paper-based model, please send to HealthyMedicationUse@fnha.ca Thank you for taking the time to complete this report. Please contact HealthyMedicationUse@fnha.ca if you have any questions. 1. Community or Organization Name: ______ **2.** Fiscal Year of Funding (i.e. 2023/24) _____ 3. Name of Contact Completing Report: ______ **4.** E-mail address: 5. Did the activities carried out though this funding support the project/initiative's objectives as you outlined on the grant Application? O Yes O No O I don't know **6.** Has this funding supported the well-being of your community? O Strongly Agree O Agree **O** Neutral **O** Disagree O Strongly Disagree Comments? _____ 7. Did this funding support relationship building with health care providers (e.g., pharmacist)? O Strongly Agree O Agree **O** Neutral **O** Disagree O Strongly Disagree Comments? 8. Did this funding help support health service priorities in your community? O Strongly Agree O Agree **O** Neutral **O** Disagree O Strongly Disagree

	ow was the Pharmacy Care Initiative grant utilized? (i.e. were there processes developed, or pharmacy ngagement with the community/organization?)
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	Do you have any suggestions for awareness campaigns that can support drug safety in your community? Please Describe:
11.	Thank you for participation. Is there anything else you would like to add? Final Comments?:

Thank You. Your report is very important to us.