

FNHA Healthy Medication Use Pharmacy Care Initiative Grant Application Form

If you would rather complete the application by way of an electronic link, please visit: https://interceptum.com/s/en/HMU_PCI_Application.

For the 2025-26 fiscal year, please submit the application no later than Dec. 31, 2025, to HealthyMedicationUse@fnha.ca.

Legal name of host community or organization: (as it should appear on gra	nt chequ
Host community or organization's complete mailing address: (include post	al code)
Name of Pharmacy Care Initiative Grant Key Contact:	
Person within your community or organization who will be the key contact wit	h FNHA)
Key Contact's position/job title with the host community or organization:	
Key Contact's position/job title with the host community or organization:	
Key Contact's position/job title with the host community or organization: Key Contact's contact information	
Key Contact's contact information Work:	
Key Contact's contact information	



What type of project or initiative are you planning? ☐ Developing a process(es) ☐ In-person and virtual ☐ Other: with a Pharmacy initiatives that bring pharmacists into communities I hereby confirm that: a) Grant funds cannot be used for: Provision of on-going services or prescription delivery costs Purchase of medication/vaccines/pharmacy items • An individual (FNHA does not provide funding to individuals) • Purchase of larger assets such as a vehicle or infrastructure Purchase of alcohol Prize money, and illegal purchase b) I will provide a closing report to FNHA on or before March 31, 2026 ☐ Please confirm that you have understood the grant requirements listed above by checking this box. Please provide any additional information you think may assist us in reviewing your application.

Reporting and Sharing Your Stories

The project or initiative **must be completed before March 31, 2026**, and as a condition of the grant, a closing report (template will be provided) is **due by March 31, 2026**. The FNHA would like to learn from your initiatives and share resources and information in order to continue to grow in our collective wellness journey. As such, all approved initiatives will be required to submit a brief closing report (template will be provided). Photos to illustrate your initiative are also greatly appreciated! For any questions regarding the grant application or guidelines please contact us at: HealthyMedicationUse@fnha.ca