



MICHIGAN PHARMACY FOUNDATION GRANT ACCEPTANCE AGREEMENT

Please complete/correct the contact information below.

First Name: _____ Middle Initial: _____ Last Name: _____

Name of Practice Site/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax Number: _____

E-mail Address: _____

I, (person requesting grant), accept a \$(amount) grant for the project entitled, (name of grant project) and agree to use the funds for the purpose(s) indicated in my proposal.

I agree to provide the Michigan Pharmacy Foundation (MPF) with a 1- or 2-page *Interim Report* at six months and a 2- or 3-page *Final Report* following completion of the project, within thirteen months following the initiation of the project. The *Final Report* may be submitted in the form of a manuscript suitable for publication.

I understand I will receive 50 percent of the grant funds upon execution of the *Grant Acceptance Agreement*, 25 percent of the funds upon submission of an *Interim Report* and the remaining 25 percent of the grant upon submission of the *Final Report*.

I understand that I may also be asked to provide MPF with photographs of project participants and practice sites. I understand that my provision of such material (written, electronic or graphic) constitutes permission to publish the material in all media. As a grant recipient, I commit to the project's publication and understand that MPF will hold the copyright to this publication.

I also understand and agree that the extent of MPF's liability in supporting my project is limited to \$(amount) that is being awarded to me at this time, and that I will hold the MPF harmless for any acts that I may commit in carrying out my enterprise, which may result in injury to another party. In these respects, I understand that I am not an agent of the MPF and agree to not trade on the good name of the MPF in any way whatsoever. I do understand that, where appropriate, I am expected to cite the MPF as the source of the grant funds in making my enterprise possible.

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(Person requesting grant)

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I agree to present the project results upon invitation of MPF and/or its subsidiaries at event(s) they sponsor. If scheduled, the presentation will most likely occur at the Michigan Pharmacists Association Annual Convention & Exposition. I understand the grantee will not receive an honorarium for this presentation.

I also understand that if, for any reason, I do not complete the project as described, I may be held liable for all or part of the grant monies awarded by the Michigan Pharmacy Foundation.

Signed this _____ day of _____, (year)

Signature: _____

Witness to signature: _____

Printed name of witness: _____

Please make check payable to: _____

Mailing address for check(s): _____

SS# of person or Tax ID # of business receiving grant funds: _____

For Office Use Only

Date Grant Approved: _____

Date MPF Received Agreement: _____

Date Initial Grant Installment (50%) Distributed: _____

Date Interim Report Received: _____

Date Interim Grant Installment (25%) Distributed: _____

Date Final Report Received: _____

Date Final Grant Installment (25%) Distributed: _____