MISSOURI BOARD OF PHARMACY
RX CARES FOR MISSOURI PROGRAM

Request for Proposals
Project Funding Guidelines and Application Process

Section 338.710, RSMo, established the Rx Cares for Missouri Program administered by the Missouri Board of Pharmacy (the Board). Pursuant to § 338.710, the Board is statutorily authorized to allocate or award funds appropriated to the Board to private or public entities to develop or provide programs or education to promote medication safety or to suppress or prevent prescription drug abuse, misuse, and diversion in the State of Missouri.

The Board invites interested parties to submit grant funding proposals/applications for the Rx Cares of Missouri Program, as provided herein. Grant proposals/applications may be electronically submitted to the Board office at MissouriBOP@pr.mo.gov. Alternatively, proposals may be mailed to the Board office at:

Missouri Board of Pharmacy
3605 Missouri Boulevard
Jefferson City, Missouri
65109

Eligible Funding/Recipients

Eligible recipients include any person or public, private, charitable, or educational entity who will provide grant services to residents of Missouri consistent with Rx Cares Program goals. Grant recipients must abide by, and comply with, all applicable provisions of Missouri law. Maximum awards will be dependent on project scope.

Grant Proposal/Application Requirements

Grant proposals must benefit Missouri citizens by furthering the goals of the Rx Cares for Missouri Program ("the Program") which are to promote medication safety or to suppress/prevent prescription drug abuse, misuse, and diversion in the State of Missouri.

Grant proposals must be accompanied by the Rx Cares Grant Application Form and a one (1) page abstract of the project that includes the project's goals, purpose, scope and proposed timelines. Proposals must also include a narrative description of the following:

1. Activities that will be undertaken as part of the grant, including, the intended audience/beneficiaries and proposed Missouri geographic target/service areas;

2. Project goals and objectives. Services and anticipated outcomes must be clearly described and align with Rx Cares for Missouri Program goals;
3. A description of the capacity and structure the institution has in place to administer the grant activities, including, staff and personnel who will be administering the grant and their relevant education, experience or qualifications;
4. An explanation of how the proposal will promote medication safety or suppress/prevent prescription drug abuse, misuse, and diversion in Missouri;
5. A projected timeline for implementation and completion of proposed grant activities. Grant activities must be eligible for completion on or before January 31, 2026;
6. Evaluation measures for assessing impact and effectiveness. Candidates should specify measurable goals/objectives that will demonstrate patient impact or program success on promoting medication safety or suppressing/preventing prescription drug abuse, misuse, and diversion in Missouri; and
7. A budget summary and narrative that clearly details personnel, activities, and services that will be paid for through grant funds. Proposed expenditures for the grant program must be clearly identified along with a narrative that details how funds will be used to accomplish the goals and objectives of the Program. *Note: Mileage reimbursement will be limited to the official CONUS rate adopted by the State of Missouri, Office of Administration.*

Grant Awards

Grant funds shall be awarded at the discretion of the Board subject to funding availability. Approved grant projects must be capable of completion on or before January 31, 2026. Grant recipients must provide quarterly reports of program activities or as otherwise requested by the Board. Grant recipients must submit a final written report to the Board within forty-five (45) days after program completion that details activities conducted pursuant to the grant, project outcomes, expenditures paid from grant funding, the number of Missouri beneficiaries/recipients of grant services, and project impact/effectiveness based on identified evaluation measures.

Proposal Submission

Grant proposals, abstracts and the Rx Cares Grant Application form must be electronically submitted to the Board office at MissouriBOP@pr.mo.gov. Alternatively, proposals may be mailed to the Board office at:

Missouri Board of Pharmacy
3605 Missouri Boulevard
Jefferson City, Missouri
65109

Proposals will be accepted on an ongoing basis and subject to fund availability. To be deemed complete, grant applications must include all components identified in this Request for Proposal.

Questions regarding this Request for Proposals may be addressed to: MissouriBOP@pr.mo.gov or (573) 751-0091 (e-mail is preferred).

Rx Cares for Missouri
Grant Application Form

IMPORTANT INFORMATION:

1. This application is for individuals/entities seeking to apply for an Rx Cares for Missouri grant. Pursuant to § 338.710, the Board is statutorily authorized under the Rx Cares Program to allocate or award funds appropriated to the Board to private or public entities to develop or provide programs or education to promote medication safety or to suppress or prevent prescription drug abuse, misuse, and diversion in the State of Missouri.

2. Eligible recipients include any person or public, private, charitable, or educational entity who will provide grant services to residents of Missouri consistent with Rx Cares Program goals. Grant recipients must abide by, and comply with, all applicable provisions of Missouri law. Maximum awards will be dependent on project scope.

3. Grant proposals must be accompanied by the Rx Cares Grant Application Form and a one (1) page abstract of the project that includes the project's goals, purpose, scope and proposed timelines. See the attached Request for Proposals for additional grant requirements.

4. Grant funding will be awarded at the discretion of the Board and is subject to funding availability.

5. **Questions?** Contact the Board office at MissouriBOP@pr.mo.gov or (573) 751-*0091 (e-mail is preferred)*.

RX CARES FOR MISSOURI
GRANT APPLICATION FORM

SUBMIT THIS COMPLETED APPLICATION TO:	FOR OFFICE USE ONLY
MAILING ADDRESS **MISSOURI BOARD OF PHARMACY** P.O. BOX 625 JEFFERSON CITY, MO 65102 OVERNIGHT ADDRESS **MISSOURI BOARD OF PHARMACY** 3605 MISSOURI BOULEVARD JEFFERSON CITY, MO 65109 ✓ SEE INSTRUCTION SHEET FOR COMPLETION OF THIS FORM ✓ KEEP A COPY OF COMPLETED APPLICATION FOR YOUR RECORDS	LICENSE # *(If applicable)* ACTION DATE NOTES

SECTION A: APPLICANT INFORMATION

APPLICANT'S NAME			**MO LICENSE/PERMIT #** *(If applicable)*	
APPLICANT ADDRESS	**(STREET)**	**(CITY)**	**(STATE)**	**(ZIP)**
APPLICANT TELEPHONE #		**FACILTY E-MAIL ADDRESS**		

DESIGNATED REPRESENTATIVE: Identify a designated contact person for questions regarding this application or grant operations.

DESIGNATED REPRESENTATIVE NAME			**POSITION/TITLE**	
CONTACT MAILING ADDRESS	**(STREET)**	**(CITY)**	**(STATE)**	**(ZIP)**
CONTACT TELEPHONE #		**CONTACT FAX #**		
CONTACT E-MAIL ADDRESS				

SECTION B: PROPOSED GRANT PROGRAM

Please provide the following information regarding the proposed grant program. This information will be used by the Board in assessing your application. Attach additional sheets if necessary.

1. Describe the activities/program that will be undertaken if grant funds are awarded, including, the intended audience/beneficiaries and proposed Missouri geographic target/service areas. Provide any relevant evidence or data you would like the Board to consider to support the grant request.

2. Describe the grant proposal's goals and objectives. Services and anticipated outcomes must be clearly described and align with Rx Cares for Missouri Program goals *(see § 338.710, RSMo)*. Please also describe how/why the program is unique or needed.
3. A description of the capacity and structure in place to administer the grant activities, including, staff and personnel who will be administering the grant and their relevant education, experience or qualifications. Provide resumes or employment history, if applicable.
4. Describe how the proposal will promote medication safety or help suppress/prevent prescription drug abuse, misuse, and diversion in Missouri.
5. Provide a projected timeline for implementation and completion of proposed grant activities. Grant activities must be eligible for completion on or before January 31, 2026.
6. Describe what evaluation measures will be utilized to assess program impact and effectiveness. Identify clear and measurable goals/objectives that will demonstrate patient impact and program success on promoting medication safety or suppressing/preventing prescription drug abuse, misuse, and diversion in Missouri
7. Attach a budget summary and narrative that clearly details personnel, activities, and services that will be paid for through grant funds. Proposed expenditures for the grant program must be clearly identified along with a narrative that details how funds will be used to accomplish the goals and objectives of the Program. (MUST BE ATTACHED)

8. Answer the following questions:

a. Has the applicant ever been disqualified from participating in any state contract, grant or funding program?
   - ☐ YES *(attach a detailed explanation)*
   - ☐ NO

b. Has the applicant ever had any state, federal or local disciplinary action taken against any pharmacy, drug, controlled substance or healthcare related license, registration, permit, certificate or authorization held by the applicant?
   - ☐ YES *(provide an explanation and any disciplinary orders/documents)*
   - ☐ NO

c. Has the applicant or any owner, partner, officer of the applicant ever had any controlled substance registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country?
   - ☐ YES *(provide copies of any denial/refusal/disciplinary documents)*
   - ☐ NO

d. Has the applicant ever been excluded from participation in any state or federally funded health care program such as Medicare, Medicaid or MO HealthNet for fraud, abuse, or submission of any false or fraudulent claim, payment or reimbursement request?
   - ☐ YES *(provide an explanation and related documents)*
   - ☐ NO

9. List any other factor that may be relevant to the Board's consideration of the grant request? *(Attach additional sheets if needed)*

SECTION C: APPLICANT AFFIDAVIT

This affidavit must be signed by an official representative of the applicant who is authorized to sign and submit this application on the applicant's behalf.

This application is hereby submitted on behalf of the Applicant identified herein. I attest the foregoing application has been completed truthfully and accurately to the best of my knowledge and belief. I am making this affidavit knowing that any false statements or material omission may subject me or the entity identified herein to criminal penalties for making a false affidavit under Section 575.050, RSMo.

The applicant agrees to comply with all applicable federal and state law(s), all applicable rules/regulations of the Board, and the Rx Cares for Missouri Program. I hereby certify under penalty of perjury that the information and answers contained in this application and any attachments are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	**TITLE**
PRINT NAME	**DATE**