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| **Please complete the application form below—answer all questions.** Please provide the most current and relevant information in your responses and answer all questions as fully, clearly, and succinctly as possible. (Preferred font: Times New Roman, 12 point) | |
| Practice Name, Mailing Address, Telephone, and Name & Email of Person Submitting Application: |  |
|  |  |
| **PART 1: Practice Description** | |
| 1. Please describe the population served by the practice by age, public vs. private insurance, county of residence, primary language spoken in home: | |
|  | |
| 1. Provide a brief description of COVID-19 vaccination efforts to-date, including successes and challenges. | |
|  | |
| 1. Application category seeking funding: | |
| Category 1: Deliver COVID Vaccination at the Practice    Category 2: Outreach and Prevention | |
| **PART 2: Proposed Use of Funds** | |
| 1. Statement of Need: Describe the vulnerable community(ies) to be served by the proposed program including why this population has had barriers to vaccination. | |
|  | |
| 1. Brief Description of the project (include a separate 1-3 page summary): | |
| 1. Stated goals, measurable objectives, and expected outcomes for the proposed program: Provide expected outcome measures for each performance objective. Numbers of people vaccinated, age group (5-11 years; 12 to 21 years; over 21 years), race/ethnicity and public vs private insurance for those vaccinated is recommended data to be reported. | |
|  | |
| 1. Timeline: Provide a brief timeline detailing how each identified performance objective will be accomplished. | |
|  | |
| 1. Funding: What is the funding amount requested? | |
|  | |

**BUDGET**

|  |  |
| --- | --- |
| **Practice Name** |  |
| **COVID-19 Grant Proposed Budget** | **$** |
|  | **FISCAL YEAR 2021-2022** |
|  |  |
| **LINE ITEMS** | **PROPOSED** |
| Personnel |  |
| Fringe |  |
| Equipment |  |
| Supplies |  |
| Printing |  |
| Marketing |  |
| Transportation |  |
| Indirect (10% allowed) |  |
| Other (Please Specify) |  |
| Other (Please Specify) |  |
| Other (Please Specify) |  |
| **Total** | **$** |