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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:
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|  |
| 1. Provide a brief description of COVID-19 vaccination efforts to-date, including successes and challenges.
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| 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.
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| 1. Brief Description of the project (include a separate 1-3 page summary):
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| 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.
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|  |
| 1. Timeline: Provide a brief timeline detailing how each identified performance objective will be accomplished.
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| 1. Funding: What is the funding amount requested?
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**BUDGET**

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