

B. Application for COVID-19 Equity Funding (FY 2024)

Cycle 4 COVID-19 Vaccine Equity Grant Application



ORGANIZATION INFORMATION

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| Organization Name: |
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| Organization Primary Address: |
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| Additional Location Addresses (if applicable): |
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| Organization Phone Number: |
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| Organization Fax Number (if applicable): |
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| Primary Grant Contact Name: |
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| Primary Grant Contact Email: |
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| Primary Grant Contact Phone Number: |
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| Organization Website (if applicable): |
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Organization Classification

Non-Profit Organization Government Organization Faith-Based Organization

School Organization Other:

Provide a general description of the mission of your organization, the population you serve, and any experience relating to community health, education, and outreach that your organization engages in. Please specify if any work has been related to COVID-19.

List the geographic areas of focus for your organization and your organization’s history working within the health district’s service areas: (Hanover, New Kent, Charles City, and Goochland)

PROJECT/PROGRAM INFORMATION

Your project/program title:

Your projected grant funding request amount: (Min: \$10,000 - Max: \$80,000)

Briefly describe the goal and purpose of this project (200 character max):

Please describe your proposed project strategies and activities in detail, and how they align with the project scope.

What priority population(s) will be primarily served by the project:

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Explain if this project/program is an extension of current projects you're managing. If so, please describe how they will intersect.

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What outcomes are anticipated from this project? Please include the estimated number of individuals to be reached with education, outreach, or vaccination by locality.

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Please develop at least 2 (to maximum 3) SMART objectives as it relates to your project's evaluation method and measurement. *Objectives are the who, what, when and how.*

Objective #1:

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Objective #2:

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Objective #3 (optional):

Detail your anticipated timeline for this project/program:

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Describe your organizational capacity to meet your objectives and sustain the overall funding needs of this program/project:

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Grant Template: Complete the following budget table as it relates to your proposed grant request for CHD consideration. Please download and complete the budget template and upload/attach your completed document to the application.

| Budget Line Items | Cost | Total |
|------------------------|------|-------|
| Contractor Staff Costs | \$ | \$ |
| Supplies | \$ | \$ |
| Equipment | \$ | \$ |
| Travel | \$ | \$ |
| Other Contratual | \$ | \$ |
| TOTAL | \$ | \$ |

Please describe and justify your project/program budget:

I, as a representative of my organization, have reviewed the request for proposal and the answers to this application, accept the requirements and expectations should the application be approved for a grant, and have answered each question to the best of my ability and agree that the information herein is true and correct.

Printed Name:

Signature:

Date:

