



Vaccine Equity Initiative Winter 2021-2022 Grant Application Questions

- **Purpose Statement** - a one sentence description of your funding request
- **Funding Amount Requested** (\$5,000, \$10,000, \$15,000, \$20,000, \$25,000)
- **Total Project Budget Amount**
- **Total Organization Budget Amount**
- **Organization Type:** 501c3, fiscally sponsored organization or tribe
- **Overview of your organization's key services or programs** (750 character limit)
- **Primary purpose of funding** (choose one)
 - Address transportation or mobility barriers for community members to access vaccination sites.
 - Conduct linguistically and culturally appropriate vaccine outreach and education.
 - Administrative and operational costs to host or carry out vaccination events.
 - Translation of outreach materials or messenger training and technical assistance
 - Administrative costs to help people register and make vaccination appointments
 - Purchase at-home or rapid vaccine testing kits.
 - Help people to secure a copy of their vaccine card or proof of vaccination
- **Description of proposed use of funds** (1000 character limit). Please be as specific as possible about what you plan to do and how you will carry out the work.
- **Primary Population Served**
 - Native American
 - Black
 - Asian
 - Pacific Islander or Native Hawaiian
 - Latinx
 - Immigrants and/or refugees
 - Farmworkers and Agricultural workers including meat processing workers
 - Child care workers or teachers
 - Pregnant women
 - People with disabilities
 - Unsheltered or Homeless
 - Juvenile justice or criminal justice involved or recently involved
 - Other



- **Primary Age Group Served:**
 - Children 5-11
 - Youth 12 and up
 - Adults
 - Children, Youth and Adults
- **Description of Population and how you will reach them** (500 character limit)
- **Projected Number Served**
- **Explanation of Number Served** – Please describe how you determined the number of people you plan to serve (500 character limit)
- **Primary Washington State County Served**
- **Brief description of geographic focus of your work** (250 character limit)
- **Vaccination Activities and Medical Partners** - If your project involves actual vaccination delivery such as clinics (mobile, temporary, mass) and/or pop up sites, please identify one or more healthcare partners involved in the administration of the proposed vaccination efforts being supported by this grant funding, approximate dates of vaccination activities, and tentative locations. (750 character limit)
- **List of Partner Organizations and their Roles** (500 character limit)
- **Description of your organization’s relevant experience and capacity for this project** (750 character limit)
- **BIPOC-serving:** Does your organization primarily serve (at least 50%) BIPOC (Black, Indigenous or People of Color)? Yes or No
- **BIPOC-led:** Is your organization BIPOC-led (Black, Indigenous or People of Color comprise at least 50% of the board and staff). Yes or No
- **Other funding:** briefly describe other planned or secured funding, if applicable
- **Additional Information** - Is there any additional information that you’d like to share to demonstrate your organization’s capacity to carry out the work you’ve proposed or to demonstrate how your organization aligns with the stated funding priorities? (750 character limit)