



Immunize Oregon Grant Application

Immunize Oregon grants are designed to support and enhance the promotions of immunizations in Oregon. Proposals must be innovative projects that support immunization rates, reach underserved populations, or aid in and advance the use of immunization best practices.

Summary

Funding Opportunity	Up to \$4000 per grantee
Category of Funding	Health/Immunization
Funding Type	Grant
Posted Date	11/7/2016
Closing Date	12/7/2016 at 5:00 pm (PST)

Funding Timeline

Grantee recipients notified	1/2017
Grant funds must be spent	6/30/2017
Grant report due	8/31/2017 (or before)

Award information

The purpose of this award is to:

- Develop and enhance local immunization and health coalitions
- Raise public and provider awareness of vaccine-preventable diseases
- Support vaccination activities
- Work to reduce immunization related health disparities and work towards health equity

Grant funds may be used to support:

- Local vaccination events
- Educational projects
- Promotional materials
- Other activities designed to reduce barriers and promote vaccinations

Grant funds may NOT be use for the following activities/projects/purchases:

- Research projects
- Legislative/lobby activities, or
- Ongoing operation costs (rent, normal staffing, liability coverage, etc.)

Eligible applicants

Any agency or clinic (public or private) that provides/promotes or would like to provide/promote immunizations in Oregon, including but not limited to:

- Local health councils, coalitions, clinics, or groups with an interest in immunizations
- Agencies focusing on health care worker immunization
- Agencies that serve marginalized or underserved groups

Additional information

Grant proposal must be adapted to at least one of the five focus categories:

Category descriptions are only examples. Applicants are free to propose projects not listed below as long as project falls into one of the five focus categories. It is encouraged that all proposed projects promote [health equity](#) so all communities are able to reach their full health potential.

Education for staff/training

Conference registration, purchase of Continuing Education Credit opportunities, training material, etc.

Community outreach and education

Provide direct services to the community, create educational materials for use in the community, promote the concept of immunization, social media campaign, or implement vaccination client reminder/recall projects, etc.

Vaccination storage equipment and technology

Vaccine storage units, vaccination supplies, storage technology improvements, temperature monitoring devices, etc.

ALERT Immunization Information System (IIS)

Support clinical operations in, expanding, or beginning use of the [ALERT IIS](#) for clients, upgrade computer equipment to better access ALERT IIS, target patient reminder/recalls, data clean-up for quality improvement projects, etc.

Health equity and partnerships

Identify policy, system and environmental changes and craft strategies to increase health equity and reduce immunization related health disparities. Plan, facilitate, develop a workgroup/coalition/taskforce expand resources to achieve a common goal.

Application scoring

Scoring: Applications will be scored and ranked as follows:

- Demonstration of community engagement/partnerships/in kind: 20%
- Proposed activity description: 40%
- Project budget and evidence of other resources: 10%
- Demonstration of reducing immunization related health disparities and working toward health equity: 20%
- Selection of defined focus areas: 5%
- Evaluation of proposed project/activity/purchase: 5%

Before you begin...

By clicking *Begin Application* you will enter the portion of the application with fillable fields. Partial applications will NOT SAVE and incomplete applications will not be reviewed. Only applications that have been *submitted* by clicking the *Submit* button at the end of the application will be saved and reviewed. Once application is submitted you will not be able to edit or change submitted material.

Visit the Immunize Oregon website at www.healthoregon.org/immunizeoregon for Immunize Oregon Grant Guidelines document for additional information, if needed.



Immunize Oregon Grant Application

Contact information

Organization name _____

Street address _____

City _____

State _____

Zip code _____

Organization website _____

Contact person _____

Title _____

Phone number _____

E-mail _____



Immunize Oregon Grant Application

Organization information

Tax ID, EIN, or FIN _____

Organizational mission statements

Brief description of organization

Population served

Geographic area served



Immunize
Oregon Grant
Application

Grant narrative

Program / project name

Proposal summary

Focus categories

Grant proposal (800 words or less)

Budget

Please list the anticipated budget of the proposed project. Below is an example budget. All applications must include a budget. Use the fillable fields below or upload budget below.

Expenditure	Immunize Oregon Grant	Funds from other sources	Totals Combined
Vaccination supplies	\$ 500		\$ 500
Vaccine Storage Equipment	\$ 1250	\$ 1250	\$ 2500
Print Material	\$ 250		\$ 250
Training	\$ 1000		\$ 1000
Conference Attendance		\$ 4000	\$ 4000
Totals	\$3,000	\$5,250	\$ 8,250

Budget

Section required if NOT attaching/uploading budget

Immunize Oregon Grant
Funds

Item

Item price/cost

In-kind or funds from other
sources



Immunize Oregon Grant Application

Grant Submission

Note: The Oregon Health Authority has reviewed the Immunize Oregon Grants program and has determined that all recipients of funds are to be officially considered vendors helping to implement the goals of the Immunize Oregon program. If grant funds are used for any purpose other than what is agreed upon at the time that funds are granted, the recipient will be responsible for returning the full grant amount to the State of Oregon.

Organization name

**Grant application submitted
by**

If awarded grant funds, I agree and understand that it is the responsibility of my agency to provide all necessary documents to Immunize Oregon upon request.

I agree to follow immunization guidelines as put forth by the Centers for Disease Control (CDC) and the National Advisory Committee on Immunization Practices (ACIP)

I agree to submit a final Grant Activity Outcome Report, including a listing of expenses covered, by August 31, 2017 to Immunize Oregon. This report will outline activities taken and estimated impact on immunization rates.

Applicant signature
