

AUGUST 15, 2022

# VACCINATE ALL 58 NEIGHBORHOOD PARTNERSHIP PROGRAM

## APPLICATION TEMPLATE

FOR MORE INFORMATION:

[VA58partnerships.com](http://VA58partnerships.com)

[Partnership@rhainc.com](mailto:Partnership@rhainc.com)



Vaccinate **ALL** 58



## NEIGHBORHOOD PARTNERSHIP PROGRAM

# Application Template

## Purpose

Californians have done an incredible job working together to protect the health and well-being of our communities. The purpose of the Vaccinate All 58 (VA58) Neighborhood Partnership Program is to educate community members on safe practices for the prevention of COVID-19 and importance of vaccinations. Awards are intended to support groups serving as trusted messengers in their own communities.



The Neighborhood Partnership Program provides awards of up to \$5,000 to neighborhood and grassroots groups. The project must fall under one or more of these priority areas: awareness raising, arts and creativity, or vaccine clinic support.

The California Department of Public Health Vaccinate All 58 Campaign has contracted with Richard Heath and Associates, Inc. (RHA) to administer the VA58 Neighborhood Partnership Program.

## Instructions

This Application Template is provided for planning purposes only. Before you start the application, we encourage you to discuss your idea with your peers and group members to ensure your project is in line with the purpose of the Neighborhood Partnership Program. Some of the questions for planning purposes are:

- What will you do?
- How will the project make a difference in your own neighborhood or community to getting people vaccinated?
- Who will conduct the project and who will be your partners?
- Where will the project be conducted?
- How much will the project cost?

The application must be submitted online and can be accessed at [VA58partnerships.com](https://VA58partnerships.com).

Should you have questions, please send an email to [partnership@rhainc.com](mailto:partnership@rhainc.com).

## Application

### Applicant Entity/Organization Information

Contact information for the applicant entity, fiscal sponsor (if applicable) and project contact is requested. Applicant Tax ID is also requested.

Type of Entity

- Community-based organization
- Faith based organization
- Neighborhood association
- Business entity or association
- Student club or association
- Service club

Is this entity a 501c3 Non-Profit Organization? Yes / No

Does this entity have a fiscal sponsor? A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS. Yes/No  
If yes, please complete the fiscal sponsor information.

List all other current funding for COVID-19 outreach and education, including funder name, amount and succinct project scope. If the entity does not have any existing COVID-19 outreach and education funding, please list none.

Funder Name	Amount	Project Scope (Maximum: 50 words)

Describe how the proposed Neighborhood Partnership Project scope is not duplicative of currently funded projects outlined above (Maximum word count: 50 words). If not applicable, please list n/a.

### Project Description

**Project Name**

**Project Purpose (maximum word count: 50 words)**

Describe the project activities and desired outcomes. This will be used for the program agreement and public documents. (Maximum word count: 50 words)

**Project Start Date (must be at least 3 weeks from application submission date)**

**Project End Date** (must be prior to the Neighborhood Partnership Program end date per [VA58 Partnerships](#) website and in accordance with the signed agreement)

Please indicate which **priorities** the project will address:

- Awareness Raising
- Arts and Creativity
- Vaccine Clinic Support
- Language and Communication Access, this priority area is for translation and interpretation in languages not commonly available such as Amharic, Hmong, and Mayan

**If your project addresses Language and Communication Access, please respond to this question to strengthen the program’s new priority area.**

- **What are the barriers to communication and language access that the project will address? Explain any innovations or proven practices the project will utilize to address these barriers** (Maximum word count: 100 words)

**Describe the neighborhood community served, including how it has been impacted by COVID-19. What specific need or problem is the project trying to solve with this project?** (Maximum word count: 100 words)

**Describe the project. List your project objectives, activities and number of people you intend to reach** (as in example).

- List separate activities to include how the project might be promoted and/or to describe different types of outreach. If the project includes or supports a vaccine clinic, please include this as an activity.

<b>Objective(s)</b>	<b>Activity(s)</b>	<b>Estimated Reach</b>	<b>Measurement(s)</b>
<i>EXAMPLE - To educate our neighborhood association members about where to get vaccinated</i>	<i>EXAMPLE - Organize 3 art activities such as chalk-a-thons for kids at the community center to inform parents about the vaccine clinics</i>	<i>EXAMPLE - 500</i>	<i>EXAMPLE - Number of parents and children participating in art activities</i>

--	--	--	--

**Describe the entity or group conducting the project.** (Maximum word count: 50 words)

--

**Describe any partners.** Type in "None" if not applicable. (Maximum word count: 50 words)

--

**Where will the project take place?** (may be multiple locations)

- Neighborhood
- City / Town
- County
- Zip Code (numeric)

**Which existing vaccination event, if any, will be supported?** (Maximum word count: 50 words)

--

**How will you know your project was successful?** (Maximum word count: 250 words)

- Describe the project goal(s) and tactics that will be used to determine if goals are met.

--

**Additional information.** (Maximum word count: 100 words)

--

**Project Classification**

**Estimated Number of People Benefiting from Project**

- Total number of people reached through all activities

**Primary Racial / Ethnic Groups Served**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic / Latino
- Native Hawaiian or Other Pacific Islander
- White
- Multi-Racial
- Other \_\_\_\_\_

**Primary Age Group Served**

- 5 to 11
- 12 to 17
- 18 to 44
- 45 to 64
- 65 and over

**Primary Languages Served**

- English
- Spanish
- Amharic
- Arabic
- Armenian
- Assyrian/Neo-Aramaic
- Bosnian
- Burmese
- Cantonese
- Chatino
- Dari
- Farsi
- Fijian/Vakaviti
- French/Haitian Creole
- Greek
- Hindi
- Hmong
- Japanese
- Karen
- Khmer
- Korean
- Laotian
- Mayan/Mam
- Mandarin
- Marshallese
- Mien
- Mixteco
- Mongolian
- Neo-Aramaic
- Nepali
- Pashto
- Portuguese
- Punjabi
- Russian
- Serbo-Croatian
- Somali
- Samoan

- Tagalog (and Filipino)
- Tibetan
- Tigrinya
- Telugu
- Tongan
- Triqui
- Ukrainian
- Urdu
- Vietnamese
- Zapateco
- Other

Please provide any additional information on people or groups served.

**Budget**

**Request Amount** (\$1,000, \$2,500, \$5,000)

Please provide a project budget. All funds must be spent within project dates.

**Budget Details**

- Salaries / Fees
- Travel
- Supplies
- Training
- Printing
- Postage
- Other
- Total Expenses

**Budget Explanation** (text box)

- In your explanation, list each budget category and describe expenses with estimated cost

**Supporting Materials**

**Required Documents**

Please upload the required documents for the entity who will sign the agreement. If the entity does not have legal standing with the IRS, please upload the information for the fiscal sponsor. **Please gather these documents before starting the online application.**

- EIN (required)
- [IRS Form W-9](#) (required)
- Business License or 501(c) Letter (required)
- Insurance Certificate (required)

Is the organization a certified Diverse Business Enterprise or Small Business?

If yes, check all that apply and provide certification number:

- Minority Business Enterprise (MBE): \_\_\_\_\_
- Women Business Enterprise (WBE): \_\_\_\_\_
- Lesbian, Gay, Bisexual, and/or Transgender Business Enterprise (LGBTBE): \_\_\_\_\_
- Disabled Veteran Business Enterprise: \_\_\_\_\_
- Small Business: \_\_\_\_\_

### Submission

By submitting this form, the applicant agrees to the following: (legal language)

I hereby certify that the information provided in this application is complete, true and correct to the best of my knowledge.

I am authorized to provide this information on behalf of the applicant.

I hereby acknowledge that I have read and understand the eligibility and requirements set forth in this Neighborhood Partnership Program application and that my submitted application is subject to review and is not a guarantee of funding through this program unless selected.

I give my consent to RHA to collect, use and process the information provided in this application for the purposes of funding consideration, and acknowledge that information provided in this application may also be used for program reporting purposes to the California Department of Public Health, as it relates to the Neighborhood Partnership Program.

Name / Title / Date