**Tier 1 – Mini-Grant Stipend Application**

**ORGANIZATION INFORMATION**

Name of Organization:

Address:

City: State: Zip code:

Organization Lead (for Vaccine Clinic) – Name and Title:

Phone Number:

Fax Number:

Email Address:

Number of Vaccine Clinics hosted in partnership with the Cuyahoga County Board of Health: XX

Total Amount Requested ($2,500 per vaccine clinic): XX

**For each vaccine clinic you are requesting a stipend, please provide the following information:**

Site Name: Date of Vaccine Clinic:

Site Address: Hours of Operation:

Site Contact Name: Site Contact Email:

Number of site visit staff volunteers involved in site set up:

Number of staff volunteers during clinic operations:

Vaccine Administered (Pfizer, Moderna, Johnson & Johnson):

Number of vaccines administered:

Signatures

I/We have reviewed this mini-grant application and to the best of my knowledge the information in this application is true and correct and I am legally authorized to sign and submit this application on behalf of this organization.

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Organization Lead [for Vaccine Clinic(s)] Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Date

*If this is an electronic signature, it shall bear the same legal binding as physically signing your name on a paper document.*