**Tier 2 – Mini-Grant Application**

**ORGANIZATION INFORMATION**

Name of Organization:

Address:

City: State: Zip code:

Project Lead Name and Title:

Phone Number:

Fax Number:

Email Address:

Total Amount Requested:

Brief Project Description:

Please respond to each question below. Responses should be no more than 500 words for each section.

1. **Background and Justification**

This section should clearly identify the problem to be addressed.

1. **Target Population and Zip Code**

Indicate the target population (Black and/or Hispanic/Latino) and the target zip codes from the list provided above.

1. **Project Overview**
2. Outline your plans to implement the mini-grant. List specific goals and objectives (bulleted list is acceptable).
3. List the names and organizations, as well as the roles of any additional individuals who will be involved in implementing this project:
4. **Project Timeline**

Provide a timetable listing specific key activities and completion dates from project beginning to end.

1. **Project Budget**

Provide a detailed budget including dollar amounts and descriptions for how each line item will be used.

1. **Evaluation**

Provide a statement of commitment to work with CCBH on collecting information to help measure community impact.

1. **Have you received any grants or funding to address vaccine availability, vaccine access, and vaccine confidence?**

**If you replied “yes” to receiving previous grants or funding, please describe the funding source(s) and amount(s), if known:**

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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Project Lead Date

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Administrator Date

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