

CLACKAMAS COUNTY - PUBLIC HEALTH DIVISION

VACCINE EQUITY & OUTREACH GRANTS | COVID-19 VACCINATION FUNDING REQUEST

Organization Name:

Contract #:

Enter vaccine contract number. This contract number is separate from CARES funding. (Cell D9)

Period Start Date (dropdown):

Period End Date (dropdown):

Use the dropdown below to identify your Period Start and End Date. (Cell D15)

What type of funding are you requesting in this package?

Ongoing Expense Reimbursement

Submit on monthly basis and update Period End Date to most recent month-end. Then complete Tab 2 - 5.

BREAKDOWN OF VACCINE EXPENDITURES

	<u>ALLOWABLE ACTIVITY</u> All expenditures must be related to vaccination	<u>\$ Amount Requested</u>	<u>\$ Amount Documented</u>	<u>EXPENDITURE DOCUMENTATION WILL BE REQUIRED TO BE SUBMITTED AT A LATER DATE</u> The following rows provide examples of documentation required to be submitted with each claim
1	Staff Time for the following activities: • Management, coordination, and planning • Time spent at vaccination event • Staff recruitment, management, and training of staff and volunteers • Outreach and/or communications • Evaluation and reporting • Greeters, registration, patient, flow • Public health reporting, data entry (e.g., amount of time taken to complete this request, administrative work)	\$0.00	#NAME?	Payroll / Record keeping report documentation that ties staff time to vaccination work
2	Subcontractor or Contract Work		\$0.00	Subcontractor contract, substantiation of total cost, and invoices (if available)
3	Workforce Recruitment and Training		\$0.00	Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
4	Mileage and Parking • Example: mileage to and from the event		\$0.00	Map of the route (e.g. MapQuest or Google Maps); and Receipt(s) providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
5	Outreach Materials • Examples: Facebook ads, fliers		\$0.00	Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
6	Translation and Interpretation Services and/or Capabilities		\$0.00	Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
7	Vaccine Site Space Rental		\$0.00	Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
8	Event-Required Purchases Not Otherwise Covered Above • Example: technology		\$0.00	Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
9	Supplies and Equipment Not Supplied by Federal Government: • Examples: Personal protective equipment, storage, patient/traffic flow, signage		\$0.00	Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
10	Transportation for Patients and/or Workforce		\$0.00	Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work; for example, Uber, Lyft or other Rideshare App receipts
11	Transport Supplies		\$0.00	Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
12	Legal and Compliance Services		\$0.00	Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
13	Administrative Overhead Costs • Example: insurance		\$0.00	Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
14	Staff costs for remote events (lodging, per diem) **Excluded Cost: Hotels for those who were vaccinated**		\$0.00	Yes; Per diem, should show breakdown based on government rate (GSA rate) - https://www.gsa.gov/travel/plan-book/per-diem-rates Receipt(s) and substantiation that expense(s) relate to vaccination work
15	Other (please include other expenses and brief explanation as to how it is vaccine related)	\$0.00	\$0.00	Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
16	Other Description: (To be Filled in by CBO if applicable)			Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
17	Other Description: (To be Filled in by CBO if applicable)			Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
18	Other Description: (To be Filled in by CBO if applicable)			Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
19	Other Description: (To be Filled in by CBO if applicable)			Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
20	Other Description: (To be Filled in by CBO if applicable)			Receipt(s) and providing related backup documentation for all reimbursement amounts that expense(s) relate to vaccination work
	Insert Cells Above If Additional "Other" Expenses Required			
	TOTAL EXPENDITURES	\$0.00	#NAME?	