



Clackamas County Public Health COVID-19 Vaccine Mini-Grants Application

Contact Information

Organization Name(s) (include names of all organizations applying together): _____

Primary contact name: _____

Email: _____

Phone number: _____

Type of organization:

501c3

Faith-based organization

Other _____

Have you completed a COVID-19 and vaccine training through OHA, Boost or CCPHD?

Yes

No

Vaccine Related Activities

Please select activities you wish pursue with funding from CCPHD (choose all that apply).

Co-host / coordinate customized vaccine event(s) or mobile clinics. An event can include small, on-site mobile clinics customized to meet community needs. Preference given to vaccine distribution that is paired with or incorporated into an event where communities congregate already like events and places of worship. Includes vaccine education and promotion in advance to increase vaccine confidence. Venues include but not limited to:

Schools

Worksites

Local businesses & markets

Apartment complexes or neighborhoods

Places of worship

Provide on-site support (interpreters, staff/volunteers for the day of county sponsored event)

Outreach and Engagement: includes vaccine education and promotion to increase vaccine confidence, sharing information about existing vaccination clinics, including communication campaigns or materials:

Canvassing in neighborhoods and outreach

Engaging minority-owned businesses

Host vaccine-related education event(s)

Support community members attending a vaccination event through transportation

Other: _____

Funding level

We can fund up to \$30,000, depending on the project and number of applications received. Funding can support staff time, supplies, media, or materials for the community.

Funding amount requested: _____

Project Narrative

1. Describe the work you plan to do and an overview of how funds will be spent (recommended length: 2–3 paragraphs). Please add details about the scopes of work above, goals, activities you plan to do, products you plan to create.
2. What populations/communities do you intend to serve?
3. Aside from funding, what assistance do you need from CCPHD to implement your proposed activities?
4. Who will you work with to implement your plan?
5. What is the timeline for this work?

OHA Funds

Is your organization getting funding from the Oregon Health Authority to do vaccine-related activities?

Yes No Unsure

If yes, please describe what the OHA funds cover. How will Clackamas County funds supplement and not duplicate efforts?

Budget

Please include an itemized list of expenses.

Requirements

- Completed or commit to complete a webinar, either by OHA, CCPHD or Boost Oregon, to learn about COVID-19 vaccines.
- Provide proof of insurance.
- Focus on communities with lower vaccination rates in Clackamas County.
- Check in with County staff about activities and invoice regularly throughout the grant period.
- Submit a brief report at the end of the grant period.

How to submit

Email application and budget to atorres@clackamas.us.

Questions?

Contact Adam Torres, atorres@clackamas.us.

Thank you for your interest!