**Salt Lake County Health Department**

**Native Hawaiian/Pacific Islander Vaccine Inequity RFA**

**Application Form**

*Please submit application forms to* *healthequity@saltlakecounty,gov*

***Name:***

***Organization Name:***

***Contact Person Name:***

***Email:***

***Phone number:***

Applications will be scored out of 115 points and a limited number of Community Based Organizations (CBOs) with the highest scores will be awarded contracts.

1. **Describe the communities and populations with whom you intend to work. (5 pts)**
2. **Describe the current trends (stories, data, etc.) of vaccine inequity you are seeing in the communities in which you serve/work. (10 pts)**
3. **Describe any gaps, or barriers, you see in the communities you work with regarding vaccine access.** **(10 pts)**
4. **Describe the overall vision of how you will use this funding to support the people you serve regarding vaccine access and vaccine information access, understanding, and use for health decisions. (25 pts)**
5. **Describe what your approach will be to linking people to vaccine resources. (25 pts)**
6. **Describe what your culturally and linguistically relevant approach will be to educating your community on vaccines. (25 pts)**
7. **Share with us the languages your staff speak and write, and indicate how this will impact the work you will do on this grant. (5 pts)**
8. **Please list the zip codes you will work in for this grant. (5 pts)**
9. **What is your proposed budget for this effort? You may apply for up to $100,000 (5 pts)**

*\*Please submit a detailed budget as a separate attachment. Applicants are strongly encouraged to use the budget template in Appendix A.*