

CBO MPX GRANT APPLICATION WORKSHEET

The California Department of Public Health (CDPH) greatly appreciates your organization's (Organization) participation in the MPX vaccination efforts.

Use this worksheet to gather information needed ahead of time to complete the online application.

DO NOT SUBMIT THIS WORKSHEET TO CDPH.

Organization Identification

Organization's legal name:

Number of affiliated vaccination locations covered by this agreement:

Organization telephone:

Email *(must be monitored and will serve as dedicated contact method for the MPX Grant)*:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Responsible Officers

For the purposes of this application, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the responds specified in this application.

Chief Medical Officer (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

Telephone:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

Telephone:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Entity Type

Community Based Organization

Is it a Nonprofit? Yes No

Federal Qualified Health Center

Is it a Nonprofit? Yes No

Employer Identification Number (EIN):

Population Served in 2021

Approximately what percent of your clients were Black/African American? %

Approximately what percent of your clients were Latinx? %

Approximately what percent of your clients were Uninsured? %

Approximately what percent of your clients were in Medi-Cal? %

Approximately what percent of your clients had limited English proficiency? %

Vaccine Administered (*July 1 - October 26*)

How many MPX vaccine doses were administered by your site during this timeframe?

CBO Size

Approximately how many clinical health care providers (physicians) are at your site?

Outreach/Education Statement of Activities Section.

Provide (in 250 words or less) a brief overview of your MPX Outreach/Education activities. Please include the population that will be/or was engaged and describe events or approaches that were used or to be used to increase access to the MPX Vaccine.

Will you be requesting \$20,000 for this activity? Yes No

Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?

If **Yes**, list IIS identifier:

If **Not**, please explain planned method for reporting vaccine administration data to the jurisdiction's IIS or other designated system as required:

If **Not Applicable**, please explain:

Attestation

By way of checking this box the submitting CBO attests that the information is accurate.

Date submitted: