

## APPLICATION FOR FUNDING: ADULT VACCINE AWARENESS

**Narrative:** Please keep narrative (sections 1a and 1b) to a maximum of three pages.

**Section 1a.** Agency/Organization Information. If your agency/organization is awarded funding, a representative from the Immunization Program will contact you to assist with registering your agency in the state's fiscal system.

Agency/Organization Name

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Name of Contact

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Contact Person - Email Address

Telephone Number (include area code)

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Agency/Organization Mailing Address

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Does agency/organization have an existing contract with  
Immunization or other state program?

Yes  No

If not Immunization Program, list which state program.

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DHS Agency Name

DUNS Number

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**Note:** If you do not have an established contract, and are awarded funds, you will need to complete paperwork to register in the state's fiscal system.

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**Section 1b.** Provide a brief description of the proposed adult immunization activities or events and include the following information:

Approximate date of planned activity

What population(s) do you plan to reach through this activity?

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Provide location or venue for proposed activity

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Describe how the activity will be promoted.

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Name community agency(ies) and partner(s) Be as specific as possible.

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Describe any previous relevant experience with engaging underserved populations.

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Save the completed document and attach to email to [stephanie.borchardt@wisconsin.gov](mailto:stephanie.borchardt@wisconsin.gov).

Agency / Organization Name

**Budget:** Please fill out the following budget template for each proposed activity.

**Section 2.** Note adult vaccines will not be provided, and cannot be purchased through this initiative.

Total costs may not exceed \$4,500. Use the table below to add activities/events, as needed.

Activity/Event No.

Name of proposed activity title and description

Personnel (brief description of personnel include name, title, and role in the project)			\$
Venue (brief description)			\$
Speaker (brief description)			\$
Travel (brief description):			\$
Supplies/printing (brief description):			\$
Advertising/promotion:			\$
<b>Total direct costs</b>			\$
<b>Indirect costs</b>			\$
<b>Total cost</b>			\$

Agency / Organization Name

**Budget:** Please fill out the following budget template for each proposed activity.

**Section 2.** Note adult vaccines will not be provided, and cannot be purchased through this initiative.

Total costs may not exceed \$4,500. Use the table below to add additional activities/events, as needed.

Activity/Event No.

Name of proposed activity title and description

Personnel (brief description of personnel include name, title, and role in the project)	\$
Venue (brief description)	\$
Speaker (brief description)	\$
Travel (brief description):	\$
Supplies/printing (brief description):	\$
Advertising/promotion:	\$
<b>Total direct costs</b>	\$
<b>Indirect costs</b>	\$
<b>Total cost</b>	\$

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