

# Meridian's COVID-19 Vaccine Support Grant

## Application Form

Please complete the enclosed application for grant consideration. Follow the application carefully. Incomplete or inaccurate forms are not accepted.	
Organization Name *	
Please include requesting organization's legal name.	
Organization Type *	
Medical Clinic/Institution, Education Institution, Community Development, Other	
Contact (First Name) *	Contact (Last Name) *
Contact Phone Number *	Organization Phone Number *
(###) ###-####	(###) ###-####
Contact's Email Address *	Organization's Website Address
[contact]@[website].[org or com]	http://www.[address].[org or com]
Organization's Mission *	
Organization's Physical Address *	
Street Address	
Apt, Suite, Bldg. (optional)	
City	State/Province/Region
Postal/ZIP Code	Country
Amount Requested *	
Please use numbers only (For example: 1500 NOT 1500.00 or 1,500)	
<b>Grant Funding Focus (Check all that apply) *</b> <input type="checkbox"/> Mobile Vaccination Unit ( <i>vehicle and/or insurance costs</i> ) <input type="checkbox"/> Building Alterations ( <i>for purposes of enhancing vaccine security</i> ) <input type="checkbox"/> Supplies or Equipment ( <i>associated with the ability to administer vaccine</i> ) <input type="checkbox"/> Operational Costs ( <i>including staffing allocation or salaries</i> ) <input type="checkbox"/> Promotion of Vaccine Confidence and/or Administration <input type="checkbox"/> Other	<b>Target Audience (Check all that apply) *</b> <input type="checkbox"/> Low-income Families <input type="checkbox"/> Children/Youth <input type="checkbox"/> Seniors, Adults or Children with Disabilities <input type="checkbox"/> Moms or Moms-to-be <input type="checkbox"/> Seniors <input type="checkbox"/> Homeless <input type="checkbox"/> Homebound <input type="checkbox"/> Other
If other, please describe	If other, please describe
<b>Objective and Impact of Grant *</b> Please provide 1-3 sentences to describe any specific objective(s) and the anticipated impact of to your organization and/or to the community	

Please submit completed applications to [communications@mhplan.com](mailto:communications@mhplan.com)