



Increase The Reach
Grant Application

 **Start Here**

Before filling out the application, review all questions asked, prepare responses, and gather documents required. Review this PDF for a list of all items asked.

1. Applicant Organization's Legal Name *

2. Applicant Organization's Mailing Address *

Street Address _____

Suite/Unit/Apt _____

City _____

State _____

Postal code _____

3. Applicant Organization's Tax ID Number *

[Click Here](#) for information regarding Federal Employer I.D. (FEIN) aka Tax Identification Number (TIN) or Tax Exempt Number (EIN)

4. Applicant Organization's D-U-N-S Number *

[Click Here](#) for information on finding/requesting your DUNS Number

5. Describe the mission or purpose of the applicant organization *

This might be the organization's vision and/or mission or a brief description of your organization's mission or purpose.

6. Select a category for your organization *

- Federally Qualified Health Center (FQHC)
- Safety net clinic or other state-funded clinic
- Community-based organization (excl. faith-based org)
- Faith-based organization
- Other non-profit organization
- Other

7. Indicate the type of application you are submitting *

- New Application
 - Resubmission of previously rejected Application
 - Revision of previously submitted Application
-

8. Is the applicant organization a 501(c)(3) nonprofit corporation, Government organization, or a religious organization or congregation (including churches, synagogues, mosques, and temples)? *

Grant applications will be accepted from 501(c)(3) organizations acting as fiscal sponsors on behalf of organizations, projects, or initiatives. A fiscal sponsor is a nonprofit corporation, tax-exempt under Internal Revenue Code Section 501(c)(3) and the corresponding provision of state law, that has entered into a relationship with a non-charity to assist with a charitable project.

Yes

No [\[Skip to question 9\]](#)

8a. Fiscal Sponsor Information

A fiscal sponsor is a nonprofit corporation, tax-exempt under Internal Revenue Code Section 501(c)(3) and the corresponding provision of state law, that has entered into a relationship with a non-charity to assist with a charitable project.

8b. Sponsoring Organization's Legal Name

8c. Sponsoring Organization's Mailing Address

Street Address

Suite/Unit/Apt

City

State

Postal code

8d. Sponsoring Organization's Tax ID

[Click Here](#) for information regarding Federal Employer I.D. (FEIN) aka Tax Identification Number (TIN) or Tax Exempt Number (EIN)

8e. Describe the mission or purpose of the sponsoring organization

This might be the organization's vision and/or mission or a brief description of your organization's mission or purpose.

8f. Provide description of previous collaborations or projects between the Sponsoring Organization (Fiscal Sponsor) and the Sponsored Organization

8g. Plan to ensure effective communication throughout the grant period for this project

Applicant Organization Contact Information

11. Primary Contact *

Name _____

Position/Title _____

Email _____

Project Information

12. Project Title *

13. Requested Funding Amount *

Provide the total dollar amount

\$ _____

14. Project Start Date *

Enter date formatted as MM/DD/YYYY

15. Project End Date *

Enter date formatted as MM/DD/YYYY

16. Will funds be used to support new efforts? *

New efforts referring to a new project, initiative, or other work in which the organization has not previously engaged.

Yes [Skip to Question 18]

No

17. Will funds be used to support an expansion of an existing project?

Expansion effort(s), where the organization has identified a sustainable way to serve new populations or additional geographic areas, for example, through a previously established program or initiative.

Yes

No

18. Provide a brief summary of how funding would be used *

Describe this project. This description will be used for publicity when awards are announced. 1500 characters max.

18a. If **Yes** on Question 17, provide details on how funds will add to, and not replace, existing project funds

1500 characters max.

Population Summary

19. Select the Kansas Counties served by the project *

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Allen County | <input type="checkbox"/> Finney County | <input type="checkbox"/> Logan County | <input type="checkbox"/> Rooks County |
| <input type="checkbox"/> Anderson County | <input type="checkbox"/> Ford County | <input type="checkbox"/> Lyon County | <input type="checkbox"/> Rush County |
| <input type="checkbox"/> Atchison County | <input type="checkbox"/> Franklin County | <input type="checkbox"/> Marion County | <input type="checkbox"/> Russell County |
| <input type="checkbox"/> Barber County | <input type="checkbox"/> Geary County | <input type="checkbox"/> Marshall County | <input type="checkbox"/> Saline County |
| <input type="checkbox"/> Barton County | <input type="checkbox"/> Gove County | <input type="checkbox"/> McPherson County | <input type="checkbox"/> Scott County |
| <input type="checkbox"/> Bourbon County | <input type="checkbox"/> Graham County | <input type="checkbox"/> Meade County | <input type="checkbox"/> Sedgwick Count |
| <input type="checkbox"/> Brown County | <input type="checkbox"/> Grant County | <input type="checkbox"/> Miami County | <input type="checkbox"/> Seward County |
| <input type="checkbox"/> Butler County | <input type="checkbox"/> Gray County | <input type="checkbox"/> Mitchell County | <input type="checkbox"/> Shawnee County |
| <input type="checkbox"/> Chase County | <input type="checkbox"/> Greeley County | <input type="checkbox"/> Montgomery County | <input type="checkbox"/> Sheridan County |
| <input type="checkbox"/> Chautauqua County | <input type="checkbox"/> Greenwood County | <input type="checkbox"/> Morris County | <input type="checkbox"/> Sherman County |
| <input type="checkbox"/> Cherokee County | <input type="checkbox"/> Hamilton County | <input type="checkbox"/> Morton County | <input type="checkbox"/> Smith County |
| <input type="checkbox"/> Cheyenne County | <input type="checkbox"/> Harper County | <input type="checkbox"/> Nemaha County | <input type="checkbox"/> Stafford County |
| <input type="checkbox"/> Clark County | <input type="checkbox"/> Harvey County | <input type="checkbox"/> Neosho County | <input type="checkbox"/> Stanton County |
| <input type="checkbox"/> Clay County | <input type="checkbox"/> Haskell County | <input type="checkbox"/> Ness County | <input type="checkbox"/> Stevens County |
| <input type="checkbox"/> Cloud County | <input type="checkbox"/> Hodgeman County | <input type="checkbox"/> Norton County | <input type="checkbox"/> Sumner County |
| <input type="checkbox"/> Coffey County | <input type="checkbox"/> Jackson County | <input type="checkbox"/> Osage County | <input type="checkbox"/> Thomas County |
| <input type="checkbox"/> Comanche County | <input type="checkbox"/> Jefferson County | <input type="checkbox"/> Osborne County | <input type="checkbox"/> Trego County |
| <input type="checkbox"/> Cowley County | <input type="checkbox"/> Jewell County | <input type="checkbox"/> Ottawa County | <input type="checkbox"/> Wabaunsee County |
| <input type="checkbox"/> Crawford County | <input type="checkbox"/> Johnson County | <input type="checkbox"/> Pawnee County | <input type="checkbox"/> Wallace County |
| <input type="checkbox"/> Decatur County | <input type="checkbox"/> Kearny County | <input type="checkbox"/> Phillips County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Dickinson County | <input type="checkbox"/> Kingman County | <input type="checkbox"/> Pottawatomie County | <input type="checkbox"/> Wichita County |
| <input type="checkbox"/> Doniphan County | <input type="checkbox"/> Kiowa County | <input type="checkbox"/> Pratt County | <input type="checkbox"/> Wilson County |
| <input type="checkbox"/> Douglas County | <input type="checkbox"/> Labette County | <input type="checkbox"/> Rawlins County | <input type="checkbox"/> Woodson County |
| <input type="checkbox"/> Edwards County | <input type="checkbox"/> Lane County | <input type="checkbox"/> Reno County | <input type="checkbox"/> Wyandotte County |
| <input type="checkbox"/> Elk County | <input type="checkbox"/> Leavenworth County | <input type="checkbox"/> Republic County | |
| <input type="checkbox"/> Ellis County | <input type="checkbox"/> Lincoln County | <input type="checkbox"/> Rice County | |
| <input type="checkbox"/> Ellsworth County | <input type="checkbox"/> Linn County | <input type="checkbox"/> Riley County | |

20. Select the type of population(s) your proposed project will serve *

Population Descriptions

- **High-risk** - Older adults, individuals in congregate settings like correctional facilities or shelters, homeless populations, frontline essential workers
- **Socially Vulnerable** - Residents of a census tract with a high social vulnerability index (SVI) ranking. If using this description, please include social vulnerability index ranking information available here: [Social vulnerability index map](#)
- **Underserved** - Rural communities, racial and ethnic minority groups, people with disabilities, low coverage
- **Critical Organizations** - Including colleges and universities, occupational health settings for large employers, churches or religious institutions, federally qualified health centers (FQHCs) including community health centers (CHCs), pharmacies, long-term care facilities (LTCFs) including independent living facilities, assisted living centers and nursing homes, organizations and businesses that employ critical workforce, first responder organizations, non-traditional providers and locations that serve high-risk populations
- **Vaccine Hesitant** (Vaccine hesitancy refers to delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence., This description may be qualitative, but you may also use estimates available here: [Map of vaccine hesitancy for COVID-19](#)
- **Low vaccination rate** - Populations where the rate of people \geq 12 years of age with a completed vaccine series is lower than the average for Kansas. if using this description, please include current COVID-19 vaccination rates for the population available here: [Map of county vaccination rates](#)

Select all that apply

- High-risk
 - Socially vulnerable
 - Underserved
 - Critical organization
 - Vaccine hesitant
 - Low vaccination rate
 - None of these
 - Other (please specify) _____
-

21. Provide a description of the population served *
2000 characters max

22. Identify current health equity issues experienced by population(s) listed above. Include data sources. *

23. Will non-COVID-19 immunizations be promoted/offered through funded activities? *

Yes

No

Reach

24. Provide examples of the organization's prior success in reaching the populations served, including estimated number of individuals served in each instance. If applicable, provide examples of partner organization's prior success in reaching the populations served.

24a. Example 1 *

Description of example

Estimated individuals reached _____

More examples? *

Yes

No [Skip to Question 25]

24b. Example 2 (*if applicable*)

Description of example

Estimated individuals reached _____

24c. Example 3 (*if applicable*)

Description of example

Estimated individuals reached _____

25. Estimate the number of individuals you anticipate reaching with funded activities *

Project Action Areas

Project action areas and performance measures (See more information [here](#).)

Prior to completing the following section, please ensure you have thoroughly reviewed the required performance measures associated with each action area outlined in the file below. You will be required to report on all selected activities.

Increase COVID-19 vaccination capacity across the community, including among high-risk underserved populations.

- Expand operations (e.g., providing vaccinations during evenings, overnight, and on weekends) to increase their throughput
 - Support public health workforce recruitment and training including working with health providers from rural communities, communities of color, and/or communities of high social vulnerability.
 - Implement vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings and/or to supplement the work of local health departments in underserved communities.
-

Ensure high-quality and safe administration of COVID-19 vaccines.

- Support vaccine administration sites by responding to issues, questions, and ensuring training as needed for new products or changes to products.
 - Ensure vaccine administration sites have appropriate capabilities to address adverse events, including anaphylaxis.
 - Assure provider training and reporting of vaccine adverse events to VAERS.
-

Ensure equitable distribution and administration of COVID-19 vaccines.

- Monitor vaccination coverage among population subgroups, identifying populations and geographic areas with low coverage. Implement and evaluate interventions and direct vaccine and vaccination efforts to increase coverage.
 - Monitor and improve access to vaccinations in communities of high social vulnerability.
 - Partner, plan, and implement vaccination activities with critical organizations, high-risk, and specific populations. Plan and implement vaccination activities with organizations and business.
-

Increase vaccine confidence through education, outreach, and partnerships.

- Enhance/amplify messaging (including through translation) to promote COVID-19 vaccination, especially among underserved populations.
 - Provide local education campaigns and approaches to adapting CDC materials to community audiences, including a focus on racial and ethnic minority groups.
 - Address vaccine education efforts to include addressing possible vaccine misinformation and increase vaccine confidence and vaccine uptake, including with racial and ethnic minority groups.
 - Promote COVID-19 and other vaccinations to increase vaccine confidence in racial and ethnic minority groups and to increase accessibility for people with disabilities.
-

Develop and implement community engagement strategies to promote COVID-19 vaccination efforts.

- Participate in partnerships for community engagement to identify trusted voices that represent the diversity of affected communities to promote vaccination and have bidirectional conversations in communities with vaccine hesitancy. These partnerships need to reflect the diversity of the jurisdiction's population.
-

Use immunization information systems to support efficient COVID-19 vaccination.

- Promote and implement email and text messaging reminder/recall activities at either the state or provider level.
 - Ensure timely and accurate reporting of vaccine administration, demographic, and other data. This includes sharing this information with other appropriate partners within the county.
-

Proposed Activities

26. Provide a narrative description of the proposed activities that contribute to the project action areas selected above *

2000 characters max

27. Provide the names of any organizations that will be partnering on this project

Include a description of the partner organization and what role they will play

28. Describe how the project will improve health equity for the population served *

2000 characters max

Quarterly Reporting

Please consider the following questions for all grant activities outlined in your proposal.

Prior to completing the following section, please ensure you have thoroughly reviewed the required performance measures associated with each action area outlined in the file below.

 [Click Here to Download](#)

29. What resources do you have in order to collect and report the required performance measures for this activity? *

30. What resources do you need in order to collect and report the required performance measures for this activity? *

Budget & Narrative

31. Budget Table *

Complete each of the applicable budget categories. Include amounts only for activities included in the grant request.

Project Expenses (\$ Amount)	
Salary and Fringe Benefits	\$
Consumable Supplies	\$
Mileage	\$
Contracted Services	\$
Contracted Staffing	\$
Leased or rented vehicles	\$
Administrative Fees (maximum 10%)	\$
Totals (\$ Amount)	\$

Budget Narrative

Provide a description and justification for each category included in the budget table.

32. Salary and Fringe Benefits *

Document each position included in the budget (indicating if the position is existing or new) to support the proposed work. Include FTE %, salary and fringe benefits (maximum 25% of salary) being used to calculate the annual total. Include salary, FICA, Retirement, Group Insurance, Workers Compensation, FICA Medicare, State Unemployment, Other Employee Benefits as applicable. This category does not include consultants or contract workers not considered regular employees of the organization. Leave blank if not applicable.

33. Consumable Supplies *

Expenses may include but are not limited to gloves, syringes, bandages, printed materials, imprinted items, etc. Leave blank if not applicable.

34. Mileage *

Mileage expenses may include but are not limited to travel to clinic locations (U.S. reimbursement rate). Leave blank if not applicable.

35. Contracted Services *

Must be related to health promotion. Examples include but are not limited to specific limited-time services for health promotion activities, such as graphic design for event flyers, electrician services to run temporary electrical supply for an event, and/or a sound technician for a PA system. Leave blank if not applicable.

36. Contracted Staffing *

Expenses may include but are not limited to nurses for vaccine administration, data entry staff, etc. Leave blank if not applicable.

37. Leased or rented vehicles *

Cars, trucks, vans, enclosed trailers, open trailers, or any vehicle needed to transport supplies to remote locations. Cannot be purchased. Leave blank if not applicable.

38. Administrative Expenses *

Maximum 10% of the total budget request. Expenses that are not project-specific but support the organization's overhead and are necessary to the operation of the project. Reimbursable expenses may include but are not limited to postage, telephone bills, printer ink, facility rent/lease, utilities, etc. Leave blank if not applicable.

39. Is the total cost of the project larger than the amount being requested? *

Yes [Complete Question 40]

No

40. Total Project Funding

Complete this section if the cost of the project is larger than the amount requested in the grant proposal. Include ONLY amounts related to the project included in this application (do not include the entire organization's budget). Indicate if the amounts are approved or pending.

	Funding Source	Funding Amount	Funding Status	
			Pending	Approved
Funding Source 1			<input type="checkbox"/>	<input type="checkbox"/>
Funding Source 1			<input type="checkbox"/>	<input type="checkbox"/>
Funding Source 3			<input type="checkbox"/>	<input type="checkbox"/>
Funding Source 4			<input type="checkbox"/>	<input type="checkbox"/>

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Increase the Reach ADDITIONAL REQUIRED DOCUMENTS

Please include a copy of the following documents in addition to your application for Increase the Reach grant funding:

1. A copy of your organization's W-9
2. Required Financial Documents depending on the type of organization:

Non-profit organization applicant:

- IRS Form 990 – Most Recent
- Unaudited financial statement (balance sheet) – Most Recent

Government entity applicant:

- Provide documentation establishing your organization's status as a government entity (e.g., enabling statutes or IRS letter of determination)

A religious organization or congregation, including churches, synagogues, mosques, and temples:

- Group Ruling Letter (if available) or other documentation confirming status
- Unaudited financial statement (balance sheet) – Most Recent

3. If you are partnering with a Fiscal Sponsor, include:

- The Fiscal Sponsor's W-9
- The Fiscal Sponsor's Required Financial Documents depending on the type of organization

