

# 2024 Vaccines Local Impact Grants

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*Texas Medical Association Foundation*

## *General Information*

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### **Project Name\***

Name of project

*Character Limit: 100*

### **Amount Requested\***

Up to \$3,500

*Character Limit: 20*

### **Name and contact information for a secondary program contact\***

include name, email and phone number

*Character Limit: 500*

### **Staff Recommendations**

Information to be shared with the committee when evaluating

*Character Limit: 2000*

As you complete your application, remember to make sure your application is SMART.

#### **Specific**

- State what you'll do
- Use action words

#### **Measurable**

- Provide a way to evaluate
- Use metrics or data targets

#### **Achievable**

- Within your scope
- Possible to accomplish or attainable

#### **Relevant**

- Addresses a problem in your community
- Fills an unmet need

#### **Time-bound**

- State when you'll get it done
- Be specific with your timeline



### Grant Requirements\*

Eligible applicants are expected to be involved in the planning and/or execution of programs seeking funding.

Grants are not limited to but may fund: shot clinics to vaccinate underserved and uninsured children, adolescents, and adults, events or other types of outreach that educate the public about vaccinations and/or address vaccine hesitancy.

Please describe the general intent of the program.

*Character Limit: 250*

### Priority Funding Areas\*

During 2024, applicants whose programs focus on geographic areas of Texas with greatest need will receive priority funding. These include Texas communities with low immunization rates and high rates of conscientious objection.

Please list all communities, cities and specific zip codes (if known) where your program or event will occur.

*Character Limit: 1000*

### TMA Members Involved in Project\*

List name and city for all TMA member physicians involved and their role.

*Character Limit: 1000*

### Name of Primary Organization(s) With Which You Are Partnering

If applicable

*Character Limit: 250*

### Is the Primary Organization "Federally Qualified Health Center"?\*

#### Choices

yes

no

### Grant Notification Deadlines and Funding Release Dates\*

TMA provides two grant application submission deadlines within the 2024 grant cycle. Applicants may only to apply once per grant cycle. Funding cannot be used to reimburse for previously held events or activities so applicants should apply in advance of program start date (if program is grant dependent). Grantees have up to 12 months from receipt to use all warded funds.

<b>Application Deadline:</b>	<b>Grant Notification Date: (with funding released within 2 weeks)</b>
Feb 15, 2024	March 28, 2024
May 1, 2024	June 12, 2024

For flu clinics, be sure to provide adequate time to order vaccine. Typically, flu vaccine orders need to be placed during the second quarter of the year for clinics in the fourth quarter of that year.

### Brief Project Summary

*Character Limit: 1000*

### Work Plan

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#### Vaccination Clinic\*

Will vaccinations be provided through your program?

**Choices**

- Yes
- No

#### Program History\*

**Choices**

- New Program
- Ongoing Program

#### Longevity

If ongoing, when did this program begin?

*Character Limit: 100*

#### Previous Local Impact Grant Awarded?\*

Have you received funding previously from a TMA Local Impact Grant?

**Choices**

- Yes
- No

### **If Yes, What Year(s) and How Much?**

List all previous grant amounts by year.

*Character Limit: 250*

### **Program Goal\***

What is the overall goal of your project?

*Character Limit: 1500*

### **Program Objectives\***

What do you plan to accomplish?

Objectives must be stated in measurable terms, e.g., vaccinate 300 children ages 2-5 for pertussis; vaccinate 150 adolescents ages 9-18 for HPV.

*Character Limit: 2000*

### **Measurable Outcomes\***

Describe quantitative and/or qualitative methods you will use to measure how program objectives and intended outcomes were met, e.g. number of shots administered and/or number of people who watched the VDWM TV spots and shared them with their Facebook followers.

*Character Limit: 2000*

### **Target Audience\***

Describe the demographics of the population that will benefit from this program.

*Character Limit: 2000*

### **Evidence of Need\***

Please cite demographic research and/or other data that support the need for this program for your target audience.

*Character Limit: 2000*

### **Program Timeline\***

Please provide a timeline of your program including planning, event date or dates, and post-event analysis.

*Character Limit: 2000*

### **How Many Volunteers Will Participate in Your Program?\***

Please note their affiliations (e.g., 10 nurses from county hospital, 12 volunteers from church group).

*Character Limit: 250*

### Other Community Partners\*

Please list other organizations (not listed above) participating in or supporting your program and the nature of their involvement.

*Character Limit: 2000*

### Assessment\*

Describe other ways you will assess and measure the success of your program.

*Character Limit: 2000*

### Supporting documents

You may upload any supporting files such as news articles, photos, etc.

*File Size Limit: 20 MB*

## Vaccination Clinics Only

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### Vaccine Source\*

Where do you plan to acquire the vaccine for your program?  
(e.g., a Texas Vaccines for Children provider, county health department, physician, medical school, community clinic). Please note if you or a program partner are a Texas Vaccines for Children provider.

*Character Limit: 250*

### Insurance Coverage\*

Do you have liability insurance coverage for the persons who will administer vaccinations at the event? Or is there liability coverage in place for those that will administer the vaccine?

#### Choices

Yes

No

Not currently, but will have before the event.

### Vaccination Reporting\*

Please list any databases to which you will be reporting the vaccines administered (e.g., ImmTrac).

*Character Limit: 2000*

### Who Will Administer the Vaccinations?\*

*Character Limit: 250*

## Budget

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### Program Budget\*

Please upload a completed VDWM Local Impact Grant Budget Form. The form is available to download in Word and Excel formats. If you are having trouble with your pop-up blocker preventing the download, please paste one of these links into your browser:

#### Excel (Preferred)

[www.texmed.org/uploadedFiles/Current/About\\_TMA/Related\\_Organizations/TMA\\_Foundation/TMAF Grant Budget Form.xlsx](http://www.texmed.org/uploadedFiles/Current/About_TMA/Related_Organizations/TMA_Foundation/TMAF_Grant_Budget_Form.xlsx)

#### Word

[www.texmed.org/uploadedFiles/Current/About\\_TMA/Related\\_Organizations/TMA\\_Foundation/TMAF Grant Budget Form.docx](http://www.texmed.org/uploadedFiles/Current/About_TMA/Related_Organizations/TMA_Foundation/TMAF_Grant_Budget_Form.docx)

*File Size Limit: 5 MB*

### In-Kind or Cash Support\*

Please detail your efforts to secure discounts or in-kind or cash donations for your event, including vaccine, food, and other supplies. Provide the source for potential discounts/donations and a detailed description of what was requested/secured. Note confirmed support vs. pending.

*Character Limit: 2000*

## Grant Guidelines and Restrictions

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### Promotion\*

Grantees are strongly encouraged to use the physician vetted VDWM educational materials available on [www.texmed.org/defendwhatmatters/](http://www.texmed.org/defendwhatmatters/). If a grantee wants to use their own materials for a VDWM funded activity, they will need to be reviewed and approved by TMA. Wherever appropriate, grantees are asked to utilize VDWM logos on materials after approval. TMA will provide proper VDWM wording and logos to grant recipients and any needed additional flyers, resources, news releases, etc

### Choices

I have read and understand

### Administration Deadlines\*

Funds for approved applications will be allocated upon completion of a **signed grant contract** between TMA and the applicant; the signed contract **must** be returned within **seven days** of the contract date. TMA will send a check in the amount awarded within **14 days** of receiving the signed contract. Grantees have up to **12 months** from the date of the signed contract to complete the funded programs.

### Choices

I have read and understand

### Return of Unexpended Funds\*

Any unexpended grant funds must be returned to TMA no later than 14 months after the grant contract is signed.

#### Choices

I have read and understand

### Funding Restrictions\*

Funding for Vaccines Defend What Matters Local Impact Grants is derived from a grant TMA has received from TMA Foundation (TMAF), the philanthropic arm of TMA. TMAF supports primarily short-term, high-impact, high-visibility programs. Because TMA Foundation is a 501(c)(3) organization, TMAF funds may not be used for:

- Unrestricted general operating expenses;
- The use of and payment for services of a fiscal agent;
- Endowment funds;
- Religious organizations for religious purposes;
- Fundraising activities or events (e.g., annual fund drives, benefit tickets);
- Umbrella funding organizations that intend to distribute funds at their own discretion;
- Political lobbying or legislative activities;
- Individuals; and
- Capital expenditures (e.g., building repairs, renovations, or additions).

#### Choices

I have read and understand

### Miscellaneous\*

- Costs incurred in the process of preparing and submitting proposals are the responsibility of the applicant.
- TMA reserves the right to amend or withdraw the request for proposal (RFP).
- Should none of the proposals sufficiently meet the RFP's specifications, TMA may choose not to award a grant to any applicant.

#### Choices

I have read and understand

### Reporting\*

Grantees agree to furnish TMA with a written report regarding progress at six months from start of the program (if applicable) and a final report demonstrating conclusions reached with respect to the program financed by the grant, including an accounting of funds expended. Grantees are expected to maintain communication with TMA during the funding period and

respond to requests within a reasonable period.

### Choices

I have read and understand