



Phase Four Grant Application

Name of Organization:

Mailing Address:

Website:

Responsible Individual and Title:

Phone Number:

Fax:

Email:

Please complete the following proposal outline and attach any additional information you feel is pertinent to the funding request.

1. **Project Description:** Describe strategies and activities that will address the problem of low adolescent immunization rates; objectives of the project; and spheres of influence through which your project will work to reach adolescents. Indicate the number of adolescents to be reached by this project and the geographic area served by the project.
2. **Outcomes:** List the actual impacts/benefits/changes anticipated as a result of your TYBS project, and how you will measure progress in reaching these outcomes.

Outcomes	Performance measures
1.	
2.	
3.	
Add outcomes as needed.	

3. **Implementation Plan:** For each project objective, list activities that will be conducted to achieve the objective. Include the start and end dates for each phase.

Objective	Activities	Start Date	End Date
1.	a.		
	b.		
	c.		
2.	a.		
	b.		
	c.		
3.	a.		
	b.		
	c.		
List additional objectives as needed			

4. **Project Budget:** Provide a project budget that lists: the functional line item expenditure (e.g. personnel, materials, advertising, etc.); each source of revenue (e.g. government grants, other foundations, etc.). The following is a suggested template for the project budget. Please add items as needed.

Sample budget template:

<p><u>Expenses</u> Personnel (list) Advertising Operating (list) Other Administrative Overhead Other (list) Total Expenses</p> <p><u>Revenue</u> Requested from Take Your Best Shot Requested from others (list) Other available funding Total Revenue</p>
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NOTE: TYBS funds may not be used to purchase vaccines or equipment/supplies needed to administer vaccines.

5. **Sources of Matching Funds.** List matching funding sources and amounts for project budget:

Source	Amount
1.	
2.	
3. Add space as needed.	

6. **Sustainability Plan:** Describe how the project will be financially and organizationally sustained at the conclusion of the grant – approximately 12 months.

Application must be received or post marked by 5pm November 1, 2010. Send applications to:

West Virginia Immunization Network
 c/o Center for Rural Health Development, Inc.
 3465 B Teays Valley Road
 Hurricane, WV 25526
 Phone: 304/397-4071
www.immunizenow.org

Or Email applications to: sharon.lansdale@wvruralhealth.org