Alana's Foundation™

2019-2020 Non-Profit Medical Center/Clinic grant applicant
NEW MATCHING FUNDS REQUIREMENT

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alanasfoundation.org

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info@alanasfoundation.org

Dear Applicant:

Alana's Foundation, is pleased to offer **vaccine assistance grants** to area cost-free medical clinics who serve the uninsured/underinsured population in and around Detroit Metro area.

The Foundation was established in memory of my daughter, Alana Yaksich who died in 2003 due to complications from the flu. Our mission is to educate the public about the importance of yearly influenza vaccinations and in doing so, increase vaccination rates by providing convenient and affordable flu vaccination options. We are a 100% volunteer run organization, and incur no administrative fees relying solely on generous donations from private individuals and businesses.

In accordance with our mission, we invite your to submit a **vaccine assistance grant** request application. It is our hope by providing this specific financial support, you will be able to meet your goals of increasing flu vaccinations rates among the uninsured/underinsured population you serve.

The attached **application must be completed in its entirety** and you **must agree to the terms of use per Section 5 of the grant application** which state that grant monies must be used in accordance with the following requirements:

- upon application submission, provide a letter/brief explaining:
  - applicants situation, need, etc. for grant assistance
  - confirmation of **secured matching funds** from a source other than AF grant equal to the amount requested. Matching funds are to be used to purchase flu vaccine to vaccinate **uninsured/underinsured population** at **no cost.** *(EFFECTIVE 6/15/18)*
- vaccine purchased will be used to vaccinate uninsured/underinsured persons at **no cost, no administration fee** will be assessed and **will not be submitted for insurance reimbursement**
- **strongly encourage** the use of Alana's Foundation brochure and/or share her story when recommending flu vaccination to eligible recipients of vaccine purchased with these grant funds (supply enclosed)
- provide Alana's Foundation with the following (*due indicated by italics*):
  - proof of flu vaccine purchase *upon receipt of vaccine*
  - submit copies of press, promotions, signage and fliers that acknowledge and recognize free flu vaccinations are possible from a grant provided Alana's Foundation *as created/distributed*
  - **Unused vaccine** purchased with grant monies **MUST be returned to supplier for buyback** in accordance with their *guidelines and due dates*.
  - **Buyback refunds** received MUST be submitted to Alana's Foundation *upon receipt*
  - provide a summary of the measurable results versus expected outcome no later than *April 17, 2020*

NOTE: Failure to comply with above requirements will affect future grant application consideration.

Every year, up to 700,000 people (20,000 children) are hospitalized from flu related complications and as many as 56,000 die, including more than 1,846 children since 2003.

Your efforts in helping reach an often overlooked segment of the community helps us realize one of our goals of providing convenient and affordable flu vaccinations and we thank you for your support.

Best regards,
Zachary Yaksich

Zachary Yaksich
President/Executive Director

** Alana's Foundation is a non-profit 501(c)(3) organization founded in memory of Alana Yaksich who died of influenza in February 2003. Recognition includes the 2012 Michigan Honoree for the Center for Disease Control Childhood Immunization Champion Award, the 2012 Alliance for Immunization in Michigan Outstanding Achievement Award, and the 2015 National Adult and Influenza Immunization Summit - Immunization Excellence Honorable Mention for Influenza Season Campaign. Your gift is tax-deductible to the extent provided by the law. No goods or services were provided for this donation. Federal Tax ID #: 26-4353167*

Non-Profit

Grant Request Application

Send completed form to:
Alana's Foundation
c/o 5788 Burnham Rd.
Bloomfield Hills, MI 48302
info@alanasfoundation.org ~
www.alanasfoundation.org

***Allow minimum 48 hour for initial review ***

All applications are kept confidential. Alana's Foundation cannot meet every request. However, some assistance is generally available. Grants may be prioritized by need. Alana's Foundation reserves the right and the Applicant hereby grants permission to share all information provided by the applicant to third-parties on an as-needed basis. (NOTE: Grants issued must be used within one year from approval of request.) **PLEASE COMPLETE THIS FORM IN ITS ENTIRETY IN ORDER TO BE CONSIDERED.**

DATE: _____

SECTION 1a - APPLICANT INFORMATION

FULL NAME (FIRST, LAST)		
TITLE		
EMAIL	PHONE	FAX

SECTION 1b - ALTERNATE CONTACT INFORMATION

FULL NAME (FIRST, LAST)		
TITLE		
EMAIL	PHONE	FAX

SECTION 2 - ORGANIZATION PROFILE

LEGAL NAME OF INSTITUTION, COMPANY, OR ORGANIZATION		
TAX ID NUMBER		TAX STATUS
PHONE	EMAIL	WEB ADDRESS
STREET ADDRESS	CITY, STATE	ZIP CODE

SECTION 3 - PROGRAM INFORMATION

PROGRAM TYPE	
PROGRAM TITLE	
TOTAL COST OF PROJECT	TOTAL DOLLAR AMOUNT REQUESTED
DESCRIPTION AND GOAL OF PROGRAM TO BE FUNDED	(Please include # doses expect to purchase/administer)
EXPECTED RESULTS	
ORGANIZATION SUCCESS MEASURE	

SECTION 4 - ADDITIONAL INFORMATION

WHAT IS THE MISSION OF YOUR ORGANIZATION?
WHAT POPULATION DOES THIS PROGRAM/PROPOSAL SERVE?
DESCRIBE YOUR ORGANIZATIONAL STRUCTURE (i.e. board directors, staff, etc.):
WHAT IS YOUR ANNUAL BUDGET (in total and by % breakdown):
DESCRIBE YOUR ORGANIZATION'S STRATEGIC PLAN:
DESCRIBE YOUR ORGANIZATIONS AFFILIATIONS (i.e. local, state, national, government):

SECTION 5 - REQUIRED SUPPORTING DOCUMENTATION

I understand that my application cannot be processed until I have completed all documentation and submitted it to the email, street address, or fax number shown on top of this application which includes:

- ***A completely filled out and signed application***
- ***A letter/brief from the applicant explaining their situation, need, etc.***

I certify that the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional misrepresentation of the information contained in this application will result in the loss of current and future assistance from Alana's Foundation and may result in civil and/or criminal liability. The applicant hereby releases Alana's Foundation form any and all liability which may arise from the sharing of this information with third-parties.

I agree that the grant monies will be used in accordance with the following requirements:

- **Must provide letter indicating secured matching funds** from a source other than AF grant equal to the amount requested. Matching funds are to be used to purchase flu vaccine for use to vaccinate **uninsured/ underinsured population** at **no cost.** *(EFFECTIVE 6/15/18)*
- Strongly encourage the **use Alana's Foundation brochure and/or share her story** with persons reluctant to receive the flu vaccination
- acknowledge and recognize that vaccinations were provided from Alana's Foundation in all press, promotions, signage, fliers, etc.
- To purchase flu vaccine for use to **vaccinate uninsured/underinsured populations at no cost**
- **No administration fee can be assessed**
- Provide proof of vaccine purchase (receipt)
- **provide summary of the measurable results versus versus expected outcome. Summary due no later than April 13 of year after issuing grant monies.**
- **Unused vaccine** purchased with grant funds MUST be r**eturned to supplier for buyback** (as per their guidelines). Refunds must be sent to Alana's Foundation upon receipt

NOTE: Failure to comply with above requirements will affect future grant application consideration.

I also give Alana's Foundation permission to publish in print, electronic or video format the likeness or image of applicants organization. I release all claims against the Foundation with respect to copyright ownership and publication including any claim for compensation related to use of materials.

_____ _____

Applicant Name (Printed) Date

_____

Applicant Signature

SECTION 6 - ADDITIONAL DETAIL REQUIRED FOR GRANT APPROVAL

Please provide the following information to complete grant request:

MAKE CHECK PAYABLE TO: _____

MAIL TO THIS ADDRESS: _____

Name of Organization/Attention to

_____

Address

_____ _____ _____

City State Zip Code

OFFICE USE ONLY

DATE RECEIVED: _____ DATE GRANT APPROVED OR DENIED: _____

APPROVED BY:

_____ _____

Foundation Representative Name (Printed) Date

_____

Foundation Representative Signature

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