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| **BCHD LETTER OF INTENT** | |
| 1. Organization Name | Click here to enter text. |
| 2. Organization Address | Click here to enter text. |
| 3. Name, telephone and email of organization CEO, project director, and contact person for the project | Click here to enter text. |
| 4. Project Title | Click here to enter text. |
| 5. Project Focus Area  (Check one Box) | **Vaccination**   * Clinical vaccination services for the City’s mobile vaccination response * Staff training and Provider Outreach * Community Mobilization and Outreach to Vulnerable Populations - Focusing on Older Adults and Persons Living with Disabilities and other Special Populations * Vaccine Care Coordination for Immigrant and LatinX populations * Evaluation of Fall 2022 Vaccination and Outreach Campaign   **Testing**   * COVID-19 Community Testing |
| 6. Total BCHD funds requested | Total $Click here to enter text. |
| 7. This professional service is:  (Check one box) | New Program  Follow on to Existing Services |
| 8. A description of the applicant organization (maximum 250 words):  Click here to enter text. | |
| 9. Has the applicant organization received BCHD funding in prior years?  Yes  No9If no, describe how your organization meets the definition of the eligibility criteria?  Click here to enter text. | |
| 10. A description of the project including: the services the vendor will provide with a description of operations and ability to adjust level of services based on disease epidemiology/demand (maximum 300 words):  Click here to enter text. | |
| 11. A list of other organizations participating or partnering in the program, including the laboratory and ordering provider:  Click here to enter text. | |

**INSTRUCTIONS FOR BCHD LETTER OF INTENT TEMPLATE**

Line 1. The formal name of the applicant’s organization which must match the name included on official tax forms/audit documents.

Line 2. The main address of the organization as found on official tax forms/audit documents.

Line 3. The name, telephone number, and email addresses of the applicant organization’s CEO, project director and, if different, the contact person for the project.

Line 4. The title of your proposed project.

Line 5. Please check the focus area of the proposed project.

Line 6. The funds that will be requested for the entire project.

Line 7. If the application proposes a service that has not been carried out under the City’s COVID-19 response, it will be considered a **New Program**. If the application proposes providing services already provided under the City’s COVID-19 response, it will be called **Follow-on to Existing Services**.

Line 8. A description of the applicant organization, including its mission, its history of providing services in the community, and its history with **grant**-funded programs. The description should not exceed 250 words.

Line 9. Yes/No – Has your organization received funding from BCHD in prior years. If no, please demonstrate how your organization meets the eligibility requirements as described in the grant eligibility section of the RFP.

Line 10. A description of the project, the services the vendor will provide with a description of operations and ability to adjust level of services based on disease epidemiology/demand.

Line 11. A list of any organizations that will be involved in the implementation of the program.