



REMINDER

**** PLEASE READ BEFORE APPLYING FOR GRANT FUNDS ****

Alana's Foundation relies on private donations to support and fund our mission, including funding grants for clinics and college/universities that provide free flu vaccinations for uninsured populations.

The following guidelines exist to ensure we are fiscally responsible with all donations.

As per our grant guidelines (section 5), please be sure to purchase vaccine from a supplier/distributor that allows for buyback of unused vaccine in order to submit returned funds to Alana's Foundation. Failure to do so may disqualify applicant from future funding opportunities.

NOTE: If you are unable to purchase vaccine from supplier/distributor that allows buyback of unused vaccine, apply for a lesser amount. If additional vaccine is needed, grantees are eligible to apply for multiple grants in a given flu season.

The last several years, there have been numerous situations where doses were not returned or lost resulting in a loss of funds and non-compliance with grant guidelines. We are unable to sustain future exemptions.

Thank you for your understanding and compliance.

4/22/2025



2025 - 2026 COLLEGE/UNIVERSITY CHALLENGE vaccine assistance grant applicant
***MATCHING FUNDS NOT REQUIRED FOR 2025-2026 ***

Dear applicant:

Alana's Foundation is pleased to offer **vaccine assistance grants to registered schools** participating in the **College/University Flu Vaccination Challenge**.

The Foundation was established in 2009 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 and in support of the **College/University Flu Vaccination Challenge**, we invite you 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 goal of increasing flu vaccination rates among college/university students by making it convenient and affordable.

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 for to vaccinate uninsured/underinsured students at no cost. (EFFECTIVE 6/15/18)**
*** NOT REQUIRED FOR 2025-2026 FLU SEASON**
- **Alana's Foundation brochure must** be given to each person who receives a vaccine purchased with these grant funds
- acknowledgment and recognition that vaccinations are possible from a grant provided by Alana's Foundation in all press, promotions, signage, fliers, etc.
- to purchase flu vaccine for use to vaccinate **uninsured/underinsured students at no cost**
- **no administration fee can be assessed**
- provide proof of vaccine purchase (receipt)
- **accountability of usage** to be tracked by submitting copies of proof of vaccination form for each vaccine administered with these grant funds by **April 15** of following year of grant receipt
- **provide a summary of the measurable results versus expected outcome no later than April 15** of year after receiving grant monies
- **Exclusively utilize vaccine suppliers that offer buyback refunds[^]. All unused vaccines purchased with grant funds must be returned to supplier based on their buyback terms and submission due dates. Refunded funds must be sent to Alana's Foundation as soon as received. (^NEW change necessary to be fiscally responsible to our donors)**

Feel free to contact me with any questions at info@alanasfoundation.org or 248-330-9005.

Sincerely,

Zachary Yaksich

President/Executive Director
Alana's Foundation

**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, the 2015 National Adult and Influenza Immunization Summit - Immunization Excellence Honorable Mention for Influenza Season Campaign, the 2016 AIM Bulls-Eye Award and the 2022 SEEN Magazine Community Changemaker Award. 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*

BOARD OF DIRECTORS

ZACHARY YAKSICH
Director/President

JOANNA YAKSICH
Secretary

JORDAN ATTISHA, MS, PA-C

CARLO BAUTISTA

RUDY GOMEZ, MD

DAENA NICHOLAS

KATINA NICHOLAS, RN, MSN

WEB

alanasfoundation.org

FACEBOOK

facebook.com/AlanasFoundation

INSTAGRAM

instagram.com/alanasfoundation/

YOUTUBE

youtube.com/@AlanasFoundation

EMAIL

info@alanasfoundation.org



**College/University
Vaccine Assistance
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 and cost/dose)	
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 from 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:

- **Applying college/university MUST be registered as a participant of the College/University Flu Vaccination Challenge in the current flu season**
- **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 students at no cost. (EFFECTIVE 6/15/18) NOT REQUIRED 2025-2026 FLU SEASON**
- **Alana's Foundation brochure must be given** to each person who receives a vaccine purchased with these grant funds
- acknowledgment and recognition 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 students at no cost**
- **no administration fee can be assessed**
- provide proof of vaccine purchase **from supplier that offers buyback** (receipt)
- **provide a summary of the measurable results versus expected outcome due no later than April 15 of year after receiving of grant monies.**
- **accountability of usage** to be tracked by submitting copies of proof of vaccination form for each vaccine administered with these grant funds **by April 15 of following year of grant receipt**
- **Unused vaccine** purchased with grant funds MUST be **returned to supplier that offers buyback*** (as per their guidelines). Refunds must be sent to Alana's Foundation upon receipt ***Supplier MUST offer buyback**

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 _____

Rev. 4/2025