



2022 - 2023 COLLEGE/UNIVERSITY CHALLENGE vaccine assistance grant applicant
MATCHING FUNDS NOT REQUIRED FOR 2022-2023

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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 2022-2023 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
- Any **buyback refunds*** received for unused vaccines purchased with grant funds **must be returned to Alana's Foundation as soon as received** *please be aware of supplier buyback terms and submission due dates

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, 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*



**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)	
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):

