

Immunize Kansas Coalition Adolescent Immunization Innovation Grant



Instructions

Answer the questions to the best of your ability at this time; we understand that your plans may change over the course of the award cycle. Though submission of this form is required for award eligibility, applicants may withdraw from the awards process at any time after submission of a registration form.

For additional information regarding the Adolescent Immunization Innovation Grant, please refer to the *Call for Proposal* or contact the Immunize Kansas Coalition at immunize@khi.org.

Registration forms should be emailed to immunize@khi.org no later than November 30, 2017.

Applicant Information

Title of project

Name of organization and/or provider

Name of contact person for the applying provider

Address

Phone number

Email

Applicant Category

*Applicants must be directly involved in the delivery of immunization services for adolescents in Kansas.
(Select one.)*

Local public health departments

Residency programs in family medicine or pediatrics

Safety net clinics (e.g., federally qualified health centers, community health centers)

Providers and clinics

Project Timeline

Please refer to the [call for proposal](#) for additional timeline guidelines.

- Registration form must be submitted to immunize@khi.org by November 30, 2017, by 11:59 p.m. CST;
- Baseline measurement must be collected by January 15, 2018;
- Project interventions must begin by February 1, 2018;
- Follow-up measures must be collected by October 31, 2018;
- Final submission forms should be emailed to immunize@khi.org by November 30, 2018.

Intend to collect baseline measure by:

Intend to begin project on:

Intend to collect follow-up measure by:

Intend to end project on:

Project Description

Please provide a brief description of your intended project.