

California Department of Public Health, Sexually Transmitted Diseases Control Branch (CDPH-STDCB)

MPOX COMMUNITY-BASED ORGANIZATION (CBO) GRANT APPLICATION WORKSHEET

Use this worksheet to gather information needed ahead of time to complete the online application at:
[MPOX COMMUNITY-BASED ORGANIZATION \(CBO\) GRANT APPLICATION \(qualtrics.com\)](https://qualtrics.com)

DO NOT SUBMIT THIS WORKSHEET TO CDPH.

The California Department of Public Health greatly appreciates your organization’s participation in the mpox vaccination efforts.

Organization Identification

Organization’s legal name: _____

Number of affiliated vaccination locations covered by this agreement: _____

Organization telephone: _____

Email: _____ *(must be monitored and will serve as dedicated contact method for the mpox grant)*

Street address 1: _____ Street address 2: _____ ZIP: _____

City: _____ County: _____ State: _____

Responsible Officers

For the purposes of this application, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the responses specified in this application.

Chief Medical Officer (or Equivalent) Information

Last name: _____ First name: _____ Middle initial: _____

Title: _____ Licensure state: _____ Licensure number: _____

Telephone: _____ Email: _____

Street address 1: _____ Street address 2: _____

City: _____ County: _____ State: _____ ZIP: _____

Chief Executive Officer (or Chief Fiduciary) Information

Last name: _____ First name: _____ Middle initial: _____

Title: _____ Licensure state: _____ Licensure number: _____

Telephone: _____ Email: _____

Street address 1: _____ Street address 2: _____

City: _____ County: _____ State: _____ ZIP: _____

Entity Type*

Community Based Organization (CBO)	Yes	No
Federal Qualified Health Center (FQHC)	Yes	No
Pharmacy	Yes	No
Is the entity a nonprofit? (A nonprofit entity is a tax-exempt organization under Section 501(c)3 of the Internal Revenue Code.)	Yes	No. <i>If not a nonprofit, explain organization status:</i>
- Employer Identification Number (EIN)		

* Entity must be registered and have a status of good standing with the California Secretary of State. Hospitals, local health departments, and school districts are **not** eligible.

CBO Qualifications/Requirements

CBO has been in existence for a minimum 3 years ?	Yes	No
Ability to track expenditures with detail, and promptly invoice?	Yes	No
Have infrastructure to accept, store, and administer JYNNEOS vaccines? Operation requirements of particular importance include the following: use of appropriate vaccine storage units and digital data loggers that meet program requirements and manually checking and recording vaccine storage unit temperature twice a day for any refrigerator or freezer that is storing JYNNEOS vaccine. See Mpox Requirements at a Glance (eziz.org) .	Yes	No
Do you have appropriate vaccine storage units and digital data loggers that meet program requirements and can manually check and record vaccine storage unit temperature twice a day for any refrigerator or freezer that would store JYNNEOS vaccine?	Yes	No - next question
- If no to either of the above two questions , explain how you plan to accept, store, and administer JYNNEOS vaccines.		
Does your organization currently report vaccine administration data to the California Immunization Registry (CAIR)?	Yes -- List CAIR Org Code(s) / IIS Identifier(s)	No - next question
- List CAIR Org Code(s) / IIS Identifier(s). *Organizations must submit all Org Codes for all sites planned to be funded through this grant.		
- If no to above, please describe your plan to be able to report all administered JYNNEOS vaccine administration data into CAIR. Your CBO must register and onboard with CAIR (to obtain a verifiable CAIR Org Code) and have an account created in myCAVax within 15 days of awardee letter , and prior to any payment from the state. myCAVax is a platform that providers use to order JYNNEOS vaccine from their local health department. Please see California Immunization Registry Information Website to learn how to sign up for CAIR and https://eziz.org/assets/docs/IMM-1444.pdf to have an account created in myCAVax		

Population Served in 2022

What percent of your total clients were Black/African American ?	%
What percent of your total clients were Hispanic or Latinx ?	%
What percent of your total clients were Uninsured ?	%
What percent of your total clients were in Medi-Cal ?	%
What percent of your total clients has a language other than English as their primary language?	%
What percent of your total clients in 2022 were living with HIV ?	%

Vaccine Administered (July 1, 2022 – October 31, 2023)

How many JYNNEOS vaccine doses were administered by your site(s) – ones that will plan to participate in this grant - during this timeframe?	
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CBO Size

Approximately how many prescribing health care providers are at your site?	<25	26-99	100-199	>200
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Proposed Outreach/Education Activities

Check the box next to each activity included in your proposed outreach/education activities: (check all that apply)

- Collaborate with organizers of large (>100 people) gatherings and social events and other community settings to amplify public health messages to promote and administer mpox vaccination.
- Develop culturally responsive outreach efforts to **at least 3** of the following groups: gay, bisexual, and other men who have sex with men; transgender or non-binary persons; people with HIV; African American/Black persons; or Latinx/Hispanic persons
- Utilize a media campaign to reach priority populations that provides public health messaging on mpox, including where they can get vaccinated and tested.
- Remove structural and practical barriers to mpox vaccination or testing such as creating technology access, transportation and mobility access, childcare supports, and translation/interpreter services.
- Train community members to serve as trusted messengers and a bridge between communities and the CBO to support vaccination or testing.
- Use creative approaches for non-conventional messaging and outreach outside of a medical facility (e.g., barbershops/nail salons, faith-based groups, and other settings frequented by priority populations) to promote mpox vaccination or testing at your CBO.

Attestation

- By way of checking this box the submitting CBO attests that the information is accurate.

Date submitted ____/____/____