

Event Request Form - DOH Care-A-Van



The Washington State Department of Health (DOH) strives to keep our communities healthy. If your organization is planning a community event and would like DOH to offer COVID-19 vaccines, please complete the form below.

Please submit this form at least 30 days prior to your event. All services are based on availability. We will consider events occurring in less than 30 days on a case-by-case basis.

If you need assistance filling out this form, or for this form to be provided in an alternative format, please contact equity@doh.wa.gov.

Organization name (Please enter your organization name)

Which type is your organization?

- 501(c)3 nonprofit organization
- Organization or group using a fiscal sponsor with 501(c)3
- Federally or state recognized tribe
- Coalition
- Public school, university or college system
- Small, minority-, women-, and veteran-owned business
- Other:

Contact Person Please enter your full name, pronoun and title (if applicable)

Email Address Please enter your email address

Phone Number Please enter your phone number

Preferred Method of Communication: Email Phone Either

If multiple organizations are applying together, please list the names of the other groups, agencies, and organizations that are part of this request. The contact information above will be used as the lead organization.

Event Date, Time, Location:

If you are still planning your event, enter "TBD" for any details that are still to be determined.

Event name Please list the event name

Event date Please enter the event date

Event start time Please enter the event start time

Event end time Please enter the event end time

Event location

Address Please enter the event location

City Please enter the event city

Zip Code Please enter your 5-digit zip code

County Please enter the county where the event will take place

Expected number of attendees Please enter the number of attendees you expect to attend your event.

Expected number of volunteers Please enter the number of volunteers you can provide

Event Planning

Which population does your organization primarily serve? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaska Native Communities | <input type="checkbox"/> Latinx Community |
| <input type="checkbox"/> Black/African American Communities | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Immigrant & Refugee Communities |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander Communities | <input type="checkbox"/> Agricultural Workers |
| | <input type="checkbox"/> Unhoused People |
| | <input type="checkbox"/> Other: |

Do you prefer to pre-schedule vaccination appointments or offer walk-up vaccinations?

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Walk-up (no appointments) | <input type="checkbox"/> Both |
| <input type="checkbox"/> Schedule appointments | |

What role do you want to play in planning the event? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Outreach and event promotion | <input type="checkbox"/> Schedule appointments with community members |
| <input type="checkbox"/> Provide community navigation services | <input type="checkbox"/> Other: Please specify |
| <input type="checkbox"/> Provide language access services | |
| <input type="checkbox"/> Coordinate with other local organizations and businesses | |

What resource needs do you have for providing vaccine at your event?

- | | |
|---|---|
| <input type="checkbox"/> Interpretation | <input type="checkbox"/> Other (or additional information on the above) |
| <input type="checkbox"/> Health education materials | |
| <input type="checkbox"/> Chairs and tables | |
| <input type="checkbox"/> Vaccine type preference | |

What amenities do you plan to have at your event?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Other health activities |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Family friendly activities |
| <input type="checkbox"/> Music | <input type="checkbox"/> Other: |

How did you hear about the DOH Care-A-Van?

- | | |
|--|--|
| <input type="checkbox"/> COVID-19 Vaccine Implementation Collaborative | <input type="checkbox"/> Local Health Department |
| <input type="checkbox"/> Local, community or ethnic media | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Washington State Department of Health | |

Community-based organizations with nonprofit 501c3 status, fiscal sponsorship, or state- and federally recognized tribes may be eligible for a small grant from All In Washington of up to \$5,000. Organizations that focus on Black, Indigenous or People of Color will be prioritized. Grant funds can be used to support staffing, outreach, operational, or other expenses related to a Care-A-Van event. To be considered for this funding, please answer the four questions below:

- Federal EIN Number (tax exemption number):
- If you are using a fiscal sponsor with 501c3, please provide the name of the fiscal sponsor organization:
- BIPOC-serving: Does your organization primarily serve (at least 50%) BIPOC (Black, Indigenous or People of Color)? Yes or No
- BIPOC-led and -rooted: Is your organization BIPOC-led (Black, Indigenous or People of Color comprise at least 50% of the board and staff) providing culturally and/or linguistically specific services. Yes or No

Thank you for your interest in partnering with the DOH Care-A-Van to bring COVID-19 vaccine to your community! After you submit this form, a member of the DOH Care-A-Van team will contact you within one week. All services are based on availability. For immediate assistance, please contact equity@doh.wa.gov.