Minnesota Department of Health

# Project Work Plan

## Project Title:

Project Summary:*(please provide a brief summary of your proposed project activities)*

Tracks: Mark “X” next to Track you are applying for.

**1. Vaccination Events *(at least 2 events per month must be hosted with at least 50% of funding dedicated to the vaccination events)***

**2. Comprehensive Health Recovery**

**3.** **Both - Vaccination Events & Comprehensive Health Recovery**

Communities most disproportionately impacted: Mark “X” next to community you will focus on.

1. African American

2. African Immigrant (specify)

3. American Indian/Indigenous living off reservation

4. American Indian/Indigenous living within tribal boundaries (specify)

5. LGBTQ+

6. Asian American- Pacific Islander (specify)

7. Disability communities (specify)

8. Latinx (specify)

9. Other (specify)

Additional Demographics:Mark **“X”** next to community you will focus on.

10. Incarcerated

11. Low-Income

12. Older Adults/Elders

13. Migrant Workers

14. Newer Immigrant and Refugee (specify)

15. Youth

16. Unsheltered/Homeless

17. Other (specify)

### **2 Year Budget Total Request $**

### **2 Year Total Unduplicated Persons Served**

## Contact Information:

**Applicant:**

**Main Contact Name:**

**Address:**

**Phone:**

**Title:**

**Email:**

Project Activities: **Refer back to “Deliverables” and Appendices in RFP Description. Be certain to explain how the proposal addresses either the Social Vulnerability Index or a Social Determinant of Health. Delete examples below and enter additional rows as needed. For those applying for Vaccination Events maximum of 2 pages. For those applying for Comprehensive Health Recovery maximum of 4 page. If applying for both, then not to exceed 6 pages.**

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| **Activity Title** | **Enter the # from above for the Community of Focus and/or Additional Characteristics** | **Targeted Need Addressed (For example state “Vaccination Event in SVI-1” or a Social Determinant of Health)** | **Track** | **Description of Activities over 2 Years** | **Timeline** | **Key Staff and Partners (please use staff titles)** | **Estimated # Reached Year 1** | **Estimated # Reached Year 2** |
| ***EXAMPLE:***  ***Youth: Mind, Body & Soul Wellness Support*** | ***1, 5, 6*** | ***Mental Health*** | ***2*** | ***Quarterly cohorts of 10 youth aged 12-16 yr. to discuss issues that surfaced due to the pandemic related to loss and grief. Receiving peer support, adult mentorship, and mental health counseling.*** | ***8 Week cohorts per quarter*** | ***2 CCC staff and 4 Insight Mental Health Consultants*** | ***4 Qtrs/year X 10 Youth = 40 persons*** | ***4 Qtrs/year X 10 Youth = 40 persons*** |
| ***EXAMPLE:***  ***Promoting Vaccination Justice*** | ***10*** | ***Vaccination Events for Incarcerated in Q1 SVI*** | ***1*** | ***During first 6 months create collaboration with County Jail to lead bi-monthly discussions with up to 10 incarcerated persons about vaccine safety; plus, host vaccination events 2x/month for balance of 18 months.*** | ***18 months*** | ***2 CCC Justice Outreach Staff and 1 Correctional Officers*** | ***6 mo X 2 events X 10 incarcerated persons = 120 unduplicated persons*** | ***12 mo X 2 events X 10 incarcerated persons = 240 unduplicated persons*** |
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02/02/22

To obtain this information in a different format, call: 651-201-5813.