

Maine COVID-19 Vaccination Community Outreach and Equity Collaborative Application

February 16, 2021

[COMMUNITY NAME] PROPOSAL

Introduction: This template is for organizations to outline specific proposals to create community-based collaboratives to safely, efficiently, and equitably provide at least 1,000 vaccinations/week. The Maine Department of Health and Human Services is approving such proposals for receipt of state-distributed COVID-19 vaccines as part of its effort to reduce barriers to access for Maine’s hard-to-reach, marginalized and medically-underserved communities including racial and ethnic minority groups, tribal communities, sexual and gender minority groups, those living with disabilities, those living on the margins of our economy, and rural/geographically isolated communities.

Goal: *[State community goal here]:* Assist with rapid COVID-19 vaccine distribution and help to promote equitable distribution of vaccine by...*[describe]*

Community Collaborative Partners:

- **Maine CDC-approved COVID Vaccine Provider that will be primary recipient of COVID vaccine:**
Org Name: _____ MIP Provider ID Number (PIN): _____

Cold Storage: *(See attached US CDC cold storage requirements for Pfizer & Moderna vaccines)*

- Does facility have ultra-low temperature freezer? ___ Yes ___ No
- Does facility have capacity for storing Moderna vaccine in freezer at -25 to -15°C (-13° to 5°F), or in refrigerator at 2° to 8°C (36° to 46°F) before vials are punctured)? ___ Yes ___ No

- **Participating Primary Care Practices** [list one or more]:

Name:	ME CDC-Approved COVID Vaccine Provider?	
○ _____	___ Yes (If Yes, MIP PIN: _____)	___ No
○ _____	___ Yes (If Yes, MIP PIN: _____)	___ No
○ _____	___ Yes (If Yes, MIP PIN: _____)	___ No

- **Partnering hospitals, consumer groups, pharmacies and/or other community group(s)**
[Proposals should include at least one organization responsible for planning aging services, one addressing equitable access for underserved communities, and one addressing transportation]:

Name:	ME CDC-Approved COVID Vaccine Provider?	
○ _____	___ Yes (If Yes, MIP PIN: _____)	___ No
○ _____	___ Yes (If Yes, MIP PIN: _____)	___ No
○ _____	___ Yes (If Yes, MIP PIN: _____)	___ No

Objectives: [Check all that apply]

- Administer ___ COVID-19 vaccinations per week to eligible individuals, as identified by current Maine CDC guidelines
[*NOTE: collaboratives must have the capacity to administer at least 1,000 vaccines/week to be eligible for participation]
- Provide direct outreach to patients and household family members within our service area to overcome barriers of vaccine acceptance, communication, [other]

- Identify transportation options for patients for whom transportation is a barrier to vaccine access:
- Promote equitable distribution of vaccine through the following ways *[list]*:
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- Engage local community resources to encourage vaccine confidence among residents *[describe]*:
- Other *[please describe]*:

Community Collaborative Strategy: *[Please briefly describe the community collaborative’s planned strategy, addressing each of the elements below]*

- a) Plan for distributing COVID-19 vaccine to one or more participating vaccination sites:

- b) Plan for ensuring appropriate cold-chain requirements for transfer & storage of vaccine at all sites:

- c) Plan for ensuring that vaccine doses are distributed and administered swiftly after receipt:

- d) Plan for collaboration with community partners to address barriers and increase vaccine uptake by community members:

Target Population: For each participating clinical site (by physical site), please describe the following:

Vaccine Provider #1 Name: _____

- Physical location, including county:
- Target number of vaccinations to be distributed per week: _____
- For primary care practices...
 - Total number of patients: _____ Total pts 70+yo: _____ Total pts 65-69yo: _____

[If applicable] **Vaccine Provider #2 Name:** _____

- Physical location, including county:
- Target number of vaccinations to be distributed per week: _____
- For primary care practices...
 - Total number of patients: _____ Total pts 70+yo: _____ Total pts 65-69yo: _____

[If applicable] **Vaccine Provider #3 Name:** _____

- Physical location, including county:
- Target number of vaccinations to be distributed per week: _____
- For primary care practices...
 - Total number of patients: _____ Total pts 70+yo: _____ Total pts 65-69yo: _____

Completed proposals should be emailed to Sally Weiss: sally.weiss@maine.gov