**PARTNERSHIP AND CAPACITY TABLES**

**This section will not be scored. It is to help the SORH and NERHA better understand your organization’s current partnerships and current involvement with Covid19 equity activities; as well as your hopeful partnerships and what activities you may be interested in engaging in if you were to be funded. Please use this exercise to help frame your responses to the application questions. There are two rubrics to fill out, a PARTNERHSIP table and a VACCINE EQUITY table. Although not scored these tables must be completed for an application to be considered for funding.**

**PARTNERSHIPS TABLE**

We would like you to fill out the following partnership table, this section will not be scored. We ask that you include your current/recent partnerships and partners you would like to engage in the future as a part of this work. We have five categories of partners that we feel could provide successful support in this project, we have included them below with examples. We also have a category of other, as we recognize you may have unique partners in your region that does not fit into one of the categories. We ask that you indicate where you feel your current relationship is with this partner on the [*IA P2 continuum*](https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf). Examples are provided below of the continuum. If you have not had a relationship previously, or an active relationship within the past few years please check “No Current Relationship”. There is no expectation for where relationships should fall on this continuum, this exercise is to understand the types of relationships currently held. The continuum information is reciprocal, for example “You provide information to them” could also mean “They provide information to you”. The comment box is for any additional context you feel is helpful to provide but is not required to be filled out.

**CATEGORIES OF PARTNERS AND EXAMPLES**These lists are not exhaustive and are only to provide some illustration of partner types in each category.

**CONTINUUM INFORMATION AND EXAMPLES**

Inform

Consult

Involve

Collaborate

Empower

**You jointly share a project together with equal ownership, responsibilities, and decision making.**  
Examples: You have shared ownership of a project or event. You manage a separate entity or project together. Community owned and led projects.

**You have shared and equal decision making when working on a project even if one partner has ownership of that project.**  
Examples: You co-design/implement a project together. If community based, community has power to make decisions.

**You provide information to them.**   
  
Examples: On E-mail list. Participate in Events. Part of a group that receives specific information on a topic.

**You receive information from them.**  
Examples: On an advisory group. Provides feedback. Comes to forums/ engagement sessions.

**You work together on projects where they have some decision making in the process.**  
Examples: Makes advisory decisions about a project. (taskforce, sub-group, stakeholder group). You design a project or event with their direct input or help.

**Please fill out the table below, an example is provided in the first row. You can add additional rows to the table if needed by right clicking a cell, hovering over insert, and choosing insert row above/below.**

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| **Current/recent partnerships and partners you would like to engage in the future as part of this work.** | **Where on the continuum do you fall** | | | | | |  |
| **No Current Relationship** | **Inform** | **Consult** | **Involve** | **Collaborate** | **Empower** | **Comments** |
| **Human and Social Service Providers** |  |  |  |  |  |  |  |
| *Example – Youthworks* |  |  |  | x |  |  | *Has been on our youth taskforce since 2014* |
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| **Clinical Providers** |  |  |  |  |  |  |  |
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| **Governmental Organizations and Officials** |  |  |  |  |  |  |  |
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| **Educational Providers** |  |  |  |  |  |  |  |
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| **Businesses and Economic Supports** |  |  |  |  |  |  |  |
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| **Cultural and Social Organizations** |  |  |  |  |  |  |  |
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| **Other** |  |  |  |  |  |  |  |
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**VACCINE EQUITY INITATIVE TABLE**

This section is to understand what activities your organization has engaged into date or would be interested in engaging with funding and technical assistance provided from this grant or other sources. These components are pulled from an internal framework DPH has been using to work with communities on vaccine equity. We do not expect applicants to have any specific level of involvement in these activities to date. We do expect funded applicants to engage in some of these activities with both financial support, direct resources, and technical expertise from the SORH, DPH, and NERHA. Knowing there would be this support we ask you to consider what types of activities you feel there is some future potential for based on needs in your rural region. Some of these activities may happen currently without a COVID19 focus, please include those in your responses as well. Components of the initiative are below and the corresponding table lists the principles of each component. The comment box is for any additional context you feel is helpful to provide but is not required to be filled out.

**VACCINE EQUITY INITATIVE COMPONENTS**

Please place an X in the corresponding involvement for each activity listed.

|  |  |  |  |  |  |  |
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| **Assessment & Planning** | | **Organizational Involvement** | | | | |
| **Not at All** | **Somewhat** | **Significantly** | **Future Potential** | **Comments** |
| Identify and maintain a taskforce of community-based organizations, local town officials, and other local leaders to serve on a leadership group to oversee planning and coordination efforts. | |  |  |  |  |  |
| Develop a COVID mitigation plan that includes priority populations,  key community partners, education/ outreach strategies, and  access strategies. | |  |  |  |  |  |
| Meet regularly with leadership group to review progress, provide updates, troubleshoot challenges, and identify solutions collectively. | |  |  |  |  |  |
| Use data and leadership group’s understanding of the local needs to make data driven decisions. | |  |  |  |  |  |
| **Education & Outreach** | | **Organizational Involvement** | | | | |
| **Not at All** | **Somewhat** | **Significantly** | **Future potential** | **Comments** |
| Engage populations to provide feedback on vaccine messaging and mitigation strategies | |  |  |  |  |  |
| Identify community concerns, barriers to access, and gaps in knowledge for COVID 19. | |  |  |  |  |  |
| Provide materials to organizations or direct to populations with information about COVID 19 & latest information | |  |  |  |  |  |
| Identification of trusted partners for Covid 19 mitigation education & outreach. | |  |  |  |  |  |
| Develop Tailored messaging to respond to community needs and concerns. | |  |  |  |  |  |
| Have mechanisms to provide timely information on changes and updates relating to COVID 19 and community supports. | |  |  |  |  |  |
| **Vaccine Administration** | | **Organizational Involvement** | | | | |
| **Not at All** | **Somewhat** | **Significantly** | **Future potential** | **Comments** |
| Directly Administer  Vaccinations | |  |  |  |  |  |
| Collect Data to Identify Gaps in Vax Admin | |  |  |  |  |  |
| Promote  Vax Admin Schedule & Location Info | |  |  |  |  |  |
| Provide transport or transport TA for Vax Admin | |  |  |  |  |  |
| Ensure Accessibility to Vax Admin sites – TA w/ Language,  Location, Scheduling, IT | |  |  |  |  |  |
| Address Other Barriers to 1rst & 2nd Dose Vax Admin – ex: childcare, work, trust, culture, mis-information | |  |  |  |  |  |
| **Stop the Spread** | | **Organizational Involvement** | | | | |
| **Not at All** | **Somewhat** | **Significantly** | **Future Potential** | **Comments** |
| Promote and/or provide TA for mask wearing and social distancing, especially for unvaccinated | |  |  |  |  |  |
| Promote and/or provide TA for protection of workers, whether vaccinated or unvaccinated | |  |  |  |  |  |
| Promote and improve access to COVID-19 testing | |  |  |  |  |  |
| **Connection to Essential Services** | **Organizational Involvement** | | | | |
| **Not at All** | **Somewhat** | **Significantly** | **Future Potential** | **Comments** |
| Increase engagement between community partners and residents to connect residents with medical care and social services unrelated to COVID-19 vaccines. |  |  |  |  |  |
| Leverage resident engagement to assist residents with telehealth or technology barriers. |  |  |  |  |  |
| COVID outreach activities and vaccine sites are cross utilized to provide information on wraparound services to residents. (food, housing, financial, job, community, resources etc.) |  |  |  |  |  |
| **Strengthen Community Safety Nets** | **Organizational Involvement** | | | | |
| **Not at All** | **Somewhat** | **Significantly** | **Future Potential** | **Comments** |
| Maintain relationships and engagement with partners after COVID 19 mitigation efforts have concluded. |  |  |  |  |  |
| Work to ensure key community partners are financially supported and have the personnel and resources needed to sustain resident engagement. |  |  |  |  |  |
| Implement equity principles and practices as a regular part of decision-making process for all future programs and initiatives. |  |  |  |  |  |