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COMMUNITY-BASED VACCINATION CLINIC REQUEST FOR DEDICATED VACCINE SUPPLY

The State of Wisconsin Vaccination Task Force plans to support designated local and regional community-based vaccination clinics with a dedicated baseline vaccine supply to help clinics maintain efficient, sustainable operations on an ongoing basis.

Requirements

To be eligible for a dedicated vaccine supply, clinics must agree to:

- Be open to all eligible individuals.
- Execute reporting requirements as outlined below.
- Engage in coordination calls with representatives of the State Vaccination Task Force as outlined below.

How to Request Vaccine

Clinics can request a dedicated vaccine supply by submitting the form below. Submission of the form is not a guarantee of vaccine supply.

Vaccine supply remains limited and DHS may not be able to fulfill all requests. Clinics that are not approved for a dedicated vaccine supply may still request and receive vaccine via the bi-weekly allocation survey.

Completed forms should be submitted to dhscovidvaccinator@wi.gov. Requests will be accepted on an ongoing basis.

Only forms submitted by Local and Tribal Health Departments (LTHD) will be accepted for consideration, so clinic operators should coordinate with their LTHD on this submission. Upon receipt of the form, Vaccination Task Force staff will consult with the LTHDs to obtain any additional information needed.

Coordination Calls

By requesting a community-based clinic, you agree to engage in coordination calls with representatives from the State Vaccination Task Force. You may expect to discuss the following on coordination calls:

- Your plan to administer the vaccine if allocated the full amount.
- Your plan to sub-prioritize and administer the vaccine if allocated a partial amount.
- The appropriate timeline and dates of support.
- Any special considerations for eligible organizations.
- The type of vaccine preferred.
- How supporting this clinic meets your local population vaccination goals.

Coordination calls will also include a discussion of how the clinic will decrease racial and other disparities in vaccination rates, through consideration of the following:

- Involvement of community partners (ADRC, volunteer organizations, Veterans, Literacy Counsels, etc.).
- Outreach efforts planned to reach those with actual or perceived potential barriers related to COVID-19 vaccination.
- Coordination with other parallel efforts or ongoing operations, such as local Federally Qualified Health Centers and pharmacies.
- Other options for ensuring access to the proposed clinic location including parking, mass transit, free rides, ride share, Uber Health, Medical Transportation Management (MTM), or free services for individuals enrolled in certain programs, including, Wisconsin Medicaid, IRIS, BadgerCare Plus, etc.
- Other operational considerations, recognizing that social and economic factors play a substantial role in accessing care, including:
 - o Hours which ensure access for working families on evenings and weekends.
 - Providing clear messaging to patients that vaccination will be provided at no cost to the recipient.
 - o Providing multilingual support, including registration, in multiple languages.
 - Plans to reach populations lacking access to internet.

If the requesting entity has a diversity, equity, affirmative action, or Employment Equal Opportunity (EEO) position within their organization, we recommend this individual participate in the coordination call.

Reporting Requirements

Clinics will also agree to report weekly on:

- Total appointments scheduled
- · Total first and total second doses given
- Total walk-in doses given
- Total hours of service and days per week open during reporting period

The Federal government requires the state to audit each registered COVID-19 provider. The state plans to complete this requirement through an audit process including at least one site visit.

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Date of Request

Primary Contact Name				Title			
Organization							
Phone				Email			
Clinic Provider Name				Clinic Provider PIN			
Minimum first doses needed to operate				Estimated average daily throughput			
Vaccine manufacturer type(s) currently used at clinic, if applicable							
Would your clinic be able to switch to a different vaccine if needed? ☐ Yes ☐ No							
Hours and Days of Operation							
Sunday	Monday	Tuesday	Wednesday		Thursday	Friday	Saturday
Total estimated weekly first-dose throughput at maximum capacity:							
List all organiza	tions that are part	tnering to operate	this clinic	c and des	scribe efforts to co	oordinate locally.	

Describe why the clinic is needed to meet strategic vaccination and equity goals and provide any additional comments: