



COVID-19 Vaccination Non-Profit Challenge Application

Name of Organization: _____

Address of Organization: _____

Contact Person: _____

Email/phone number: _____

Waiver to release name of organization as participant in COVID-19 Vaccination Non-Profit Challenge Incentive campaign and recipient of American Rescue Plan Act funds:

Please submit to sarah.boese@polkcountyiowa.gov and include copy of IRS determination letter. Promotion ends September 3, 2021, see FAQ for details.

For Internal Use

Health Department Verification (staff and date): _____

IRS Determination letter: _____

Check Issued: _____