



COVID-19 Vaccination Youth Incentive Application

Name of Organization: _____

Address of Organization: _____

Contact Person: _____

Email/phone number: _____

School affiliation: _____

Waiver to release name of organization as participant in COVID-19 Vaccination Youth 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.

List information below for all youth age 12-18 who have been vaccinated between June 28 and September 3, 2021. Individuals can receive their vaccination at a location of their choice, it will be verified in the state vaccine database.

	First Name	Last Name	Date of Birth
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(add additional rows as needed)

For Internal Use

Health Department Verification (staff and date): _____

IRS Determination letter: _____

Check Issued: _____