**KYIR Integration Grant Application**

**Name of Business/ Organization:**

**Tax ID Number:**

**Business Mailing Address:**

**Name of Staff Completing Application:**

 **Title:**

**Phone Number:**

 **Email Address:**

**Please provide a brief description of your practice/ organization including the list of vaccines provided at this location, the number of full-time providers that you employee, and a demographic overview of your client population.**

**What company provides your Electronic Health Record database?**

**Please list the full name, title, hourly pay rate, and number of hours allotted for the task for the staff member who will be responsible for the integration along with a short narrative of their job description.**

**Please check this box to verify that you have attached an invoice from your EHR.**

Quoted Price for Database Integration from EHR: $

Cost of Staff Support: $

**Total Requested Amount: $**

**Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**