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# Application For Oregon Health Authority Youth Advisory Council

# APPLICATION FOR CBOs

**1.) Full Organization Name**

Click or tap here to enter text.

**2.) Contact Person First and Last Name**

Click or tap here to enter text.

**3.) Contact Information (\*=Required)**

**Address:** Click or tap here to enter text.

**Address 2:** Click or tap here to enter text.

**\*City/Town:** Click or tap here to enter text.

**\*State/Province:** Click or tap here to enter text.

**Zip/Postal Code:** Click or tap here to enter text.

**Country:** Click or tap here to enter text.

**\*Email Address:** Click or tap here to enter text.

**\*Phone Number:** Click or tap here to enter text.

**Extension, if applicable:** Click or tap here to enter text.

**4.) Populations served by organization:**

Click or tap here to enter text.

**5.) How would you like to be involved/partner with the OHA Youth Advisory Council? (CHECK ALL THAT APPLY)**

Identifying and/or supporting a youth representative (if yes, please have youth fill out youth application).

Providing one or more youth council member with mentorship. This may include, but not limited to serving as:

* Adult mentor council seats: OHA is looking for 3-5 adult mentors to sit on the council in the initial months (summer 2022) to provide allyship and mentorship to youth members. Adults would not have decision making authority but would provide support as the council forms.
* “Offline” mentors: OHA is also looking to support organizations as they mentor their youth representatives outside of council time. OHA would look to keep these mentors in the loop of all council proceedings and invite them to a once quarterly meeting to discuss progress.

Implementing additional engagement activities (focus groups, summit, surveys, etc.) with youth beyond the YAC and/or providing YAC with learnings from your engagement activities

**6.) Please briefly describe your organization’s role in serving youth and communities most impacted by COVID-19 and health inequities (250 words or less).**

Click or tap here to enter text.

**7.) Are you interested in up to $10,000 to support the work identified in #5 (Yes/No)? Please note that OHA will attempt to limit reporting and administrative burden of mini-grant funds provided to a minimum.**

Click or tap here to enter text.

**8) If yes, please provide a brief description about how the organization would use those funds to support the activities identified in #5 (500 words or less).**

Click or tap here to enter text.