

## CHECKLIST FOR APPLICATION SUBMISSION

### DOCUMENTS MUST BE SUBMITTED IN THE ORDER BELOW

The below checklist is provided for use upon completion of your application. Please review the items to make sure you have complied with all appropriate requirements listed and that the application you are submitting is complete. Documents should be labeled as indicated in the application, and fastened together in the order listed on the checklist. If an attachment is not applicable, insert a blank page labeled as the appropriate attachment and indicate that it is not applicable and the reasons.

***Proposal MUST contain all the attachments listed.)***

REQUIRED DOCUMENTS	X	LABEL
<b>SECTION I: AGENCY – (in order listed)</b>		
Checklist for application submission		<i>Front Page 1</i>
Completed Pre-Screening checklist		<i>Front Page 2</i>
A typed original of <i>Section I: Agency Information</i> .		Pages A - 1 through A - 6
Copy of minutes from last 3 board meetings		<i>Attachment A</i>
Copy of cover page from applicable insurances, indicating coverage amounts.		<i>Attachment B</i>
Agency information narrative		<i>Attachment C</i>
Agency organizational chart.		<i>Attachment D</i>
Details of previous audit findings and resolution.		<i>Attachment E</i>
Certified audit (or specified financial statements if no certified audit).		<i>Attachment F</i>
Copy of IRS Form 941 with proof of payment.		<i>Attachment G</i>
Copy of current IRS Form 990 / 1120.		<i>Attachment H</i>
Copy of the Articles of Incorporation.		<i>Attachment I</i>
Copy of 501 c (3) notification letter.		<i>Attachment J</i>
Copy of most recent Annual Report.		<i>Attachment K</i>
Resumes of management staff		<i>Attachment L</i>
Agency's client grievance procedure/Bill of Rights.		<i>Attachment M</i>
<b>SECTION II: PROGRAM – (in order listed)</b>		
A typed original of <i>Section II: Program Information</i> .		Page A-10
Program narrative (Include flow chart and logic model )		<i>Attachment 1</i>
If not serving entire PSA, include map with street boundaries and zip codes indicated.		<i>Attachment 2</i>
Job descriptions of key program management & professional staff.		<i>Attachment 3</i>
IRS determination for independent contractors.		<i>Attachment 4</i>
Consultant/Contractual Service Affiliation Agreement		<i>Attachment 5</i>
Detailed budget signed (all 5 pages completed) / Fee For Service Cost per Unit.		Budget Pages
<b>Additional SECTION II: PROGRAM – (fasten documents together in sets by Service Category, if applicable)</b>		
If applicable, <b>additional typed original</b> of <i>Section II: Program Information</i> with budgets and attachments, if submitting proposals for <b>multiple service categories</b> .		Additional sets of Pages A - 10 including budget(s) and <i>Attachments 1-5</i>
<b>FINAL REVIEW PRIOR TO SUBMISSION</b>		
Submitted proposal(s) are for published service categories as indicated in this RFP?		
Proposal(s) reviewed for technical accuracy?		
All applicable questions answered and application complete?		
Required signatures on all documents?		
Proposal assembled in the order as outlined above?		