



## Application Checklist

The following attachments/documents must be completed and submitted in the order shown here. Proposals that are missing any of these attachments/documents are considered non-compliant and will not be reviewed. Add a checkmark next to each document as you review prior to submission.

- One original proposal
- 15 copies of the proposal
- CD or thumb drive with non PDF copy of the application and all required attachments (not including agency audit)
- Attachment 1- Applicant Cover Sheet
- Attachment 2-Scope of Work
- Attachment 3- Demographics & Geographic Clients Served Details
- Attachment 4- Projected Units of Service
- Attachment 5- Evaluation Tool Matrix
- Attachment 6- Indirect Cost Rate Description
- Attachment 7- Agency Involvement in Litigation Form and/or Compliance Difficulties
- Attachment 8- Program Budget
- Attachment 9- Hourly Compensation for Direct Service Staff
- Attachment 10-Letter of Intent (copy of what was submitted previously)
- Attachment 11- Family Support Focus Area: Proposal Narrative Template (not to exceed the page limitations noted in each section of the Proposal Narrative Template)
- Organizational Chart
- Proof of Nonprofit Status or Business License (if applicable)
- Clinic/Agency license (if applicable)
- Independent Audit (if applicable)
- Insurance Requirements