

FY 2023-2024 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name _____

Agreement # _____

Program (check one box only) MCAH BIH AFLP CHVP

Please check the box next to all submitted documents.

All documents should be submitted by email using the required naming convention on page 2.

1. **AFA Checklist**
2. **Agency Information Form** | PDF version with signatures.
3. **Budget Template** | **submit for the next three upcoming Fiscal Years (23/24, 24/25, and 25/26)** list all staff (by position) and costs (including projected salaries and benefits, operating and ICR). Multiple tabs for completion include Summary Page, Detail Pages, and Justifications. Personnel must be consistent with the Duty Statements and Organizational Charts (Excel & signed PDF.)
4. **Indirect Cost Rate (ICR) Certification Form** | details methodology and components of the ICR.
5. **Organization Chart(s)** of the applicable programs, identifying all staff positions on the budget including their Line Item # and its relationship to the local health officer and overall agency.
6. **Annual Inventory** | Form CDPH 1204.
7. **Subcontractor (SubK) Agreement Packages** | submit Subcontract Agreement Transmittal Form, brief explanation of the award process, subcontractor agreement or waiver letter, and budget with detailed Justifications (required for all SubKs \$5,000 or more.)
8. **Certification Statement for the Use of Certified Public Funds (CPE)** | **AFLP CBOs and/or SubKs with FFP.**
9. **Government Agency Taxpayer ID Form** | **only if remit to address has changed.**
10. **Attestation of Compliance** with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff.

File Naming Convention Example

Please save all electronic documents using the required naming convention below:

Agreement # (space) Program Abbreviation (space) Document # (space)
Document Name (from Checklist Above) (space) (Month/Day/Year) XXXXXX

Example for MCAH Program:

2023XX AFLP 1 AFA Checklist 07.01.23

2023XX AFLP 2 Agency Information Form 07.01.23

2023XX AFLP 3 Budget Templates 07.01.23

2023XX AFLP 4 ICR Certification Form 07.01.23

2023XX AFLP 5 Org Chart 07.01.23

2023XX AFLP 6 Annual Inventory 07.01.23

2023XX AFLP 7 SubK Package 07.01.23

2023XX AFLP 8 CPE 07.01.23

2023XX AFLP 9 Govt Agency Taxpayer ID Form 07.01.23

2023XX AFLP 10 Attestation – TXIX FFP (SPMP & Direct Support) 07.01.23

Please contact your [Contract Liaison \(CL\)](#) if you have any questions.