**INSTRUCTIONS FOR
APPLICATION CHECKLIST**

Applicants must assemble their applications in the order shown in the Application Checklist. Applications with missing documents, partially completed documents, or documents attached out of order will be deemed non-responsive. Non-responsive applications will be considered incomplete and will be rejected from consideration.

General Instructions:

Please type or print the official agency name of the organization that is responding to the I&E Request for Application (RFA).

Number the pages of the application in consecutive order in the bottom right-hand corner of
each page.

Adhere to the preparation and submission requirements in Part III, D, of the RFA.

All forms requiring a signature must be signed in blue ink.

Submit one (1) original application with signatures – securely clipped, marked “Original.”

Submit two (2) copies of the application.

Submit one (1) compact disk (CD) containing all application documents in electronic form or a .zip file sent to the I&E email address ASH\_ED\_RFA@cdph.ca.gov.

“Check” Column:

Use this column to check off each document to ensure all required documents are included in the application and are submitted in order.

“Number of Pages” Column:

Enter the number of pages contained in each document.

**Application Checklist**

**TIME STAMP**

Date \_\_\_\_\_\_\_\_\_\_

Time \_\_\_\_\_\_\_\_\_\_

CDPH USE ONLY

Received by:

**CDPH USE ONLY**

Official Agency Name of Organization:

| **Check** | **Application Submission Requirements** | **Number of Pages** | **Confirmed by CDPH** |
| --- | --- | --- | --- |
| [ ]  | Application Cover Sheet (Attachment 1) |  | [ ]  Yes [ ]  No |
| **[ ]**  | Application Checklist (Attachment 2) |  | [ ]  Yes [ ]  No |
| **[ ]**  | Program Narrative Template (Attachment 3) |  | [ ]  Yes [ ]  No |
| [ ]  | Local Stakeholder Coalition Roster (Attachment 4)  |  | [ ]  Yes [ ]  No |
| **[ ]**  | Budget Templates FYs 19-21 (Attachment 5)  |  | [ ]  Yes [ ]  No |
| **[ ]**  | Agency Information Form (AIF) (Attachment 6) |  | [ ]  Yes [ ]  No |
| **[ ]**  | Certification to Select Title XIX Program (OPTIONAL) (Attachment 7) |  | [ ]  Yes [ ]  No |
| **[ ]**  | Certification of Indirect Cost Rate Methodology (Attachment 8) |  | [ ]  Yes [ ]  No |
| **[ ]**  | One (1) original and two (2) copies of the application (paper copy with signatures) and an electronic submission containing all application documents on either a CD or a .zip file sent to the I&E email address ASH\_ED\_RFA@cdph.ca.gov. |  | [ ]  Yes [ ]  No |