

Application Checklist

Competition Requirements. I certify my organization meets the following requirements:		Confirmed by CDPH
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Corporations) My organization is in good standing and qualified to conduct business in California. [Check "N/A" if not a Corporation.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Non-profit Organizations) My organization is qualified to claim non-profit status. [Check "N/A" if not a non-profit organization.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	My organization is 1) financially stable and solvent and has adequate cash reserves to cover approximately four (4) to six (6) months of delayed payments, and 2) able to meet all financial obligations while awaiting reimbursement from the State.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Main Application:		
<input type="checkbox"/> Yes	My Application complies with the Application format requirements and my organization submitted one (1) original Application and seven (7) copies. My Application is assembled in the following order:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Application Checklist (use Attachment 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Application Cover Page (use Attachment 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Applicant Capability	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Workplan Narrative	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Scope of Work (use Attachment 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Fiscal Year 1 Budget Documents: <ul style="list-style-type: none"> • 8-Line Item Budget • Additional Budget Detail • Budget Justification 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Fiscal Year 2 Budget Documents: <ul style="list-style-type: none"> • 8-Line Item Budget • Additional Budget Detail • Budget Justification 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Fiscal Year 3 Budget Documents: <ul style="list-style-type: none"> • 8-Line Item Budget • Additional Budget Detail • Budget Justification 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Fiscal Year 4 Budget Documents: <ul style="list-style-type: none"> • 8-Line Item Budget • Additional Budget Detail • Budget Justification 	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<input type="checkbox"/> Yes	Applicant Reference Form (use Attachment 4) ▪ 2 Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Letters of Support ▪ 3 Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Required Attachments:		
<input type="checkbox"/> Yes	CCC 307 – Certification (use Attachment 5)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Payee Data Record (use Attachment 6/STD 204)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	RFA Clause Certification (use Attachment 7)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Conflict of Interest Compliance Certificate (use Attachment 8)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required Agency Documentation:		Confirmed by CDPH
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Proof of Non-Profit Status – A copy of my organization’s 501(c)(3) Form, or an IRS determination letter indicating nonprofit or 501(c)(3) tax-exempt status proving my organization’s eligibility to claim nonprofit and/or tax exempt status (see Appendix VII and VIII). [Check “N/A” if you are not claiming non-profit status.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Board of Directors List for non-profit organization Applicants only [Check “N/A” if you are not claiming non-profit status.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Local Government Resolution [Check “N/A” if you are not a local government agency.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Organizational Chart	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Duty Statements/Resumes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Organization:		
Printed Name/Title:		
Signature		Date: