

**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 CA PREP RFA.

Sequentially paginate the pages in each application section.

Adhere to the format requirements in Part V 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 one compact disk containing all application documents in electronic form.

Check Mark Column:

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

Page Number Column:

Enter the number of pages in each section.

Application Checklist

TIME STAMP
Date _____
Time _____
CDPH USE ONLY

Official Agency Name of Organization:

Check	Application Submission Requirements	Number of Pages	Confirmed by CDPH
<input type="checkbox"/>	Application Cover Sheet (Attachment 1)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Application Checklist (Attachment 2)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Program Narrative		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Optional Organization Chart and Resumes (Attachment 4)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Budget Templates (Attachment 5)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Local Stakeholder Coalition Roster (Attachment 6)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Local Stakeholder Coalition Members - Letter of Support (Attachment 7) Total #: (← Please enter the total number of Letters of Support obtained from local stakeholder coalition members)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Agency Information Form (AIF) (Attachment 8)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Proof of Nonprofit status - IRS determination letter indicating nonprofit or 501 (c) (3) tax-exempt status, if applicable.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Original application (paper copy with signatures) and one compact disc (CD) containing all application documents in electronic form.		<input type="checkbox"/> Yes <input type="checkbox"/> No