

APPLICATION CHECKLIST

INSTRUCTIONS

At the top of the checklist, type the official name of the organization that is responding to the Adolescent Family Life Program (AFLP) Request for Applications (RFA).

- **Table 1. Review of Eligibility Requirements**
 - Complete the “Check” column by checking boxes to indicate that applicant meets all eligibility criteria for the RFA.
 - Complete the Eligibility Requirements column by filling in responses as indicated.
 - Leave the “Confirmed by CDPH/MCAH” column blank. It is for CDPH/MCAH program use only.

- **Table 2. Application Submission Requirements**
 - Complete the “Check” column to ensure that all required documents are included in the application and are submitted in the order specified.
 - Complete the “Number of Pages” column by entering the number of pages contained in each document.
 - Leave the “Confirmed by CDPH/MCAH” column blank. It is for CDPH/MCAH program use only.

ADDITIONAL REQUIREMENTS

- Applicants must assemble their application in the order shown in the Application Checklist. Applications with missing documents or partially completed documents will be deemed non-responsive. **Non-responsive applications will be considered incomplete and will be rejected from consideration and/or will have points withdrawn, at CDPH/MCAH’s discretion.**

- In completing all sections of the application, applicants must adhere to all format and submission requirements as detailed in Part IV., F. Instructions for Preparation and Submission of Applications to ensure they are not rejected from consideration and/or have points withdrawn.

Note that the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) may request applicants to provide additional information in the Eligibility Requirements or Application Submission Requirements column.

Application Checklist

Applicant Name: _____

Table 1: Review of Eligibility Requirements

Check	Eligibility Requirements	Confirmed by CDPH/MCAH CDPH/MCAH USE ONLY
<p><i>(select one):</i></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><i>Organizational Type:</i></p> <p>Units of local government including, but not limited to cities, counties, and other government bodies or special districts</p> <p>State and/or public colleges or universities, also referred to as institutions of higher education</p> <p>Public and/or private nonprofit organizations classified as 501(c)(3) tax exempt under the Internal Revenue Code</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/>	<p>a. Three (3) years of experience providing case management or other social support services to expectant and parenting persons (EPP) experiencing the highest inequities. #: (Please insert number of years of experience)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/>	<p>b. Three (3) years of experience providing youth development programming #: (Please insert number of years of experience)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/>	<p>c. Three (3) years of experience in program monitoring, including data collection and reporting of performance measures. #: (Please insert number of years of experience)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/>	<p>d. Three (3) years of experience developing community linkages and/or participating in and maintaining stakeholder groups. #: (Please insert number of years of experience).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/>	<p>If proposing to serve one county, the proposed county has a total 2018 CASHNI score of 250 or above <u>and</u> 200 or above projected EPP in year 2023.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/>	<p>If proposing to serve two or more counties, at least one county proposed has a 2018 CASHNI score of 250 or above <u>and</u> the combined EPP is 300 or more projected expecting and parenting persons (EPP) in the proposed county/counties in the year 2023. (Part I. I, Eligibility Criteria)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<input type="checkbox"/>	<p>Applicant proposes to reach at least 50 youth annually ¹</p> <p>#: β (Please insert proposed Program Reach for State Fiscal Year 1)</p> <p>#: β (Please insert proposed Program Reach for State Fiscal Year 2)</p> <p>#: β (Please insert proposed Program Reach for State Fiscal Year 3)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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¹ While the minimum requirement for eligibility is the ability to reach 50 youth annually, CDPH/MCAH will work with final awardees individually to determine realistic program reach and caseloads for year 1 of the award cycle due to the capacity-building and planning period.

Table 2: Review of Application Submission Requirements

Check	Application Submission Requirements	Number of Pages	Confirmed by CDPH/MCAH CDPH/MCAH USE ONLY
<input type="checkbox"/>	Authorized Representatives for Application (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"/>	RFA Program Narrative Template (Attachment 3; follow instructions in the RFA)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Organization Chart (Attachment 4)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	References (Attachment 5)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Government Contracts (Attachment 6)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Audited Financial Statements (Attachment 7) and two financial statements submitted as noted in Attachment 7.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<i>If submitted as a separate document,</i> Audited Financial Statement 1		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<i>If submitted as a separate document,</i> Audited Financial Statement 2		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Litigation and Contract Compliance Difficulties (Attachment 8)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Program Reach Worksheet (Attachment 9)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Service Area Needs and Strategies (Attachment 10)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Letters of Support (Attachment 11)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Budget Templates (for FYs 23-24, 24-25, 25-26) (Attachment 12)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Agency Information Form (Attachment 13)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Attestation of Compliance with the Sexual Health Accountability Act of 2007 (Attachment 14)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<i>If applicable: Certification to Select Title XIX Financial Participation Program</i> (Attachment 15)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Proof of Insurance (Certificate of Insurance or Letter of Self-Insurance) (refer to Part IV. F, Instructions for Preparation and Submission of Applications for details)		<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/>	<i>If applicable: Proof of Nonprofit Status (refer to Part IV. F, Instructions for Preparation and Submission of Applications for details)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<i>If applicable: Proof of Corporate Status (refer to Part IV. F, Instructions for Preparation and Submission of Applications for details)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<i>If applicable: Applicants who represent a school district must submit proof of tax-free transactions by the Internal Revenue Service (refer to Part IV. F, Instructions for Preparation and Submission of Applications for details)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No