FY 2019 - 2020 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name:

Agreement #:       Program: [ ]  MCAH [ ]  BIH [ ]  AFLP [ ]  CHVP

 (Check one box only)

| Please check the box next to all submitted documents. All documents must be submitted by email using the required naming convention on page 2. |
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| **[ ]**  | 1. **AFA Checklist**
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| **[ ]**  | 1. **Agency Information Form** with signature(PDF)
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| **[ ]**  | 1. Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 (PDF)
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| **[ ]**  | 1. Community Profile submit only one profile including information about your MCAH, AFLP and/or BIH populations and programs as applicable (Word)
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| **[ ]**  | 1. Budget Template submit for the next two upcoming Fiscal Years (19/20 and 20/21) 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)
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| **[ ]**  | 1. Indirect Cost Rate (ICR) Certification Form details methodology and components of the ICR
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| **[ ]**  | 1. **Duty Statements** **(DS)** for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget
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| **[ ]**  | 1. **Organization Chart(s)** of the applicable programs, identifying all staff positions on the budget including their Line Item # and its relationship to other services for women and children, the local health officer and overall agency
 |
| **[ ]**  | 1. **Approval Letters** submit most recent letter on State letterhead with state staff signatures, including waivers for the following positions: **[ ]** MCAH Director; **[ ]** BIH Coordinator; **[ ]** AFLP Director;

 **[ ]** Other       |
| **[ ]**  | 1. **Scope of Work (SOW)** documents for all applicable programs(PDF/Word)
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| **[ ]**  | 1. Annual Inventory – Form CDPH 1204
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| **[ ]**  | 1. **Local Health Officer Approval Letter to conduct FIMR** [MCAH only]
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| **[ ]**  | 1. **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) (Word)
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| **[ ]**  | 1. **Certification Statement for the Use of Certified Public Funds (CPE)**

[AFLP CBOs and/or SubKs with FFP] |
| **[ ]**  | 1. **CDPH 9083 Government Agency Taxpayer ID Form**
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| **[ ]**  | 1. **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**
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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:

2019XX MCAH 1 AFA Checklist 03.15.19

2019XX MCAH 2 Agency Information Form 03.15.19

2019XX MCAH 3 Attestation –Sexual Health Educ. Acct. Act 03.15.19

2019XX MCAH 4 Community Profile 03.15.19

2019XX MCAH 5 Budget Template 03.15.19

2019XX MCAH 6 ICR Certification Form 03.15.19

2019XX MCAH 7 Duty Statement 1 03.15.19

2019XX MCAH 7 Duty Statement 2 03.15.19

2019XX MCAH 7 Duty Statement 3 03.15.19

2019XX MCAH 7 Duty Statement 4 03.15.19

2019XX MCAH 8 Org Chart 03.15.19

2019XX MCAH 9 Approval Letter 03.15.19

2019XX MCAH 10 SOW 03.15.19

2019XX MCAH 11 Annual Inventory 03.15.19

2019XX MCAH 12 FIMR Approval Letter 03.15.19

2019XX MCAH 13 SubK Package 03.15.19

2019XX MCAH 14 CPE 03.15.19

2019XX MCAH 15 CDPH9083 03.15.19

2019XX MCAH 16 Attestation – TXIX FFP (SPMP and Direct Support) 03.15.19

Please contact your [Contract Manager (CM)](https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/CMPC-Assignment-List.aspx) if you have any questions.