

**CDPH, Center for Infectious Diseases, Office of AIDS  
 HIV Prevention Demonstration Projects RFA #14-10607**

**Certification Checklist**

Applicant's Name: \_\_\_\_\_

Use this checklist to make certain your application package is complete. Enter a yes for each item provided and submit a copy of the completed checklist with your application. A negative response to any item will deem your application non-responsive. Organize your application in the same order identified in this RFA.

<u>Yes/No</u>	<u>Items Included in Application</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Table of Contents
<input type="checkbox"/> Yes <input type="checkbox"/> No	Application Cover Sheet
<input type="checkbox"/> Yes <input type="checkbox"/> No	Application Certification Checklist
<input type="checkbox"/> Yes <input type="checkbox"/> No	Executive Summary
<input type="checkbox"/> Yes <input type="checkbox"/> No	Scope of Work – HIV and HCV Screening
<input type="checkbox"/> Yes <input type="checkbox"/> No	Scope of Work – Linkage to HIV Prevention and Care Services
<input type="checkbox"/> Yes <input type="checkbox"/> No	Scope of Work – Retention in HIV Care
<input type="checkbox"/> Yes <input type="checkbox"/> No	Scope of Work – Evaluation Plan
<input type="checkbox"/> Yes <input type="checkbox"/> No	Scope of Work - Eligible Entity Capability
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personnel – Narrative
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personnel – Organizational Chart
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Personnel – Letter(s) of Intent from Subcontractor (If applicable)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Budget Justification Narrative – Year One: 2/1/15 to 6/30/15
<input type="checkbox"/> Yes <input type="checkbox"/> No	Budget Justification Narrative – Year Two: 7/1/15 to 6/30/16
<input type="checkbox"/> Yes <input type="checkbox"/> No	Budget Justification Narrative – Year Three: 7/1/16 to 1/31/17
<input type="checkbox"/> Yes <input type="checkbox"/> No	Payee Data Record
<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of the most recent independently audited financial report.

I hereby certify that all the above required elements of my application are attached and in the above order.

Authorized Signature: \_\_\_\_\_

Date:        /        /

Printed Name: \_\_\_\_\_