

**California Department of Public Health  
Office of AIDS  
Expanded HIV Testing in Healthcare Settings  
Request for Application #14-10352  
Certification Checklist**

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

Use this checklist to make certain your application package is complete. Enter an X for yes for each item provided and submit a copy of the completed checklist with your application. A negative response to any item (excluding the Executive Summary) 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	Application Cover Sheet ( <b>Attachment 8</b> )
<input type="checkbox"/> Yes <input type="checkbox"/> No	Table of Contents
<input type="checkbox"/> Yes <input type="checkbox"/> No	Application Certification Checklist ( <b>Attachment 9</b> )
	Required Forms Section (attach these forms to each application)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency Information Sheet ( <b>Attachment 10</b> ).
<input type="checkbox"/> Yes <input type="checkbox"/> No	Payee Data Record ( <b>Attachment 11</b> ; if applicable)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of the most recent independently audited financial report.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Executive Summary ( <b>Optional</b> )
<input type="checkbox"/> Yes <input type="checkbox"/> No	Program Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency Capability
<input type="checkbox"/> Yes <input type="checkbox"/> No	Project Personnel
<input type="checkbox"/> Yes <input type="checkbox"/> No	Resumes of key project personnel included in the Appendix section of the application.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Detailed Budget
<input type="checkbox"/> Yes <input type="checkbox"/> No	Budget Justification Narrative
<input type="checkbox"/> Yes <input type="checkbox"/> No	One original and four (4) complete copies

I hereby certify that all the above required elements of my application, including the attachments and other appendices material, are attached and in the above order.

Authorized Signature: \_\_\_\_\_ Date:     /     /

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