

## **Attachment 9**

### **APPLICATION CHECKLIST**

Please submit one original and 9 copies of your application. Your submission should include this checklist and the items listed below.

- ☐ Application Cover Sheet (Attachment 2)
- ☐ Letter of Commitment from an individual authorized to sign for the agency
- ☐ Staff Form (Attachment 4)
- ☐ Budget Forms (Attachment 5)
- ☐ Budget Justification Narrative
- ☐ Letters of Agreement from collaborating organizations
- ☐ Vendor Responsibility Questionnaire (Attachment 6) (if you choose not to complete on-line)
- ☐ Vendor Responsibility Attestation (Attachment 7)
- ☐ Curriculum vitae for all program staff
- ☐ Timeline for program implementation and clinical education activities
- ☐ Policy and Procedure for management of CEI-Line calls (Center A only)
- ☐ Policy and Procedure for management of PEP calls (Center B only)

Please note: The attachments listed above are not counted towards the application's overall page limitations

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- ☐ Application Narrative:
    1. Program Summary
    2. Agency Description and Mission
    3. Statement of Need
    4. Program Activities
    5. Evaluation