**ACTIVITY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: TIME SENSITIVE** Please allow time within your application process for your department’s approval procedures including board review and approval if necessary. Please consult your supervisor for guidance.

**Check Off Each Document Included** *(1 signed original, 12 copies plus an electronic version)*

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| --- | --- |
| **\_\_\_\_\_\_ 1.** | **Applicant Information** |
| **\_\_\_\_\_\_ 2.** | **Program Description** |
| **\_\_\_\_\_\_ 3.** | **Logic Model** |
| **\_\_\_\_\_\_ 4.** | **Evaluation Plan** |
| **\_\_\_\_\_\_ 5.** | **Budget Narrative** |
| **\_\_\_\_\_\_ 6.** | **Personnel Listing with Job Descriptions** |
| **\_\_\_\_\_\_ 7.** | **Planning Budget** |
| **\_\_\_\_\_\_ 8.** | **Supporting Documents** *(see organization-specific checklist below)* |

**Type of Organization & Supporting Documents List** *(1copy only)*

\_\_\_\_\_Non Profit

*\_\_\_ a. tax-exempt information*

*\_\_\_ b. corporate status information*

*\_\_\_ c. federal tax ID and legal name information*

*\_\_\_ d. contract signer information*

*\_\_\_ e. FSR signer information*

*\_\_\_ f. contract administrator information*

*\_\_\_ g. payment information*

*\_\_\_ h. insurance information*

*\_\_\_ fidelity bond \_\_\_ workers’ compensation \_\_\_ general liability*

*\_\_\_ auto liability \_\_\_ other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_ County, State or Other Public Agency

*\_\_\_ c. federal tax ID and legal name information*

*\_\_\_ d. contract signer information*

*\_\_\_ e. FSR signer information*

*\_\_\_ f. contract administrator information*

*\_\_\_ g. payment information*

*\_\_\_ h. insurance information*

*\_\_\_ fidelity bond \_\_\_ workers’ compensation \_\_\_ general liability*

*\_\_\_ auto liability \_\_\_ other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_ Private, For Profit, Corporate Entity

*\_\_\_ b. corporate status information*

*\_\_\_ c. federal tax ID and legal name information*

*\_\_\_ d. contract signer information*

*\_\_\_ e. FSR signer information*

*\_\_\_ f. contract administrator information*

*\_\_\_ g. payment information*

*\_\_\_ h. insurance information*

*\_\_\_ fidelity bond \_\_\_ workers’ compensation \_\_\_ general liability*

*\_\_\_ auto liability \_\_\_ other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*