**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*