F) <u>APPLICATION CHECKLIST</u> to be submitted with application. This is meant to be helpful in compiling necessary forms and attachments. It does not imply that any section can be skipped or omitted.

Agency Name _____

CHECKLIST OF REQUIRED ITEMS	INCLUDED	NOT INCLUDED – EXPLAIN WHY
Executive Summary, Narrative and General Information		
Audited Financial Report – it should be completed within the last 12 months of the prior fiscal year end. If not, explain.		
Board of Directors Profile		
Certificate of Incorporation		
NYS Charities Filing – it should be within the last 12 months. If not, explain.		
Fair Housing Policy		
Current Worker's Compensation Coverage		
Supportive Services Chart		
Linkage Agreements		
Program Staffing Chart		
Program Staff Job Descriptions		
Living Destinations Chart		
Organizational Chart		
Current Program Evaluation Chart – Mark N/A if not applicable		
Agency Funding Chart		
Agency Agreement Form		
Applicant Certification Form		
Social Service District Approval		
COC Approval		
Drug and Alcohol Free Certification		
HMIS Participation Certification		
Organizational Status (on page 48)		
Subcontracting Utilization Form		
M/WBE and EEO Policy		
EEO Staffing Plan		
Good Faith Efforts and Letter of Intent to Participate in M/WBE		
Request for Waiver – if applicable		
Contractor Background Questionnaire		
Matching Funds Letter		
Matching Funds Documentation		

END OF APPLICATION
(07/29/2011 Revised)