

Minnesota Department of Health
Community HIV Health Education and Risk Reduction Project
Forms Checklist and Certification

Note: This form is NOT scored.

Please check each form as it is completed and include it with the application packet.

- FORM A: Notice of Intent (to be submitted by May 5, 2008) – Year 2008
- FORM B: Forms Checklist and Certification
- FORM C: Applicant Information Sheet
- FORM D: Project Information Sheet
- FORM E: Agency Overview Narrative
- FORM F: Project Description Narrative
- FORM G: Project Budget
- FORM H: Project Budget Narrative
- FORM I: Partners Chart
- FORM J: Accounting System and Financial Capability Questionnaire
- FORM K: Evidence of Compliance of Workers' Compensation Insurance

Remember to also attach if applicable:

- Evidence of 501 (c) 3 status
- Evidence of compliance with worker's compensation insurance coverage
- Copy of most recent audit report

Reminder:

1. Submit one (1) signed unbound original and ten (10) copies of the complete application.
2. Use 12-point font, 1-inch margins, and single spaced lines on 8½ X 11-inch paper.
3. Do not exceed the section page limits.
4. Include a proposal Table of Contents.
5. Number all pages including any attachments.
6. Staple or clip proposal. Do not bind in any other way.

If ALL forms are not completed and submitted by the deadline, proposals may be disqualified from this process.

Certification:

I hereby certify that all required forms have been completed as instructed. I also certify that all information describing my agency's eligibility is correct. I understand that if any of the required information is missing, this application may be disqualified from this process. I further certify that I have reviewed Appendix G – Sample Grant Agreement and understand the contractual obligations described. I understand that all awards are final and that a grievance can only be filed with regard to a faulty process and not with regard to an unfavorable decision.

Signature of Director of Applicant Agency

Title

Date