

## Proposal Submission Checklist

Required attachments are marked with an asterisk below. If they are not submitted, then the proposal will be removed from funding consideration. Forms and Templates are provided in the Appendix. Failure to include any of the listed attachments, if applicable, will result in a deduction of points.

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|  | Proposal Cover Sheet *   |
|  | Table of Contents  |
|  | Organization's Profile and Capacity Review (Organizational Overview & HIV Services Overview) *   |
|  | Attachments:   |
|  | Provide a print out of the Detail by Entity Name page from the Florida Department of State, Division of Corporations at <a href="http://www.sunbiz.org">www.sunbiz.org</a> dated within twelve (12) months of the due date of this Proposal/Application, identifying the Proposer's status as "active". Please note that a copy of the Articles of Incorporation or any similar document does not meet the requirements of this section. This does not apply to Public Entities. |
|  | Provide proof of non-profit status. A copy of your 501c (3) must be included. This does not apply to Public Entities.*   |
|  | Provide a list of Board of Directors of the Proposer. This does not apply to Public Entities.  |
|  | Provide an Organizational Chart indicating where the Proposed Program/s Services would function within the Proposer if requested funds are provided.   |
|  | Provide Proposer's grievance policy and any grievance form/s to be used by clients/s.  |
|  | Provide Proposer's job descriptions for all designated staff.  |
|  | Provide the Applicant Agency's HIV Clinical Quality Management Plan.   |
|  | Provide any Interagency Agreement/s the Proposer has in place to successfully provide the proposed service/s for agencies applying in partnership.   |
|  | Provide Memorandums of Agreement and/or Interagency Agreements for agencies that describe collaborations between agencies.   |
|  | Provide Inventory of Non-Expendable Property for the last three (3) years.   |
|  | Provide Administrative Assessment of Potential Providers.  |
|  | Provide Current/Proposed Site locations for the proposed services.*  |
|  | Provide Sliding Fee Scale Policy which includes process to track charges and payments and how revenue will be used to enhance and support the proposed service.*   |
|  | Provide Training and Staff Development Plan.   |
|  | Provide Agency Demographics for <b>MAI proposals only</b> .*   |
|  | Provide Total Agency Budget Template. *  |
|  | Provide Program Budget Template for each service category proposed. *  |