

ATTACHMENT F

ITN APPLICANT RESPONSE CHECKLIST

(INCLUDE THIS CHECKLIST WITH YOUR RESPONSE)

Applicant documents including ITN attachments and required appendices should be submitted in the following order in a bound folder or binder with tabs for each item listed below:

ITEM	INITIAL EACH ANSWER		
	YES	NO	N/A
ITN Application			
<ul style="list-style-type: none"> • Application for Funds is fully complete (all questions have been completely answered) <ul style="list-style-type: none"> ○ Section 3.2, Applicant Agency Information ○ Section 3.3, Healthy Start Care Coordination Services ○ Section 3.4, Staffing and Supervision ○ Section 3.5, Continuous Quality Improvement Practices 			
<ul style="list-style-type: none"> • Signed Certification of Accuracy and Compliance • Applicant Agency Information: Cover Sheet 			
Program Budget Summary with Narrative, Section 4 and Attachment G			
Required Documents			
<ul style="list-style-type: none"> • Agency Organizational Chart 			
<ul style="list-style-type: none"> • Agency’s Current Budget 			
<ul style="list-style-type: none"> • Most Recent Financial Audit 			
<ul style="list-style-type: none"> • Current IRS Form W-9 			
<ul style="list-style-type: none"> • Most Recent Unaudited Internal Financial Statements 			
<ul style="list-style-type: none"> • Agency’s Cultural Competency Plan 			
<ul style="list-style-type: none"> • Certificates of Insurance as listed in Section 3.2, Number 9 			
<ul style="list-style-type: none"> • Completed Appendix H, Current Grants and Funding 			