

ATTACHMENT D - CHECKLIST



**ITN RESPONSE CHECKLIST
(INCLUDE THIS CHECKLIST WITH YOUR RESPONSE)**

1. Providers table of contents including ITN attachments and required appendices in the following order:

Item		INITIAL EACH ANSWER		
		YES	NO	N/A
1.	Attachment E - Signed Florida Statutes on Program Incentives Form			
2.	Attachment F - Grant Application			
3.	<ul style="list-style-type: none">Application for Funds fully completed			
4.	<ul style="list-style-type: none">Signed Certification of Accuracy and Compliance			
5.	<ul style="list-style-type: none">Signed Performance and Outcomes Measures			
6.	<ul style="list-style-type: none">Proposed Staff Information			
7.	<ul style="list-style-type: none">Cultural Competence			
8.	Attachment G - Program Budget Summary and Narrative			
9.	Attachment H - Financial Viability Test			
10.	Appendices			
11.	<ul style="list-style-type: none">Organizational Chart			
12.	<ul style="list-style-type: none">Most Recent Audit and Audit Management Reports			
13.	<ul style="list-style-type: none">Certificate of Incorporation			
14.	<ul style="list-style-type: none">IRS Form W-9			
15.	<ul style="list-style-type: none">Resumes or Biographical Sketches of Key Staff			
16.	<ul style="list-style-type: none">Responding Organizations QI/QA Plan			
17.	<ul style="list-style-type: none">Monitoring Reports and/or Corrective Action Report			
18.	<ul style="list-style-type: none">Letters of Agreement, Linkages, and Support (if applicable)			
19.	Copies of Proposal – Eight (8)			