



**APPENDIX I - THE APPLICATION**

Organization Name:  
2016-17 Veterans Mental Health Grant

## 2016-17 Veterans Mental Health Grant Application Checklist

**All items should be packaged in the order listed.**

**For more information,  
see VIII. Application Package in the Request for Applications.**

	Included	Not Included
1. This Application Checklist	<input type="checkbox"/>	<input type="checkbox"/>
2. Appendix I – The Application (True and Correct Statement in Appendix I – The Application MUST be signed)	<input type="checkbox"/>	<input type="checkbox"/>
3. Résumés of the Principal Participants	<input type="checkbox"/>	<input type="checkbox"/>
4. Copies of professional licenses for licensed mental health professionals to provide services on the grant	<input type="checkbox"/>	<input type="checkbox"/>
5. List and terms of current governing body members	<input type="checkbox"/>	<input type="checkbox"/>
6. Financial Documentation as per Section IV. H *	<input type="checkbox"/>	<input type="checkbox"/>
7. IRS Tax determination letter regarding non-profit status*	<input type="checkbox"/>	<input type="checkbox"/>
8. Current federal or state indirect negotiated cost agreement, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
9. A copy of current professional liability insurance and/or malpractice insurance policy, if applicable*	<input type="checkbox"/>	<input type="checkbox"/>

\* Counties and Municipalities are not required to submit