



**APPENDIX I – H4TXH APPLICATION**

Organization Name: \_\_\_\_\_

## H4TXH - Application Checklist

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

	Included	Not Included
1. This Application Checklist	<input type="checkbox"/>	<input type="checkbox"/>
2. Appendix I – The Application (MUST have original signature)	<input type="checkbox"/>	<input type="checkbox"/>
3. Résumés of the principal participants of the organization	<input type="checkbox"/>	<input type="checkbox"/>
4. Financial Documentation as per Section IV. H of the RFA document*	<input type="checkbox"/>	<input type="checkbox"/>
5. IRS Tax determination letter regarding non-profit status*	<input type="checkbox"/>	<input type="checkbox"/>
6. Current federal indirect negotiated cost plan, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
7. 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