



**APPENDIX I - THE APPLICATION**

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

Veterans Mental Health Grant – 2014-2015

## Veterans Mental Health Grant 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. Financial Documentation as per Section IV. I of the RFA document*	<input type="checkbox"/>	<input type="checkbox"/>
3. Appendix I – The Application	<input type="checkbox"/>	<input type="checkbox"/>
4. True and Correct Statement in Appendix I – The Application (signature MUST be original)	<input type="checkbox"/>	<input type="checkbox"/>
5. Résumés of the principal participants of the organization	<input type="checkbox"/>	<input type="checkbox"/>
6. IRS Tax determination letter regarding non-profit status*	<input type="checkbox"/>	<input type="checkbox"/>
7. Current federal indirect negotiated cost plan, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
8. 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