**Application Checklist**

**Instructions**

* At the top of the checklist, type or print the official agency name of the organization that is responding to the Adolescent Family Life Program (AFLP) Request for Applications (RFA).
* Check column:
	+ First page of the checklist: Use this column to check off that the Applicant meets all eligibility criteria for the RFA.
	+ Second page of the checklist: Use this column to check off each document to ensure all required documents are included in the application and are submitted in order.
* Note that the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) may request Applicants to provide additional information in the Eligibility Requirements or Application Submission Requirements Column. Complete designated blank spaces.
* Page Number column: Enter the page number upon which each application document begins. For items that are not applicable, in the Page Number column indicate “N/A”.
	+ Attachments 1-2, the Program Narrative, Attachments 3-10, and 11 (if applicable), proof of insurance, and proof of status or tax-free transactions (if applicable) are sequentially paginated. It is not required that the applicant sequentially paginate the following documents: Audited financial statements or supplemental attachments (*Part V. B 4c)*.
* Confirmed by CDPH/MCAH: Leave this column blank. It is for CDPH/MCAH use only.

**Additional Requirements:**

* Applicants must assemble their applications in the order shown in the Application Checklist.

Applications with missing documents or partially completed documents may be deemed non-responsive. **Non-responsive applications will be considered incomplete, may be rejected from consideration, and/or may have points withdrawn, at the CDPH/MCAH’s discretion.**

* In completing all sections of the application, Applicants must adhere to all format and submission requirements as detailed in Part IV. E, Application Submission Process to ensure they are not rejected from consideration and/or have points withdrawn.**Application Checklist**

| **Check if criteria met** | **Eligibility Requirements** | **Confirmed**CDPH/MCAH USE ONLY |
| --- | --- | --- |
| [ ] [ ] [ ]  | *Organizational Type (select one):*Units of local government including, but not limited to cities, counties, and other government bodies or special districtsState and/or public colleges or universities, also referred to as institutions of higher educationPublic and/or private nonprofit organizations classified as 501(c)(3) tax exempt under the Internal Revenue Code | [ ]  Yes [ ]  No |
| [ ]  | 1. Three (3) years of experience in providing case management or other social support services to expectant and parenting youth.

#:  🡨 (Insert number of years of experience) | [ ]  Yes [ ]  No |
| [ ]  | 1. Three (3) years of experience in program monitoring, including data collection and reporting of performance measures.

#:  🡨 (Insert number of years of experience) | [ ]  Yes [ ]  No |
| [ ]  | 1. Three (3) years of experience developing community linkages and/or participating in and maintaining stakeholder groups.

#:  🡨 (Insert number of years of experience). | [ ]  Yes [ ]  No |
| [ ]  | At least one county proposed has a CASHNI of 400 or above and there are 200 or more projected expecting and parenting females (EPF) in the proposed county/counties (Part I. H, Eligibility Criteria) | [ ]  Yes [ ]  No |
| **[ ]**  | Applicant proposes to reach at least 40 youth annually [[1]](#footnote-1) #:  🡨 (Insert proposed Program Reach for State Fiscal Year 1)#:  🡨 (Insert proposed Program Reach for State Fiscal Year 2)#:  🡨 (Insert proposed Program Reach for State Fiscal Year 3) | [ ]  Yes [ ]  No |

 Official Agency Name of Organization:
Click or tap here to enter text.

| **Check if submitted** | **Application Submission Requirements** | **Page Number** | **Confirmed** CDPH/MCAH USE ONLY |
| --- | --- | --- | --- |
| [ ]  | Application Cover Page **(Attachment 1)** | **1** | [ ]  Yes [ ]  No |
| **[ ]**  | Application Checklist **(Attachment 2)** |  | [ ]  Yes [ ]  No |
| [ ]  | Program Narrative **(no template; follow instructions in the RFA, Part V.)** |  | [ ]  Yes [ ]  No |
| **[ ]**  | Organization Chart **(Attachment 3)**  |  | [ ]  Yes [ ]  No |
| **[ ]**  | Program Reach Worksheet **(Attachment 4)**  |  | [ ]  Yes [ ]  No |
| **[ ]**  | Staffing Pattern Worksheet **(Attachment 5)**  |  | [ ]  Yes [ ]  No |
| [ ]  | AFLP Local Stakeholder Coalition Roster **(Attachment 6)** |  | [ ]  Yes [ ]  No |
| **[ ]**  | Letters of Support **(Attachment 7)** Total #:  🡨 (Please enter the total number of Letters of Support) |  | [ ]  Yes [ ]  No |
| [ ]  | Budget Templates (for FY 20-21, 21-22, 22-23) **(Attachment 8)**  |  | [ ]  Yes [ ]  No |
| **[ ]**  | Agency Information Form **(Attachment 9)** |  | [ ]  Yes [ ]  No |
| **[ ]**  | Sexual Health Accountability Attestation Form **(Attachment 10)** |  | [ ]  Yes [ ]  No |
| *[ ]*  | *If applicable: Certification to select Title XIX* ***(Attachment 11)*** |  | [ ]  Yes [ ]  No |
| **[ ]**  | Audited Financial Statements for the past two (2) years |  | [ ]  Yes [ ]  No |
| [ ]  | Proof of Insurance (certificate of insurance or letter of self-insurance) (refer to Part IV. D, Application Submission Process for details) |  | [ ]  Yes [ ]  No |
| ***[ ]***  | *If applicable: Proof of Nonprofit status (refer to Part IV. D, Application Submission Process for details)* |  | [ ]  Yes [ ]  No |
| ***[ ]***  | *If applicable: Proof of Corporate status (refer to Part IV. D, Application Submission Process for details)* |  | [ ]  Yes [ ]  No |
| ***[ ]***  | *If applicable: Applicants who represent a school district must submit proof of tax-free transactions by the Internal Revenue Service (refer to Part IV. D, Application Submission Process for details)* |  | [ ]  Yes [ ]  No |
| **[ ]**  | *If applicable: supplemental attachment(s), Part V. B 4c* * *state/federally-funded case management programs*
* *instances of program or fiscal non-compliance*
 |  | [ ]  Yes [ ]  No |
| **[ ]**  | Original application (paper copy with signatures), three (3) copies (or sets), and one (1) electronic version on a compact disc (CD) or emailed containing all application documents in electronic form. |  | [ ]  Yes [ ]  No |

1. While the minimum requirement for eligibility is the ability to reach 40 youth annually, CDPH/MCAH will work with final awardees individually to determine realistic program reach and caseloads for year 1 of the award cycle due to the capacity-building and planning period. [↑](#footnote-ref-1)