**Mental Health, Chemical Dependency and Therapeutic Court Program**

**2020 Continuation Grant Proposal Checklist Form**

Name of Program: Organization Submitting:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item or Attachment** | **Yes** | **No** | **N/A** | **Initial** |
| Project funds are used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services |  |  |  |  |
| Organization had a representative at the Mandatory Continuation Grant Proposer Conference |  |  |  |  |
| Organization submitted a Mandatory Letter of Intent online for Continuation Grant Proposals by **May 31, 2019 by 3:00 p.m.** |  |  |  |  |
| Organization did receive funding for this project in 2019 |  |  |  |  |
| Attachment A – Continuation Grant Proposal Summary Page |  |  |  |  |
| Attachment B – Continuation Grant Proposal Checklist Form |  |  |  |  |
| Organization checked, initialed and signed Continuation Grant Proposal Checklist |  |  |  |  |
| Attachment C – Continuation Grant Proposal Narrative Template |  |  |  |  |
| Proposal Narrative is limited to 10 pages  |  |  |  |  |
| Attachment D – Continuation Grant Proposal Evaluation Worksheet |  |  |  |  |
| Attachment E – Total Agency Budget Form |  |  |  |  |
| Attachment F – Continuation Grant Proposal Special Project Budget Form |  |  |  |  |
| Indirect is limited to 5% |  |  |  |  |
| Attachment G – Continuation Grant Proposal Sub-Contractor Special Project Budget Form |  |  |  |  |
| Organization submitted Attachment G for each Sub-Contractor |  |  |  |  |
| Sub-Contractor indirect limited to 5% |  |  |  |  |
| Attachment H – Continuation Grant Proposal Project Salary Summary |  |  |  |  |
| Attachment I – Letter of Resource Commitment (optional) |  |  |  |  |
| No other attachments are included |  |  |  |  |
| The original (1) proposal and fifteen (15) additional copies, including all supporting material are included |  |  |  |  |
| Organization will make staff available for their scheduled question and answer session the week of September 10 – 13, 2019 |  |  |  |  |

I certify that I have completed each item and included each attachment, checked and initialed above and submitted with my final grant proposal. I understand that if my application is incomplete it will not be reviewed.

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Signature of Individual Preparing Proposal Date

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Signature of Organization’s Chief Executive Date