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

**2020 New 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 New Grant Proposer Conference |  |  |  |  |
| Organization submitted on line a Mandatory New Grant Proposal Letter of Intent by **May 31, 2019 at 3:00 p.m.** |  |  |  |  |
| Organization did not receive funding for this project in 2019 |  |  |  |  |
| Attachment A – New Grant Proposal Summary Page |  |  |  |  |
| Attachment B – New Grant Proposal Checklist Form |  |  |  |  |
| Organization checked, initialed and signed New Grant Proposal Checklist |  |  |  |  |
| Attachment C – New Grant Proposal Narrative Template |  |  |  |  |
| Proposal Narrative is limited to 15 pages |  |  |  |  |
| Attachment D – New Grant Proposal Evaluation Worksheet |  |  |  |  |
| Attachment E – Total Agency Budget Form |  |  |  |  |
| Attachment F – New Grant Proposal Special Project Budget Form |  |  |  |  |
| Indirect is limited to 5% |  |  |  |  |
| Attachment G –New Grant Proposal Sub-Contractor Special Project Budget Form |  |  |  |  |
| Organization submitted Attachment G for each Sub-Contractor |  |  |  |  |
| Sub-Contractor indirect limited to 5% |  |  |  |  |
| Attachment H – New Grant Proposal Project Salary Summary |  |  |  |  |
| Attachment I – Letter of Resource Commitment (optional) |  |  |  |  |
| Attachment J– Organizational Chart |  |  |  |  |
| 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