

FEDERAL HEALTH GRANT

**PRELIMINARY PROPOSAL DEVELOPMENT
CHECKLIST AND TIMELINE**

Please Note: Client should keep all original documents

ITEM	DESCRIPTION	LOCATION	PARTY	INCLUDE IN PAGE LIMIT?	DUE	DONE
SUPPORT DOCUMENTS - ATTACHMENTS - INSTRUCTIONS FOR ATTACHMENTS - BEGIN PG. 20 APPLICATION INSTRUCTIONS Page Numbers Refer to Application Instruction Packet						
Attachment 1	Program Specific Form 1: General Information Worksheet	Grant Instructions p. 69		YES		
Attachment 2	Program Specific Form 2: Community Characteristics	Grant Instructions p. 70		YES		
Attachment 3	Project Work Plan	<ul style="list-style-type: none"> ▪ Guidelines for developing work plan instructions p. 62 ▪ Sample format for the work plan presentation Application p.64 		YES		
Attachment 4	Project Organizational Chart	Provide a one-page figure that depicts the applicant's organizational structure including the governing board, key personnel, staffing, subcontractors, consultants and other significant collaborating organizations, as applicable.		YES		

Attachment 5	Service Area Map	Include a map of the potential service area indicating (as appropriate) designated MUAs/MUPs, other health care providers, and the organization's potential point(s) of service within the area, if known.		YES		
Attachment 6	Staffing Plan and Personnel Requirements	See p.22 for more information about this brief [one page maximum] narrative and/or table.		YES		
Attachment 7	Job or Position Descriptions for Key Personnel	Applicant should provide position descriptions for all key personnel, including the Program Director as listed on the 5161 Checklist, that will be working on the planning project and elements of the proposed work plan. It is recommended that the descriptions be one page in length as much as is possible.		YES		
Attachment 8	Biographical Sketches of Key Personnel	Biographical sketches for persons occupying the key positions described in Attachment 7, recommended not to exceed two pages in length each. Applicants should also indicate any current vacancies in key personnel. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. If all key personnel will be hired upon award, please be sure to address that in the program narrative and work plan.		YES		

Attachment 9	Other Contracts, agreements, etc. (As applicable)	Provide any documents that describe substantive working relationships between the applicant agency and other agencies and programs cited in the proposal (e.g., contracted staff, management services contracts, etc.). Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable.		YES		
Attachment 10	Most recent independent financial audit – NOT included in the page limit	Audit information will be considered complete when it includes all balance sheets, profit and loss statements, audit findings, management letter and any noted exceptions. Organizations that have been operational less than one year and do not have an audit may submit monthly financial statements for the most recent six-month period if available.		YES		
Attachment 11	Articles of Incorporation (State seal page)	The official signatory page of the Articles of Incorporation (State seal page) is sufficient in lieu of the entire document.		YES		
Attachment 12	Internal Revenue Service (IRS) Tax Exempt Certification or W-9 Form	IRS Tax Exempt Certificate or a copy of the application for such certificate. The IRS Tax Exempt Certification or a copy of the organization's W-9 Form must be submitted to verify the organizational Employee Identification Number.		YES		
Attachment 13 (OPTIONAL)	Letters of Support	Any dated letters of support as appropriate to demonstrate support and commitment to the project. The applicant should also include a one-page list of all additional support letters not included in the application, but available onsite		YES		

Attachment 14 (OPTIONAL)	Other Relevant Documents (As applicable)	May include other attachments and documents to the application, as applicable, to support the proposed project plan. Other documents may include floor plans of the facility(ies), charts, organizational brochures, etc.		YES		
Attachment Form	Attachment Form - electronic - attach documents in sequence outlined above	Grants.gov Package (online)		NO		
FORMS, CERTIFICATIONS, ASSURANCES						
SF-424	Application for Federal Assistance Version 02 (face page)	Grants.gov Package (online)		NO		
Lobby Certification	Certification Regarding Lobbying	Grants.gov Package (online)		NO		
Budget Narrative Form	Mandatory Budget Narrative Attachment Form	Grants.gov Package (online)		NO		
Budget Narrative	Mandatory Budget Narrative			YES		
Project Narrative form	Mandatory Project Narrative Form	Grants.gov Package (online)		NO		
Project Narrative	Actual Project Narrative			YES		
Budget Information	Budget Information - Non-Construction Programs	Grants.gov Package (online)		NO		
Assurances	Assurances - Non-Construction Programs	Grants.gov Package (online)		NO		
Application Checklist	PHS Form 5161-1 <i>This form should be attached as the last page of the signed and original application</i>	Grants.gov Package (online) Grant Instructions p. 25-26		NO		
Grant Application Submission	Grant Application submission electronic form - sign and submit application (electronically) when complete	Grants.gov Package (online)		NO		
APPLICATION FORMAT IN ORDER OF ASSEMBLY						
Application Face Page	Public Health Service (PHS) Application Form 5161-1, provided with the application package. Prepare this page according to instructions provided in the form itself.			NO		
Table of Contents	For electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit).	Not necessary - however, any attachment, if over one page, requires its own Table of Contents, with numbers beginning at "one".				

Application Checklist	PHS Form 5161-1 (Pages 25-26) provided with the application package.			NO		
Budget	Applicants must use the Budget Forms included in PHS 5161-1. Applicants must complete Application Form PHS 5161-1: SF 424A, Sections A, B, E, and, if applicable, F. Please see Appendix C for further guidance on completing the budget presentation.					
Line Item Budget	The line item budget details the amounts requested for each line of the PHS Form 5161/SF 424A and how each item will support achievement of the proposed objectives for the entire span of the one year project period.	A sample line item budget is available in Appendix C as a broad outline.				
Narrative Budget Justification	The budget justification is a separate narrative that summarizes the budget for the entire project period (one-year). Include: <ul style="list-style-type: none"> ▪ Personnel Costs ▪ Fringe Benefits ▪ Travel ▪ Equipment ▪ Supplies ▪ Contractual ▪ Other ▪ Indirect costs 					
Staffing Plan and Personnel Requirements	The staffing plan should be a brief narrative and/or table [one page maximum] included in Attachment 7 which identifies the total personnel and number of FTEs to staff the planning project and number to be supported by the planning grant funds. The staffing plan should include education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 8. Copies of biographical sketches for any key employed personnel that will be assigned to work on the proposed project, including the Program Director as listed on the 5161 Checklist, must be included in Attachment 9.			YES		
Assurances	This form and detailed instructions are available in PHS Application Form 5161-1 provided with the application.			NO		

Certifications	See <u>Box 21</u> of the SF 424 Face Page and detailed instructions available in the PHS Application Form 5161-1 provided with the application package.			NO		
Abstract	The project abstract should be single-spaced, limited to one page in length, and provide a brief summary of the application. <i>The abstract should be uploaded on page 2 of SF-424-Box 15.</i>	Pg. 18 Application Instructions - Pg. 19 Application Instructions - info. which must be placed at top of abstract		YES		
Narrative	<p>The program narrative should be a detailed description of the proposed service area, and the applicant organization's proposed activities to plan for and develop a comprehensive section 330 compliant health center within the service area.</p> <p>Must use the following headings:</p> <ul style="list-style-type: none"> ▪ Introduction ▪ Need See Criterion 1: NEED in the Review Criteria Section for the specific elements that should be addressed. ▪ Response See Criterion 2: RESPONSE in the Review Criteria Section for the specific elements that should be addressed. ▪ Evaluative Measures See Criterion 3: EVALUATIVE MEASURES in the Review Criteria Section for the specific elements that should be addressed. ▪ Impact See Criterion 4: IMPACT in the Review Criteria Section for the specific elements that should be addressed. ▪ Resources/Capabilities See Criterion 5: RESOURCES/CAPABILITIES in the Review Criteria Section for the specific elements that should be addressed. ▪ Support Requested See Criterion 6: SUPPORT REQUESTED in the Review Criteria Section for the specific elements that should be addressed. 	See Appendix F, Definitions, for a definition of target population and service area.		YES		

REQUIREMENTS

Page Limit	Applications are limited to no more than 80 pages IN TOTAL including all required and optional documents, but excluding all required forms as delineated earlier. Any application that exceeds the specified limits (80 pages when printed by HRSA, approximately 10 MB) will be deemed non-compliant and will be returned to the applicant without further consideration.	This 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit.				
Application Due Date	The due date for applications under this grant announcement is April 21, 2008 at 8:00 P.M. ET. Applications will be considered as meeting the deadline if they are E marked on or before the due date.	Consult Appendix A, Section 3 for detailed instructions on submission requirements.				
Public Health System Reporting Requirements	<p>Applicant must prepare and submit a Public Health System Impact Statement (PHSIS) to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application due date.</p> <p>The PHSIS should include:</p> <ul style="list-style-type: none"> ▪ A copy of the face page of the application (SF 424). ▪ A summary of the project, not to exceed one page, which provides: ▪ A description of the proposed service area and the need for health services in that community, ▪ A summary of the proposed activities, and ▪ A description of the coordination planned with the appropriate State or local health agencies. 	<p>STATE OF ALASKA DEPT OF HEALTH & SOCIAL SVCS Primary Care Office P.O. Box 110650 Anchorage, AK 99511-0650 U68HP00157 Mark Millard, director 907-465-8534</p>				
Formal Submission of Application	Applications completed online are considered formally submitted when the Authorizing Official (AO) electronically submits the application to HRSA through Grants.gov.					

APPLICATION SEQUENCE

Applications for funding must consist of the following documents in the following order:

Grants.gov Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page, includes uploaded Project Abstract	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer guidance for detailed instructions. Provide table of contents specific to this document only as the first page
Additional Congressional District	Attachment	Can be uploaded on page 2 of SF 424 - Box 16	As applicable to HRSA; not counted in the page limit
HHS Checklist Form PHS-5161	Form	Pages 1 & 2 of the HHS checklist.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload (attachment) of Line Item Budget and Narrative Budget Justification document	Not counted in the page limit
Budget Narrative	Attachment	Must be uploaded in Budget Narrative Attachment Form	Required attachment, counted in the page limit. Includes Line Item Budget, and Narrative Budget Justification. Merge into a single document Refer to guidance for detailed instructions. Provide table of contents specific to this document only as the first page
Project Narrative Attachment Form	Form	Supports the upload (attachment) of Project Narrative document	Not counted in the page limit
Project Narrative	Attachment	Must be uploaded in Project Narrative Attachment Form	Required attachment, counted in the page limit. Refer to guidance for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information for Non-Construction Programs	Form	Pages 1 & 2 budget for the request of Non construction related funds	Not counted in the page limit.
SF-424B Assurances for Non-Construction Programs	Form	Supports assurances for non construction programs	Not counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports the upload (attachment) of up to 15 numbered attachments. The form only contains the attachment list	Not counted in the page limit.

Attachments 1-15	Attachments	Can be uploaded in the Other Attachments form 1-15	See following attachment table for specific sequence and instructions. All uploaded attachments ARE counted in the page limit. Required, unless otherwise specified below.
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SAMPLE