# ATTACHMENT B

# PROPOSAL CHECKLIST

|  |  |
| --- | --- |
|  | **Included/Done** |
|  |  |
| **RFP FORMAT** |  |
| Document meets required format |  |
| Table of Contents is included |  |
| Document follows outlined sections, and each section is clearly labeled.  Page numbers are included |  |
| Document meets required 20-page limit |  |
| Proposal is submitted electronically |  |
|  |  |
| **PROPOSAL NARRATIVE** |  |
| 1. Proposal Cover Letter – Form A |  |
| 1. Qualifications & Experience |  |
| 1. Service Delivery Plan |  |
| 1. Performance Metrics - Quality Assurance - Form C |  |
| 1. Budget Summary Form – Form D |  |
| 1. Budget Narrative Template- Form E |  |
|  |  |
|  |  |
| **FORMS** |  |
| Form A – Cover – Agency Identification Form (Referenced above). |  |
| Form B – Certificate of Respondents Assurances |  |
| Form C – Proposed Service Goals & Outcome (Referenced above). |  |
| Form D – Budget Summary Form (Referenced above) |  |
| Form E - Budget Narrative Template (Referenced above) |  |
| **ATTACHMENTS** |  |
| Certification Regarding Debarment |  |
| Certification Regarding Drug Free Workplace |  |
| Certification Regarding Lobbying |  |
| Certification Regarding Conflict of Interest |  |
| Certification of Affirmative Action Plan |  |
| Subgrantee Internal Control Questionnaire |  |
| Proof of Incorporation Status or Agency Status |  |
| Proof of Bonding (if applicable) and Certificates of Insurances |  |
| Organizational Chart |  |
| Job Descriptions and Resumes |  |
| Copy of most recent audit report |  |
| W-9 |  |
| Copy of last two years of workforce program monitoring reports |  |
| List of References |  |
| Federal Negotiated Indirect Cost Rate DOL Letter- If Applicable |  |
| Memoranda of Understanding – if Applicable |  |