

Grant Application Required Documentation Checklist

16.20A GRANTS FOR NONPROFIT ORGANIZATIONS PROVIDING SERVICES TO VICTIMS OF HUMAN TRAFFICKING

Agency Legal Name: Click or tap here to enter text.		Grant:	
Grant Manager:		Period of Performance:	
Yes/ No	Required Document	Issues/ Other findings	Status – Ready or Not Ready
<input type="checkbox"/>	Coversheet completed		
<input type="checkbox"/>	Are they eligible for this grant?		
<input type="checkbox"/>	Is the Federal Employer Identification Number provided?		
<input type="checkbox"/>	Are the following reasonable, allowable, detailed, and attainable?		
	<ul style="list-style-type: none"> ✓ Scope of Work ✓ Objective(s) ✓ Expected Result(s) ✓ Performance Measure(s) 		
<input type="checkbox"/>	Are the phrases of “technology, equipment, and/or electronics” used?		
<input type="checkbox"/>	Did they include a timeline?		
<input type="checkbox"/>	Are the administrative costs within the allowed limits?		
<input type="checkbox"/>	Does the budget narrative match the expenditure description?		
<input type="checkbox"/>	Do they list the number of items purchased in the line items?		
<input type="checkbox"/>	Do the line items total to the requested amount?		

<input type="checkbox"/>	Is the full text displayed in each section?		
<input type="checkbox"/>	SOFL checked		
<input type="checkbox"/>	FAPIS checked		
<input type="checkbox"/>	Copy of SAMs Registration with UEI number		
<input type="checkbox"/>	Conflict of Interest completed on form provided ✓ If answer yes on page 2- agency must provide supporting documentation or clarification		
<input type="checkbox"/>	Sworn statement of No Overdue Tax Debt Certification on agency letterhead (Appendix C)		
<input type="checkbox"/>	Completed and signed NC Substitute W-9 form, IRS W-9 Form ✓ Question 12 Entity type- 501c3?		
<input type="checkbox"/>	Completed Vendor Payment Verification form from OSC <input type="checkbox"/> State agency doing business is HTC		
<input type="checkbox"/>	Federal Funding Accountability and Transparency Act (FFATA) form completed		
<input type="checkbox"/>	Copies of professional quotes or contracts for facility improvements specified on this project (Optional)		
<input type="checkbox"/>	Is this a continuation of 16.22 funding? Y/N		
<input type="checkbox"/>	Copy of 501(c)(3) certification letter		
<input type="checkbox"/>	Copy state solicitation license for NC		
<input type="checkbox"/>	Staff roster, include name, title, job description, and city of primary residence		

<input type="checkbox"/>	Board of Directors roster, with officers noted, and city of primary residence		
<input type="checkbox"/>	Policy for checking background and credentials of employees and volunteers		
<input type="checkbox"/>	Organization's confidentiality policy that protects victim-survivor's personal information from being released to external parties without express permission, unless required by law		

Reviewed by:

Date:

Verified by:

Date: