

Grant Application Required Documentation Checklist

16.23 Economic Assistance Funds for Organizations that Provide Services to Victims of Domestic Violence and Sexual Assault

| 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"/> | Scope of Work and Budget signed (Appendix A) | | |
| <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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 | | |

Reviewed by: _____

Date: _____

Verified by: _____

Date: _____