

IHS FY 2012 Tribal Management Grant Application Checklist

Applicant Name: _____

Application Tracking Number: _____

Electronic Submission: _____ Signed Paper Submission: _____ Waiver Obtained: _____

Title I: _____ Title V: _____ Project Type: _____

Item	Applicant	Grants	Programs
1. IHS FY 2012 TMG Checklist	_____	_____	_____
2. Eligibility: (circle) Tribe Tribal Organization	_____	_____	_____
3. 501c(3) Non-Profit Organization	_____	_____	_____
4. Tribal Resolution or Letter of Authorization (as defined in the announcement)			
a. Final signed Tribal Resolution is due on or before September 30, 2011	_____	_____	_____
b. Draft unsigned resolution is due September 15, 2011 (if applicable)	_____	_____	_____
5. Priority I Documentation (if applicable)	_____	_____	_____
6. Priority II Documentation (if applicable)	_____	_____	_____
7. Consortium Participation Documentation (if applicable)	_____	_____	_____
8. SF 424 Application for Federal Assistance	_____	_____	_____
9. SF 424A Budget – Non Construction	_____	_____	_____
10. SF 424B Assurances	_____	_____	_____
11. Disclosure of Lobbying Activities	_____	_____	_____
12. Abstract (1 page)	_____	_____	_____
13. 1. EVALUATION CRITERIA: (14 pages maximum)			
PROJECT NARRATIVE: Abstract and Introduction and Need for Assistance.	_____	_____	_____
PROGRAM PLANNING: Project Objective(s), Workplan & Consultants.	_____	_____	_____
PROGRAM EVALUATION: Project Evaluation.	_____	_____	_____
PROGRESS REPORT: Organizational Capabilities and Qualifications.	_____	_____	_____
BUDGET: Categorical Budget & Budget Narrative Justification.	_____	_____	_____
14. Multi-year Summary & Budget Justification	_____	_____	_____
15. APPENDICES			
a. Work plan for proposed objectives.	_____	_____	_____

- b. Position descriptions for key staff.
- c. Resumes of key staff that reflect current duties.
- d. Consultant proposed scope of work (if applicable).
- e. Indirect Cost Rate Agreement.
- f. Organizational chart (optional).
- g. Multi-Year Project Requirements (If applicable).

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Signature/Date: _____

IHS Grants Management Signature/Date: _____

IHS Program Office Signature/Date: _____