

IHS FY 2010 Tribal Management Grant Application Checklist

Applicant Name: _____

Application Tracing Number: _____

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

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

| | Item | Applicant | Grants | Programs |
|----|---|------------------|---------------|-----------------|
| 1 | IHS FY 2010 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 resolution is due on or before October 2, 2009 | _____ | _____ | _____ |
| | b. Draft unsigned resolution is due August 7, 2009 (if applicable) | _____ | _____ | _____ |
| 5 | Priority I Documentation (if applicable) | _____ | _____ | _____ |
| 6 | Priority II Documentation (if applicable) | _____ | _____ | _____ |
| 7 | Consortium Participation Documentation (if applic.) | _____ | _____ | _____ |
| 8 | SF 424 Application for Federal Assistance | _____ | _____ | _____ |
| 9 | SF 424A Budget – Non Construction | _____ | _____ | _____ |
| 10 | SF 424B Assurances | _____ | _____ | _____ |
| 11 | Disclosure of Lobbying Activities | _____ | _____ | _____ |
| 12 | Abstract | _____ | _____ | _____ |
| 13 | Project Narrative (14 pages maximum) | _____ | _____ | _____ |
| | a. Introduction and Need for Assistance | _____ | _____ | _____ |
| | b. Project Objective(s), Workplan & Consultants | _____ | _____ | _____ |
| | c. Project Evaluation | _____ | _____ | _____ |
| | d. Organizational Capabilities and Qualifications | _____ | _____ | _____ |
| | e. Categorical Budget & Budget 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 applic.) | _____ | _____ | _____ |
| | e. Indirect Cost Rate Agreement | _____ | _____ | _____ |
| | f. Organizational Chart (optional) | _____ | _____ | _____ |
| | g. Multi-Year Project Requirements (if applic.) | _____ | _____ | _____ |

Applicant Signature / Date: _____

IHS Grants Management Signature / Date: _____

IHS Program Office Signature / Date: _____