

SECTION V: APPLICATION FORMAT CHECKLIST

The suggested application format is included below in a checklist. Read the checklist carefully and use it to help you order the pages of, prepare and format your application to make sure you have included all required components before submitting it to FNS.

Standard Forms (required)	<input type="checkbox"/>	SF 424 Application for Federal Assistance including:
	<input type="checkbox"/>	Data Universal Number (DUNS)
	<input type="checkbox"/>	Catalog of Federal Domestic Assistance number (CFDA #10.580)
	<input type="checkbox"/>	SF 424A (Budget Summary)
	<input type="checkbox"/>	SF 424B (Assurances – Non Construction Programs)
	<input type="checkbox"/>	SF LLL (Disclosure of Lobbying Activities). Indicate on the form whether your organization intends to conduct lobbying activities. If your organization does not intend to lobby, write “Not Applicable.”
Optional Survey	<input type="checkbox"/>	Optional Survey on Ensuring Equal Opportunity for Applicants
Table of Contents	<input type="checkbox"/>	Table of Contents for technical proposal and all attachments
Technical Proposal (15- page limit) Refer also to the template on page 24 of this RFA.	<input type="checkbox"/>	Executive Summary (1 page suggested). Indicate if you are applying under Model A (outreach to seniors), Model B (outreach to Hispanics) or Model C (outreach to Hispanic persons who are 60 years of age or older). An organization may only submit one application for this RFA.
	<input type="checkbox"/>	Name and Address of Organization
	<input type="checkbox"/>	Name, Title, and Contact Information for Project Director
	<input type="checkbox"/>	Declare Target Population – seniors (Model A); Hispanics (Model B); or, Hispanic persons who are 60 years of age or older (Model C).
	<input type="checkbox"/>	Description of the target population for outreach activities, specifically whether the target audience is comprised of 51 percent or more seniors (for Model A), Hispanics (for Model B), or Hispanic persons who are 60 years of age or older (for Model C).
	<input type="checkbox"/>	Location of Project (County and/or City; and State)
	<input type="checkbox"/>	Executive Summary. Provide a brief overview of your project, including the barriers you are trying to address, your goals, outreach strategy, and evaluation approach. (500 words suggested)
	<input type="checkbox"/>	Part 1: Quality of Targeting / Need (1-2 pages suggested)

		<input type="checkbox"/> Describe your community with regards to the population you intend to target – seniors or Hispanics. Use data, including food stamp participation data, census data and local data if available, to justify the need for outreach activities to the target population in your community. The attachment on pages 43-45 of this RFA contains web resources that may help you locate data to demonstrate the need.
		<input type="checkbox"/> List barriers to food stamp participation faced by seniors or Hispanics in your community to illustrate the need for this project.
	<input type="checkbox"/>	<p>Part 2: Soundness of Project Design, Plan, and Evaluation (6-7 pages suggested, not including optional attachment as noted) Please see the attachment on page 50 of this RFA for lessons learned from previous outreach grant projects.</p> <input type="checkbox"/> Description of the overall project plan and how it meets the needs and addresses identified barriers.
		<input type="checkbox"/> Description of the roles and responsibilities of partners.
		<input type="checkbox"/> Description of the roles and responsibilities of the State and local food stamp office.
		<input type="checkbox"/> Measurable goals, objectives, action steps, and time lines. Explain the overall goals for the project and the objectives you will complete to reach those goals. You may use a narrative or a table format or both to display goals and objectives as well as action steps, and the timelines. A template for a table is provided in the template on page 29 of this RFA. If you choose to use a table, it may be an attachment.
		<input type="checkbox"/> Description of the self-evaluation approach to collect and analyze information to determine the results of the project.
		<input type="checkbox"/> Description of how confidentiality and privacy will be maintained.
		<input type="checkbox"/> Description of how the project will be sustained both administratively and financially once the grant has ended.
		<input type="checkbox"/> Description of how the project can be replicated by other organizations such as organizations that serve seniors or Hispanic populations.
	<input type="checkbox"/>	<p>Part 3: Organizational Experience and Management Capabilities (3 pages suggested, not including the three noted attachments)</p> <input type="checkbox"/> Mission of the organization and how many months/years the organization has been in operation and/or providing services.
		<input type="checkbox"/> Credibility, capability and capacity to manage the project
		<input type="checkbox"/> Past experience, or staff/volunteers with prior outreach

		<p>experience with, or extensive knowledge of, seniors or Hispanic populations.</p> <p><input type="checkbox"/> Names of project director and other key staff and a description of their roles and responsibilities. Note if the project will include use of volunteers and if so, how they will be trained and how turnover will be handled.</p> <p><input type="checkbox"/> Include as an Attachment: Resumes or brief biographical sketches for key staff showing their experience with similar projects and qualifications, including language skills.</p> <p><input type="checkbox"/> Include as an Attachment: Position descriptions for key staff yet to be hired.</p> <p><input type="checkbox"/> Organizational chart (optional). You may attach an organizational chart to explain the relationship between your organization, your partners and the State or local food stamp office; the chain of command; and how communications will occur between your organization and participating entities. You will not receive or lose any points for submitting or not submitting an organizational chart with your application.</p>
	<p><input type="checkbox"/></p>	<p>Part 4: Budget (3 pages suggested, not including the two noted attachments)</p> <p><input type="checkbox"/> Budget narrative that explains and justifies each cost and clearly explains how the amount for each line item was determined.</p> <p><input type="checkbox"/> Explanation of how the project is cost effective. Describe how the project strives to minimize costs while maximizing the effectiveness of outreach activities. Describe how the project is economical.</p> <p><input type="checkbox"/> Include as an Attachment: Line item budget. The line item budget is not the same as the SF 424A. The line item budget is a detailed breakdown of the information placed in the SF 424A. Note: one way to display your line item budget is with a chart with a column for each proposed year of the project, as well as the total cost for the life of the project. You may include columns for contributions from non-Federal sources, if applicable. A sample line item budget is presented in the attachment on page 36 of this RFA.</p> <p><input type="checkbox"/> Include as attachment: If indirect costs are a part of the budget, a copy of the negotiated and approved indirect cost rate agreement between the applicant and the applicant's cognizant agency must be provided.</p>
<p>Attachments (not included in 15-page</p>	<p><input type="checkbox"/></p>	<p>Letter of Acknowledgement from the State or Local Food Stamp Office (required, one page limit). You may use the template on page 27 of this RFA to assist you or the State or local office in developing this letter. The letter must be on the</p>

limit)		letterhead of the State or local food stamp office and signed by an authorized official. The letter should include a brief description of the role (if any) the State or local food stamp office will play in the project, as well as a description of the following commitments if they are applicable to your project: amount of time to be dedicated; cooperation with project implementation; and cooperation with the evaluation activities.
	<input type="checkbox"/>	Letter of Commitment from Partners (required, if applicable, one page limit) such as other community or faith-based organizations, health clinics, employers, retailers, or housing authority, if any, that will play a major role in the project must be included. The letters must be on letterhead and signed by an authorized official. The letter should include a brief description of the role the partner will play in the project, as well as a description of the following commitments if they are applicable to your project: amount of time to be dedicated; cooperation with project implementation; and cooperation with the evaluation activities.
	<input type="checkbox"/>	Letter of Endorsement (optional, one page limit per organization) from organizations and/or members of the community familiar with your organization may be included. You will not receive or lose any points for submitting or not submitting letters of endorsement with your application.
	<input type="checkbox"/>	Attachments noted above under “Technical Proposal”:
	<input type="checkbox"/>	Project Plan Table (optional). You will not receive or lose any points for submitting or not submitting a project plan table with your application.
	<input type="checkbox"/>	Resumes or Biographical Sketches
	<input type="checkbox"/>	Position Descriptions
	<input type="checkbox"/>	Organizational Chart (optional). You will not receive or lose any points for submitting or not submitting an organizational chart with your application.
	<input type="checkbox"/>	Line Item Budget
	<input type="checkbox"/>	Indirect Cost Rate Agreement (if applicable)
	<input type="checkbox"/>	Non-profit organization Assurance Statement (required for non-profit organizations). Complete the Assurance Statement on page 28. Do not include the documents referenced below at this time. Public organizations do not have to submit the assurance statements. The statement is an assurance that your non-profit organization, upon request, will provide FNS with a:
		Copy of the IRS Determination Letter, form 501(c)(3), or proof of application for exempt status under section 501(c)(3) of the Internal Revenue Code
		List of the Board of Directors

		Most recent audit of your organization's financial records. (If your organization has not had an audit, a financial statement signed by the Treasurer of the Board will suffice.)
Proper Format	<input type="checkbox"/>	White paper
	<input type="checkbox"/>	Ready for copying (black and white, single-sided, unstapled, unbound, on 8 ½ by 11 paper.)
	<input type="checkbox"/>	Technical proposal is no more than 15 pages in length (excluding attachments as noted.)
	<input type="checkbox"/>	Signature of your authorized representative.
	<input type="checkbox"/>	No slides, tapes, brochures, pamphlets, or other such items.
	<input type="checkbox"/>	Font is Times New Roman, 12 point.
	<input type="checkbox"/>	Documents have been proofed with spell check and checked for grammatical errors.
Correct Number of Copies	<input type="checkbox"/>	An original application with an original signature of the authorized representative and two copies.