**APPENDIX E**

**PROPOSAL APPLICATIONS ARE DUE IN FULL NO LATER THAN 3:00 PM, MONDAY, FEBRUARY 7, 2022**

**FY 2022-2024 PROPOSAL CHECKLIST**

**Agency/Organization Name: Date**

***This Proposal Checklist should be included as the first page of the original proposal. The proposal must incorporate each of the following components related to the type of funding requested.***

***SUBMIT AN ORIGINAL AND 10 COPIES OF THE FOLLOWING COMPONENTS IN THE ORDER LISTED.***

Proposal Summary Sheet

Proposal Acknowledgment and Signature

Organizational Profile

Description of Cultural Competency

Personnel: Work Environment Narrative, Job Descriptions, Current Resumes, Organizational Chart

Needs Assessment

Program Narrative

Early Interventions Service Proposal/Renewal Form (for RW EIS funding applicants only)

Outreach Workplan/Renewal Form (for RW Outreach applicants only)

Proposal for Implementation of Evidence-Based Interventions (for prevention funding applicants only)

Prevention Intervention Plan Spreadsheet (for prevention funding applicants only)

Quality Management Plan and Quality Improvement Projects

Any other documentation referenced in the proposal

All required fiscal forms

**In addition to the hard copies of the fiscal forms, please submit them in Excel format via email to Kevin Westgate, Fiscal Officer, at** [fiscal.officer@aidsnetpa.org](mailto:fiscal.officer@aidsnetpa.org)

**IN ADDITION, SUBMIT ONE COPY OF THE FOLLOWING DOCUMENTS:**

Proposal Checklist

List of Board of Directors

IRS Determination Letter

Most Recent Financial Audit and Management Letter

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**FY 2022-2024 PROPOSAL SUMMARY SHEET**

**Agency/Organization**

**Name:**  **EIN Number:**

**Street Address:** **County:**

**City:** **State:**  **ZIP + 4 digits:**

**Office Phone:**  **Office Fax:**

**Contact Person**

**Name:** **Title**:

**Office Phone/Ext.:** **Email Address:**

**Funding Requested**

Care Services

Child Care Services

Early Intervention Services

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Health Insurance Premium and Cost Sharing Assistance

Home and Community-Based Services

Home Health Care

Hospice Services

Housing Services

Linguistic Services

Medical Case Management

Medical Nutrition Therapy

Mental Health Services

Non-Medical Case Management

Oral Health Care

Other Professional Services

Outpatient/Ambulatory Health Services

Outreach Services

Psychosocial Support

Referral for Healthcare Support Services

Rehabilitation Services

Respite Care

Substance Abuse Outpatient Care

Substance Abuse Services (Residential)

Prevention Services

Anti-Retroviral Treatment and Access to Services

HIV Navigation Services (HNS)

Other Intervention: Please specify

HOPWA Program

Direct Services – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Services

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**PROPOSAL APPLICATIONS ARE DUE IN FULL NO LATER THAN**

**3:00 PM, MONDAY, FEBRUARY 7, 2022**

**FY 2022-2024 PROPOSAL ACKNOWLEDGMENT AND SIGNATURE**

**Agency/Organization Name:**

We, the undersigned, submit this proposal for consideration as a program subrecipient. We understand that the submission of this application does not guarantee funding approval and that missing application elements may result in disqualification. We agree to aspire toward the objectives outlined within our proposal and understand that we will be responsible for all invoicing, reporting, and monitoring requirements that may be outlined within an executed grant contract agreement should we be awarded funding. We agree to make ourselves regularly available to AIDSNET and to communicate about changes with programming, personnel, and/or budgetary matters. Further, we understand that all funding awarded will be disbursed as a reimbursable expense, subject to the limitations of qualifying activities, invoice processing time by the state, and the procurement of government funds.

Board Representative ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

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(Print Name)

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(Title)

Agency Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

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(Print Name)

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(Title)