

**New Jersey Department of Health
Division of HIV, STD and TB Services
GRANT APPLICATION CHECKLIST**

Name of Agency						
No.	Application Page Reference	Question	Response			FOR STATE USE ONLY
			N/A	Yes	No	
1	General	Have you indicated the <u>method of payment</u> you request the State to follow: Advance Payment or Cost Reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	General	If you have chosen the Advance Payment method, have you submitted a desired <u>schedule of payments</u> for each month/quarter of your grant period along with a justification for the amounts of payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	General	If your grant is \$100,000 or more, have you submitted evidence of having established an <u>interest bearing account</u> for the deposit of advance payment funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	General	Have you provided a copy of one of the following forms to document the <u>non-profit status</u> of your organization: - Internal Revenue 501 (C) (3) - IRS 990 - CO8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	General	Have you provided a copy of your agency's current NJ Charities Registration (under authority of N.J.S.A. 45:17a-1)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	General	In justifying the <u>necessity and reasonableness of all expenses</u> , did you show how you logically estimated or calculated the expense (Basis for estimate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Cost Summary Page 5	Have you submitted a copy of any agreement between your organization and a Federal or State entity evidencing approval of a negotiated <u>indirect cost rate</u> covering the period of the grant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Schedule A Personnel Costs	Have you provided a breakdown for the fringe benefit costs by percentage and dollar amounts for each cost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Schedule A Personnel Costs	Have you provided your agency <u>personnel policies, salary ranges</u> and <u>brief position description</u> , which have been approved by your governing board and did you show the date of such approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Schedule A Personnel Costs	Are resumes included with your application package?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Schedule B Consultant Services Costs	Have you provided <u>written agreements</u> for each consultant expense to be incurred during the grant period to include: - complete description of the service to be provided - period of time of the agreement - rate and total allowable compensation - certification that a true non-employee/employer relationship exists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GRANT APPLICATION CHECKLIST, Continued

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12	Schedule C Other Costs	If this grant will cover <u>telephone</u> expenses have you furnished a copy of your <u>policy</u> for reimbursement of the expenses of personal calls made by your employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Schedule C Other Costs	If grant funds will be used for travel expenses, have you submitted a copy of your agency's <u>travel policy</u> ? Mileage rate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Schedule C Other Costs	Did you include an itemized listing of each <u>equipment purchase</u> in excess of \$500 along with a: - description of each item - unit cost - justification of need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Schedule C Other Costs	Did you include a complete description of any <u>intended renovations</u> to include detailed cost estimates? Grantee must conform to applicable procurement regulations. Justify the necessity of such renovations. If renovations are required as a result of State/Local licensure requirements, provide a copy of violation report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Schedule C Other Costs	Have you provided a copy of all <u>lease agreements</u> for real and personal property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Schedule C Other Costs	Have you submitted a copy of <u>insurance quotations</u> from your carrier with an explanation of premium increases and extent of coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Schedule C Other Costs	If this grant will have subgrants, have you provided written agreements for each to include: - complete description of the service to be provided - period of time of the agreement - rate and payment arrangement - statement that agency is subject to all terms and conditions of the Department's grant process Have you provided budgets for each subgrant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Schedule C Other Costs	Does your agency have liability insurance coverage for fire, theft, vandalism, etc., to protect agency assets? Copies must be made available to Department staff if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GRANT APPLICATION CHECKLIST, Continued

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20	Annual Audit	<p>Audit of this grant is required if the total of grant awards to your agency containing State or Federal funds for your fiscal year amount to \$100,000 or more with additional requirements if your agency will expend \$500,000 or more in Federal funds.</p> <p>Do the total of grant awards to your agency containing State or Federal funds for your fiscal year amount to \$100,000 or more?</p> <p>Will your agency expend \$500,000 or more in Federal funds during this fiscal year?</p> <p>Have you budgeted funds in this grant to cover the expense of your annual audit? If not, how will audit be paid?</p> <p>Explain:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Cost Principles	<p>If your agency received program income and/or funds from other sources a <u>Cost Allocation Plan</u> must be submitted with your application. Have you submitted such a plan if needed?</p> <p>THE FOLLOWING QUESTIONS CONCERN YOUR ORGANIZATION'S FISCAL AND MANAGEMENT RESPONSIBILITY:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22		<p>Is your organization a new organization, incorporated less than one year prior to the effective date of a proposed award resulting from this application?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23		<p>Has your organization <u>previously received funds</u> from the Department under the Health Services Grant System?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24		<p>Can you demonstrate to the satisfaction of the Department a thorough knowledge of accounting for grant funds, as prescribed by the <u>Terms and Conditions</u> for Administration of Health Service Grants?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25		<p>Will you have in your employment or under contract at the time of any award as a result of this application, the <u>accounting and management expertise</u> that can demonstrate the ability to manage a cost reimbursement or other grant?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Individual Completing Form				Title		
Signature					Date	