

APPLICATION CHECKLIST

APPLICANT NAME _____

PROPOSAL
TITLE _____

Strategic Plan (SP) or Objective (OBJ)

How much Federal funding from any source did you receive last year? (Please circle one)

Less than \$25,000

\$25,000-500,000

\$500,000 or more

Please complete the following and attach to your application:				
ITEM #		YES	NO	N/A
1	Application for Federal Assistance (SF-424)	X		
2	SF-424A Budget Information	X		
3	SF-424B Assurances	X		
4	Narrative: Proposed Project, Objectives, Methods, Expected Results and Benefits			
5	Detailed Budget Narrative (corresponding to			

	SF-424A)			
6	Reporting Schedule			
7	Resumes of principal participants (if applicable)			
8	Statement regarding proprietary info			
9	Auditing Organization			
10	USCG Certifications (Appendix C)- Scanned			
11	501 (c) (3) letter regarding non-profit status			
12	Federally approved accounting system			
13	Will you copyright any material? (See Appendix G)			
14	Supporting documents, if applicable			