

# DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

## Application Checklist for Grant Year 2020

1. \_\_\_ **Agency Cover Letter:** Agency introduction and summary of request.

2. \_\_\_ **Application Cover page:** signed by both the Agency Director and the Chair of the Board of Directors

3. **Required items:**

- \_\_\_\_\_ Program description/narrative for each funding request and corresponding Budget Narrative for each funding request
- \_\_\_\_\_ Organizational Chart, with positions and compensation, or staffing spreadsheet including compensation
- \_\_\_\_\_ List of the Board of Directors (members and officers) of Agency, Foundation, and Parent Corp.
- \_\_\_\_\_ List of all programs and services provided by agency, regardless of funding source
- \_\_\_\_\_ Agency fee schedule
- \_\_\_\_\_ MHB Indicators of Quality Form
- \_\_\_\_\_ Proposed and final budget for agency and program
- \_\_\_\_\_ Most current survey reports from accrediting organizations (include copies of plans of correction and subsequent relevant communication), if applicable
- \_\_\_\_\_ Most current fiscal and/or administration agency and program review(s) by state/federal agencies (include copies of plans of correction and subsequent relevant communication), if applicable
- \_\_\_\_\_ Audited Financial Statement from prior year
- \_\_\_\_\_ IRS form 990 (most recent)
- \_\_\_\_\_ Copy of Agency's Annual Report if applicable
- \_\_\_\_\_ Statement of Certification of Non-discrimination signed by Director of Agency (See DCMHB Funding Guidelines)

4. **Previously submitted items:**

Some of the items below have been previously submitted to DCCMHB as part of the grant process. If there have been any changes or there are any plans to make changes before the end of the grant year, check "YES" and please supply a written narrative (with spread sheets as relevant) as an Addendum to your Application. If there have been no changes and/or none are anticipated, please check the "NO" column indication no change.

<b>NO Changes</b>	<b>YES Changes</b>	
_____	_____	Strategic plan with latest revision as approved by governing board
_____	_____	Agency disaster plan
_____	_____	Agency client appeal procedure
_____	_____	Copy of the Agency's Customer Satisfaction Survey and the most recent results, if utilized
_____	_____	List of all State grants and/or fee for service contracts