

application checklist

INSTRUCTIONS: BEFORE SUBMITTING YOUR GRANT APPLICATION, PLEASE REVIEW THE FOLLOWING LIST.

APPLICATION SUBMISSION REQUIREMENTS

ORIGINAL SIGNED APPLICATION PLUS TWO COPIES

NEW TITLE X - FAMILY PLANNING APPLICATIONS

- SF 424 - PHS 5161-1 (REVISED 7/97)
- SF 424B - STANDARD ASSURANCES
- HHS 690 - ASSURANCE OF COMPLIANCE WITH TITLE VI (NEW)
- STANDARD CERTIFICATIONS - PHS 5161-1
- CHECKLIST, PHS 5161-1
- TITLE X ASSURANCE OF COMPLIANCE (EXHIBIT C)
- TABLE OF CONTENTS
- PROGRESS REPORT (COMPETING CONTINUATION)
- NEEDS ASSESSMENT
- PROGRAM WORK PLAN
- CLINICAL MANAGEMENT
- COMMUNITY EDUCATION/OUTREACH
- EVALUATION AND QUALITY ASSURANCE ASSESSMENT
- NATIONAL PRIORITY PROJECT
- FINANCIAL MANAGEMENT
- BUDGET INFORMATION AND SF424A, SECTION A-F
- EXHIBITS

THE ORIGINAL AND TWO COPIES OF YOUR APPLICATION FOR REGIONS I, II, III & IV should be submitted	FOR ASSISTANCE IN PREPARATION OF THIS APPLICATION, CONTACT: GRANTS: JUNE FAIZI PHONE: 404-562-7902
TO DEPT. OF HEALTH & HUMAN SERVICES OFFICE OF POPULATION AFFAIRS Family Planning Services/Grants Management Office Atlanta Federal Center 61 Forsyth Street, S.W. - Suite 5B95 <u>ATLANTA, GA 30303-8909</u>	