

## APPLICATION CHECKLIST (FP CLINICAL SPECIALTY TRAINING PROGRAM)

The following items must be included in the Family Planning competing grant application packages submitted to the Office of Family Planning. Items marked with an \* appear in the checklist in the Application Form PHS OPHS-1; they are included here for guidance in assembling the material in a consistent sequence.

| ITEM  | YES |
|---|-----|
| * Original copy of the application with an original signature, (not a duplicated copy) of an official with the authority to commit the applicant organization to the terms and conditions of a grant, if a grant is awarded. All pages of the application should be numbered. |     |
| * Two copies of the application submitted with the original. Send 1 copy to each RPC <sup>1</sup> in the appropriate Regional Office.   |     |
| * Table of contents with identifying sections and corresponding page numbers  |     |
| <b>The materials should be assembled in the following order:</b>  |     |
| * Form OPHS- 1 (pages SF 424, SF 424A)  |     |
| * Budget Justification  |     |
| Evidence of Submission to the SPOC  |     |
| * Budget Narrative for period July1, 2003 - June 30, 2004   |     |
| * Program Plan for period July1, 2003 - June 30, 2004   |     |
| Appendices  |     |

Again please note that:

- All pages should be numbered.
- Applications should not contain covers, binders, tabs or other extraneous materials - they will be discarded.

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<sup>1</sup>RPC - Regional Program Consultant