**Attachment B**

**Illinois Department of Human Services**

**APPLICATION CONTENT CHECKLIST**

**Name of RFA:**

**Applicant Name:**

**The Application should contain the following in this order:**

🞎 Application Cover Sheet (Attachment A of this RFA) and Tax-exemption Documentation

🞎 This APPLICATION CONTENT CHECKLIST (Attachment B of this RFA)

🞎 Executive Summary

🞎 Agency History and Purpose

🞎 Provider Program Description and Eligibility

🞎 Service Delivery

🞎 Community Needs

🞎 Data and Demographics

🞎 Program Evaluation and Auditing

🞎 Problems and Challenges

🞎 Staffing Requirements

🞎 Completed Data and Demographics Form (included as Attachment D)

🞎 Completed Logic Model Worksheet (included as Attachment E)

🞎 Completed Budget and Narrative (included as Attachment F)

🞎 Appendix A: Completed Service Area Description

🞎 Appendix B: Required 40 Hour Training Certificates; Illinois Certified Domestic Violence Professional Certificates; and DV Program Organizational Chart.

🞎 Appendix C: Agency Organizational Chart

🞎 Appendix D: Audited Financial Statements