FORM 5 – SUBMISSION CHECKLIST

Applicants are encouraged to utilize this checklist to ensure all required forms are submitted with the application.

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| **Submission Requirements** | **Required Documentation** | **Included?** |
| **All Application Sections** | Form 1 – Application Cover Page |  |
| Form 2 – Organizational Overview |  |
| Form 3 – Work Plan Template and Narrative |  |
| Form 4 – Budget Template and Narrative |  |
| Form 5 – Submission Checklist (optional) |  |
| **Applicant Organizational Chart** | Applicant must provide a diagram displaying the structure of the Applicant’s organization. |  |
| **Certificate of Good Standing** | Applicant must be registered to conduct business in the State of Nebraska (not applicable for governmental applicants). Provide current certification from the Nebraska Secretary of State or print out of active state from: <https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search>  NA |  |
| **Indirect Cost Rate/ Direct Cost Allocation Plan (if applicable)** | If applicant is requesting an indirect rate, applicant must provide current approved indirect rate agreement approved by either the federal government or the State of Nebraska. If applicant is requesting the de minimis rate, applicant must provide calculations to support the request.  Applicants with a direct cost allocation plan must include sufficient documentation to demonstrate costs are properly allocated. Approved cost allocation plan must be submitted with application.  NA |  |
| **Letters of Support or Commitment** | Letters from agencies that are part of the sustainability plan should be included describing what part they will play in supporting the project beyond project funds. Applicants may include relevant letters of support from key personnel, collaborators, significant contributors, and/or organizations that do not have an active role in the project but believe the project will have a positive outcome. Applicants should also provide letters of commitment documenting contributions to the project. Letters must expl**ain the organization’s role in the** project including tasks and/or items to be provided. Applicable cash and/or in-kind contributions should appear as match on the Budget. |  |
| **Medicaid/Medicare License** | Copy of current Medicaid/ Medicare License |  |
| **Quality of Care** | Applicant must submit documentation showing the facility has **NOT** been cited by CMS or the State of Nebraska for substandard quality of care. |  |
| **Signed W9** | Applicant must submit signed W9 from most recent tax year. W9 must include applicant’s legal name, any “DBA” associated with the applicant, applicant EIN, and administrative address. Not applicable for governmental applicants. |  |