**FY2025 RFP REPORT CHECKLIST**

**Adherence to this section of the RFP is worth up to 10 points.**

The following forms are required for the submission of your FY2025 grant application and can be downloaded at [www.futurebridge.net/ehe](http://www.futurebridge.net/ehe). All documents requiring a signature must have a Corporate Seal or be notarized; as indicated

**Please place all documents in the order specified on the FY2025 RFP Checklist.**

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUIRED FORMS CHECKLIST**  **(\*Excel Workbook provided)** | **SUB RECIPIENT / VENDOR** | **REVIEWER USE** | **REQUIRED BY** |
| Application Face Sheet |  |  | Service Providers and Vendors |
| RFP Checklist |  |  | Service Providers and Vendors |
| Service Request Summary |  |  | Service Providers |
| \*Organizational Chart/Contract Information Sheet |  |  | Service Providers |
| **SERVICE AND BUDGET DOCUMENTS** | | | |
| \*Scope of Services |  |  | Service Providers and Vendors |
| \*Budget Narrative Justification / Line Item Budget |  |  | Service Providers and Vendors |
| \*Fringe Benefit Worksheet |  |  | Service Providers and Vendors |
| \* Allocation Table |  |  | Service Providers |
| \* Unit Cost Budget |  |  | Service Providers |
| Attachment #1 -Rapid Anti-Retro Viral Therapy Protocols |  |  | Service Providers |
| Attachment #2 – 4 - Memoranda of Agreement(s) (three) |  |  | Service Providers |
| Attachment #5 - Status Neutral Service Delivery Model |  |  | Service Providers |
| Attachment #6 - Logic Model Table |  |  | Service Providers |
| Attachment #7 - Medicaid Denial (If Applicable) |  |  | Service Providers |
| Attachment #8 - Coordination & Funding Streams Table |  |  | Service Providers |
| Attachment #9 - Schedule of charges/sliding fee scale |  |  | Service Providers |
| **LEGAL DOCUMENTS** | | | |
| Articles of Incorporation/ Certificate of Formation |  |  | Service Providers and Vendors |
| Proof of Non-Profit Status |  |  | Service Providers |
| NJ Business Registration Certificate |  |  | Vendors |
| Certificate of Insurance &  Additional Broad Endorsement |  |  | Service Providers and Vendors |
| Letter Regarding Insurance Renewal (If applicable) |  |  | Service Providers and Vendors |
| Hold Harmless Agreement |  |  | Service Providers and Vendors |
| Non-Profit or Stockholder Disclosure Statement |  |  | Service Providers and Vendors |
| Non-Collusion Affidavit |  |  | Service Providers and Vendors |
| Counterterrorism Compliance Form |  |  | Service Providers and Vendors |
| Certificate of Compliance w/ Charitable Registration |  |  | Service Providers |
| Certification of Compliance with Contractor Pay to Play Reform |  |  | Vendors |
| Certification of Compliance with Executive Order on Pay to Play Reform |  |  | Vendors |
| Certificate regarding Tobacco Smoke |  |  | Service Providers |
| Political Contribution Disclosure Form |  |  | Vendors |
| Disclosure of Investment Activities in Iran |  |  | Service Providers and Vendors |
| Americans with Disabilities Act of 1996 |  |  | Service Providers and Vendors |
| Republic of Sudan |  |  | Service Providers and Vendors |
| Prohibited Russia-Belarus Activities & Iran Investment Activities |  |  | Service Providers and Vendors |
| Attachment A/ Minority Status |  |  | Service Providers and Vendors |
| Affirmative Action Certificate or form AA-302 with proof of payment |  |  | Service Providers and Vendors |
| Summary of other Funding Sources |  |  | Service Providers and Vendors |
| 2023 Audit Report (or IRS Form 990) |  |  | Service Providers and Vendors |

|  |  |
| --- | --- |
| Sub Recipient / Vendor: |  |