

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
Application			
Current Board Information Form			
Evidence of Annual Election of Officers			
Board Resolution Approving Application for Funding			
City Funded Program Budget			
Agency Expenses			
Agency Revenue			
Copy of Audited Financial Statement from most recent fiscal year (2014) if organization's expenses are \$150,000 or greater. If less than \$150,000, a Statement of Functional Expenses should be provided.			
Copy of filed IRS Form 990 from most recent fiscal year (2012)			
Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout			
Copy of Current Monroe County and City Occupational Licenses			
Copy of Florida Dept. of Children And Families License or Certification			
Copy of any other Federal or State Licenses			
Copy of Florida Dept. of Health Licenses/Permits			
Copy of Organization's Corporate Bylaws.			
Copy of front page of Agency's EEO Policy/Plan			
Annual performance report describing services rendered during the most recently completed grant period			
Copy of Summary Report of most current Evaluation/Monitoring *			

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.