



APPENDIX I - THE APPLICATION

Organization Name: _____
 Series XIV-A

Series XIV-A Application Checklist

(All items should be packaged in the order listed)

	Included	Not Included
1. This Application Checklist	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Financial Documentation as per Section IV. C of the RFA document*	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Appendix I – The Application	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Page 1 of Appendix I – The Application (signature MUST be original)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Résumés of the principal participants of the organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. IRS Tax determination letter regarding non-profit status*	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Current federal indirect negotiated cost plan, if applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. A copy of current professional liability insurance and/or malpractice insurance policy, if applicable*	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* Counties and Municipalities are not required to submit