# Attachment G: CAPP Project Proposal Cover Sheet and Checklist – ACFS 23-008

Melanie Mathes, Issuing Officer

***For State Use.***

***Date Received by the Agency:***

Department of Human Services

Hoover Building, Fifth Floor

1305 E. Walnut Street

Des Moines, IA 50319

Phone: 515.281.6461

Email: mmathes@dhs.state.ia.us

|  |
| --- |
| **Bidder Contact Information** |
| **Bidder/Organization Name:** |  |
| **Primary Contact Name:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **E-Mail** |  |
| Instructions: List all counties in which service will be delivered through this proposal. A Service Area may include up to eight counties.  |
| **1.** |  | **5.** |  |
| **2.** |  | **6.** |  |
| **3.** |  | **7.** |  |
| **4.** |  | **8.** |  |
| Instructions: Enter the total amount of the funding request below. The amount requested must be a whole number and not include any cents. |

**$00.00**

**Checklist as part of Attachment G**

|  |  |
| --- | --- |
| 1. **Project Proposal includes documents # 2 through 12 below.**

[ ]  Submit one (1) original hard copy of the Proposal, one (1) identical copy, and one (1) Flash Drive. | **State Use** |
| 1. **Attachment G:** Cover Sheet and Checklist

[ ]  Read and complete Cover Sheet[ ]  Complete Checklist  |  |
| 1. **Attachment B:** Primary Bidder Detail Form & Certification

[ ]  Read and complete form[ ]  Obtain original or certified digital signature |  |
| 1. **Attachment E:** Certification and disclosure Regarding Lobbying

[ ]  Read and select appropriate box regarding disclosures[ ]  Obtain original signature or certified digital signature |  |
| 1. **Attachment H:** CAPP Project Proposal Form

[ ]  Complete form. Completed form may not exceed twenty (20) pages.  |  |
| 1. **Attachment I:** CAPP Projected Service Delivery and Budget Form

[ ]  In addition to printed document, Budget must also be provided on USB flash drive.  |  |
| 1. **Attachment C:** Subcontractor Disclosure Form

[ ]  Form completed for ***each*** proposed subcontractor with original signature or certified digital signature of subcontractor.[ ]  This form is not completed or returned if subcontractor(s) are not used. |  |
| 1. **School Agreement Letter / Memorandum of Understanding (MOU)**

[ ]  Submit signed agreement for each setting in which the Bidder is proposing to provide services that require Fidelity. Signed MOUs shall be provided to the Program Administrator prior to service delivery for any new service sites. Obtain original signature and/or certified digital signature. |  |
| 1. **Letters of Support:** Two (2) Letters of Support submitted with Project Proposal.

[ ]  Letters must be signed with original signature or certified digital signature and dated |  |
| 1. **Attachment F:** Minority Impact Statement

[ ]  Read and complete form[ ]  Obtain original signature­ or certified digital signature |  |
| 1. **Attachment O: Letter of Attestation**

[ ]  Read and complete form[ ]  Obtain original signature or certified digital signature |  |
| 1. **Attachment A:** Release of Information

[ ]  Read and complete form[ ]  Obtain original signature or certified digital signature |  |
| **The following documents are NOT returned with the Proposal.** |  |
| 1. **Intent to Bid** – Submitting is not mandatory, however, the Agency will only respond to written questions about the RFP submitted by Bidders who have expressed their intent to bid.
* Due date for submission: March 9, 2022, at 2 PM. Submit electronically to the Issuing Officer as a Bidder’s intent to apply.
 |  |
| 1. **Attachment D:** Additional Certifications – Signing of Attachment B indicates that the Bidder has reviewed Additional Certifications.
 |  |
| 1. **Attachment L:** Community Coalition Charter Template – For review only.
 |  |
| 1. **Attachment P: Funding Distribution by County:** Guidance to county ceiling caps – For review only.
 |  |