

**ATTACHMENT 4 – Request for Proposed Project Checklist**  
**FY 2014 Comprehensive Behavioral Health Treatment & Recovery Solicitation**  
**CATEGORY B SPECIALIZED TREATMENT SERVICES**

**NAME OF APPLICANT AGENCY:** \_\_\_\_\_

**APPLICANT MUST MEET ALL ELIGIBILITY REQUIREMENTS BELOW**

- ☐ Meet the eligibility requirements of RFP Section 2.01 and 3.01.
- ☐ Must have prior Alaskan experience providing similar services to the Target Population described in the appropriate Program Service Type attachment applicable to the Project the applicant is proposing.
- ☐ The proposed Project incorporates **only** the Program Service Type and service area described below.
- ☐ The Project does not duplicate services the applicant is providing through another State of Alaska grant award.

**REQUIRED PROPOSED PROJECT DOCUMENTS THAT MUST BE SUBMITTED**

- ☐ A completed, signed and dated Checklist for Category B for the Proposed Project.
- ☐ A 5 pages (or less) Proposed Project Narrative describing the services the agency will implement for Proposed Project's Program Service Type.
- ☐ A Component Budget detail & narrative for each of the Program Service Types.
- ☐ Letters of Support, MOUs, or MOAs from other agencies that is specific and pertinent to this application.
- ☐ A Logic Model (or photocopy of Agency Logic Model) incorporating the Program Service Type.
- ☐ A Logic Model Evaluation (or photocopy of Agency Logic Model) incorporating the Program Service Type.
- ☐ A Community Action Plan (or photocopy of the Agency Community Action Plan) incorporating the Program Service Type.
- ☐ A Community Behavioral Health Continuum of Care (or photocopy of the Agency Community Behavioral Health Continuum) incorporating the Program Service Type.
- ☐ Resumes (no more than 1 page each) & job descriptions appropriate to each of the proposed Program Service types.
- ☐ A RFP Score Sheet with all information (including page numbers for locating information) completed.

**PLEASE DEFINE YOUR PROJECT BY CHECKING THE BOX FOR THE PROGRAM SERVICE TYPE & LOCATION THE AGENCY PROPOSED PROJECT IS FOR, AND WRITE IN THE AWARD AMOUNT REQUESTED**

- ☐ **Outpatient Opioid Treatment, Program Service Type #8 –** Limited to:
- ☐ 1 grant within Fairbanks/Northstar Borough: Award Requested \$ \_\_\_\_\_
  - ☐ 1 grant within the Municipality of Anchorage: Award Requested \$ \_\_\_\_\_

- ☐ **Women and Children Outpatient SUD Treatment, Program Service Type #13**
- Limited to services for **Pregnant Women Only** and within the:
- ☐ Kenai/Soldotna: Award Requested \$ \_\_\_\_\_
  - ☐ City of Ketchikan/Ketchikan Gateway Borough: Award Requested \$ \_\_\_\_\_
  - ☐ City & Borough of Juneau areas: Award Requested \$ \_\_\_\_\_

- ☐ **Peer & Consumer Support Services, Program Service Type #15**
- ☐ Limited to within the Municipality of Anchorage: Award Requested \$ \_\_\_\_\_

- ☐ **Detoxification Services, Program Service Type #2**
- Limited to within the:
- ☐ Municipality of Anchorage: Award Requested \$ \_\_\_\_\_
  - ☐ Fairbanks/North Star Borough: Award Requested \$ \_\_\_\_\_
  - ☐ City & Borough of Juneau: Award Requested \$ \_\_\_\_\_

Applicant acknowledges they have submitted a complete Proposed Project application in response to the FY14 CBHTR RFP, and understands neither Grants & Contracts nor the Division of Behavioral Health can edit, change, add or subtract documents to the Proposed Project application submitted by the applicant.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_