

**ATTACHMENT 3 - Request for Proposed Project Checklist**  
**FY 2014 Comprehensive Behavioral Health Treatment & Recovery Solicitation**  
**CATEGORY A Community Behavioral Health Centers**

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

**APPLICANT MUST MEET ALL ELIGIBILITY REQUIREMENTS BELOW**

- ☐ Meet the eligibility requirements of RFP Section 2.01 and 3.01.
- ☐ Is an Alaska Community Behavioral Health Center, recognized as such by DHSS, as of the posted date of the RFP.
- ☐ The Proposed Project incorporates all four Program Service Types.
- | <u>Required Program Service Type</u>                                       | <u>Component Budget Amount Required</u> |
|--|---|
| • Psychiatric Emergency Services, Program Service Type #1                  | \$ _____                                |
| • Outpatient Svcs for High-Risk Children in ....., Program Service Type #9 | \$ _____                                |
| • Outpatient Treatment for Adults w/SMI, Program Service Type #11          | \$ _____                                |
| • Adult Outpatient Treatment for SUD, Program Service Type #12             | \$ _____                                |
- ☐ The Proposed Project Is not in Anchorage, Fairbanks or Juneau.
- ☐ 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 A for the Proposed Project.
- ☐ A Proposed Project Narrative (5 pages or less), describing the services the agency will implement, should be submitted for each of the 4 Program Service Types.
- ☐ 4 individual, component Budget detail & narrative for each of the 4 required 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 4 required Program Service Types.
- ☐ A Logic Model Evaluation (or photocopy of Agency Logic Model) incorporating the 4 required Program Service Types.
- ☐ A Community Action Plan (or photocopy of the Agency Community Action Plan) incorporating the 4 required Program Service Types.
- ☐ A Community Behavioral Health Continuum of Care (or photocopy of the Agency Community Behavioral Health Continuum) incorporating the 4 required Program Service Types.
- ☐ Resumes (no more than 1 page each) & Job descriptions Job descriptions appropriate to each of the required Program Service types.
- ☐ A RFP Score Sheet with all information (including page numbers for locating information) completed.

**INDICATE THE ONE GEOGRAPHICAL AREA APPLICANT WILL PROVIDE SERVICES TO AND THE TOTAL FUNDING REQUESTED**

- |   |  |
|---|--|
| <input type="checkbox"/> North Slope Borough/Barrow      \$ _____<br><input type="checkbox"/> Yukon-Kuskokwim/Bethel      \$ _____<br><input type="checkbox"/> Northwest Arctic/Kotzebue      \$ _____<br><input type="checkbox"/> Norton Sound Region/Nome      \$ _____<br><input type="checkbox"/> Tanana Chiefs Region/Fairbanks      \$ _____<br><input type="checkbox"/> SEARHC Region/Southeast      \$ _____<br><input type="checkbox"/> Western Aleutian Pribilof Islands      \$ _____<br><input type="checkbox"/> East Aleutian Islands      \$ _____<br><input type="checkbox"/> Tok      \$ _____<br><input type="checkbox"/> Copper Center      \$ _____<br><input type="checkbox"/> McGrath      \$ _____<br><input type="checkbox"/> Nenana      \$ _____<br><input type="checkbox"/> Cordova      \$ _____ | <input type="checkbox"/> Homer      \$ _____<br><input type="checkbox"/> Kenai/Soldotna      \$ _____<br><input type="checkbox"/> Kodiak Island      \$ _____<br><input type="checkbox"/> Seward      \$ _____<br><input type="checkbox"/> Valdez      \$ _____<br><input type="checkbox"/> Ketchikan      \$ _____<br><input type="checkbox"/> Haines      \$ _____<br><input type="checkbox"/> Petersburg      \$ _____<br><input type="checkbox"/> Sitka      \$ _____<br><input type="checkbox"/> Wrangell      \$ _____ |
|---|--|

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 \_\_\_\_\_