

**ATTACHMENT 5 – Request for Proposed Project Checklist**  
**FY 2014 Comprehensive Behavioral Health Treatment & Recovery Solicitation**  
**CATEGORY C Specific Program Service Types**

**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 at least 3 years prior Alaskan experience providing similar services to the Target Population described in the Program Service Type applied for.
- ☐ Application Is only for the Program Service Type(s) and service area(s) 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 C for the Proposed Project.
- ☐ A 5 pages (or less) Proposed Project Narrative for each Program Service Types, describing the services
- ☐ An overall Summary Budget detail incorporating all Program Service Types applied for Under Category C.
- ☐ 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 Types applied for.
- ☐ A Logic Model Evaluation (or photocopy of Agency Logic Model) incorporating the required Program Service Types.
- ☐ A Community Action Plan (or photocopy of the Agency Community Action Plan) incorporating the Program Service Types.
- ☐ A Community Behavioral Health Continuum of Care (or photocopy of the Agency Community Behavioral Health Continuum) incorporating the Program Service Types.
- ☐ 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) for each Program Service Type.

**PLEASE INDICATE THE PROGRAM SERVICE TYPE THE APPLICANT IS APPLYING FOR AND AMOUNT OF AWARD REQUESTED:  
(AGENCY CAN APPLY FOR ONE OR MORE OF THE DESCRIBED SERVICES BELOW but EACH PROPOSED SERVICE(s)/LOCATION(s)  
MUST HAVE ITS OWN PROPOSED PROJECT PACKAGE)**

- ☐ Type #1      Psychiatric Emergency Service  
Service Area Proposed: \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Type #3      Youth Residential Substance Use Disorder Treatment Services  
Service Area Proposed: \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Type #4      Residential Services for Youth with SED  
Service Area Proposed: \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Type #5      Adult Residential SUD Treatment Services  
Service Area Proposed: \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Type #6      Adult Residential & Housing Services for the Seriously Mentally Ill  
Service Area Proposed: \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Type #7      Women and Children Residential SUD Treatment  
Service Area Proposed: \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Type #9      Outpatient Services for High risk Children in Early Childhood and/or Youth with SED and Their Families  
Service Area Proposed: \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Type #10      Youth and Family Outpatient SUD Treatment  
Service Area Proposed: \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Type #11      Outpatient Treatment for Adults with Serious Mental Illness  
Service Area Proposed: \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Type #12      Adult Outpatient Treatment for SUD  
Service Area Proposed: \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Type #13      Women and Children Outpatient SUD Treatment  
Service Area Proposed: \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Type #15      Peer and Consumer Support Services  
Service Area Proposed: \_\_\_\_\_ \$ \_\_\_\_\_

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** \_\_\_\_\_