

GRANT COORDINATOR'S CHECKLIST

	<u>Assigned</u>	<u>Completion Date</u>
1. Approval-Matching Funding		
2. Cover Sheet Information (Without Signature)		
3. Certification of Participation (With Signatures)		
4. Project Abstract		
5. Narrative (Page Limit _____)		
A. Need		
1. Specific Problem/ Target Group		
2. Previous Actions		
3. Approach & Benefit		
B. Plan of Operation		
1. Purpose, Efforts, Outcome		
2. Objectives		
3. Activity Plan, Timeline		
4. Plan for Administration		
5. Appropriate Groups		
C. Budget		
1. Cost Relate		
2. Costs Support & Reasonable		
D. Personnel Qualifications		
1. Project Director/Key Staff		
2. Time Commitment		
3. Underrepresented Groups		

- E. Evaluation Plan
 - 1. Objectives _____
 - 2. Data Analysis/Timetable _____
- F. Commitment Capacity
 - 1. Direct/In-Kind Contributions _____
 - 2. Project Continuation _____
- G. Overall Merit
 - 1. State Contribution _____
 - 2. Model _____
- 6. Budget Worksheet _____
- 7. Budget Sheet _____
- 8. Attachments - Budgetary Detail _____
- 9. Appendices _____
- 10. Signatures - Cover Page
(Includes Compliance Statement) _____
- 11. Number of Copies: _____
- 12. Submission Date: _____