**MOTA Grant Application Checklist**

**Office of Minority Health and Health Disparities (MHHD)**

**Minority Outreach and Technical Assistance (MOTA)**

**MOTA Grant Application Checklist**

**FY 2017**

The Office of Minority Health and Health Disparities (MHHD) accepts only timely and completed applications for consideration of a MOTA grant. Your application will only be accepted if accompanied by all supporting documents. It is your responsibility to ensure that all information is submitted with your application AND by the deadline stated. The checklist provided below is designed as an aid to guide applicants through the application process. Please include a completed copy of your MOTA Grant Application checklist at the beginning of your application. Your application is considered incomplete if it does not include all that is mentioned in the checklist below OR does not include justification for missing documents.

**Organization** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County/Political Subdivision** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Submission** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is organization name a current MOTA Grantee?** Circle one. **Yes or No**

**Did you (applicant) provide the following:** If you chose no, please provide reasons why.

|  |  |  |  |
| --- | --- | --- | --- |
| **Application** | Yes/No | Pg # | Comment |
| Format (page number, font, margins, etc.) |  |  |  |
| Cover Letter |  |  |  |
| Executive Summary |  |  |  |
| Application Narrative |  |  |  |
| * Problem statement
 |  |  |  |
| * Organizational capability
 |  |  |  |
| * Goals and objectives
 |  |  |  |
| * Program work plan (Work Plan Narrative, Work Plan Template, Logic Model, Gannt Chart)
 |  |  |  |
| * Outcomes
 |  |  |  |
| * Target population
 |  |  |  |
| * Partnerships
 |  |  |  |
| * Project management (including resumes as applicable)
 |  |  |  |
| * Evaluation
 |  |  |  |
| * Dissemination
 |  |  |  |
| * Budget
 |  |  |  |
| **Eligibility Information & Supporting Documentation** |  |  |  |
| IRS non-profit determination |  |  |  |
| IRS 990 |  |  |  |
| Financial Statement |  |  |  |
| Most recent audit (if your organization received public funds over $100,000 annually in the last three years) |  |  |  |
| Letter of Good Standing  |  |  |  |
| Requested Budget (DHMH HSAM Forms) |  |  |  |
| * Forms DHMH432A - H {signed}
 |  |  |  |
| * Form DHMH433 {signed}
 |  |  |  |
| * Forms DHMH434 {signed}
 |  |  |  |
| Budget Justification Narrative |  |  |  |
| Letters of Commitment |  |  |  |
| Health Department Support Letter |  |  |  |

|  |  |  |
| --- | --- | --- |
| Submitted an electronic copy to MHHD | Yes | No |
| Is your application signed? | Yes | No |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date