

**City of North Las Vegas
Community Development Block Grant Program**

If the application is found to be substantially incomplete, it will be returned without further consideration.

Check if Complete N/A if not applicable	<u>2009/2010 Public Service Application Checklist</u>	For City Use Only
	ORGANIZATION:	
	PROGRAM NAME:	

Presentation of Application

<input type="checkbox"/>	1. Fully Completed Application and Attachments - One (1) original & ten (10) copies	<input type="checkbox"/>
<input type="checkbox"/>	2. PART III Documents – three (3) copies if not already on file	<input type="checkbox"/>
<input type="checkbox"/>	3. Application Checklist placed in front of application package	<input type="checkbox"/>

Program Information

<input type="checkbox"/>	All items thoroughly answered	<input type="checkbox"/>
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PART I – Applicant Information

<input type="checkbox"/>	All items thoroughly answered	<input type="checkbox"/>
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PART II – Organization Narrative

<input type="checkbox"/>	1. All narrative questions thoroughly answered	<input type="checkbox"/>
<input type="checkbox"/>	2. Copy of OMB A-133 Audit (Required if \$500,000 in aggregate federal funds expended) – ATTACHMENT II	<input type="checkbox"/>
<input type="checkbox"/>	3. Financial statement audited by a CPA (only if <u>not</u> qualified for A-133) – ATTACHMENT II	<input type="checkbox"/>
<input type="checkbox"/>	4. Certified Annual Financial Statement – ATTACHMENT II	<input type="checkbox"/>
<input type="checkbox"/>	5. Described previous accomplishments	<input type="checkbox"/>
<input type="checkbox"/>	6. Explain recaptured funds if applicable	<input type="checkbox"/>

PART III –Documentation Checklist(Provide 3 copies if not already on file)

<input type="checkbox"/>	1. Non-profit status – ATTACHMENT III - A	<input type="checkbox"/>	<input type="checkbox"/>	On File
<input type="checkbox"/>	2. Nevada Secretary of State Incorporation - Receipt of Good Standing - ATTACHMENT III-B	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	3. Board of Directors - ATTACHMENT III-C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	4. Organizational Chart - ATTACHMENT III-D	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	5. Mission or Objective Statement - ATTACHMENT III-E	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	6. Business License or Non-Profit Registration Verification - ATTACHMENT III-F	<input type="checkbox"/>	<input type="checkbox"/>	

PART IV – National Objective Requirements

<input type="checkbox"/>	1. National Objective selected	<input type="checkbox"/>
<input type="checkbox"/>	2. National Objective Qualifier selected	<input type="checkbox"/>
<input type="checkbox"/>	3. Provided explanation of eligibility requirements and how documented	<input type="checkbox"/>

PART V – Categories of Activities

<input type="checkbox"/>	1. Service Activity selected	<input type="checkbox"/>
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PART VI – Program Narrative

<input type="checkbox"/>	A. Provided statement of problem and need for program	<input type="checkbox"/>
<input type="checkbox"/>	B. Described target population, data sources, clients to be served	<input type="checkbox"/>
<input type="checkbox"/>	C. Described work to be performed, documentation procedures, collaboration and “best practices” used for program.	<input type="checkbox"/>

<input type="checkbox"/> Check if Complete <input type="checkbox"/> N/A if not applicable	<u>2009/2010 Public Service Application Checklist</u>	For City Use Only
	ORGANIZATION: PROGRAM NAME:	

PART VII – Outcome Performance Measurement System

<input type="checkbox"/>	1. Program Goal(s) listed	<input type="checkbox"/>
<input type="checkbox"/>	2. HUD Objective selected	<input type="checkbox"/>
<input type="checkbox"/>	3. Program Activities listed	<input type="checkbox"/>
<input type="checkbox"/>	4. Program Outcomes listed	<input type="checkbox"/>
<input type="checkbox"/>	5. HUD Outcome selected	<input type="checkbox"/>
<input type="checkbox"/>	6. Program Indicators listed	<input type="checkbox"/>

PART VIII – Program Budget

<input type="checkbox"/>	Line Item categories, other resources and amounts listed	<input type="checkbox"/>
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PART IX – Program Budget Detail

<input type="checkbox"/>	Line items listed, including total costs and requested costs	<input type="checkbox"/>
<input type="checkbox"/>	Program priorities line items and amounts listed	<input type="checkbox"/>

PART X – Funding History

<input type="checkbox"/>	All columns completed	<input type="checkbox"/>
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PART XI – Financial Narrative

<input type="checkbox"/>	1. Fee structure provided – ATTACHMENT VIII-A	<input type="checkbox"/>
<input type="checkbox"/>	2. Description of leveraging and fund raising provided	<input type="checkbox"/>

PART XII – Certifications

<input type="checkbox"/>	Completed and signed by authorized organization representative	<input type="checkbox"/>
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