

**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	2010/2011 Public Service Application Checklist	For City Use Only
	ORGANIZATION:	
	PROGRAM NAME:	

Presentation of Application

	1. Fully Completed Application and Attachments - Two (2) original & fourteen (14) copies	
	2. PART III Documents – two (2) copies if not already on file	
	3. Application Checklist placed in front of each original application package	

Program Information

	All items thoroughly answered	
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PART I – Applicant Information

	All items thoroughly answered	
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PART II – Organization Narrative

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

PART III –Documentation Checklist(Provide 2 copies if not already on file)

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

PART IV – National Objective Requirements

	1. National Objective selected	
	2. National Objective Qualifier selected	
	3. Provided explanation of eligibility requirements and how documented	

PART V – Categories of Activities

	1. Service Activity selected	
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PART VI – Program Narrative

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

<input type="checkbox"/> Check if Complete <input type="checkbox"/> N/A if not applicable	<u>2010/2011 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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