

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH
STATE OFFICE OF RURAL HEALTH
EMERGENCY DEPARTMENT (ED) UPGRADE)
UPGRADE
DCH APPLICATION CHECKLIST**

Include checklist as final page of Grant application. Checklist will be completed by the Department of Community Health,
Grant Administration
Mailing Address MAY NOT be a post office box.

Name of Grant: ED Upgrade Grant		
Applicant Organization:		
Contact Name:		
Address:		
City:	State:	ZIP Code:
Fax:	E-mail:	

DO NOT COMPLETE SECTION BELOW.

Please place this check list on top of your application. This checklist will be returned to you and certifies that your application for the ED Upgrade Grant has been received by the Department of Community Health and includes the following requirements:

- Project Abstract
- Project Narrative
- Organizational Narrative
- Budget Worksheet and Budget Justification
- Appendix A: DCH Grant Application Form
- Appendix B: Statement of Ethics (*Signature Page must be submitted*)
- Appendix C: Ethics in Procurement Policy (*Signature Pages must be submitted*)
- Appendix D: Budget Worksheet (*Budget Justification MUST accompany this appendix*)
- Appendix E: Project Work Plan Template
- Appendix F: Project Timeline Template
- Appendix G: Business Associate Agreement (*Signature Page MUST be submitted*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR INTERNAL USE: Administrative Review Completed	Application Complete	Application Incomplete or Non-Responsive

Signature

Date