APPENDIX H

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| **GEORGIA DEPARTMENT OF COMMUNITY HEALTH** **STATE OFFICE OF RURAL HEALTH****DCH APPLICATION CHECKLIST**Include checklist **on top of** Grant application. Checklist will be completed by the Department of Community Health, Grant AdministrationMailing Address MAY NOT be a post office box. |
| **Name of 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 RFGA-Rural Hospital Stabilization Grant Program (RHSGP) 2023 has been received by the Georgia Department of Community Health and includes the following requirements: |
| \_\_\_Project Abstract |
| \_\_\_Project Narrative |
| \_\_\_Organizational Narrative |
|  |
| \_\_\_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: Business Associate Agreement (Signature Page must be submitted)  |
| \_\_\_Appendix E: Budget Worksheet (*Budget Justification* MUST accompany this appendix)\_\_\_Appendix F: Project Workplan Template \_\_\_Appendix G: Project Timeline Template \_\_\_Appendix H : DCH Application Checklist   |
| **FOR INTERNAL USE: \_\_\_\_** Administrative Review Completed \_\_\_\_\_Application Complete \_\_\_\_Application Incomplete or Non-Responsive |
| **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  | **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |