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 Administration  Mailing 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |