

## Grant/Proposal Writing Checklist

<b>List Proposal Name</b>			
<b>List Proposal Number</b>			
<b>List Proposal Type</b>			
Item	Yes/No	List Requirement	Complete $\checkmark$
<b>PROPOSAL REQUIREMENTS</b>			
Item	Yes/No	List Requirement	Complete $\checkmark$
Proposal Due Date/Deadline	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Proposal Due Time	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Question Submission Due Date	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Offerors Conferences	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Award Date	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Packaging	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Coversheet	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Amendments	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Withdrawal Requirement	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Period of Performance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Attachments	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Best and Final Offer	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DUNS Number	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CAGE Number	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TIN Number (Tax Identification Number)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
501(c) 3 Status	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Board Members	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>FORMAT</b>			
Item	Yes/No	List Requirement	Complete $\checkmark$
Specific Font Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Margin Requirement	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Page Limit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Attachments</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Page Numbering	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Header/Footer	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tabbed Sections	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Grant/Proposal Writing Checklist

<b>List Proposal Name</b>			
<b>List Proposal Number</b>			
<b>List Proposal Type</b>			
Item	Yes/No	List Requirement	Complete √
Type of Binding	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Submission			
<i>Hardcopy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Electronic</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Other</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Proposal Sections			
<i>Table of Contents</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Introduction</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Background</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Mission Statement</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Technical Approach</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Summary of Personnel</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Management and Staffing Plan</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Timeline</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Corporate Experience</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Facility Description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Business/Cost Proposal</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Appendices</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Staff Resumes</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Evaluation Plan</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Goals and Objectives</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Sample Evaluation Tools</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Statement of Need</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Copies	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### EVALUATION CRITERIA

Categories	Total Points	Description	Complete √

## Grant/Proposal Writing Checklist

<b>List Proposal Name</b>			
<b>List Proposal Number</b>			
<b>List Proposal Type</b>			
Item	Yes/No	List Requirement	Complete √

### BUDGET OR COST PROPOSAL

Item	Yes/No	List Requirement	Complete √
Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Budget Breakdown (Refer to sample budget for guidance)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Direct Costs (Labor)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Other Direct Costs</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Supplies</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Equipment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Consultants</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Travel</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Room Rental</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Phone</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Fax</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Shipping</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Stipends</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Postage</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Indirect Costs</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Operating Costs/Overhead</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Fringe Benefits</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>General Administrative Costs</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Fee/Profit</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Budget Narrative	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Budget for Option Years	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Organization Cost Documentation (Financial Capacity)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
In-Kind Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Grant/Proposal Writing Checklist

<b>List Proposal Name</b>			
<b>List Proposal Number</b>			
<b>List Proposal Type</b>			
Item	Yes/No	List Requirement	Complete √
Separate Proposal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Matching Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PAST PERFORMANCE</b>			
Item	Yes/No	List Requirement	Complete √
Required References	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Time Period of References	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Narrative	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Separate Proposal	<input type="checkbox"/> Yes <input type="checkbox"/> No		