

Checklist of Required Submissions for Option Year Work Plan & Budget

Address and submit information for each of the following as instructed and outlined in the Option Year Work Plan & Budget Request. Each part should be separate and labeled according to the Work Plan Instructions

Mission Alignment & Experience	Cost Proposal
<p style="text-align: center; background-color: yellow;">Program Information Narrative</p> <p><input type="checkbox"/> Part I Work Plan Narrative – The work plan narrative shall be limited to 5 pages and include each section identified in the Work Plan Narrative Template. For each section, the narrative should address all of the questions included in that section. If the Host has multiple centers, make sure each narrative is unique to that center.</p> <p><input type="checkbox"/> Part II Organization and Structure including the following:</p> <ul style="list-style-type: none"> - Organization Chart (include names and positions for all proposed full- and part-time program staff employees working on the WBC Project) - Resumes for all key personnel - Position Description for ALL personnel (key & non-key) - List of Board of Directors (include: title, phone number, mailing address and e-mail address) - Hours of operation and planned closures. - Projected Milestone chart <p><input type="checkbox"/> Part III Active SAM Registration – A print out showing a valid SAM registration and the date of expiration should be submitted.</p> <p><input type="checkbox"/> PART IV Financial Management Certification</p> <ul style="list-style-type: none"> - Include a certification that the financial system to be used for the Recipient's WBC project meets 2 C.F.R. Parts 215.21 – 215.28. (Note: Letter may be from the applicant's auditor, CPA, treasurer, comptroller, CFO or similarly qualified individual.) <p><input type="checkbox"/> PART V Supporting Documents</p> <ul style="list-style-type: none"> ___ Copy of All Subcontracts and Agreements (may not exceed 49% of total budget) ___ Conflict of Interest policy signed by all current employees, contractors, and instructors (not to include volunteers) ___ Approved Indirect Cost Rate (if applicable) ___ Most recent audit (or financial statement) ___ SBA Form 1224 (Cost Sharing Proposal) <p>Submit following only if changes have occurred since last submission:</p> <ul style="list-style-type: none"> ___ SBA Form 1623 (Debarment & Suspension) ___ SBA Form 1711 (Certification Regarding Lobbying) 	<p style="text-align: center;">Must include an SF-424 Package for this 2014 – 2015 Option Year SF 424 Packages and Budget Details</p> <p>Option Year Budget</p> <p><input type="checkbox"/> SF-424</p> <p><input type="checkbox"/> SF-424A</p> <p><input type="checkbox"/> SF-424B</p> <p><input type="checkbox"/> Annual Budget Summary Worksheets (B10 – B16)</p> <p><input type="checkbox"/> Certification of Cash Match and Program Income</p> <ul style="list-style-type: none"> - Include a list of sources for cash match and detail the activity which will generate program income. Note: In-kind should not be included on this worksheet. <p style="text-align: center; background-color: yellow;">MAKE SURE OF THE FOLLOWING</p> <ol style="list-style-type: none"> 1. The SF-424 reflects the correct federal amount and non-federal match of which 50% is in the form of cash. Note: Cash match is all non-federal cash and program income; 2. The SF-424A, block 6. a. – k., breaks out the federal share (in column 1); the non-federal cash (in column 2); in-kind (in column 3) & program income (in column 4); and 3. The budget does not include non-expendable equipment. Non-expendable equipment is <u>unallowable</u> under the grant. Only expendable equipment, (valued below \$5,000 per piece) is allowable and must be shown under the "Supplies" cost category.