

APPENDIX D. DBHDD APPLICATION CHECKLIST

GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES DBHDD APPLICATION CHECKLIST

Please include this checklist with the organization's contact information filled out as part of your submission.

Name of Grant:

Applicant Organization:

Contact Name:

Address:

City:

State:

ZIP Code:

Fax:

E-mail:

DO NOT COMPLETE SECTION BELOW.

This checklist will be returned to you and certifies that your application for the Assisted Outpatient Treatment Grant Program has been received by the Georgia Department of Behavioral Health and Developmental Disabilities

- ☐ Project Abstract
- ☐ Organizational Narrative
- ☐ Project Narrative
 - ☐ (Must include all information contained in Section VI(B)(2) Scoring Guidelines)
- ☐ Appendix A: DBHDD Grant Application Form
- ☐ Appendix B: Eligibility Attestation
- ☐ Appendix C: Budget Worksheet
 - (*Budget Justification* MUST accompany this appendix)
 - Complete both sheets of Budget Document
- ☐ Appendix D: DBHDD Application Checklist
- ☐ Letter of Support (Law Enforcement)
- ☐ Letter of Support (Probate Court)
- ☐ Proof of Accreditation
- ☐ Financial Statements Relating to Liquidity
- ☐ Required Disclosures

FOR INTERNAL USE:

Administrative Review Completed

Application Complete

Application Incomplete or Non-Responsive

Signature

Date