

FY 2024-2025 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name _____

Agreement # _____

Program (check one box only) MCAH BIH AFLP PEI

Please check the box next to all submitted documents.

All documents should be submitted by email using the required naming convention on page 2.

1. **AFA Checklist**
2. **Agency Information Form** | PDF version with signatures.
3. **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007** | signed PDF.
4. **TXIX MCF Justification Letter** | see AFA cover letter for items that need to be included in this letter.
Not required if only using base MCF rate.
5. **Budget Template** | **submit for Fiscal Year 24/25** list all staff (by position) and costs (including projected salaries and benefits, operating and ICR). Multiple tabs for completion include Summary Page, Detail Pages, and Justifications. Personnel must be consistent with the Duty Statements and Organizational Charts (Excel & signed PDF.)
6. **Indirect Cost Rate (ICR) Certification Form** | details methodology and components of the ICR.
7. **Duty Statements (DS)** | for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget.
8. **Organization Chart(s)** of the applicable programs, identifying all staff positions on the budget including their Line Item # and its relationship to the local health officer and overall agency.
9. **MCAH Director Verification Form** | (MCAH only.)
10. **BIH Approval Letters** | submit most recent letter on State letterhead with state staff signatures, including waivers for the following positions:
 BIH Coordinator Other _____
11. **Scope of Work (SOW)** documents for all applicable programs (PDF/Word.)
12. **Annual Inventory** | Form CDPH 1204.
13. **Subcontractor (SubK) Agreement Packages** | submit Subcontract Agreement Transmittal Form, brief explanation of the award process, subcontractor agreement or waiver letter, and budget with detailed Justifications (required for all SubKs \$5,000 or more.)
14. **Certification Statement for the Use of Certified Public Funds (CPE)** |
AFLP CBOs and/or SubKs with FFP.
15. **Government Agency Taxpayer ID Form** | **only if remit to address has changed.**
16. **Attestation of Compliance** with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff.
17. **NFR-CRS** Interest in National Fatality Review-Case Reporting System Form

File Naming Convention Example

Please save all electronic documents using the required naming convention below:

Agreement # (space) Program Abbreviation (space) Document # (space)
Document Name (from Checklist Above) (space) (Month/Day/Year) XXXXXX

Example for MCAH Program:

2024XX MCAH 1 AFA Checklist 07.01.24
2024XX MCAH 2 Agency Information Form 07.01.24
2024XX MCAH 3 Attestation –Sexual Health Educ. Acct. Act 07.01.24
2024XX MCAH 4 TXIX MCF Justification Letter 07.01.24
2024XX MCAH 5 Budget Template 07.01.24
2024XX MCAH 6 ICR Certification Form 07.01.24
2024XX MCAH 7 Duty Statement Line 1 07.01.24
2024XX MCAH 7 Duty Statement Line 2 07.01.24
2024XX MCAH 7 Duty Statement Line 3-7 07.01.24
2024XX MCAH 7 Duty Statement Line 8-10 07.01.24
2024XX MCAH 8 Org Chart 07.01.24
2024XX MCAH 9 Local MCAH Director Verification of Requirement
2024XX MCAH 10 BIH Approval Letter 07.01.24
2024XX MCAH 11 SOW 07.01.24
2024XX MCAH 12 Annual Inventory 07.01.24
2024XX MCAH 13 SubK Package 07.01.24
2024XX MCAH 14 CPE 07.01.24
2024XX MCAH 15 Govt Agency Taxpayer ID Form 07.01.24
2024XX MCAH 16 Attestation – TXIX FFP (SPMP & Direct Support) 07.01.24
2024XX MCAH 17 NFR-CRS Interest 07.01.24

Please contact your [Contract Liaison](#) (CL) if you have any questions.