California Department of Public Health
Center for Infectious Diseases, Immunization Branch
RFA 24-10229
Attachment 1
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| Applicant Name: | |
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Attachment 1 Application Certification Checklist

Use this checklist to ensure your application package is complete. Enter a "check" for each item provided and submit a copy of the completed checklist with your application.

Application Certification Checklist (Attachment 1)
Application Cover Sheet (Attachment 2)
Project Synopsis (Attachment 3)
Budget Justification Template (Attachment 4)
Application Narrative (Attachment 5)
Project Workplan and Timeline
Organization Certification
Letters of Support (if applicable)