

Imperial Valley Continuum of Care
PROPOSAL CHECKLIST

Instructions: This section must be completed, and each item checked off to ensure all items requested by the County in this RFP have been submitted. Follow the instructions on each section of this RFP. Present all requested items/documentation as noted below. Label each item presented and include additional items in your Table of Contents if necessary. All proposals must include a detailed description of the proposed project. Applicants that do not follow the instructions in the RFP may be found to be "non-responsive" and disqualified from the bid process.

Name of organization: _____

Project Name: (Example: Village of Hope) _____

Section (Attachment):	Page Number(s)
<input type="checkbox"/> Notice of Funding Announcement (A)	_____
<input type="checkbox"/> Copy of Request for Proposals (RFP) [B]	_____
<input type="checkbox"/> Proposal Checklist (<i>this page</i>) [C]	_____
<input type="checkbox"/> TIN/EIN Form (D)	_____
<input type="checkbox"/> Program Guidelines – Section 205.1-8 (E)	_____
<input type="checkbox"/> Proof of Insurance:	_____
<input type="checkbox"/> Automobile Liability Coverage	_____
<input type="checkbox"/> Commercial General Liability	_____
<input type="checkbox"/> Cyber Liability Coverage	_____
<input type="checkbox"/> Errors and Omissions Coverage	_____
<input type="checkbox"/> Workers Compensation Coverage	_____
<input type="checkbox"/> Copy of Equal Access and Non-Discrimination Policies	_____
<input type="checkbox"/> Copy of current business license or other applicable licenses	_____
<input type="checkbox"/> If applicable, acknowledgement of compliance with Russian Sanctions (F)	_____