

(Attachment C)

Imperial Valley Continuum of Care  
California Homeless Housing, Assistance, and Prevention Program  
HHAP Round 3 Project Application

## 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)** \_\_\_\_\_

### Proposal Submission Checklist

*Please provide one copy of the following items in your proposal. Indicate the page number where the item is located.*

<b>Section:</b>	<b>Page Number</b>
<input type="checkbox"/> Proposal Checklist ( <i>this page</i> )	_____
<input type="checkbox"/> Project Application (Attachment D)	_____
<b>Proof of Insurance:</b>	
1. <input type="checkbox"/> Automobile Liability Coverage	_____
2. <input type="checkbox"/> Commercial General Liability	_____
3. <input type="checkbox"/> Cyber Liability Coverage	_____
4. <input type="checkbox"/> Errors and Omissions Coverage	_____
5. <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"/> Agency Certification (Attachment E)	_____
<input type="checkbox"/> Acknowledgement of compliance with Russian Sanctions (Attachment F)	_____