**FORM 8 –** **NHAP APPLICATION SUBMISSION CHECKLIST**

Applicants are encouraged to utilize this checklist to ensure all required forms are submitted with the application.

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|  **SUBMISSION REQUIREMENTS** | **REQUIRED DOCUMENTATION** |  |
| Application with all application sections completed. Any not applicable section must be identified per Section 4.1.  | Form 1, Form 2, Form 3, and Form 4  | [ ]  |
| Signed Verification of Participation in Continuum of Care Committee | Form 5 | [ ]  |
| Non-profit organizations must have an active Board of Directors within the last 12 months (not applicable to governmental agencies).* Board of Directors list must include phone numbers, email addresses, and titles.
 | Form 6, #1 | [ ]  |
| Most recent copy of the applicant’s most recent external audit. Only send the following portions of the most recent audit**:** * A copy of the Independent Auditor’s Report pages;
* Statement of Financial Position pages; and,
* A letter of justification to accompany the audit if not completed within the last 12 months.
 | Form 6, #2 | [ ]  |
| Registered to conduct business in the State of Nebraska (not applicable for governmental applicants).* Current certification from the Nebraska Secretary of State or print out of active state from: <https://goo.gl/cXOFX>
 | Form 6, #3 | [ ]  |
| Indirect Cost Rate (if applicable)* If seeking to claim indirect cost rate on the budget, the applicant must provide a current approved indirect cost rate agreement. If the applicant is utilizing the “de minimus” rate, provide calculations to support the request.
 | Form 6, #4 | [ ]  |
| Direct Cost Allocation (if applicable)* Applications with direct cost allocation requests must include sufficient documentation to demonstrate that costs were properly allocated.
 | Form 6, #5 | [ ]  |
| Performance Measurements* Supporting documentation provided to validate numbers reported for performance measurements section
 | Form 6, #6 | [ ]  |
| Organization Chart of Applicant* Diagram that shows the structure of the Applicant’s organization
 | Form 6, #7 | [ ]  |
| Proof of 501 (c) status (not applicable for governmental applicants).* Copy of IRS determination letter or print off from IRS website (must be within the last 12 months).
 | Form 6, #8 | [ ]  |
| Certification of Local Governmental Approval (if applicable)* New applicants: If applying for Emergency Shelter funding, approval of emergency shelter activities by local government for all cities or counties where shelter will occur. HUD requires even for those programs using hotel/motel vouchers.
* Current NHAP: Grantees who have previously submitted approvals for cities/counties do not need to resubmit for those identified cities/counties, as this is on file at DHHS.
 | Form 7 | **[ ]**  |