### Applicant Checklist

This checklist serves as a guide for preparing grant application materials for submission to the City of Saint Paul. All required documents must be submitted by the deadline for your application to be considered complete. Further details are provided in the proposal guidance.

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| **Application Materials** |
|  | **Narrative:** Prepare a proposal narrative providing written responses to all questions listed in the Proposal Guidance.  |  |
|  | **Applicant Organization Information:** Complete in full and with accuracy as information will be used to establish contracts and payments if awarded. The Authorized Organization Representative (AOR) is generally the Executive Director/CEO. |  |
|  | **Work Plan:** Applicants must submit a work plan using the required form. At least one activity and one outcome must be listed to be considered complete.  |  |
|  | **Budget Form:** Applicants must submit budgets in required form. There are formulas built into the form. Enter unit details and sub-budget categories will tally and calculate a total request amount.  |  |
|  | **Applicant Conflict of Interest Form:** Must be signed by theorganization’s top executive, generally the Executive Director/CEO |  |
|  | **Applicant Financial Questionnaire**: Information about the organization’s financial and management structures will be used to define a monitoring plan if awarded.  |  |
| **Required Attachments** |
|  | **Audited Financial Statements:** The audit should be from the most recently completed fiscal year. If organization does not have audited statements, provide a Form 990 tax form.  |  |
|  | **Copy of Current Federal Tax Ruling Letter:** The letter must include legal name and tax identification number for the applicant. For Non-profit organizations, this is the 501(c)(3) letter.  |  |
|  |  *The following documents are not required as part of the RFP. The selected applicant organization will be required to submit the following documents* ***before*** *contracting.*  |  |
| 10. | **Copy of Liability Insurance Policy:** Attach a current certificate of insurance (COI) signed by subrecipient’s insurance agent, and worker’s compensation insurance (or exemption form). Insurance liability levels are negotiated with subrecipients’ own Insurance agents.  |  |
| 11. | **W-9:** This form will be used to create or update a vendor ID with the City payment system. |  |
| 12. | **A current Affirmative Action Plan on file with the City:** (Only applicable for contracts $50,000 or more or aggregate contracts over 12-month period at $50,000 or more.) If the applicant is unsure, or does not have a current plan, Please contact Yia Thao at Yia.Thao@ci.stpaul.mn.us.  |  |
| **Precontract** |
| **City Supplier ID:** All Applicants must obtain a City ID number before contracting with the City. If you do not already have a supplier ID, you can apply through the [**supplier portal**](https://stpaul-lm01.cloud.infor.com/lmcsf/SupplyManagementSupplier/land/99-2?csk.SupplierGroup=COSP) ***upon receipt of an award***. Please contact the **Procurement office** for questions regarding the supplier portal. |  |
| **Federal Unique Entity ID (UEI):** Enter your organization’s UEI in the Organization Information Sheet. If your organization does not have a UEI, and is selected for funding, a UEI will be required before a contract can be issued. The UEI is managed by the federal government, and applicants must seek a number by visiting <https://sam.gov/content/home>. |  |