AFTER-SCHOOL ACHIEVEMENT PROGRAM (ASAP) REQUEST FOR PROPOSAL CHECKLIST 2014-2015

| Applicant Name: | |
|--|---|
| Applicant Proposed Site: | |
| Contact Person: | |
| The application MUST include ALL the required components and forms in the order listed below. Applications without ALL required components and forms will not be reviewed. | |
| MANDATORY forms for ALL applicants | |
| After-School Achievement Program Checklist (This Form) | |
| Application Coversheet | |
| Grant Application Narrative (5 page limit) | |
| I. Program Need (15 Points) | |
| II. Program Description (45 Points) | |
| III. Collaborative Resources (15 Points) | |
| a. Each application may include up to three letters of collaboration/ | |
| commitment from primary partners or sponsors | |
| IV. Budget | |
| V. Program Schedule | |
| Additional REQUIRED attachments for CHARTER SCHOOLS AND NON-PROFIT APPLICANTS | |
| Copy of 501 (c)(3) determination letter from the IRS | |
| Copy of Articles of Incorporation | |
| List of agency's board of directors, including names, addresses, and telephone | |
| numbers | |
| Evidence of compliance with child care licensing requirements for proposed site | П |
| and/or a copy of the child care license application | |
| Copy of agency's most recent audit (if agency's operating budget is more than | |
| \$100,000) or financial statement documenting one year's fiscal activity, reviewed or | |
| compiled by a CPA (if agency's operating budget is less than \$100, 000) Proof of Insurance | |
| | |
| Affidavit of Ownership Form | |
| I. List of agency's board officers, including names, residential address, and business address (Example. Secretary, Parliamentarian, Treasurer) | |
| | |
| II. Affidavit of Ownership form has been notarized | |
| Applications are due to the City Secretary's Office no later than 5:00 pm April 7, 2014. | |
| City Secretary's Office | |
| City Hall Annex, 900 Bagby, Public Level | |
| Houston, Texas 77002 | |
| <u>Certification:</u> I certify that the information provided in this application is true and correct. I understand that | |
| this application packet will not be reviewed if it is incomplete and/ or received by the City Secretary's Office | |
| after 5 p.m. on Monday, April 7, 2014. If this proposal is funded I will work to insure that the program is | |
| carried out as outlined in this application, and that any proposed changes will be brought to the ASAP | |
| Director's attention. | |
| | |
| Prepared by: Date: | |
| Authorized by: | |

Signature of Principal and/or Executive Director