# Objective

The objective of this checklist is to record which documents are being submitted for review. This checklist tracks items submitted, items unchanged from the last submission (for recompete applicants), and/or items that are not applicable.

# Organization Information

|  |  |
| --- | --- |
| **Legal Applicant Name** | Click or tap here to enter text. |
| **Submitted By** | Click or tap here to enter text. |
| **Position Title** | Click or tap here to enter text. |
| **Date of Submission** | Click here to enter a date. |

# Document Checklist

If a checkbox is NOT provided for a document in the *No changes since last submission* and/or *N/A* columns, then the document **must be submitted by all subrecipients**. In the comments section on the following page, please type in any useful additional information (e.g., links to documents that are available online).

**\* These documents are N/A for universities, school districts, and governmental entities.**

**▲ These documents are required only for NEW subrecipients.**

|  |  |  |  |
| --- | --- | --- | --- |
| Forms & Documents | Submitted | No change since last submission | N/A |
| **Accounting Policies ▲** |  |  |  |
| **Fidelity Bond Coverage Certification Form \*** |  |  |  |
| **Fidelity Bond Certificate of Insurance \*▲** |  |  |  |
| **Cost Allocation Plan** |  |  |  |
| **Federally Approved Indirect Cost Rate** |  |  |  |
| **IRS Form 990 \*** |  |  |  |
| **Staff Job Descriptions** |  |  |  |
| **Job Description Cross Walk** |  |  |  |
| **Member Living Allowance Schedule** |  |  |  |
| **Member Living Allowance Distribution Policy** |  |  |  |
| **Organizational Capacity Survey** |  |  |  |
| **Organizational Separation of Duties** |  |  |  |
| **Subaward Certification Form** |  |  |  |
| **Subaward Monitoring Policy and Plan** |  |  |  |
| **Subrecipient COI Disclosure Form** |  |  |  |
| **Funds Transfer Request Form▲** |  |  |  |
| **W-9▲** |  |  |  |

**Comments**

|  |
| --- |
| Click or tap here to enter text. |