

## Application Responsiveness/Completeness Review Form

*Completed by Pinellas County Human Services Staff*

**Organization Name:**

**Date Received:**

**Time Received:**

**Application Components**

**Yes**

**No**

- Application Submitted and Agency Eligible
- Proof of 501(c)(3) Status
- Proof of incorporation in the State of Florida for at least one (1) year
- Most Recent Financial Audit, IRS Form 990, and/or Management Letter
- W-9 with legal name which matches that of applicant name
- Completed Internal Control Questionnaire
- Sample Certificate of Insurance
- Annual Budget and Operational Narrative
- Outcomes and Goals Template
- Current State Licenses or Registrations, if applicable
- Local Agency Organizational Chart
- Job Descriptions, if funding supports salaries
- Housing First Checklist, if applicable
- Shelter Entrance Criteria, if applicable
- BAA
- Data Control Checklist
- E-Verify
- Board Member list, if applicable
- Accreditation, If applicable

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**Additional Review**

- Applicant organization attended pre-application conference.
- Organization’s Mission is consistent with the goals of the Social Action Grant Program to address the health, economic, and social well-being of Pinellas County residents in need of assistance.  Identified outcome goals are detailed with specific time frames, measurable numbers, and percentages.
- Measurement tools are clearly described and sufficient to capture data.

**Staff Name:**

**Date:**