*2d Bonus Point (Agency Contribution is 12.5% of Program Cost): NO INITIAL SUBMISSION - CONFIRM DOCUMENTS ARE SIGNED AND DATED

Enter "X" If the item is missing, submitted on an old form, is incomplete or not completed according to directions. Enter explanation to COMMENTS box. NTRODUCTION COMMENTS Proposal Summary Sheet ok-4 sites and satalites to serve 6 zones Proposal Contents Cover Letter Part 1 - AGENCY PROPOSAL Authorization To File 2/18/2015 Agency Description and Assurances
Board Of Directors, Owners, Stockholders Demographic Summary Ownership, Independence, and Governance ok-resumes in appendix Owners/Officers οk Mission Statement ok Agency Organizational Chart ok 10 Agency Licenses and Certificates Indemnity, Data And Information, and 11 HIPAA Compliance Statement Related Organization/Related Party Disclosure 13 Employee Hours-Related Organization plan filed: 2014-17 110 local/110 total Disclosure (Form 2C)
Conflict Of Interest & Prohibited Practices 14 employees Certification 15 Equal Employment Opportunity Certificate Equal Opportunity Policy 18 Audit Fraud Hotline Certification Statement Regarding Debarment And Suspension Additional Disclosures ok-DB ok-not in original, asked to submit Certification Regarding Compliance With 21 Background Checks - Children & Youth Certification Regarding Compilance With Signed/Dated3-20-15 22 23 Background Checks - Caregiver Signed/Dated 3-20-15 Promotion of Cultural Competence Emergency Management Plan ok-8 pages Part 2 - BUDGET AND OTHER FINANCIAL INFORMATION IRS Form 990 For Non-Profit Agencies Certified Audit/Board Approved Financial ok- on file with DHHS Statement ok- on file with DHHS orm 1 (Program Volume Data) Form 2 and 2A Form 2B Form 3 and 3S (Anticipated Program Expenses)
Form 4 and 4S (Anticipated Program Revenue) Form 5 and 5A ok Form 6-6H

Part 3 - PROGRAM PROPOSAL		COMMENTS	
28	Program Organizational Chart	ok	
29a	Program Logic Model	ok	
29b	Program Narrative	ok	
29c	Experience Assessment For Agency	n/a current DHHS contractor	
29d	Experience Assessment For Agency Leadership	n/a current DHHS contractor	
29e	Most Recent Program Evaluation (Current Contractors)	ok	
30	Provider Proposal Site Information	signed/dated -signed	
31	Accessibility	ok	
32	Staffing Plan	ok	
33	Staffing Requirements	ok	
34	Current Direct Service Provider/Indirect Staff Roster	ak-notes that it is provided electronically	
36	Client Characteristics Chart	ok	

FRIAL SUBMISSION

After completion of the application review and upon receiving notice of a contract award, funded agencies are required to submit the following application items (if nothing has changed from initial submission, redate and resubmit):

1	Proposal Summary Sheet	
12	insurance Certificate	
25 27	IRS Form 990 For Non-Profit Agencies	
27	Budget Forms 1, 2, 2A, 2B,3, 3S, 4, 4S, 5,	
	5A, and 6-6H	
34	Current Direct Service Provider/Indirect	
	Staff Roster	

Final submissions are due by 4:00 p.m. on August 1, 2015

Additional Comments: provided a set of budget sheets (1 through 4\$) for each zone, provided one form 5, 54, 6 and 8D. Appedicies includes MOUs for additional sites, sample documents, letters of support, maps, Info on phone-line system, Received Item 20 on 3-31-15 per instructions.

	ESI	Program:	Energy / WHEAP
	Initial Screen Complete		3/30/20
	Agency Request		
	Agency Cor		
*2d Bonus F	Point (Agency Contribution is 12.5% of Progra	am Coat):	<u>YES</u>
	AND CONTROL DOCUMENTS AND DIGHES AND	DATED	
IITIAL SUBMIS	SION - CONFIRM DOCUMENTS ARE SIGNED AND Enter "X" if the Item is missing, submitted on an old	Liform la inc	amplete or not completed according to
am#	directions. Enter explanation to COMMENTS box.		
VTRODUCTIO		X	COMMENTS
			ok-lists no specific sites, only 2 ma
			with 11 satelites for 3 zones (4-5-
	Proposal Summary Sheet		Zone 6 is without 53207 zip
	Proposal Contents		ok-top sheet/not in this order
	Cover Letter		ok
ert 1 - AGEN	NCY PROPOSAL		
	Authorization To File		3/26/2015
	Agency Description and Assurances		ok
	Board Of Directors, Owners,		
•	Stockholders Demographic Summary		ok
	Ownership, Independence, and		
	Governance		ok
	Owners/Officers		ok
	Mission Statement		ok
	Agency Organizational Chart		ok
0	Agency Licenses and Certificates		ok
	Indemnity, Data And Information, and		at.
1	HIPAA Compliance Statement		ok
	Related Organization/Related Party Disclosure		ok
3	Employee Hours-Related Organization		
4	Disclosure (Form 2C)		no plan filed 5 local/80 total employe
T	Conflict Of Interest & Prohibited		post anna a south of train complete
5	Practices Certification	i	ok
	Equal Employment Opportunity		
6	Certificate		ok
7	Equal Opportunity Policy		ok
18	Audit Fraud Hotiline		0k
	Certification Statement Regarding		-
19	Debarment And Suspension		lok
20	Additional Disclosures	_	ok
) Tables in a constant		ok-Signed/Dated 3-27-15 agncy
	Certification Regarding Compliance With		name is listed as n/a, resubmitted
21	Background Checks - Children & Youth	ok-DB	correct
	David and Division		ok-Signed/Dated 3-27-15 agncy
	Certification Regarding Compliance With		name is listed as n/a-resubnmitte
22	Background Checks - Caregiver	ok-DB	correct
23	Promotion of Cultural Competence		ok
24	Emergency Management Plan		ok-3 pages
	GET AND OTHER FINANCIAL INFORMATION	DM .	1
	IRS Form 990 For Non-Profit Agencies	, , , , , , , , , , , , , , , , , , ,	ok
25	Certifled Audli/Board Approved Financial	_	-
26	Statement		ok
27	Form 1 (Program Volume Data)		ok
<u> </u>	Form 2 and 2A	ok-DB	no form 2, found form 2A after form
	Form 2B	ok-DB	no
	Form 3 and 3S (Anticipated Program	-	
	Expenses)		ok
	Form 4 and 4S (Anticipated Program		
	Revenue)		ok
	Form 5 and 5A	ok-DB	no form 5A, Form 5 ok
	Form 6-6H	ok-DB	provided 6D, 6E, 6G only
			COMMENTS
	GRAM PROPOSAL	_	
28	Program Organizational Chart		ok
29a	Program Logic Model	-	ok
29b	Program Narrative		ok
			no form, provided narative and
			references
29c	Experience Assessment For Agency	ok-DB	Tentacences
	Experience Assessment For Agency	ok-DB	
	Experience Assessment For Agency Leadership	ok-DB	ok
29d	Experience Assessment For Agency Leadership Most Recent Program Evaluation	ok-DB	ok
29d	Experience Assessment For Agency Leadership	ok-DB	not a current contractor N/A
29d 29e	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors)	ok-DB	ok not a current contractor N/A Signed/Dated -not signed, lists n
29d 29e 30	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information	ok-DB	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites
29d 29e 30 31	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility	ok-DB	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok
29d 29e 30 31 32	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan	ok-DB	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok
29d 29e 30 31	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Requirements	ok-DB	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok
29d 29e 30 31 32 33	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect	ok-DB	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok
29d 29e 30 31 32 33	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster	ok-DB	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok none provided
29d 29e 30 31 32 33	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect	ok-DB	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok
29d 29e 30 31 32 33 34 36 FINAL SUBMIS	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Cilent Characteristics Chart		ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok none provided ok-lists Racine data
29d 29e 30 31 32 33 34 36 FINAL SUBMIS	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Cillent Characteristics Chart SISION Ition of the application review and upon receiv	ing notice	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok none provided ok-lists Racine data of a contract award, funded agence
29d 29e 30 31 32 33 34 36 FINAL SUBMIS after completers required	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffling Plan Staffling Requirements Current Direct Service Provider/Indirect Staff Roster Client Characteristics Chart SSION to submit the following application items (if no	ing notice	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok none provided ok-lists Racine data of a contract award, funded agence
29d 29e 30 31 32 33 34 36 FINAL SUBMIS	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffling Plan Staffling Requirements Current Direct Service Provider/Indirect Staff Roster Client Characteristics Chart SSION to submit the following application items (if no	ing notice	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok none provided ok-lists Racine data of a contract award, funded agence
29d 29e 30 31 32 33 34 36 FINAL SUBMIS after completer required redate and re	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Cilent Characteristics Chart SSION ston of the application review and upon receiv to submit the following application items (if no esubmit):	ing notice	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok none provided ok-lists Racine data of a contract award, funded agence
29d 30 31 31 32 33 34 36 FINAL SUBMIS After complete required redate and retails	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Cillent Characteristics Chart Sesion without the application review and upon receive usubmit; the following application items (if no submit the following application items (if no submit the summary Sheet	ing notice	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok none provided ok-lists Racine data of a contract award, funded agence
29d 30 31 31 32 33 36 FINAL SUBMIS After complete are required receded and rec	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Client Characteristics Chart SSION ston of the application review and upon receiv to submit the following application Items (if no esubmit): Proposal Summary Sheet insurance Certificate	ing notice	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok none provided ok-lists Racine data of a contract award, funded agence
29d 29e 30 31 32 33 34 36 FINAL SUBMIT After complete are required redate and ref	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Cilent Characteristics Chart SISION ston of the application review and upon receiv to submit the following application items (if no esubmit): Proposal Summary Sheet Insurance Certificate IRS Form 990 For Non-Profit Agencies	ing notice	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok none provided ok-lists Racine data of a contract award, funded agence
33 34 36 FINAL SUBMIS After completer required redate and references	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect staff Roster Cilent Characteristics Chart ssion stion of the application review and upon receiv to submit the following application items (if no esubmit): Proposal Summary Sheet insurance Certificate IRS Form 990 For Non-Profit Agencies Budget Forms 1, 2, 2A, 2B,3, 3S, 4, 4S,	ing notice	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok none provided ok-lists Racine data of a contract award, funded agence
29d 30 31 32 33 34 38 FINAL SUBMIS After complete are required readate and refull to the complete are required residue to the complete are required to the complete	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Client Characteristics Chart SSION stood of the application review and upon receiv to submit the following application Items (if no esubmit): Proposal Summary Sheet Insurance Certificate IRS Form 990 For Non-Profit Agencies Budget Forms 1, 2, 2A, 2B,3, 3S, 4, 4S, 5, 5A, and 6-8H	ing notice	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok none provided ok-lists Racine data of a contract award, funded agence
29d 29e 30 31 32 33 34 36 FINAL SUBMIT After complete are required redate and ref	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Cilent Cheracteristics Chart SSION ston of the application review and upon receiv to submit the following application Items (if no esubmit): Proposal Summary Sheet Insurance Certificate IRS Form 980 For Non-Profit Agencies Budget Forms 1, 2, 2A, 2B,3, 3S, 4, 4S, 5, 5A, and 8-8H Current Direct Service Provider/Indirect	ing notice	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok none provided ok-lists Racine data of a contract award, funded agence
29d 29e 30 31 32 33 34 38 FINAL SUBMIS After complete are required redate and red 1 12 25 27	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Client Characteristics Chart SSION stood of the application review and upon receiv to submit the following application Items (if no esubmit): Proposal Summary Sheet Insurance Certificate IRS Form 990 For Non-Profit Agencies Budget Forms 1, 2, 2A, 2B,3, 3S, 4, 4S, 5, 5A, and 6-8H	ing notice	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok none provided ok-lists Racine data of a contract award, funded agence
29d 29e 30 31 32 33 34 36 Final subwits After complet are required redate and re 1 12 25 27	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Cilent Characteristics Chart SISION Iton of the application review and upon receiv to submit the following application Items (if no esubmit): Proposal Summary Sheet Insurance Certificate IRS Form 990 For Non-Profit Agencies Budget Forms 1, 2, 2A, 2B,3, 3S, 4, 4S, 5, 5A, and 6-8H Current Direct Service Provider/Indirect Staff Roster	ing notice	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok none provided ok-lists Racine data of a contract award, funded agence
29d 29e 30 31 32 33 34 36 Final submit 1 12 25 27 34	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Cilent Characteristics Chart siston tion of the application review and upon receiv to submit the following application items (if no esubmit): Proposal Summary Sheet insurance Certificate IRS Form 990 For Non-Profit Agencies Budget Forms 1, 2, 2A, 2B,3, 3S, 4, 4S, 5,5A, and 6-6H Current Direct Service Provider/Indirect Staff Roster	ing notices thing has	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok bok cok bok cok bok-lists Racine data of a contract award, funded agenc changed from initial submission,
29d 29e 30 31 32 33 34 36 Final submit 1 12 25 27 34	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Cilent Characteristics Chart SISION Iton of the application review and upon receiv to submit the following application Items (if no esubmit): Proposal Summary Sheet Insurance Certificate IRS Form 990 For Non-Profit Agencies Budget Forms 1, 2, 2A, 2B,3, 3S, 4, 4S, 5, 5A, and 6-8H Current Direct Service Provider/Indirect Staff Roster	ing notices thing has	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok bok cok bok cok bok-lists Racine data of a contract award, funded agenc changed from initial submission,
29d 29e 30 31 31 32 33 34 36 Final submit 1 12 25 27 34 Final submit	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Cilent Characteristics Chart siston tion of the application review and upon receiv to submit the following application items (if no esubmit): Proposal Summary Sheet insurance Certificate IRS Form 990 For Non-Profit Agencies Budget Forms 1, 2, 2A, 2B,3, 3S, 4, 4S, 5,5A, and 6-6H Current Direct Service Provider/Indirect Staff Roster	ing notices thing has	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok bok cok bok cok bok-lists Racine data of a contract award, funded agenc changed from initial submission,
29d 29e 30 31 31 32 33 34 36 Final submit 1 12 25 27 34 Final submit	Experience Assessment For Agency Leadership Most Recent Program Evaluation (Current Contractors) Provider Proposal Site Information Accessibility Staffing Plan Staffing Plan Staffing Requirements Current Direct Service Provider/Indirect Staff Roster Cilent Characteristics Chart siston tion of the application review and upon receiv to submit the following application items (if no esubmit): Proposal Summary Sheet insurance Certificate IRS Form 990 For Non-Profit Agencies Budget Forms 1, 2, 2A, 2B,3, 3S, 4, 4S, 5,5A, and 6-6H Current Direct Service Provider/Indirect Staff Roster	ing notices thing has	ok not a current contractor N/A Signed/Dated -not signed, lists n specific sites or proposed sites ok ok ok ok bok cok bok cok bok-lists Racine data of a contract award, funded agenc changed from initial submission,

Agency:	SDC	Program:	Energy / WHEAP
	Initial Screen Comple	ted (Date):	3/30/2015
	Agency Reques		\$ 2,222,458,00
*0-1 D D-	Agency Co		
"2d Bonus Po	pint (Agency Contribution is 12.5% of Prog	ram Cost):	NO
INITIAL SUBMISSI	ON - CONFIRM DOCUMENTS ARE SIGNED AND	DATED	
	Enter "X" if the item is missing, submitted on an o	ld form, la lru	complete or not completed eccording to
Item # INTRODUCTIO	directions. Enter explanation to COMMENTS box		
MUNODOCTIO		×	COMMENTS
1	Proposal Summary Sheet		ok-3 sites (in zones 2 and 6) to serve 6 zones
<u> </u>	Proposal Contents		ok
2	Cover Letter		ok
Part 1 - AGENO			
3	Authorization To File		3/19/2014
4	Agency Description and Assurances	-	ok
5	Board Of Directors, Owners, Stockholders Demographic Summary		jok
	Ownership, independence, and		
6	Governance	<u></u>	ok
7	Owners/Officers		ok
9	Mission Statement		ok
10	Agency Organizational Chart Agency Licenses and Certificates		ok
	Indemnity, Data And Information, and		ok
11	HIPAA Compliance Statement		ok
	Related Organization/Related Party		
13	Disclosure	11	ok
14	Employee Hours-Related Organization Disclosure (Form 2C)		plan filed: 2014-15 141 local/141 total
1-	Conflict Of Interest & Prohibited		comployees
15	Practices Certification		ok
	Equal Employment Opportunity	_	
16	Certificate		ok
17 18	Equal Opportunity Policy Audit Fraud Hotline		ok
10	Certification Statement Regarding	_	ok
19	Debament And Suspension		ok
20	Additional Disclosures		ok
	Certification Regarding Compliance With		
21	Background Checks - Children & Youth	ok-DB	Signed/Dated 3-25-14, resubmitted
22	Certification Regarding Compliance With Background Checks - Caregiver	ok-DB	Signed/Dated 3-25-14, resubmitted
23	Promotion of Cultural Competence	OIL-LMS	ok
24	Emergency Management Plan	ok-DB	51 pages-accepted as turned in
Part 2 - BUDGE	T AND OTHER FINANCIAL INFORMATION		
			n/a Community Action Agency / quasi-
25	IRS Form 990 For Non-Profit Agencies		gov't status
26	Certified Audit/Board Approved Financial Statement		-1
20	Statement	_	ok ok- filler forms precent budget
27	Form 1 (Program Volume Data)		ok- filler forms preceed budget documents
	Form 2 and 2A		ok
	Form 2B		ok
	Form 3 and 3S (Anticipated Program		
_	Expenses) Form 4 and 4S (Anticipated Program		ok
	Revenue)		ok
	Form 5 and 5A		ok
	Form 6-6H		ok .
Part 3 -PROGR	AM PROPOSAL	_	COMMENTS
	Program Organizational Chart		ok
29a	Program Logic Model		ok
29b	Program Narrative	ok-DB	chart from RFP page 4-46not included.
29c	Experience Assessment For Agency		n/a current DHHS contractor
204	Experience Assessment For Agency		
29d	Leadership		n/a current DHHS contractor
			states N/A on page 6A, but included on
	Most Recent Program Evaluation		TOC. Document is the chart from page 4-46 of program narative. No program
29e	(Current Contractors)	ok-DB	evaluation report attached
	Provider Proposal Site Information		signed/dated -signed
	Accessibility		ok
	Staffing Plan		ok
33	Staffing Requirements		ok
34	Current Direct Service Provider/Indirect Staff Roster		al.
	Client Characteristics Chart		ok ok
_			ya.
FINAL SUBMISSIO			
emercompletion	of the application review and upon receiving	ng natice o	r a contract award, funded agencies
are required to si redate and resub	ubmit the following application items (if not mith:	ınıng nas ¢	nerged from Initial Submission,
	Proposal Summary Sheet		
	Insurance Certificate	-	
	IRS Form 990 For Non-Profit Agencies Budget Forms 1, 2, 2A, 2B,3, 3S, 4, 4S,		
	5, 5A, and 6-6H		E
34 j	Current Direct Service Provider/Indirect		
i	Staff Roster	1	

Calculation for bonus points

| Telephone | Tele 22 23 24 \$ 173,898.00 \$ 4,129.00 p 68 \$ 527,972.00 \$ 4,129.00 p 77

\$ 2,222,468.00 \$ 92,651.00

File # 15-444

percent of contribution 4%

Additional Comments per clue by 4-tee p.m. on August 1, 4019

Additional Comments provided a set of budget sheets for each zone bid. Part 1, number 24 emergency management plan starts on page 73 (actual plan is numbered pages 1-55), increted hetween pages 72 and 74). Budget pages (numbered 1-37) are located after page 127. Part 3, begins new page numbers atriang with pp1. Notes on 28c and 29e are on an unnumbered page between pages pp6 and pp 7, designated (by DHHS) as 6A. No page pp 33. Appendice a startpad including CBBG funding, aenior incusting and other community partners/outreach else, letters of commitment, povery statistics, SDC complaint brookure, SDC QA surveys

Final submissions are due by 4:00 p.m. on August 1, 2015

Agency:	UMOS	_Program:	Energy / WHEAP
	Initial Screen Complet	ted (Date):	3/30/2015
	Agency Reques	it (Form 3):	\$ 1,346,348.00
		ontribution:	
*2d Bonus I	Point (Agency Contribution is 12.5% of Prog	ram Cost):	<u>NQ</u>
	SION - CONFIRM DOCUMENTS ARE SIGNED AND	DATED	
MITIAL SUBMIS	Enter "X" if the item is missing, submitted on an o	ld form, is the	complete or not completed according to
item#	directions. Enter explanation to COMMENTS box	۲.	
INTRODUCTION	DN	х	COMMENTS
1	Proposal Summary Sheet		ok-for zones 3-4-5-6
	Proposal Contents		0k
2	Cover Letter		ok
Part 1 - AGE	NCY PROPOSAL		I-variation -
3	Authorization To File	-	3/12/2015
4	Agency Description and Assurances	-	ok
-	Board Of Directors, Owners, Stockholders Demographic Summary	1	ok
5	Ownership, Independence, and	+	UK.
6	Governance		ok
7	Owners/Officers	1	ok
8	Mission Statement		ok
9	Agency Organizational Chart		ok
10	Agency Licenses and Certificates		ok
	Indemnity, Data And Information, and		
11	HIPAA Compliance Statement		ok
	Related Organization/Related Party	1	
13	Disclosure	-	ok plan filed: 2014-17 335 local/376 total
14	Employee Hours-Related Organization	1	employees
14	Disclosure (Form 2C) Conflict Of Interest & Prohibited	+-	hembred town
15	Practices Certification		ak
	Equal Employment Opportunity	1	
16	Certificate		ok
17	Equal Opportunity Policy		ok
18	Audit Fraud Hotline		ok
	Certification Statement Regarding		
19	Debarment And Suspension	1	ok
20	Additional Disclosures		ok
	Certification Regarding Compilance With	4	Signed/Dated 3-25-15
21	Background Checks - Children & Youth Certification Regarding Compliance With	_	Signed/Dated 5-25-15
22	Background Checks - Caregiver	Ή	Signed/Dated 3-25-15
23	Promotion of Cultural Competence	+-	ok
23	Fromotion of Cultural Competence	+-	ok-8 pages printed on 5, can not find
24	Emergency Management Plan	ok-DB	order of succession
	GET AND OTHER FINANCIAL INFORMAT		
25	IRS Form 990 For Non-Profit Agencies	T	ok
	Certified Audit/Board Approved Financia		
26	Statement		ok
27	Form 1 (Program Volume Data)		ok
	Form 2 and 2A		ok
	Form 2B	Τ	0k
		T	entered full amount of request as
	Form 3 and 3S (Anticipated Program		revenue from non-dhhs source, having a
	Expenses)	ok-DB	request of \$0-corrected
	Form 4 and 4S (Anticipated Program	1	
L	Revenue)	-	ok
	Form 5 and 5A		ok
	Form 6-6H		ok
Part 3 -PRO	GRAM PROPOSAL		COMMENTS
28	Program Organizational Chart	$\overline{}$	ok
29a	Program Logic Model	\top	ok
29b	Program Narrative		0k
		\top	n/a current DHHS contractor. Requested
		1	this form, other program is not similar to
29c _	Experience Assessment For Agency		WHEAP
			n/a current DHHS contractor, Requested
	Experience Assessment For Agency		this form, other program is not similar to
29d	Leadership		WHEAP
	Most Recent Program Evaluation	1	
29e	(Current Contractors)	-	2014 Celebrating Families Eval
30	Provider Proposal Site Information	-	signed/dated -signed
31	Accessibility	+	ok .
32	Staffing Plan	+	ok
33	Staffing Requirements	+-	ok
l.,	Current Direct Service Provider/Indirect Staff Roster		ok '
36	Client Characteristics Chart	+	ok
			108
After complete	ision tion of the application review and upon recei to submit the following application items (if r	ving notice	of a contract award, funded agencies changed from initial submission,
redate and re		-	_
		$\overline{}$	
1	Proposal Summary Sheet	+	
12	Insurance Certificate	+	
25	IRS Form 990 For Non-Profit Agencies	+-	1
27	Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S,	' I	
34	5, 5A, and 6-6H Current Direct Service Provider/Indirect	+-	
34	Staff Roster		
Final submi	ssions are due by 4:00 p.m. on August 1,	2015	
	ments: provided a set of budget sheets for each z		page numbering is off starting at item 29d
(listed page 274	Vactually page 275) resubmitted budget and expe	riençe paper	s 4-2-15.

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