**Massachusetts Department of Early Education and Care**

**FY 2014 Mental Health Consultation Grant – Fund Code 700**

**Grant Application Request for Response (RFR)**

**Checklist for Required Grant Application Documents**

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(Agency Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name If Applicable

**Instructions:**  Indicate by marking all line items have been submitted. Please use the most current forms associated with the grant application. Assemble and submit in the order as listed below. All submitted information will be reviewed as outlined in the general evaluation criteria. These forms are also all available on EEC website: [www.mass.gov/eec](http://www.mass.gov/eec) and Comm-PASS. **Please submit documents in its file format i.e. word, excel, etc…** When electronically submitting, **DO NOT SUBMIT the entire application as one PDF. Each component, attachment, appendix must be on a separate document. Please number the pages throughout the application beginning with the checklist as page 1 and onward.**

**Applicant: EEC:**

Checklist (this document)

Signed Cover Page (authorized)

**Section A. Online Grant Application:**

Program contacts

Communities served

Languages spoken

**Section B. Budget Workbook Components:**

Budget Form

Personnel

Consultants

Office & Program Supplies

Travel

Equipment

Other Costs

Subcontractors (if applicable)

**Section B. (cont.) Additional Required Application Attachments:**

**Applicant: EEC:**

FY14 Narrative Questions

**Narrative Question 5:** Submit Organizational chart (reflecting overall governance structure)

**Narrative Question 5:** Submit Program organizational chart (governance structures relating to proposed program)

**Narrative Question 5:** Submit organizational board report, bylaws indicating how often the governing body meets.

**Copy of Indirect Cost Approval Letter** (if claiming Indirect Cost)

**Letters of Support** from Prospective programs to be served

**Workforce Staffing Cover Page,** related Job Descriptions and Resumes

**Memorandum of Understanding and Consolidated Funding Amounts** (if applicable)

**Mail Submission:**

**One (1) signed original and three (3) hard copies:** date submitted\_\_\_\_\_\_\_\_\_\_\_

\*Electronic copy: date submitted\_\_\_\_\_\_\_\_\_\_

**Mail: Please clearly label your Grant Package (including UPS, FedEx, and United Postal Mail) with Mental Health Consultation Grant, Agency Name and Program Name.**

**Please mail to:**

Department of Early Education and Care

FY2014 Mental Health Consultation Grant, Agency Name, Program Name

Michele Smith, Grants Administration

51 Sleeper Street, 4th Floor

Boston, MA 02210

**Electronic Submission Information:**

All electronic submission information for this grant must be sent to:

[**EECSubmission@massmail.state.ma.us**](mailto:EECSubmission@massmail.state.ma.us).

Please include ‘Mental Health Consultation Grant’ and name of your agency on the subject line of the email.

Example: FY 2014 Mental Health Consultation Grant, Boston Social Services

**MA Standard Administrative Forms:**

Complete and mail one original packet of the following forms with their Grant Application response **unless applicant already has these documents on file with the Commonwealth of MA**.

**Applicant: EEC:**

Commonwealth Terms & Conditions

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Contractor Authorized Signatory Listing

Authorization for Electronic Funds Payment (EFT) Form

Supplier Diversity Program Plan Form (If the Grant is competitive and involves distributing more than $150,000 in funds.)

Federal Funding and Accountability and Transparency Act (FFATA) Reporting

Requirements

**DO not submit additional information/document beyond requested grant application as these will not be reviewed.**