

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
REQUIRED FORMS - EXHIBIT 10
APPLICATION CHECKLIST**

☐ **HFA or**
☐ **PAT**

APPLICANT'S LEGAL NAME:

The purpose of this document is to ensure that Applicant has submitted all applicable forms, exhibits, attachments, etc. with its application. **Please check the box to indicate the required document/form is included:**

APPLICANT HAS COMPLETED AND SUBMITTED THE FOLLOWING:

RFA, Section 2.8	APPLICANTS MUST SUBMIT A COMPLETE APPENDIX B, APPLICATION PACKET IN RESPONSE TO THIS RFA.	
	<p>▪ REQUIRED FORMS (APPENDIX B) <i>Check all applicable box(es) below; applicants to indicate the Home Visitation Models (HFA or PAT), which they are submitting their application for. Leave box(es) unchecked where the service model is not applicable.</i></p>	
	Exhibit 1 – Applicant's Organization Questionnaire/Affidavit Form	<input type="checkbox"/>
	Exhibit 2a (REVISED) – (HFA) Applicant's Adherence to Minimum Mandatory Requirements.	<input type="checkbox"/>
	Exhibit 2b (REVISED) – (PAT) Applicant's Adherence to Minimum Mandatory Requirements.	<input type="checkbox"/>
	Exhibit 3 – Certification of Compliance	<input type="checkbox"/>
	Exhibit 4 – Application Transmittal Form	<input type="checkbox"/>
	Exhibit 5 – Acceptance of Terms and Conditions Affirmation	<input type="checkbox"/>
	Exhibit 6 – Community Business Enterprise (CBE) Information	<input type="checkbox"/>
	Exhibit 7 – Proposed Annual Budgets	
	• (HFA) Appendix C-1 (REVISED) – Budget and Budget Justification	<input type="checkbox"/>
	• (PAT) Appendix C-1 (REVISED) – Budget and Budget Justification	<input type="checkbox"/>
	• (HFA) Appendix C-2 (REVISED) – Budget and Budget Justification	<input type="checkbox"/>
	• (PAT) Appendix C-2 (REVISED) – Budget and Budget Justification	<input type="checkbox"/>
	Exhibit 8 – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions (45 C.F.R. Part 76)	<input type="checkbox"/>
	Exhibit 9 (REVISED) – Proposed Service Planning Area (SPA) for Home Visiting Program	<input type="checkbox"/>
	Exhibit 10 (ADDED) – Application Checklist	<input type="checkbox"/>

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RFA, Section 2.8	PROOF OF INSURABILITY	
	Commercial General Liability (Proof of insurability or letter from qualified insurance carrier indicating willingness to provide the required coverage)	<input type="checkbox"/>
	General Aggregate: \$2 million	<input type="checkbox"/>
	Products/Completed Operations Aggregate: \$1 million	<input type="checkbox"/>
	Personal and Advertising Injury: \$1 million	<input type="checkbox"/>
	Each Occurrence: \$1 million	<input type="checkbox"/>
	Auto Liability (Proof of insurability or letter from qualified insurance carrier indicating willingness to provide the required coverage)	<input type="checkbox"/>
	Auto Liability: \$1 million Liability	<input type="checkbox"/>
	Workers' Compensation (Proof of insurability or letter from qualified insurance carrier indicating willingness to provide the required coverage)	<input type="checkbox"/>
	Each Accident: \$1 million	<input type="checkbox"/>
	Sexual Misconduct Liability (Proof of insurability or letter from qualified insurance carrier indicating willingness to provide the required coverage)	<input type="checkbox"/>
	Not less than \$2 million per claim and \$2 million aggregate	<input type="checkbox"/>
	Professional Liability (Proof of insurability or letter from qualified insurance carrier indicating willingness to provide the required coverage)	<input type="checkbox"/>
	Not less than \$1 million per claim and \$3 million aggregate	<input type="checkbox"/>
	APPLICANT'S FINANCIAL CAPABILITY	
	The County will conduct a review of Applicant's financial capability. Applicant must provide copies of the company's most current and prior two (2) fiscal years financial statements. Statements should include the company's assets, liabilities and net worth and at a minimum should include the Balance Sheet, Statement of Income, and the Statement of Cash Flows. If audited statements are available, these should be submitted to meet this requirement. Do not submit Income Tax Returns to meet this requirement. Financial statements will be kept confidential if so stamped on each page.	<input type="checkbox"/>

Signature of Authorized Representative of Applicant:

Date:

Print Name:

Title: