NEW GRANT - REQUIRED DOCUMENTS CHECKLIST

EXHIBIT A

☐ SCOPE OF WORK
☐ STATEMENT OF WORK
☐ EVALUATION PLAN (if applicable)

EXHIBIT B

☐ BUDGET (Original)

EXHIBIT D

☐ AGENCY INVOLVEMENT IN LITIGATION (Original)
☐ SIGNATURE AUTHORIZATION FORM (Original)
☐ CHILD CARE CENTER LICENSE (if applicable)
☐ BUSINESS LICENSE (if applicable)
☐ BY-LAWS (if applicable)
☐ BOARD RESOLUTION – Required only if bylaws do not indicate authorized signatory.
☐ ARTICLES OF INCORPORATION (if applicable)
☐ LIST OF CURRENT BOARD OF DIRECTORS (if applicable)
☐ MEMORANDUM OF UNDERSTANDING - (if applicable) Required for all collaborative partners, subcontractors, and/or contracted services listed in Budget for Contracted Services and external Evaluators.
☐ IRS ACCOUNT DETERMINATION LETTER (Submitted for all non-profit organizations)
☐ W-9
☐ ANNUAL INDEPENDENT AUDIT (For Prior Year)

☐ CERTIFICATE OF INSURANCE - When adding COMMISSION AS AN ADDITIONAL INSURED or LOSS PAYEE, please list on the certificate as Los Angeles County Children and Families First – Proposition 10 Commission (or abbreviated as LA Cty Prop 10 Commn.), its officers, agents, consultants and employees. For detailed explanation of each requirement, please contact the Program Officer.

<table>
<thead>
<tr>
<th>INSURANCE COVERAGE</th>
<th>MINIMUM REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial General Liability</td>
<td>$1,000,000 per occurrence and $2,000,000 aggregate. COMMISSION listed as additional insured.</td>
</tr>
<tr>
<td>Comprehensive Auto Liability</td>
<td>$1,000,000 per accident. COMMISSION endorsed as “LOSS PAYEE, as their interest may appear.”</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>Should reflect California statutory amount of $1 million</td>
</tr>
<tr>
<td>Crime Coverage</td>
<td>$25,000 + (Covers employee dishonesty, forgery, computer fraud, burglary, etc.)</td>
</tr>
<tr>
<td>Professional Liability</td>
<td>$1,000,000 per occurrence. COMMISSION listed as additional insured.</td>
</tr>
<tr>
<td>Property</td>
<td>Replacement Cost basis. COMMISSION endorsed as “LOSS PAYEE, as their interest may appear.”</td>
</tr>
</tbody>
</table>

☐ SELF INSURANCE – Submit evidence of Self-Insurance including a copy of the State of California issued certificate and a cover letter verifying that all included coverages are in effect for the entire contract period.