An Incomplete List of Required Attachments

1. Organizational documentation
   a. Unique Entity Identifier (for Federal grants, register at SAM.gov)
   b. IRS 501c3 Letter of Determination .PDF
   c. State 501c3 Letter of Determination .PDF
   d. Articles of Incorporation / Bylaws .PDF
   e. State of CA Certificate of Charity Registration .PDF
   f. State of CA Certificate of Good Standing (renew every 6 months) .PDF
   g. State of CA Statement of Information (renew every 2 years) .PDF
   h. City Business Tax Registration Certificate .PDF
   i. LA County Vendor Registration .PDF

2. Financial docs
   a. Voided check (you need this less and less, but Bank of America still requires one for their funding opportunities!)
   b. Current year annual budget approved by Board, and a copy of the minutes where the Board approved the budget
   c. Projected year annual budget approved by Board, and a copy of the minutes where the Board approved the budget
   d. Most recent audit
   e. Most recent 990s
   f. Fringe benefit cost breakdown per employee (HR can usually figure out this percentage)
   g. Quarterly Balance Sheet & Profit and Loss statements (BS / P&L)
   h. Most recent unaudited financial statement for the past year if audit not available
   i. Budgets for each department and/or program in the organization, with personnel and non-personnel line item info

3. Certificate of Insurance (COI) showing coverages—you will usually need to get these for City, County, State contract applications

4. Maps (of properties, of service area[s], ad hoc)

5. Fundraising documents that are helpful to have that support proposal creation; some applications will ask for things like your Strategic Plan and/or Annual Report
   a. Any fundraising campaign materials, like flyers or brochures or presentations
   b. Letterhead
   c. "Branded" PowerPoint template
   d. Media statistics, such as how many views your social media gets
   e. Speaking engagement or panel appearance trackers
   f. PR / organizational resume
   g. News clippings, press, etc.
   h. Annual Report
   i. List of Awards and Accomplishments (annual, cumulative)

6. Documents relating to the Board of Directors
   a. Matrix of all Board members, including their role on the Board & any Board committee involvement
      i. Name
      ii. contact address

        iii. contact email
        iv. contact number
        v. professional affiliation
        vi. gender identity
        vii. race identity
        viii. lgbqa+ identity if it is relevant to the population you serve
        ix. Transgender / Gender Nonconforming / Intersex identity if it is relevant to the population you serve

    b. Short biographies
    c. Resumes or Curriculum Vitae
    d. Schedule of Board and committee meetings for Year
    e. Copies of / access to Board meeting minutes as needed
    f. Find out the process for creating Board Resolutions—some applications require a Board Resolution that supports applying
    g. Find out the process for getting a Board member's signature

7. Documents related to Human Resources
    a. Organizational chart
    b. Current number of Full Time employees
    c. Current number of Part Time employees
    d. Demographic breakdown of employees:
        i. Zip codes
        ii. Percent male
        iii. Percent female
        iv. Percent lgbqa+ identity if it is relevant to the population you serve
        v. Transgender / Gender Nonconforming / Intersex identity if it is relevant to the population you serve
        vi. Percent African American
        vii. Percent White
        viii. Percent Hispanic / Latino
        ix. Percent Asian American
        x. Percent Native American
        xi. Percent Biracial / Other
    e. Any kind of report or measure of the HR department's successes in the last year—reduction in turnover rate, retention of hires; maybe:
        i. 20XX turnover rate /staff retention rate
        ii. 20XX # of new hires
        iii. Any new best practices adopted?
        iv. Compliance trainings (insurance related)
        v. Professional development trainings or courses that staff participated in
        vi. Any certifications staff gained
    f. Word document version of most recent Employee Handbook
    g. PDFs of all current job descriptions
    h. PDFs of Director-level staff / program leaders

8. For each program or project in the organization:
    a. Program descriptions with staff in charge of running it / calendars / menus / project pipelines with project management staff identified
    b. Department/program/project budgets with line item information (names redacted)
    c. Any kind of departmental or program marketing materials

9. DATA (this will depend upon who you serve and what you do, but put down as many data points that can be tracked year over year as possible)

- Total number of participants
- # or % participants male
- # or % participants female
- # or % participants other gender identity
- # or % participants who identify LGBQA+
- # or % participants who identify TGI
- # or % participants African American
- # or % participants Hispanic / Latinx
- # or % participants Asian American
- # or % participants multi-race
- # or % participants Native / Indigenous American
- # or % participants Native Hawaiian or Other Pacific Islander
- # or % participants White / Caucasian
- # or % participants other race identity
- # or % participants who are veterans
- # or % participants who are post-9/11 veterans
- # or % participants with positive PTSC (trauma) indicators
- # or % of participants who qualify as "at risk adult"
- # or % participants who are food insecure
- # or % participants with diagnosed learning/developmental disability
- # or % participants with a physical disability
- # or % of participants HIV+
- # or % participants identified as frail
- # or % participants with mobility issues
- # or % participants identified as "aging in place" / geriatric
- # or % participants early signs / dementia
- # or % participants with diabetes
- # or % participants with 2 or more major health conditions
- # or % participants domestic violence survivors
- # or % participants reentry / probation / justice system involvement
- # or % participants State or Federal prison time
- # or % participants re-entering directly from incarceration
- Primary source of income of participants:
  - # or % who receive General Relief
  - # or % who receive Supplemental Security Income
  - # or % who receive Social Security Disability Insurance
  - # or % who receive Earned Income
  - # or % who receive veterans' benefits
- # or % chronically homeless
  - < 6 mos on street
  - 6 mos – 1 year on street
  - 1-3 years on street

- > 3 years on street