

## REQUIRED REVIEW

Before submitting a proposal, it is required that you review "Playing by the Rules: A Handbook for CDBG Sub-recipients on Administrative Systems". Please pay special attention to chapters two and five. The handbook can be located at the following link: <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>

## SUBMITTAL CHECKLIST

This checklist must be included as part of your agency's Community Development Block Grant (CDBG) Request for Proposals (RFP) packet. Enter an "X" next to each completed item below and provide the number of documents indicated.

<b>Name of Agency:</b>	
<b>Proposed Project Title:</b>	

REQUIRED OF ALL APPLICANTS	
<input type="checkbox"/>	Submittal Checklist (this form). Provide one (1) original signed form.
<input type="checkbox"/>	RFP (Application). Provide one (1) original signed form and three (3) copies.
REQUIRED OF ALL NON-GOVERNMENTAL APPLICANTS. Provide one copy of each.	
<input type="checkbox"/>	Most current copy of agency's audited financial statement
<input type="checkbox"/>	Most current signed copy of agency's <b>Federal</b> Tax form 990 (no older than FY19/CY19)
<input type="checkbox"/>	Most current signed copy of agency's <b>State</b> Tax form 199 (no older than FY19/CY19)
<input type="checkbox"/>	Copy of Federal & State Tax Exemption Determination Letter/Non-Profit Certification (e.g., IRS 501(c)(3) letter)
<input type="checkbox"/>	List of Board Members. This list must include the name, telephone number, address, occupation or affiliation of each member, and must identify the principal officers of the governing body.
<input type="checkbox"/>	Certificate of General Liability and Property Damage
<input type="checkbox"/>	Certificate of Worker's Compensation Insurance

## SIGNATURE AND CERTIFICATION

The undersigned hereby acknowledges and confirms submittal of a response to the RFP to the City of South Gate's CDBG Program and certifies that, to their best knowledge and belief, all information provided is factual, true, and correct.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**Applications must be received by the City of South Gate by November 18, 2021.**

**Only mailed applications will be accepted.**

**MAIL APPLICATIONS TO:**

**Attn: City Clerk's Office - CDBG  
8650 California Ave., South Gate, CA 90280**