

HSA GRANT REVIEW CHECKLIST

This checklist **MUST** be attached to any grant submitted to the Bureau Office for approval. In addition, it is expected that the procedures outlined in HSA Policy 6.4.a (continuation grant) or 6.4.b (new grant) will be followed.

Date: _____

1. Grant submitted by? _____ Phone # _____

2. Grant due date? _____

3. Type grant? New _____ Continuation _____

Task

Task Completed

4. Grant reviewed by section chief? _____

5. Grant reviewed by regional director(s)? _____
Grants written by central office staff are to be reviewed by regional director(s) in region(s) where grant activities will take place. Likewise, regional director review is required for grants submitted to the central office by field staff for review.

6. All grant positions are stated as time equivalencies, as based on the time distribution system? (if permitted by funding source) _____

7. Rather than using name(s) of employee(s), grant only shows position titles, regardless of filled or vacant status? (if permitted by funding source) _____

8. Grant application guidance/instructions from funding source attached. _____

Bureau Office Comments