

California Home Visiting Program

FY 2025 – 2026

Agreement Funding Application (AFA) Checklist

Agency Name:

Agreement Number(s):

Program(s) (Check all that apply): MIECHV SGF EBHV INNV 1.0 INNV 2.0

Board of Supervisor approval/signature required to accept funds? Yes No

List any other reviews that your county requires the AFA to go through before funds can be accepted (include estimated timelines, if possible) *i.e. legal/compliance review – approximately 6 weeks:*

All documents must be submitted:

- In PDF Format (excluding the excel budget template)
- Via email (MCAHFinAct@cdph.ca.gov for initial submission)
- Using the required naming convention shown on Page 4
- Using the correct agreement number(s):
 - MIECHV = CHVP 25-XX
 - EBHV = CHVP SGF EBHV 25-XX
 - INNV 1.0 = CHVP SGF INNV 25-XX
 - INNV 2.0 = CHVP SGF INNV 25b-XX

Check the boxes below pertaining to each submitted document:

1. AFA Checklist – Required

All required documents submitted

2. Agency Information Form (AIF) – Required

AFA Policy Compliance and Certification section:

Obtained signature for “Official authorized to commit the Agency to a CHVP Agreement”

Obtained signature for “Original signature of MCAH Director”

Contact Lists:

Obtained signatures for all individuals authorized to sign budgets/invoices

3. Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 – Required

Correct agreement number(s) used – see page 1 of this checklist for agreement number format

4. TXIX MCP Justification Letter – Only required when not using base MCP rate

Note: See AFA Announcement Letter for items that need to be included in this letter

5. Budget Template - Required

Submitted budget for each funding stream you will be participating in for FY25-26

List all staff by position without any title abbreviations

Personnel titles and line items align with Duty Statements and Org Chart (must match verbatim)

List all costs (including projected salaries and benefits, operating, other costs, and ICR)

Include detailed justifications, including cost breakdowns that align with budgeted amounts

Subk budgeted totals match the Subk budget (if applicable)

Signed budget to be submitted after budget has been completed and approved by [PC and CL](#)

6. Indirect Cost Certification – Only required if budgeted ICR differs from CDPH approved ICR

Correct agreement number(s) used – see page 1 of this checklist for agreement number format

Budgeted ICR must match the ICR listed on the certification

7. Duty Statements - Required

Include applicable line-item reference(s) in the file naming convention of the document

Position titles and line items align with Budget and Org Chart (must match verbatim)

Includes a reference to CHVP in the duties

All positions drawing down TXIX (Non-Enhanced and Enhanced) list one or both FFP objectives

Any positions drawing down TXIX **Enhanced** must include “This position meets the criteria for SPMP”

No Personnel names are listed

Includes a statement describing the position’s supervisory relationship (I.E. Reports directly to....)

Supervisor duty statements must include a duty describing providing reflective supervision to home visitors and state how often.

Submit all Duty Statements in one large PDF file for review

8. Organizational Chart - Required

Position titles and line items align with Budget and Duty Statements (must match verbatim)

Clerical staff drawing down Enhanced TXIX must reflect as a **direct report** to the SPMP on org chart

If multiple funding streams are reflected on one org chart:

Clearly label which funding stream the position applies to

Suggestion: color code the funding streams to easily differentiate

9. Scope of Work (SOW) – Required

Complete header with Agreement number/LHJ Name on each page

Note: See page 1 of this checklist for agreement number format

10. Annual Inventory | Forms CDPH1203 and CDPH1204 – Required

Complete the top portion of each form

Correct agreement number(s) used – see page 1 of this checklist for agreement number format

Note: Previous year's agreement numbers reflect "24" in place of "25"

If not applicable at this time, put "N/A" in the lines below for purchases/disposals

Note: These are to be revised and submitted as purchases/disposals are made throughout the FY

11. Subcontractor (Subk) Agreement Package – Required for Subcontractors budgeted for \$5,000 or more

The following documents are required for submission and review:

Subcontract Agreement Transmittal Form

Scope of work

Subcontractor Budget with detailed justifications for each budgeted line item (same requirements as for LHJ budget)

Subcontractor budget total(s) aligns precisely with the totals on the LHJ budget

Duty statements (same requirements as for LHJ duty statements)

Organizational Chart (same requirements as for LHJ org charts)

12. Certification Statement for the Use of Public Funds (CPE) – Only required if Subk draws down TXIX

13. Government Agency Taxpayer ID Form | Form CDPH9083 – Only required if remit-to address changed

14. Attestation of Compliance with the Requirements of Enhanced TXIX FFP Rate for SPMP – Only Required if drawing down Enhanced TXIX

Includes all SPMPs and direct reporting clerical staff drawing down Enhanced TXIX

File Naming Convention

Please save all electronic documents using the required naming convention below:

Program (space) **FY** (space) **County/City** (space) **Document #** (from checklist above) (space)

Document name (space) **MM.DD.YY** (date document submitted via email)

The below example is a site that has MIECHV and SGF EBHV funding:

CHVP FY25-26 XXX County/City 01 AFA Checklist 5.15.25

CHVP FY25-26 XXX County/City 02 AIF 5.15.25

CHVP FY25-26 XXX County/City 03 Attestation of Compliance 5.15.25

CHVP FY25-26 XXX County/City 04 TXIX MCP Justification Letter 5.15.25

CHVP FY25-26 XXX County/City 05 MIECHV Budget 5.15.25

CHVP FY25-26 XXX County/City 05 EBHV Budget 5.15.25

CHVP FY25-26 XXX County/City 06 ICR Certification 5.15.25

CHVP FY25-26 XXX County/City 07 MIECHV DS Line Items 1-10 5.15.25

CHVP FY25-26 XXX County/City 07 EBHV DS Line Items 1-6 5.15.25

CHVP FY25-26 XXX County/City 08 Org Chart 5.15.25

CHVP FY25-26 XXX County/City 09 MIECHV SOW 5.15.25

CHVP FY25-26 XXX County/City 09 EBHV SOW 5.15.25

CHVP FY25-26 XXX County/City 10 CDPH1203 5.15.25

CHVP FY25-26 XXX County/City 10 CDPH1204 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk Transmittal 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk Agreement 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk SOW 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk Budget 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk Brief Explanation of Award 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk DS 1-4 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk Org Chart 5.15.25

CHVP FY25-26 XXX County/City 12 CPE 5.15.25

CHVP FY25-26 XXX County/City 13 CDPH9083 5.15.25

CHVP FY25-26 XXX County/City 14 TXIX Attestation 5.15.25