**CFP GRANT CONTRACT CHECKLIST**

**FY2018-2019**

**(ORG PROJECTS, ART IN THE SCHOOLS, STRATEGIC DEVELOPMENT & ORG ASSISTANCE)**

**Please refer to and use this checklist when completing your agreement packet**

\_\_\_\_ Grant Agreement w/signature (4 copies w/original signatures on last page)

\_\_\_\_Schedule **A2, A3, A4 or A5**-describes the scope of work, project budget, goals and timeline

\_\_\_\_Combined Grants Contract Schedule

\_\_\_\_Schedule Q (no signature needed, yet please READ and RETURN with contract packet)

\_\_\_\_Insurance Documents

\_\_\_ Certificate of Insurance/Acord form: commercial liability, auto, workers’ compensation, sexual abuse/molestation

\_\_\_ Endorsement Form identifying Additional Insured, with this language: “*the City of Oakland, it’s Councilmembers, directors, officers, agents, employees, and volunteers* are additional insured”

\_\_\_ Waiver of Subrogation if carrying Workers Compensation Insurance and endorsement page

\_\_\_ Request for Insurance modification letter (if necessary) on your letterhead\*

\_\_\_\_\_ CA Secretary of State Website print out. (ONLY FOR ORGANIZATIONS) <http://kepler.sos.ca.gov>

\_\_\_\_\_ W-9 Form with legal business name. Remember to sign and date

\_\_\_\_\_Copy of current year Business Tax Certificate (with legal business name and same name as on Resolution)

\_\_\_\_\_Public Art Advisory Form (if applicable)

\_\_\_\_\_Employee Manual (if award over $25k)

\_\_\_\_\_ Copy of CURRENT RESOLUTION

\* You MUST submit a “request for insurance modification” letter if you are asking for waiver or partial waiver (coverage level) for any of the required forms of insurance.