**ORGANIZATIONAL ASSISTANCE**

***CFP GRANT CONTRACT CHECKLIST***

**FY2021-2022**

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

\_\_\_\_ Grant Agreement w/signature (original or electronic)

\_\_\_\_Schedule **A5** (includes Scope of Work and Project Budget)

\_\_\_\_Combined Grants Contract Schedule (remember to sign and date)

\_\_\_\_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

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

\_\_\_\_\_ CA Secretary of State Website print out <https://businessfilings.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)

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

\* 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.