# Behavioral Health Student Services Act
# Substance Use Disorder Services and Supports
## Sub-Grant: Final Application Submission Checklist (Attachment G)

This checklist must be completed to confirm all items in the application are included. Place a check mark or "X" next to each item being submitted to Tri-City Mental Health Authority. For the application to be complete, all required attachments, along with this checklist, must be returned with your application.

| Place a Checkmark or "X" | Item Description | TCMHA Office Use Only |
|---|---|---|
| ☐ | Attachment A: Application Form | |
| ☐ | Attachment B: Budget | |
| ☐ | Attachment C: Budget Narrative | |
| ☐ | Attachment D: W-9 | |
| N/A | Attachment E: Sample Business Associate Agreement (for reference only – do not submit) | |
| ☐ | Attachment F: Authorized Signatory Form | |
| ☐ | Attachment G: Final Application Submission Checklist | |