

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

ATTACHMENT CHECK LIST

Check [✓] attachments included with this Plan.

Forms are provided for Attachments B, C, D, E, and F

Note: Letters of comment received on the expected impact of (and agency relationships under) CSE Projects and EISEP from local Departments of Social Services, Health, Mental Health and any other county and City of New York agencies and CASA-type agencies, must be maintained on file locally for State Office review.

[] **ATTACHMENT A:** Standard Assurances –The AAA Director has reviewed the Standard Assurances.
Note: The general certification and approval for the Standard Assurances is now included on the **PLAN REVIEW AND APPROVAL** page.

[] **ATTACHMENT B:** Priority Services Expenditure Report

This report **must** be completed and returned by **each** AAA.

[] **ATTACHMENT C:** Summary of **major changes** and/or justification for **new direct services**

This **must** be completed and returned by **each** AAA.

[] **ATTACHMENT D:** Justification for excess Title III Carryover and Title III Transfers

[] **ATTACHMENT E:** Fringe Benefit Policy/Travel Reimbursement Policy
Adjustments to Personnel Roster and Rent Allocation Schedule

[] **ATTACHMENT F:** Volunteers Used as Match

04/01/14 – 03/31/15