Tax Counseling for the Elderly (TCE) Program **Application Checklist and Contact Sheet**

Contact Information		
Name of organization		
Address of organization		
Street address line 1		
Street address line 2		
City		
State	Province	
Country (Zin / Dectal Code	
Country	Zip / Postal Code	
Telephone	Fax	
Point of Contact (POC) name		
Prefix First Name	Middle Name	
Last Name	Suffix	
Point of Contact (POC) title		
Email address for POC		
Admini	istrative Information	
Has your organization registered or renewed your registered Award Management (SAM) at www.sam.gov? (Note: The consolidated under the SAM in mid-2012 - Organizations mu order to maintain active status)	Central Contractor System (CCR) was	
Is your organization interested in applying for a multi-yea	ear grant?	
If so, have you checked the criteria under the Multi-Year Publication 1101 to determine if your organization is elig		
Application	Checklist and Assembly	
All documents requiring a signature must contain either an el	electronic signature or scanned copy of the original signature. Make sure	

you double check that you have all documents and information required. Technical ranking occurs simultaneously with the Grant Program Office (GPO) evaluation. Any missing information identified by the GPO during its evaluation may not be considered by technical evaluators depending on when the review is completed. It is the responsibility of the applicant to ensure all information is submitted. Incomplete applications meeting basic eligibility will be scored based on the information available at time of review. Therefore, it is extremely important that the submission is complete.

Checklist:

1. Form 14204, TCE Application Checklist & Contact Sheet (this sheet)

2. Background Narrative

<mark>] 3</mark> .	Nonprofit Status Determination letter issued by the Internal Revenue Service	
4.	4. Explanation on the organization's letterhead, if Federal tax returns are not required to be file	
<mark> </mark>	Proposed Program/Budget Plan	
<mark> 6</mark> .	. Form 8653 - TCE Application Plan	
7.	Standard Form 424, Application for Federal Assistance	
8.	. Civil Rights Narrative	
9.	Standard Form LLL, Disclosure of Lobbying Activities (if required)	
10.	. Copy of your OMB Circular A-133 Single Audit (expended \$500,000 or more in federal award funding), if applicable	

Application Due Date: May 31st

(Note: If May 31st falls on a weekend, the Monday following the 5/31 date will be the deadline for application submission)

IRS Volunteer Income Tax Preparation and Outreach Programs Privacy and Paperwork Reduction Act Notice Privacy and Paperwork Reduction Act Notice - The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-2222. The time estimated for participation is 10 minutes. We are asking for this information to assist us in contacting you relative to your release and/or participation in the IRS volunteer income tax preparation and outreach programs. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.