Please submit a completed checklist with your proposal and

indicate the page number of the proposal or attachment where each key element is addressed.

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| ***Leadership Engagement*** | ***Proposal Page # or Attachment #*** |
| * Documentation of any required endorsement from the local school superintendent and/or local school board. |  |
| * Evidence of enthusiastic support of the principal of the school in which the proposed SBHC is to be located. |  |
| * Identification of a primary SBHC champion/coordinator employed by the applicant organization responsible for overseeing the day-to-day SBHC operations |  |
| * Identification of a primary champion/coordinator employed by the school to coordinate with the SBHC coordinator. |  |
| * Memorandum of Agreement (*MOA*) between the school principal (and superintendent/school board, as necessary and appropriate) and Director of the applicant organization, delineating (*at a minimum*) the purpose of the SBHC, students to be served, services to be provided at the SBHC, roles and responsibilities of each organization with dates for specific deliverables, and the nature and methods of expected interactions between the two entities related to the children to be served, any guidelines regarding parental consent. |  |

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| ***Clinic Operations*** | ***Proposal Page # or Attachment #*** |
| * Hours of SBHC’s operation and availability of services during non-school hours (*e.g.,* *before, during and/or after school hours, holidays, summer?*) |  |
| * Clear description of the scope of services to be provided (*BH and other*) . |  |
| * Type and number of each type of staff who will work at SBHC (*licensed BH professional? pre-licensee?*). |  |
| * Explanation of how services will be provided to non- or limited English-speaking children, if applicable. |  |

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| ***SBHC Logistics*** | ***Proposal Page # or Attachment #*** |
| * Description of where the SBHC will be located (*in school, attached to school*). |  |
| * Summary of any modifications to the space that will be required or confirmation that none are needed. |  |
| * Confirmation of sufficient WIFI access to operate the SBHC to its EHR. |  |
| * Description of clinic location and set-up to maintain student confidentiality and avoid stigma. |  |

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| ***SBHC Logistics, Continued*** | ***Proposal Page # or Attachment #*** |
| * Description of the SBHC’s access to and use of the applicant’s EHR and any IT security issues to be addressed with the school/district internet system. |  |
| * Description of BH staff recruitment strategy and timeline to hire. |  |
| * Description of the administrative support that will handle scheduling patient visits and billing. |  |