



**COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS**  
**FY 2015-16 REQUEST FOR GRANT PROPOSALS CHECKLIST**

A proposal that is missing any of the items listed below will be considered incomplete. A complete proposal will contain the following documents in the order listed below:

- Transmittal letter;
- Table of Contents;
- Request for Grant Proposal response;
- Appendices A. – C.; and
- Appendix D (Optional).

Proposals should not exceed 15 pages (the page limit does not include the transmittal letter, table of contents or appendices), double-spaced, with 1-inch margin and a font of 12 point.

Proposals shall be submitted via email or regular U.S. mail. **Emailed submissions are preferred.** Proposals emailed should be submitted as a PDF file, Microsoft Word document, or OpenDocument Text. One electronic file is preferred but a separate file(s) for the transmittal letter and/or appendices is acceptable.

Proposals must be received by the Department no later than **TBD**. Postmark dates will not be considered and no proposals will be accepted after this stated due date and time.

Email the proposal to: **TBD**

Send by regular mail or deliver the proposal to:

Colorado Department of Health Care Policy and Financing  
Attn: **TBD**  
1570 Grant Street  
Denver, CO 80203