



**COLORADO**

Department of Health Care  
Policy & Financing

**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 February 20, 2015. Postmark dates will not be considered and no proposals will be accepted after this stated due date and time.

Email the proposal to: [chandra.vital@state.co.us](mailto:chandra.vital@state.co.us)

Send by regular mail or deliver the proposal to:

Colorado Department of Health Care Policy and Financing  
Special Financing Division  
Attn: Chandra Vital  
1570 Grant Street  
Denver, CO 80203