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**Did your business or organization have one or more audit findings in your last single audit regarding significant internal control deficiency? \***

Yes

No

Not Applicable—my business or organization did not meet the federal funding threshold for a single audit during any of the last three fiscal years and therefore has not had a single audit in the last three fiscal years.

**Is the child currently able to engage in developmentally appropriate relationships with peers? \***

## Required- Certificate of Insurance

Please submit a correct copy that meets the specifications below:

**SAMPLE**

**What type of SAG funding are you applying for? (Please select all that apply.) \***

Adaptive Equipment or Materials

Specialized Training/Consultation and Coaching

Inclusion Support Staff