



MINNESOTA BOARD OF PHARMACY

REQUEST FOR PROPOSAL CHECKLIST

*Please be sure to include all items on this checklist in one submission.

<input type="checkbox"/>	Exhibit A: Application Cover Sheet
<input type="checkbox"/>	Exhibit B: Project Description
<input type="checkbox"/>	Exhibit C: Work Plan and Budget
<input type="checkbox"/>	Exhibit D: Affidavit of Non-Collusion
<input type="checkbox"/>	A current internal financial statement, an IRS Form 990, or a certified financial audit, if applicable, per Office of Grants Management Policy 08-06

Any questions regarding this RFP can be directed by email to:

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