

LEAD FIRM FILE CHECKLIST

Lead Firm (LF) Name: _____

LF Contact Person's Name & Position: _____

Contact Information: _____

AFE Program Manager: _____

- Copy of IFA
- Application
- MOU

Addendum(s)

Activity Deliverables (*attendance sheets, session plans, etc.*)

Activity Monitoring Checklists

Financial Reports

Other Key Documents/Notes

