

State of Utah Department of Workforce Services

PROGRAM MONITORING CHECKLIST

INSTRUCTIONS: Review the required documentation and complete the checklist at least annually for each federal award and information sharing agreement. Notify the grantee of the results and recommendations. Failure to comply with recommendations may result in termination of the award.

Org	ganization name:							
Pro	ogram name:							
Со	ntract number:							
Fu	nding amount: \$							
Со	ntract start date:							
Со	ntract end date:							
Мо	nitoring date: Year 1:							
	Monitored by: Year 1:							
Мо	nitoring Attendees: Year	1:						_
	sk level: Low termination: Year 1: Meets gr		ium	High Action Required	d to Become Complia	ant		
	Requirements	Yes / No / NA			Comments			
				Program Summa	iry			
1.	Does the organization provide the funded services agreed upon? • See proposal							
1a.	Program description							_
1b.	Population served and marketing							
2.	Is the organization addressing the outcomes described in the							

	1	
	proposal?	
	What?	
	How tracked?	
	How measured?	
3.	Does the organization have a	
•	system for addressing	
	customer grievances?	
4.	Is the facility adequate to	
4.	deliver the contracted service?	
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5.	Does the organization	
	collaborate with the local DWS	
	office regarding services	
	available to families?	
6.	Does the organization	
	subcontract out a portion of the	
	program? If so, describe the	
	monitoring process and provide	
	documents.	
	Organization must provide	
	verification of subcontractor(s)	
	compliance with the following:	
	Insurance Certificate	
	 Fiscal Requirements 	
	Program Requirements	
	 Outcomes 	
	 Eligibility 	
	Determination	
	o Form 300	
	■ Suppo	
	rting	
	Docum	
	entatio	
	_ n	
	o Form 115	
	o TEVS	
	Grievance Policy	
	• FFATA	
	Staff Files	
	o Code of	
	Conduct/Ethics	
	o Non-disclosure	
	o Background	
	Check	

	o Licenses and Certifications						
	Staffing						
7.	Does the organization have the required licenses and certifications to administer the program?						
8.	Do the employee files contain the signed DWS Code of Conduct agreement?						
9.	Do the employee files contain the DWS Non-disclosure agreement?						
10.	Do the employees meet the Criminal Background Check requirements?						
11.	Are employee files kept in a secure location?						
	Grant Administration (Desk audit)						
	Did the program administrator and fiscal manager attend the in-person grant orientation?						
13.	Does the organization submit required reports in a timely manner? • Quarterly Outcomes • Annual Reports						
14.	Does the organization have current documentation of required insurance?						
15.	Are current/past invoices submitted timely, expenditures documented, and the program follows the budget?						
16.	Does the organization enter client information into the HMIS system?						
	Required Action Items						

The following item(s) are needed in order to successfully meet the grant requirements:						
Year 1:						
•						
ORGANIZATION must submit a response with a corrective action plan by DUE DATE. Failure to meet grant requirements may result in termination of the award.						
Notes Year 1:						
Program Response (Optional):						
Year 1:						

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.