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**Services Deliverable Checklist**

**Program Name: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Deliverables for FY25-26**

**Reimbursements are Due the 10th of each month.**

| **DELIVERABLE** | **DESCRIPTION** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Completed (CM Use Ony)** | **Notes**  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attendance** | Sign-In/Out Sheets Monthly Detail Report  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Monthly Narrative**  | Narrative description of services provided during month, activities, lesson plans, schedules, flyers, pictures (if applicable)  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Incident Report**  | Non-emergencies.If no incidents, complete log indicating none. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Fiscal/ Compliance Audit**  | Fiscal and Compliance Audit  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Staff Qualifications** | KHA Background Screening Clearance Form:* Attestation of Good Moral Character
* Level 2 Background Screening
* Proof of Staff Education/ Professional Licenses
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Embedded Deliverable Attestation** | Evidence of Mandatory Ethics Training for Suppliers per Sec. 3.48 of the RFP.[COJ.net - Supplier Portal](https://www.coj.net/departments/finance/procurement/supplier-portal)Evidence of Mandatory Enrollment to E-Verify ProgramSec. 3.29 of the RFP<https://www.e-verify.gov/> | [ ]  |  |  |  |  |  |  |  |  |  |  |  | [ ]  |  |
| **Certificate of Use and/or Occupancy** | Duval County, Florida Certificate of Occupancy can only be obtained through an authorized government agency. | [ ]  |  |  |  |  |  |  |  |  |  |  |  | [ ]  |  |
| **Staff/Trainings**  | Evidence of up-to-date Staff TrainingCPR/First Aid, FERPA, Youth Mental Health First Aid, Crisis Intervention, Trauma Informed Training, SAMIS System Training (Finance and Data Managers) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Monthly Calendar of Events** | Evidence: Copy of Monthly Calendar of Events for upcoming month | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **End of Program Report** | Summary of the program’s services/analysis of outcomes, issues that occurred, solutions to the issues, and general lessons learned. Specific connectivity to identified quantifiable and qualitative outcomes; KHA Essential Services Plan; and KHA Continuum of Services goals. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |