**Logo, company name

Description automatically generated**

**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 Program  Sec. 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 Training  CPR/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. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |