

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

MURIEL BOWSER
MAYOR



DR. UNIQUE MORRIS-HUGHES
DIRECTOR

Office of Program and Provider Monitoring

Checklist for Program Desk Review Documents

Please provide an electronic copy of each of the following items. If one or more items cannot be provided, please contact {insert name} at {insert email address} or on {insert telephone number} as soon as possible. Thank you.

Documents	<input checked="" type="checkbox"/>
Provider Agreement	<input type="checkbox"/>
Provider Partner, Sub-Provider, and Sub-Contractor Agreements	<input type="checkbox"/>
Organizational Partner Agreements (do not need to be WIOA-specific)	<input type="checkbox"/>
Program Timeline/Calendar	<input type="checkbox"/>
Participant Rosters	<input type="checkbox"/>
List of Current WIOA Youth Activities	<input type="checkbox"/>
A List of the Specific WIOA Program Elements Covered (as mandated by WIOA law)	<input type="checkbox"/>
WIOA Policies and Procedures	<input type="checkbox"/>
Addresses for all WIOA Services locations	<input type="checkbox"/>
Current Staffing Roster/Organizational Chart	<input type="checkbox"/>
Provider Reports (monthly reports, quarterly reports, certifications and performance documentation)	<input type="checkbox"/>