

OEWD Provider Monitoring Orientation PY 17-18

Agency		Date
Program		
Funding Sources		
<input type="checkbox"/> WIOA Adult	<input type="checkbox"/> WIOA Discretionary Grant	<input type="checkbox"/> RTW/H-1B
<input type="checkbox"/> WIOA Youth	<input type="checkbox"/> CDBG	<input type="checkbox"/> DOL Apprenticeship Grant
<input type="checkbox"/> WIOA Dislocated Worker	<input type="checkbox"/> General Fund	<input type="checkbox"/> Other _____

Agency Staff:

Date of Presentation Review:

Please check the boxes below if you have received and understand information regarding the forms and review explained in the Program Monitoring Orientation:

I acknowledge that I have reviewed and understand the information that was presented and explained by OEWD's Monitoring team and I understand that my agency will participate in an onsite program monitoring review this program year.

Additional Notes:

Provider Signature _____

Date _____

OEWD Signature _____

Date _____

Please complete and email or mail this form to Alfredo.Fajardo@sfgov.org by **10/2/2017**

