

## **Monitoring Protocol Requirement Form**

Workforce Solutions Recipient:	
Contract Date Terms:	
	s funding must comply with the Monitoring Protocol Requirement dministrator (E&ES) will work with you on scheduling and carrying ou
The Monitoring Protocol Requireme	nts are:
On-Site Inspections: (site-visit)	An on-site inspection to the training facility and/or participating business "Client Entity" location will be conducted by the program administrator. The site-visit may occur before, during, and/or after the project is completed. Notice will be given to coordinate visit.
Virtual Training Check-Ins:	If training is completely performed virtually, virtual check-ins can replace on-site inspections. Program administrator staff can check-in on any virtual training session taking place throughout the duration of the project.
Training Assessment Survey:	To be completed by all trainees after all the training is complete, to be submitted along with the general survey.
General Survey:	To be completed by all business owner(s) and submitted with each Close-Out Report.
Post-Training Compliance	Business is willing to be contacted by the program administrator annually for up to three years following the completion of their training, to assist with any additional resources they may need and complete short survey.
Please indicate your acknowledgme signing below:	ent and full understanding of the Monitoring Protocol Requirement by
Authorized Person's Name:	
Authorized Person's Signature:	
Title/Position:	
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