**FY24 Treatment and Recovery Grant**

**Residential Care for Children & Youth – Training**

**Quarterly Report Checklist & Transmittal Coversheet**

**To:** DOH Finance & Management Services Grants & Contracts Section

**Attention Grant Administrator:** Click or tap here to enter text.

**Organization:** Click or tap here to enter text.

**Grant Number:** Click or tap here to enter text.

**Form submitted by:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Quarter** (choose one)**:** Choose an item.

The checklist below will help you ensure your organizations quarterly report submittals contain all the necessary reports and appropriate documentation.

Upload this completed checklist and required documentation listed below into GEMS. Once you have uploaded this documentation you will be able to complete your CFR.

[ ]  A Cumulative Financial Report (CFR) for the quarter.

[ ]  Quarterly Program Report (organizations format) at a minimum covering:

[ ]  Trainings Held – number of participants by program and position, number of participants completing training, synopsis of training evaluation by participants and location of training.

[ ]  Number of RCYCP, MAB, Mandt, and Gatekeeper Suicide Prevention trainings held – name and organization of participants passing the test.  For those who do not complete, provide a follow up test.  If after two attempts, participants do not pass the test, report to RCCY Program Coordinator.

[ ]  Number of subsequent organization staff trainings provided by participants trained as RCYCP trainers.

[ ]  Number/type of training each organization/RCYCP program has had for each fiscal year.