**FORM J**

**PROGRAM SITE READINESS CHECKLIST**

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| --- | --- |
| **Legal Business Name:** |  |

**Site Name­­­­­­­­­­­­­­­­­\_\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Address**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Complete one form for every site that will provide TTF program services funded through this RFA. Please complete the form by marking yes for no for each of the items listed below. This form must be submitted to HHSC within ten (10) Business Days of a new site being added during the contract period. These forms are incorporated by reference into the contract.

|  |  |  |
| --- | --- | --- |
| **Physical Site Readiness** | | |
| Do the Service Provider’s physical site(s) have the following: | **YES** | **NO** |
| Appropriate signage to identify funded entity |  |  |
| Adequate space for direct client service and administrative staff |  |  |
| Required information on government assistance programs available on-site |  |  |
| Locked storage to protect confidential records |  |  |
| Comply with accessibility guidelines for persons with disabilities |  |  |
| Site is geographically close to the target population |  |  |
| Site appointment hours convenient enough to meet the clients’ needs |  |  |
| Clean rooms where services are delivered |  |  |
| Adequate space for client intake |  |  |
| Adequate space for clients to wait for their appointments |  |  |
| Appropriate resources for and use of interpreter services and language translation, including for clients who are deaf or hard of hearing |  |  |
| Appropriate emergency policies, procedures, and supplies, as applicable |  |  |
| Private counseling and/or group room(s) |  |  |
| Clearly marked exits with appropriate exit signs |  |  |
| If any of the above requirements are not currently in place, can they be in place by the contract award date? |  |  |
| **Administrative Readiness** | | |
| Does the site have financial management systems that include secure data storage? |  |  |
| Do the Applicant have a billing system and processes to submit invoices to HHSC? | ☐ | ☐ |
| Does the Applicant have a data collection system to track clients served and services provided in compliance with Section 2.6.4, Project Database? | ☐ | ☐ |
| Does the Applicant have a written general confidentiality policy? |  |  |
| **Personnel Readiness** | | |
| Does the Applicant have written personnel policies? |  |  |
| Does the Applicant have written job descriptions with set salary levels for each employee? |  |  |
| Does the Applicant maintain personnel activity reports that meet required TxGMS criteria, including the following:  TxGMS requires that any staff paid from State grant funds, such as TTF grant funds, to keep a record of time and attendance.   * For staff funded 100 percent by the TTF grant, each staff person only needs to certify their time monthly. Both the employee and the employee's supervisor must sign the monthly certification of time worked. * For staff who split their time between the TTF grant and other funding sources, staff will need to keep a time record that complies with TxGMS, Selected Cost Items, and Compensation – Personal Services. |  |  |
| Do your organization’s personnel files include the following: | YES | NO |
| Employment application and/or resume |  |  |
| Job description |  |  |
| Performance evaluations |  |  |
| Any status or classification change, if applicable |  |  |
| Letters of praise or criticism, if applicable |  |  |
| Documentation of orientation, training, and staff development |  |  |
| Signed acknowledgment of receipt or personnel policies and procedures handbook |  |  |
| Signed acknowledgment of confidentiality agreement |  |  |

If Applicant marked No for any of the above, please explain: