ANNUAL MONITORING SCHEDULE

DHS Agency: _____
FY Review Year: _____
Date Prepared: _____

Date of Review (sorted)	Provider Name	Contract #	Federal Tax # (USSDS ID)	Contract Review Type (see below)	Responsible Monitor's Name(s)	Status (see key below)

Contract Review Type: Service Review; Vendor Review; QE/Service Review; Fiscal Review only; Adult Clinical; Child Clinical; Governance/Oversight; Medicaid only; Federal Grant; Other.

Status Key: C = complete; IP = in progress; NRS = Review canceled due to no services provided; NRC = Review canceled due to contract termination; NRO = Review canceled for other reasons.

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