

West Virginia Bureau for Behavioral Health and Health Facilities

Start-Up Program Tracking Report

A. Report Period: _____

Agency Name: Recovery Point Htn.

Grant Number: G210974

Program Name: _____

Program Number: _____

This monthly report will assist WV DHHR's BBHBF in monitoring the status of your program as it moves through development. Please mark N/A if the stated milestone below does not apply to this specific grant award. An updated Monthly Report is due by the 25th of each month until the project is operational.

B.

Yes	No	N/A	Date of Completion	Milestone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1. Have any of your resources/amounts of other funding changed since this program was awarded?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2. Have your project costs increased or decreased since award?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3. Have site plans been submitted for approval? If yes, include date plans were submitted.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4. Has site control been established (deed, lease, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5. Have renovations begun? If yes, include date renovations began.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6. Are renovations complete? If no, include projected completion date. If yes, include date of completion.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		7. Has new construction begun? If yes, include date construction began.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8. Is new construction complete? If no, include projected completion date. If yes, include completion date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		9. Has the State Fire Marshall granted approval? If yes, include date of approval.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		10. Has operations staff been hired?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		11. Have program policies and procedures been established? If yes, include date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		12. Has your facility submitted an initial application for licensure to OHFLAC? If yes, date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		13. Has initial license from OHFLAC been issued? If yes, include date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		14. Have there been any changes to your agency's key personnel? (If yes, describe below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		15. Have there been any changes to the program design from the submitted application? (If yes, describe below)

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C.

Estimated Percentage of Completion for Construction/Renovation to date: _____

Current Projected Date of Operation: _____

If this date has changed since the last report, please provide an explanation for the change:

N/A

Key activities completed this past month:

1. _____
2. _____
3. _____
4. _____

Total amount of award: \$_____

Expenditures this reporting period: \$_____

Expenditures to date (include current reporting period): \$_____

Is it anticipated that all awarded funds will be expended (If "No" please explain below)? _____

Comments (Please add any current information you would like to share concerning this program:

Report Completed By: _____

Date: _____

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Instructions for completing the Start-Up Program Tracking Report.

This monthly report will assist WV DHHR's BBHBF in monitoring the status of your program as it moves through development. An updated Monthly Report is due by the 25th of each month until the project is operational. Please complete the report monthly and submit to DHHRBBHBFReporting@wv.gov.

The report form is locked to allow the information to be entered into the shaded text boxes and check boxes only. Complete the report as follows:

Section A.

Enter the appropriate information in each shaded text box. For the Report Period, enter the month and year the report represents.

Section B.

Complete the table by checking Yes, No, or N/A for each milestone.

If "Yes" is selected, enter the Date of Completion for that milestone.

If "No" is selected, enter the Projected Date of Completion for that milestone.

Section C.

Answer each question in the appropriate shaded text box.

Date of Operation – Projected date program would begin serving clients.

Enter in the comments section any additional information that will assist BBHBF in monitoring the status of your program.