

Dual Training Grant
Payment Check list

Grantee:	Community Dental Care > Submitted XX/XX/XXXX > Completed XX/XX/XXXX
Training Provider:	Century College
Payment Number:	2 > Round 12 > Fall Term

Instructions: Select the appropriate box, and follow the instructions as prompted.

#	Yes	No	Item
Questions on the Invoice			
1			Are the dual trainees that the training institution is invoicing for on the grantees Work Plan and Budget?
2			Has the grantee submitted for substitution of dual trainees
3			Do the classes submitted for payment match the grantees work plan and budget?
4			Has the grantee submitted for substitution of classes
5			Is there an employer match requirement?
6			Did the grantee/employer show on their invoice the division of what they paid to what is being charged to the grant?
7			Did the grantee provide evidence that the training was paid in full?
Questions on Training Provider			
8			Has the Related Instruction Training Provider signed a training agreement with the grantee/employer?
Questions on Dual Trainee			
9			Has the dual trainee on the invoice submitted all documentation
10			Is the dual trainee attending a Pell eligible training institution?
11			Has the dual trainee submitted a FAFSA?
Questions on Reimbursement Worksheet			
12			Does the amount exceed what is available on the reimbursement spreadsheet?
Questions on Grant Contract			
13			Has the Grant Contract been fully executed?
14			Are there any amendments?