

# 2010 AWCP

## CHECK OFF LIST:

Extension agent name: \_\_\_\_\_

Project name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

	YES	NO
NYS Standard Voucher (in triplicate) signed by County Director	_____	_____
2010 AWCP Final Report (Exhibit F)	_____	_____
Request Budget page (Exhibit D-1-total no more than \$5,000.00)	_____	_____
Outcome Statistics (Exhibit D-2)-as much detail as known	_____	_____
Student Manual-1 copy sent to CCE Albany Co. (Only required for brand new programs, CD's acceptable.)	_____	_____
Class Roster	_____	_____
Brief placement of students (Exhibit D-2)	_____	_____
Expense sheet or receipts provided	_____	_____

**ALL OF THE ABOVE MENTIONED ARE REQUIRED TO BE MET BEFORE RECEIVING PAYMENT FROM AG. & MARKETS.**

**IF ALL ARE NOT MET, PAYMENT WILL BE DELAYED UNTIL ALL ARE COMPLETE.**