STATE OF UTAH WEATHERIZATION ASSISTANCE PROGRAM Date _____

Summary Monitoring Report BWR & client file review

AGENCY _____ State staff completing revie\ _____ Date of last visit _____

Review period _____ # BWR's submitted during period _____

Was a client file verified for each BWR submitted duirng period _____ Yes/No

DOE/ARRA BWR's submitted during reporting period _____ # Files to be reviewed 0

Unless otherwise noted, it will be assumed all files contained the required information based on the latest Guidelines. Underlined comments must be corrected and reported as complete to the State WAP Office within 30 days of Exit Interview

CLIENT	COMMENTS	Follow-up Details & Date

Complete aditional sheet if necessary

CLIENT	COMMENTS	Follow-up Details & Date

		3/08/2011 gls