Attachment L-COVERED PERSONNEL SPREADSHEET								
Enter Agency's Legal Name Below:			Enter Contract Number Below			Date Below:	Name of Preparer Below	
								Required for
Covered Personnel's name appears on most				Required for	Required for	Required for	all A1	
recent Fingerprint Based Status Letter issued				all Covered	all Covered	all A1 Covered		
to contractor via e-mail					Personnel	Personnel	Personnel	Personnel
Covered Personnel's Last Name	Covered Personnel's First Name	Date of Birth of Covered Personnel	Last four numbers of SS# of Covered Personnel				Fingerprint-	Local Law
				Job Title/Duties	Child	National Sex	Based National	
				of Covered	Protection	Offender	and State	Check for all
				Personnel.	Service Checks	Registry	Check	home
				Assure that CEO		Check for all	completed and	
				is listed on	lived in last	states lived in	evaluated	lived in last
				spreadsheet.	five years?	last five years?	through DCS? Yes or No	five years? Yes or No
							Yes or No	OT INO