

Grantee: Choose an item. Contract # Choose an item.
 FFY: Choose an item. Type of Contract: Choose an item.
 Contacts/Site Visits per FFY on IMP: # _____ Number of contacts/visits to date: Choose an item.

Contact/Site Visit Date and Results:

Date: Click or tap to enter a date. Click or tap to enter a date.

<input type="checkbox"/> NO (ADDITIONAL) FINDINGS NOTED	<input type="checkbox"/> FINDING(S) NOTED	<input type="checkbox"/> DEFICIENCY(IES) NOTED
<input type="checkbox"/> OBSERVATION NOTED	<input type="checkbox"/> FOLLOW UP ON PREVIOUS FINDINGS	<input type="checkbox"/> FOLLOW UP ON DEFICIENCY(IES)
<input type="checkbox"/> FOLLOW UP ON OBSERVATION	<input type="checkbox"/> REQUIRES FISCAL FOLLOW UP	<input type="checkbox"/> FOLLOW UP ON NOD

Personnel Involved in Contact (Include names and titles of personnel referred to within this report):

Enter list of names & titles here

Type of Contact/Site Visit:

Onsite: Subrecipient Main office Virtual Site Visit
 Onsite: Satellite Office Other: _____

Purpose of this Contact/Site Visit (check all that apply):

<input type="checkbox"/> Routine Monitoring Visit	<input type="checkbox"/> Provide Technical Assistance	<input type="checkbox"/> Desk Review
<input type="checkbox"/> Attend/Observe Board Meeting	<input type="checkbox"/> Follow Up	<input type="checkbox"/> ACROS/TRACS Follow Up
<input type="checkbox"/> Other: _____		<input type="checkbox"/> ACROS/TRACS Close Out

Documents Reviewed as part of this Contact (check all that apply):

<input type="checkbox"/> Program Progress Report (PPR)	<input type="checkbox"/> Board Minutes + Attachments	<input type="checkbox"/> Contract/Amendment Documents
<input type="checkbox"/> Quarterly Attestation	<input type="checkbox"/> Board Tracking Sheet/Board List	<input type="checkbox"/> Financial Reports/Vouchers
<input type="checkbox"/> MWBE Forms	<input type="checkbox"/> Board Meeting Observation Form	<input type="checkbox"/> ACROS/TRACS Documents
<input type="checkbox"/> Other: _____		

This report contains updates relating to (check all sections that apply in subsequent pages):

<input type="checkbox"/> Discussion(s)/Meeting(s) with Subrecipient Staff	<input type="checkbox"/> Reports submitted to DOS
<input type="checkbox"/> CSBG Funding/Fiscal	<input type="checkbox"/> Technical Assistance & Training
<input type="checkbox"/> Governance	<input type="checkbox"/> Board Observation Form
<input type="checkbox"/> Organizational Operations	
<input type="checkbox"/> Program(s)/Service(s) and CSBG Eligibility	
<input type="checkbox"/> Other: _____	

This report will only show sections that are checked above.

GSCR Review and Approval:

Program Analyst: _____
 Program Supervisor: _____
 Director or Designee: _____
(DOS Title) (Signature) (Date Completed/Reviewed)

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Other DOS Reports attached to this GSCR:

- ACROS TAP/QIP Link (DOS Internal Use Only): Please see separate attached report.
- TRACS TAP/QIP Link (DOS Internal Use Only): Please see separate attached report.

Discussion(s)/Meeting(s) with Subrecipient Staff

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

CSBG Funding/Fiscal

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

Governance

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

Organizational Operations

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

Program(s)/Service(s) and CSBG Eligibility

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

Reports submitted to DOS

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

Technical Assistance and Training

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

Board Meeting Observation Form (This section will only appear if updates have been provided)

Board Meeting Date: _____

Meeting Called to Order: _____ (time)

Meeting Adjourned: _____ (time)

Meeting Chaired By: _____ (name/title)

Total Number of Seated Board Members: _____ Total Number Needed for Quorum: _____

Total Number Present: _____ Quorum was met (yes or no): _____

1. Was meeting notice, agenda, and minutes distributed prior to the meeting? Yes No

How far in advance? _____

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2. Was attendance taken? Yes No Other: _____

Title of person responsible for keeping attendance records: _____

3. Were the minutes of the previous meeting reviewed and approved? Yes No

Were corrections needed to previous minutes? Yes No

4. Executive Director Report
 Presentation of Report: Written Oral Report Attached

5. Financial Report
 Presentation of Report: Written Oral Report(s) Attached

Who presented report? _____
 Information provided to the board: Line of Credit Revenue & Expenditures Subrecipient-wide budget

6. Committee Reports – List of reports presented: Report(s) attached

7. Program Reports – List of reports presented: Report(s) attached

8. Summary of Discussions and/or Actions Taken: (e.g., highlight of reports presented, discussion of CSBG related issues, board member appointments, election of officers, special presentation, operational changes, changes, or loss in funding, etc.)

9. Staff present/Others present:

10. Recommendation(s):

Description of (and/or status of previous) Observation(s), Finding(s) or Deficiency(ies):

DOS Instructions:

Contact/Site Visit 1 (text for this section will only appear if an update is provided for this contact/visit):

Description of Action(s) required by CSBG Funded Entity and Due Date, if applicable:

DOS Instructions:

Contact/Site Visit 1 (text for this section will only appear if an update is provided for this contact/visit):