

Grantee: Choose an item. Contract # Choose an item.
 FFY: Choose an item. Type of Contract: Choose an item.
 Program Monitoring Visits per FFY on IMP: # _____ Program Monitoring Visit #: Choose an item.

Contact/Site Visit Date and Results:

Date(s): Click or tap to enter a date. Click or tap to enter a date.

No (ADDITIONAL) OBSERVATIONS OR FINDINGS NOTED DURING THIS VISIT

OBSERVATION(S)

- NOTED
- FOLLOW UP

FINDING(S) – See DOS FINDING REPORT FORM

- FOLLOW UP

DEFICIENCY(IES) – SEE NOD LETTER

- FOLLOW UP

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
- Onsite: Satellite Office
- Virtual Site Visit
- Other: _____
- Board Observation

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

- Routine Monitoring Visit
- Attend/Observe Board Meeting
- Other: _____
- Provide T&TA
- Follow Up: _____
- Desk Review
- ACROS/TRACS Follow Up
- ACROS/TRACS Close Out

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

- Performance Program Report (PPR)
- Quarterly Attestation
- Finding Report Form
- Quality Improvement Plan (QIP)
- Notice of Deficiency (NOD)
- Board Minutes + Attachments
- Board List
- Board Meeting Observation Form
- Letter of Concern (LOC)
- Other: _____
- Contract/Amendment Documents
- Financial Reports/Vouchers
- ACROS/TRACS/STAR Documents
- Technical Assistance Plan (TAP)

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

- Innovative Programs, New Programs, New Trainings
- Recent Board activities
- Fiscal Information
- Program Review and CSBG Eligibility
- Other: _____
- CSBG Annual & Quarterly Report Updates
- Technical Assistance & Training
- Board Meeting Observation Form
- Description of Observation(s) for current FFY

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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5. Please check which reports were distributed prior to the board meeting and those reviewed during the board meeting:

Prior	During	Report	Report presented by (Name/title)
NA	<input type="checkbox"/>	Consent Agenda Approved	_____
<input type="checkbox"/>	<input type="checkbox"/>	Executive or Chief Executive Officer’s Report	_____
<input type="checkbox"/>	<input type="checkbox"/>	Financial Reports (describe below if not listed)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Line of Credit	_____
<input type="checkbox"/>	<input type="checkbox"/>	Revenue & Expenditures/Balance Sheet (budget to actual) *	_____
<input type="checkbox"/>	<input type="checkbox"/>	Agency-wide budget Balance Sheet/Statement of Financial Position*	_____
<input type="checkbox"/>	<input type="checkbox"/>	Committee Reports (describe below if not listed):	_____
<input type="checkbox"/>	<input type="checkbox"/>	Nominations/Governance/Bylaws Committee	_____
<input type="checkbox"/>	<input type="checkbox"/>	Human Resources	_____
<input type="checkbox"/>	<input type="checkbox"/>	Audit/Finance Committee	_____
<input type="checkbox"/>	<input type="checkbox"/>	Program	_____
<input type="checkbox"/>	<input type="checkbox"/>	Executive	_____

*Supports ongoing compliance with CSBG National Organization Standard 8.7, “The governing board receives financial reports at each regular meeting that include the following: (1.) Organization-wide report on revenue and expenditures that compares budget to actual, categorized by program; and (2.) Balance sheet/statement of financial position”. If the regularly scheduled meeting did not satisfy Standard 8.7, a “Finding” should be noted.

Comments:

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

Comments:

7. Staff/Others present (Name/title), if known:

Comments:

Description of Observation(s) for current FFY to date (to include notifications, due dates, status of required actions, and resolutions)

DOS Instructions:

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