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| DOTLOGO2 | | | | | | | | | | | | | | **Project Monitoring**  **Checklist and Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date:** | | | | | |  | | **Project Number:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **Grantee/Agency:** | | | | | | |  | | | | | | | | **Project Title:** | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
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| **Site Visit Loc.:** | | | | | | |  | | | | | | | | **Grant Amount:** | | | | | | | | | | $ | | | | | | | | | | | | | | | |  | | |
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| **Visit Number:** | | | | | | |  | | **Time Period Covered:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **Participant Name & Title** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Was everyone present who should have participated? | | | | | | | | | | | | | Yes | | | | | | No (explain) | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1. Preparation for Visit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Project agreement reviewed? | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | | | | |  | | | | | | | | |
| Performance reports submitted? | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | | | | | N/A | | | | | | | | |
| Claims for reimbursement reviewed? | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | | | | | N/A | | | | | | | | |
| Grant correspondence and other required documents reviewed? | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | | | | | N/A | | | | | | | | |
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| **2. Purpose of Visit (check if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Routine on-site monitoring, as specified in the Project Agreement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | To monitor project’s training class or other activities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Monitoring in response to identified problems. If checked, please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Other. Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Grant Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Is project being implemented on schedule? | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No (explain) | | | | | | | | | | | | | | | | | |
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| Are all procedures relating to grant management being followed and documented (see Policy & Procedures Manual)? | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No (explain) | | | | | | | | | | | | | | | | | |
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| Have grant requirements been complied with (see Project Agreement, including submission of required documentation)? | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No (explain) | | | | | | | | | | | | | | | | |
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| Is the project fully staffed with qualified and trained personnel? | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No (explain) | | | | | | | | | | | | | | | | |
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| Are project revisions or an amendment required? | | | | | | | | | | | | | | | | | | | | | Yes (explain) | | | | | | | | | No | | | | | | | | | | | | | |
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| **4. Performance Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Is documentation satisfactory to justify activities and reimbursement? | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No (explain) | | | | | | | | | | | | | | | | |
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| Are objectives and performance measures being met? | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No (explain) | | | | | | | | | | | | | | | | |
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| **5. Objective Listing and Individual Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Number** | | | | | | | **Objective** | | | | | | | | | | | | | | | | | | | | | | | | **Status** | | | | | | | | | | | | |
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| Are activities on schedule according to the Project Agreement? | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No (explain) | | | | | | | | | | | | | | |
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| Were any unique or special activities or accomplishments identified? | | | | | | | | | | | | | | | | | | | | | | | | Yes (explain) | | | | | | | | | | No | | | | | | | | | |
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| **6. Financial Records and Claims for Reimbursement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are claims for reimbursement submitted on time, correct, and accompanied by documentation for expenditures? | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No (explain) | | | | | | | | | N/A | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were any problems identified with the financial reporting to date? | | | | | | | | | | | | | | | | | | | | | | | | Yes (explain) | | | | | | | | | | No | | | | | N/A | | | | |
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| **7. Property Management** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Has any equipment been purchased with grant funds? | | | | | | | | | | | | | | | | | | | | | | Yes (explain) | | | | | | | | | No | | | | | N/A | | | | | | |
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| If Yes, does the grantee have a system in place to control, protect, preserve, use, maintain and inventory the property? | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | | | | | | | | | | |
| Random check of equipment purchased conducted? | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | | | | | | | | | | |
| If Yes, what items checked? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Summary of Visit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Is technical assistance or training needed? | | | | | | | | | | | | | | | | | | | | | | Yes (explain) | | | | | | | | | No | | | | | | | | | | | |
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| Are corrective actions recommended? | | | | | | | | | | | | | | | | | | | | | | Yes (explain) | | | | | | | | | No | | | | | | | | | | | |
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| Comments and main points addressed during your visit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **9. DTS Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Grantee Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Reviewed By (Optional)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Original of this Monitoring Report Form TS 09 sent to DTS on:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Copy of this Monitoring Report Form TS 09 given/sent to Grantee on:** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
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| **10. Additional Comments** |
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**Instructions for TS 09**

You may delete this entire instruction page before printing or submitting the form. It is anticipated that many of the detail items will be checked as N/A as they may not be reviewed in every situation. This form serves to provide documentation for on-site monitoring, which may in some cases deal with only one issue rather than the entire project. Some answers to specific Yes or No questions require an explanation. If sufficient space is not available on this form, additional sheets may be added.

**Date** – Record the date the on-site monitoring visit was conducted.

**Project Number** – Record the Project Number. This number should be on the Highway Safety Project Agreement, Conditions and Certifications (Project Agreement).

**Grantee** – Record the name of the grantee as it appears on the Project Agreement.

**Project Title** – Record the project title as it appears on the Project Agreement.

**Site Location** – Record the site location of the on-site monitoring visit. Provide a description and address, if applicable. Example: City Offices, 1111 Grant Street.

**Visit Number** – Consecutive number for on-site visits made, starting with 1.

**Time Period Covered** – Time period covered by this grant visit.

**Report For:** – Primarily for non-Law Enforcement Grant use to identify Quarter of report.

**Participant Name and Title** – List the name(s) and title(s) of all those who participated in the monitoring visit.

**1. Preparation for Visit** – Note whether specific documents have been reviewed and pre-visit actions taken.

**2. Purpose of Visit** – Briefly describe the purpose of the visit. ***Examples****: (1) Routine monitoring in compliance with Project Agreement; (2) In response to (stipulate specific issue or problem); or, (3) To review and participate in project’s training class or other activities.*

**3. Grant Status** – Note the status of important grant activities.

**4. Performance Information** – Note whether required reports and documents were submitted and complete, including appropriate supporting documentation, and whether performance requirements are being met. Explain any “No” and any exemplary or special activities or actions, including Best Practices.

**5. Objective Listing and Individual Status** – Include in this section the objectives for the grant and progress on each one.

**6. Financial Records and Claims for Reimbursement** – Identify which financial records were reviewed and indicate what type of sampling was used to choose records. Photo copies should be made of documents received and attached to the report. Note whether required Claims for Reimbursement and documents were submitted and complete, including supporting documentation. Describe any findings.

**7. Property Management** – Describe any equipment purchased with grant funds and the presence, or lack of, an inventory system.

**8. Summary of Visit** – Indicate whether any technical assistance was provided and, if so, briefly describe what assistance was given. If no assistance was provided, indicate whether or not any training or technical assistance might be expected later in the project and when. Indicate whether any corrective action is needed. If so, briefly describe the action, designate who is responsible, and provide a date for completion. Summarize the main points addressed during the visit. ***Note****: Use additional sheets as needed to record all information. Include any comments needed for other sections of the report.*

**9. DTS Signature** – The IDOT staff person doing the on-site monitoring should sign the form. If the review was completed by more than one person, both should sign the form.

**Grantee Signature** – The Grantee representative present at the on-site monitoring should sign the form. Only one signature from a grantee representative is required.

**Reviewed By** – If reviewed by an appropriate IDOT manager at the next level above the person doing the on-site monitoring, they should add their name and title.

**10. Additional Comments** – An optional page for additional comments when needed.

**Provide the original of this form TS 09 to the Project File and one copy to the grantee. One copy should be retained in the working file.**