



**On-Site Project Monitoring
Checklist and Report**

Date: _____ Grant Amount: \$ _____ Project Number: _____
 Project Modification Yes No \$ _____ Date: _____

Project Agency: _____ Project Title: _____

Project Director: _____ Site Location: _____

Participants' Names & Titles (including MHSO Representatives)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

1. Preparation for Visit

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| Project Agreement/Modifications reviewed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Reimbursement Report/Itemization Reports reviewed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Grant correspondence, Quarterly Report Back-up Documentation, and other required documents reviewed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Equipment Accountability Report reviewed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

2. Purpose of Visit (Select One)

- Routine monitoring, as specified in the Project Agreement.
- Monitoring in response to identified problems. If checked, please explain.
- Other, please explain.

3. Quarterly Reports and Supporting Documentation

Are Quarterly Reports submitted on time, correct, and accompanied by documentation for expenditures? Yes No N/A

If no, please explain. _____

Were any problems identified with the financial reporting to date? Yes No N/A

If yes, please explain. _____

Has Grant Match supporting documentation been reviewed for compliance with Grant? Yes No N/A

If no, please explain. _____

4. Equipment Management

Has any equipment been purchased with this fiscal year's grant funds? Yes No

If yes, what property was checked? _____

If yes, does the grantee have a system in place to institute and Maintain required inventory records for the property? Yes No

Was a check of equipment that was purchased during any prior grant funded years conducted? Yes No N/A

If yes, what property was checked?
If no, why? _____

Program Management (Program Managers visit with Program Coordinator)

5. Program Manager's Preparation for Visit

Reports Submitted on Time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Adherence to Project Timelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Enforcement Logs Complete and Signed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Personnel Changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

6. Discussion Points

Any Obstacles in achieving grant objectives/activities? Yes No

If yes, explain.

Any training that would help you better manage your grant? Yes No

If yes, what training?

Project on schedule? Yes No

If no, Why?

Were there Activities not carried out? Yes No

If yes, Why?

7. Enforcement

Is enforcement location targeting – data, maps, are reports being used to focus enforcement based on data? Yes No

If no, Why?

Does Grantee have enough promotional materials to support projects? Yes No

If no, What needs to be supplied or purchased?

8. Additional Comments

Anything else you would like ask/share/comment on? Yes No

If yes, what?

9. Summary of Visit

Is technical assistance or training needed? (including SHARP)

Yes No

If yes, please explain.

Are required actions recommended?

Yes No

If yes, please explain.

10. Comments during the visit: (Required Action, Recommendation, and Commendation)

Date Response Due to MHSO: _____ (If Required Action or Recommendations are found)

11. MHSO Representative Signature

Name (Site Visit Leader)

Title

Date

Chief/Deputy Chief, MHSO (Optional unless corrective action required)

Title

Date

12. Grantee comments – Optional: (required if corrective action is required)

13. Project Director Signature

Signature

Title

Date

14. Action Taken: (If required)

Date Action Taken: _____

15. Chief / Deputy Chief

Name

Title

Date

Original of this Monitoring Report Form filed in MHSO Project file on:

Date:

Initials:

Copy of this Monitoring Report Form provided to Finance Department on: (If corrective action required is financial)

Date:

Initials

Copy of this Monitoring Report Form sent to Grantee on: (If grantee makes comments or requests a copy)

Date

Initials

Instructions

This is an instruction page for the on-site team member(s). This form serves to provide documentation of on site monitoring.

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

Grant Amount – List the full dollar amount of the grant.

Project Number – Record the Project Number. This number can be found on the Project Agreement.

Project Modification – Indicate if a Project Modification has been completed. If yes, for how much, and the date of the modification.

Project Agency – 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.

Project Director – Record the name of the Project Director 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.

Participants – List the name(s) and title(s) of all those who participated in the monitoring visit – only one person required.

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 (state specific issue or problem);* or, (3) *Other reason to be explained.*

3. Reimbursement Reports and Supporting Documentation – Note whether required Reimbursement Reports and documents were submitted and complete, including supporting documentation and grant match funds. Including but not limited to; training, equipment and all approval document to support purchase, and promotional items. Describe all recommendations and/or required actions.

4. Equipment Management – Describe any equipment purchased with grant funds of current grant year and/or past years, whether equipment was checked, and if the agency has an inventory system.

5. Program Manager's Preparation for Visit – Note whether reports have been submitted on time, have project timelines have been met, and are Enforcement Logs completed. Have there been any personnel changes at the agency.

6. Discussion Points – List any obstacles in achieving objectives or activities, any training that would be beneficial to the grant. Discuss any activities that were not able to be carried out and why.

7. Enforcement – Note how the Enforcement Targets are selected and how data is used to determine the target areas.

8. Additional Comments – Briefly discuss any additional areas of concern.

9. Summary of Visit – Indicate whether any technical assistance (including SHARP) is needed and, if so, briefly describe what type. 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.*

10. Comments and main points addressed during the visit – Briefly describe the main points, highlights of the visit – including any Required Action, Recommendation, and Commendation. MHSO has 15 days from the date of the Site Visit to send form to grant agency if Required Action or Recommendation is sited.

11. MHSO Representative Signature – The MHSO on-site team leader completes the on site monitoring checklist and signs the form. If recommendations or required actions are taken Chief/Deputy Chief, MHSO must sign the form prior to sending to the Grant Agency.

12. Grantee Comments – A place for grantees to add their own comments about the visit and/or respond to MHSO comments, Optional. Comments required only if MHSO has reported a Required Action or Recommendation. The grantee has 30 days to respond to MHSO.

13 Project Director Signature – The Project Director or their representative must sign the form at the time of the agencies response.

14. Action Taken and Date – MHSO will inform Grant Agency of the Action to be taken and the date.

15. Chief or Deputy Chief – The MHSO Chief or Deputy Chief signs the form.

Place the original of this form in the Project File, mail one copy to the Agency, and provide a copy to Finance if applicable.