**Executive Office of Public Safety and Security
Massachusetts Office of Grants and Research**

**Highway Safety Division**

**Monitoring Form for Meetings, Trainings & Technical Assistance Visits**

|  |  |
| --- | --- |
| Date | Subrecipient:  |
| Location:  | Subrecipient Point of Contact: |
| FFY & Grant Title of Funding Involved:  | OGR Staff Present:  |
| ISA/Contract Amount:  |  |

**Topic/Purpose/Attendees –**

**Key Points –**

**Follow-up Needed –**

Please share key points and follow-up items with EOPSS/OGR/HSD staff and supervisor as appropriate. Keep electronic copy on shared drive in monitoring sub-folder; it is optional to keep paper copy in grant file.

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**Program Coordinator Name Signature Date**