**FFY 2021 Site Visit Report Form**

***I. Grantee Profile***

Organization Name:

Street Address:

City/Town/Zip:

Main Telephone Number:

Name of Police Chief/Head of Organization:

Organization Contact Person:

Date of Visit: Visit Start Time:

Names of Grantee Staff Present:

Names of OGR/HSD Representatives:

***BD14539_***

*Upon Completion of Site Report:*

Signature of HSD Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

Signature of HSD Program Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

Signature of Division Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

***II. File Review***

Programs and FFYs being reviewed:

|  |  |  |  |
| --- | --- | --- | --- |
| Program | FFY 2021 | FFY 2020 | FFY 2019 |
|  | Award Amt. | Award Amt./% Spent | Award Amt./% Spent |
| CPS |  |  |  |
| Ped & Bike |  |  |  |
| TE |  |  |  |
| TR |  |  |  |
| Other: |  |  |  |

***Contracting and Reporting Documentation:***

1. Does the subrecipient have available all critical grant award and contract/ISA documents, including all information required under 2 CFR, Section 200.331, Requirements for Pass-Through Entities?  
   \_\_\_\_\_ (Y/N) If not, explain:
2. Are copies of reporting forms including relevant email exchanges/edits available for review for all of the periods in which the grantee sought reimbursement?

\_\_\_\_\_ (Y/N) If not, explain:

1. If reports were not submitted on time, or at all, what action was taken?

***Fiscal Documentation:***

1. Are all costs approved in the project budget, are any budget changes sufficiently documented and were all costs incurred during the project period?

\_\_\_\_\_ (Y/N) If not, explain:

1. Are copies of timecards, invoices, and other billing documentation available for review and is the fiscal and personnel documentation consistent with reimbursement claims? \_\_\_\_\_ (Y/N) If not, explain:
2. Is there a need for budget revisions? \_\_\_\_\_ (Y/N) If yes, explain:
3. If an In-Kind match is required in the program, is it consistent with what was submitted on the In-Kind Report? \_\_\_\_\_ (Y/N or N/A) If not, explain:

***Activity/Enforcement Documentation:***

1. Are copies of citations, written warnings, and/or other activity reports available for review? \_\_\_\_\_ (Y/N) If not, explain:
2. Are activities consistent with the approved contract and being performed within the program timeline? \_\_\_\_\_ (Y/N) If not, explain:
3. Is there a need for activity revision? \_\_\_\_\_ (Y/N) If yes, explain:
4. Is there progress towards goals and performance measures? \_\_\_\_\_ (Y/N) If not, explain:
5. Describe progress towards goals and performance measures:

***III. Equipment Purchases***

1. Has the grantee purchased any equipment with grant funds? \_\_\_\_\_ (Y/N)

***If NO, move to Section IV, Final Review.***

If yes, indicate the item(s) purchased by the grantee, the program, the FFY and their

corresponding cost(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Program | FFY | Cost | Condition |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Are invoices and proof of payment available for review for all purchased items? \_\_\_\_\_ (Y/N) If not, explain:
2. Is the equipment readily accessible for examination? \_\_\_\_\_ (Y/N) If not, explain (indicate if equipment is missing):
3. Is the equipment being used for its intended purpose? \_\_\_\_\_ (Y/N) If not, explain:
4. Does the department maintain a database to track all grant-funded equipment purchases? \_\_\_\_\_ (Y/N) If not, explain:
5. If the equipment was destroyed, indicate why, when, and if HSD was previously notified:

***IV. Final Review***

1. Describe any partnerships the department has developed:
2. Describe any Earned Media or Social Media outlets the department uses:
3. Identify any missing data, documents, or equipment by program and FFY:
4. Indicate if there is any other concern requiring follow-up:
5. Is it necessary for an OGR fiscal person to review documentation? \_\_\_\_\_ (Y/N) If so, describe why:
6. Does the grantee have any issues that they would like to have addressed? \_\_\_\_\_ (Y/N) If so, describe:
7. Is further action recommended? \_\_\_\_\_ (Y/N) If yes, describe:

1. General Summary:

Version date: 10/7/20