Site Monitoring Form

Grantee Name	
Grant Contract Agreement Number	
Grantee Representative	
MNRAAA Staff Member	
Grant Year	
Assessment Date	

Prior to Assessment the following items must be completed:

☐ Review of most recent financial report

☐ Previous full month/quarter of PeerPlace® data

☐ Previous site monitoring information

☐ Review of the most recent Outcome/Performance Report

Summary of the Grantee's Project

Previous Site Monitoring

1. Recommendations and items for corrective action from last year's assessment.

2. Has action been taken?

Comments:

Review of Current Outcomes

Outcome # 1:

On Schedule?

Documentation:

Outcome # 2:

On Schedule?

Documentation:

Outcome # 3:

On Schedule?

Documentation:

TITLE III-B, TITLE III-D & TITLE III-E Site Monitoring

Type of primary service(s) offered:

Program	**Yes**	**No**
Are project outcomes being met as stated in the proposal?	_____	_____
Are the number of clients served and units of service provided meeting projections.	_____	_____
Is the public informed of the services being provided?	_____	_____
Is there coordination with other services provided in the area?	_____	_____
Are clients' needs properly assessed and referrals made as needed.	_____	_____
Are clients provided with an opportunity to make a confidential contribution?	_____	_____

Cost sharing discussion:

Include any documentation relating to cost sharing (for example, a cost-sharing notice provided to clients).

Comments:

Personnel	**Yes**	**No**
Does personnel remain as stated in project proposal?		
Are required personnel records maintained?		
Are time sheets completed, approved by an authorized person and kept on file?		
If personnel perform other, non-Title III related activities, is time charged to Title III project in agreement with proposal?		
Is staff training available?		
Are volunteers used in the program?		
Is training available for volunteers?		
Are personnel records kept on volunteers?		

Comments:

Accessibility	**Yes**	**No**
Is the building free of architectural barriers?		
If not, are efforts made to ensure program accessibility?		
Are project activities, those not provided in the home, conducted in accessible locations?		

Comments:

Submission of Regular Reports	**Yes**	**No**
Does the project submit completed reports on time?		
Are the reports accurate?		
Are corrections submitted on a timely basis?		

Comments:

Records	**Yes**	**No**
Are records kept that appropriately document and support project program and financial activities?		
Are in-kind contributions recorded?		
Is there a system for maintaining client records?		
Is a record of volunteer hours maintained?		
Is a record of revenue maintained?		
Are records of cost share revenue and voluntary contributions maintained separately?		
Are all records retained for at least six years after a successful year-end close-out/audit resolution?		

Comments:

Equipment	**Yes**	**No**
Is project equipment described in the proposal available and of quality specified?		
Is project equipment listed in a fixed asset inventory?		

Comments:

Fiscal Management	**Yes**	**No**
Is the project being operated within the stated budget?		
Are expenditures progressing as planned?		
Are Title III funds appropriately accounted for?		
Are efforts being made for continuation of funding after Title III funds are no longer available?		
Is the time frame between the receipt of Title III funds and payment of expenditures acceptable?		

Comments:

Grantee Report

What are your current major operating problems? How are you attempting to resolve these difficulties?

What accomplishments in your program are you most proud of this year?

Technical Assistance

Would you like to receive technical assistance in any area, e.g. outreach, staff training, coordinating with other agencies, preparing proposals or information and record-keeping systems?

Recommendations

Corrective Action (Immediate)

General Observation

MNRAAA Staff **Date**

☐ Copy sent to Grantee (Date): _____
Must be sent to Grantee within 14 days of completion of monitoring

☐ Copy submitted to the Minnesota Board on Aging (MBA)

CIVIL RIGHTS COMPLIANCE REVIEW

1. Are appropriate civil rights policies on file? Is the Civil Rights Compliance poster displayed?

2. What are the special **needs** of minority persons and the **barriers** to their participation in your program/services?

3. What **efforts** have been made to improve and/or increase service to minority persons, to meet needs and eliminate barriers to their participation in your program?

4. What are the special **needs** of persons with hearing and visual impairments and the **barriers** to their participation in your program/services?

5. What **efforts** have been made to improve and/or increase service persons with hearing and visual impairments, to meet needs and eliminate barriers to their participation in your program?

6. Are all services accessible to handicapped persons under #504 regulations?