Date:

Organization:

Website:

Address:

Authorized Representative:

Grantee staff participating in monitoring:

State staff conducting monitoring:

Fiscal Year and Grant Type:

Grant Contract Agreement Number: 5 digits/3 digits-4 digits

Grant Contract Agreement Amount:

**Grant Fund Project Review Summary**:

The [\_\_\_\_\_\_\_\_] Grant provides funding for the following [projects, services, etc.]

* [**Project Title**]**:** [Summary]
* [**Project Title**]**:** [Summary]
* [**Project Title**]**:** [Summary]

Outcomes are measured through [Summary]

The grantee reports the following outcomes between [list dates of grant funded projects]

* [**Project Title**]**:** [Outcome Summary]
* [**Project Title**]**:** [Outcome Summary]
* [**Project Title**]**:** [Outcome Summary]
* [**Participant feedback**]**:** [Outcome Summary]
* [**Project Title**]**:** [Output Summary]
* [**Project Title**]**:** [Output Summary]
* [**Project Title**]**:** [Output Summary]

During monitoring, the additional topics were addressed:

* [Participants served, if applicable]
* [Eligibility information, if applicable]
* [Grant-funded staffing – reference staffing changes and/or staff positions funded by the grant]
* [Leadership and governance- can choose to reference this information here and/or reference changes if applicable]
* [Key partnerships, if applicable]
* [Additional compliance and reporting requirements such as those resulting from a preaward risk assessment, if applicable]

The following represents grantee best practice [Summary]

The grantee reports challenges with [Summary]

**Fiscal Review Summary:**

* [Summary of account codes for grant funds ]
* [Summary of how financial transactions are processed ]
* [Summary of procurement process ]
* [Summary of grant-funded staff time entry/maintenance of effort process – how is staff time tracked and billed to the grant?]
* [Include if staffing changes occurred in fiscal management]

**Financial Reconciliation Summary**

|  |
| --- |
| Period Covered by the Payment: [Dates] |
| Payment #:  |
| Payment amount: $ |

[Provide summary of financial reconciliation results]

[Provide next steps, reference required follow-up or findings, recommended training and technical assistance, if applicable here]

[Thank and acknowledge grantee representatives involved in the monitoring here]