



## GRANT FILE REVIEW / SITE VISIT FOR NON-PROFITS, STATE AGENCIES, & HIGHER EDUCATION

TSS 16B (08/22/2023)

**Purpose:** Use this form to complete the file review and document discrepancies and best practices.

**Instructions:** Complete all applicable sections.

GENERAL GRANT INFORMATION		
<input type="checkbox"/> Grant Project \$20,000 or less <input type="checkbox"/> Grant Project Over \$20,000	GRANTEE NAME	
PROJECT TITLE	PROJECT DIRECTOR	
PROJECT NUMBER	PROGRAM MANAGER	DATE (mm/dd/yyyy)

PERFORMANCE INFORMATION		
INQUIRIES	YES	NO
ARE ALL REPORTS COMPLETE AND SUBMITTED AS REQUIRED? IF NO, EXPLAIN BELOW	<input type="checkbox"/>	<input type="checkbox"/>
ARE THERE ANY FORMAL ACCOUNTING DOCUMENTS IN THE FILE?	<input type="checkbox"/>	<input type="checkbox"/>
ARE THERE ANY SPECIAL ACCOMPLISHMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
DID THE GRANTEE UTILIZE THE SERVICES OF A CONTRACTOR?	<input type="checkbox"/>	<input type="checkbox"/>
DOES THE AWARD TO THE GRANTEE INCLUDED FUNDING FOR PERSONNEL SERVICES?	<input type="checkbox"/>	<input type="checkbox"/>
REIMBUREMENT FOR TRAVEL / TRAINING	<input type="checkbox"/>	<input type="checkbox"/>
DOES THE GRANTEE RECEIVE PROGRAM INCOME FROM ANOTHER SOURCE?	<input type="checkbox"/>	<input type="checkbox"/>

**PERFORMANCE INFORMATION**

INQUIRIES	YES	NO
ADHEREANCE TO MILESTONES AND ACTION PLANS?	<input type="checkbox"/>	<input type="checkbox"/>
IS THE BUDGET ON TARGET?	<input type="checkbox"/>	<input type="checkbox"/>
DOES THE PROJECT SHOW PROGRESS TOWARDS OBJECTIVES AND PERFORMANCE PLANS?	<input type="checkbox"/>	<input type="checkbox"/>
ARE THERE PROPER DOCUMENTS FOR TIME SHEETS?	<input type="checkbox"/>	<input type="checkbox"/>
HAS IN STATE OR OUT OF STATE TRAVEL BEEN PRE-APPROVED?	<input type="checkbox"/>	<input type="checkbox"/>
IN SETTING UP THE SITE VISIT, DID PROJECT DIRECTOR DELAY IN ANYWAY?	<input type="checkbox"/>	<input type="checkbox"/>
IS THERE GOOD COMMUNICATION WITH THE PROJECT DIRECTOR?	<input type="checkbox"/>	<input type="checkbox"/>

**DMV PROJECT MONITOR SUMMARY**

PROGRAM MANAGER COMMENTS		
RISK ASSESSMENT		
DATE (mm/dd/yyyy)	DMV PROJECT MONITOR NAME	DMV DEPUTY DIRECTOR NAME