

Statewide Health Improvement Program Monitoring Visit: July 2009 – June 2011

Fiscal Agent: _____

Grant Agreement or PO Number: _____

Date: _____

Location: _____

MDH Representative: _____

Staff Present:

Name	Title

Record-Keeping

Grantee has a central file containing official records for this grant agreement

Location of file: _____

Staff responsible for the file: _____

Which of the following are included in the file?

- Grant proposal
- Award letter
- Signed grant agreement and all amendments
- Requests and approvals for any changes (e.g., budget, interventions)
- Interim and Annual Reports
- Record of payments
- Signed subcontracts
- Correspondence

Notes: _____

Reporting

- Met all reporting requirements outlined in grant agreement
- All expenditure reports were accurate and submitted on time

Subcontractual Agreements

- Written policies or procedures that address the use of subcontractors are in place
- Subcontractual agreements over \$5,000 were reviewed and approved by MDH before implementation
- Subcontractors with agreements over \$5,000 were required to sign an agreement outlining services to be rendered, duration of engagement, and pay rate

Technical Assistance Needs:

Feedback and Questions for MDH:

Observation of Intervention Activities (Optional):
