

Grantee: Choose an item. Contract # Choose an item.
 FFY: Choose an item. Type of Contract: Choose an item.
 Contacts/Site Visits per FFY on IMP: # _____ Number of contacts/visits to date: Choose an item.

Contact/Site Visit Date and Results: Choose an item.

Date: Click or tap to enter a date. _____ Click or tap to enter a date. _____

<input type="checkbox"/> NO (ADDITIONAL) FINDINGS NOTED	<input type="checkbox"/> FINDING(S) NOTED	<input type="checkbox"/> DEFICIENCY(IES) NOTED
<input type="checkbox"/> OBSERVATION NOTED	<input type="checkbox"/> FOLLOW UP ON PREVIOUS FINDINGS	<input type="checkbox"/> FOLLOW UP ON DEFICIENCY(IES)
<input type="checkbox"/> FOLLOW UP ON OBSERVATION	<input type="checkbox"/> REQUIRES FISCAL FOLLOW UP	<input type="checkbox"/> FOLLOW UP ON NOD

Personnel Involved in Contact (Include names and titles of personnel referred to within this report):

Enter list of names & titles here

Type of Contact/Site Visit:

<input type="checkbox"/> Onsite: Agency Main office	<input type="checkbox"/> Regional Meeting
<input type="checkbox"/> Onsite: Satellite Office	<input type="checkbox"/> Other: _____

Purpose of this Contact/Site Visit (check all that apply):

<input type="checkbox"/> Routine Monitoring Visit	<input type="checkbox"/> Provide Technical Assistance	<input type="checkbox"/> Desk Review
<input type="checkbox"/> Attend/Observe Board Meeting	<input type="checkbox"/> Follow Up	<input type="checkbox"/> ACROS/TRACS Follow Up
<input type="checkbox"/> Other: _____	<input type="checkbox"/> ACROS/TRACS Close Out	

Documents Reviewed as part of this Contact (check all that apply):

<input checked="" type="checkbox"/> Program Progress Report (PPR)	<input checked="" type="checkbox"/> Board Minutes + Attachments	<input checked="" type="checkbox"/> Contract/Amendment Documents
<input checked="" type="checkbox"/> Quarterly Attestation	<input checked="" type="checkbox"/> Board Tracking Sheet/Board List	<input type="checkbox"/> Financial Reports/Vouchers
<input checked="" type="checkbox"/> MWBE Forms	<input type="checkbox"/> Board Meeting Observation Form	<input type="checkbox"/> ACROS/TRACS Documents
<input type="checkbox"/> Other: _____		

This report contains updates relating to (check all sections that apply in subsequent pages):

<input type="checkbox"/> Discussion(s)/Meeting(s) with Agency Staff	<input type="checkbox"/> Reports submitted to DOS
<input type="checkbox"/> CSBG Funding/Fiscal	<input type="checkbox"/> Technical Assistance & Training
<input type="checkbox"/> Governance	<input type="checkbox"/> CSBG Board Member Tracking Form
<input type="checkbox"/> Organizational Operations	<input type="checkbox"/> Certification of Board List and Board File Review Form
<input type="checkbox"/> Program(s)/Service(s) and CSBG Eligibility	<input type="checkbox"/> Board Observation Form
<input type="checkbox"/> Other: _____	

This report will only show sections that are checked above.

GSCR Review and Approval:

Program Analyst: _____

Program Supervisor: _____

Director or Designee: _____

(DOS Title) (Signature) (Date Completed/Reviewed)

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Other DOS Reports attached to this GSCR:

- ACROS TAP/QIP Link (DOS Internal Use Only): Please see separate report.
- TRACS TAP/QIP Link (DOS Internal Use Only): Please see separate report.
- CARES GSCR (DOS Internal Use Only): Please see separate report.

Discussion(s)/Meeting(s) with Agency Staff

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

CSBG Funding/Fiscal

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

Governance

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

Organizational Operations

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

Program(s)/Service(s) and CSBG Eligibility

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

Reports submitted to DOS

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

Technical Assistance and Training

DOS Instructions:

- Contact/Site Visit (text for this section will only appear if an update is provided for this contact/visit):*

CSBG Board Member Tracking Form (This section will only appear if updates have been provided)

Size of Board (per Bylaws): _____ **# Seated Members:** _____ **# of Vacant Seats** _____

Public Sector Members

#	NAME	Start date of Current Term	Date Term Ends	Documents				Verified Y/N	Comments (If unable to verify, please explain)
				Appt. in Mtg. Minutes Date	Rep Letter?	In Office at time of Appt?	Conflict of Interest (date signed)		

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Private Sector Members

#	NAME	Start date of Current Term	Date Term Ends	Documents			Verified Y/N	Comments (If unable to verify, please explain)
				Appt. in Mtg. Minutes Date	Category Representing	Conflict of Interest (date signed)		

Low-Income Sector Members

#	NAME	Start date of Current Term	Date Term Ends	Documents			Verified Y/N	Comments (If unable to verify, please explain)
				Appt. in Mtg. Minutes Date	Democratic Selection docs Verified	Conflict of Interest (date signed)		

Analyst findings – Verified # of members: Public _____ Private _____ Low Income _____

Findings, recommendations and follow-up are included on the GSCR form.

Certification of Board List and Board File Review Form (This section will only appear if updates have been provided)

Date Board List & Files review: _____

Bylaws used for this review were dated: _____

The board list used for review is dated (from current FFY contract): _____

Membership Information as stated in the Grantee Bylaws:

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Size of board:

Number by sector: Public _____
 Low Income _____
 Private _____

Number of **vacancies** by sector:
 Public _____
 Low Income _____
 Private _____

Terms: _____

Term Limit/years of service (if any): _____

Number of members that have exceeded
 the maximum number of years of service
 (as indicated by appointment
 documentation): _____

Bylaws contain a procedure under which low income individuals or organizations can petition for adequate representation: Yes No

CERTIFICATION

The board list submitted
 with current contract
 dated: _____

Substantiates the board files reviewed: Yes No

Follow up required or documentation needed before certification can be issued:

Certification of the Board List resulted from this review: Yes No

Program Analyst Printed Name **Signature** **Date**

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Board Meeting Observation Form (This section will only appear if updates have been provided)

Board Meeting Date: _____
Meeting Called to Order: _____ (date/time) **Meeting Adjourned:** _____ (time)
Meeting Chaired By: _____ (name/title)

Total Number of Seated Board Members: _____ **Total Number Needed for Quorum:** _____
Total Number Present: _____ **Quorum was met (yes or no):** _____

1. Was meeting notice, agenda, and minutes distributed prior to the meeting? Yes No
 How far in advance? _____

2. Was attendance taken? Yes No Other: _____
 Title of person responsible for keeping attendance records: _____

3. Were the minutes of the previous meeting reviewed and approved? Yes No
 Were corrections needed to previous minutes? Yes No

4. Executive Director Report
 Presentation of Report: Written Oral Report Attached

5. Financial Report
 Presentation of Report: Written Oral Report(s) Attached

Who presented report: _____
 Information provided to the board: Line of Credit Revenue & Expenditures Agency-wide budget

6. Committee Reports – List of reports presented: Report(s) attached

7. Program Reports – List of reports presented: Report(s) attached

8. Summary of Discussions and/or Actions Taken: (e.g. highlight of reports presented, discussion of CSBG related issues, board member appointments, election of officers, special presentation, operational changes, changes or loss in funding, etc.)

9. Staff present/Others present:

10. Recommendation(s):

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Description of (and/or status of previous) Observation(s), Finding(s) or Deficiency(ies):

DOS Instructions:

- Contact/Site Visit 1* (text for this section will only appear if an update is provided for this contact/visit):

Description of Action(s) required by CSBG Funded Entity and Due Date, if applicable:

DOS Instructions:

- Contact/Site Visit 1* (text for this section will only appear if an update is provided for this contact/visit):