Transportation Cabinet

Kentucky Office of Highway Safety

**On-Site Monitoring Review**

## Section 1 - Grant Information

|  |  |  |
| --- | --- | --- |
| **G****rant Number:** | Click here to enter text. |  |
| **Date Monitored:**  Click here to enter a date. |  |
| **Grant Title:** | Click here to enter text. |
| **Grantee Name/Address:** | Click here to enter text. |
|  |  |
| **G****rant Amount:** | Click here to enter text. |
|  |  |
| **Grants Management Staff/LEL** **Conducting Review:**  | **Grantee Staff** **Interviewed :**  |
|  |  |
| Name: Choose an item. | Name: Click here to enter text. |
| Title: Choose an item. | Title: Click here to enter text. |
| Name: Choose an item.  | Name: Click here to enter text.  |
| Title: Choose an item. | Title: Click here to enter text. |
| **Project Focus/Program Area:** |
| Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
| General Project Checklist | **N/A** | **Yes** | **No** |
| Does grantee keep a copy of grant agreement /revisions on file and readily available? | **[ ]**  | **[ ]**  | **[ ]**  |
| Does grantee maintain a balance sheet for their grant budget? | **[ ]**  | **[ ]**  | **[ ]**  |
| Has equipment been purchased?  | **[ ]**  | **[ ]**  | **[ ]**  |
| Is equipment installed/being utilized? | **[ ]**  | **[ ]**  | **[ ]**  |
| Does grantee submit monthly claims in a timely manner? | **[ ]**  | **[ ]**  | **[ ]**  |
| Are contact & warning ratios acceptable? | **[ ]**  | **[ ]**  | **[ ]**  |
| Has grantee returned the OMB 133 Certification form?  | **[ ]**  | **[ ]**  | **[ ]**  |
| Has grantee submitted a copy of their OMB 133 single audit report if expended more than $500,000 in federal funds?  | **[ ]**  | **[ ]**  | **[ ]**  |
| Explanation: Choose an item. |
| Does agency access CRASH database to monitor crash data? | **[ ]**  | **[ ]**  | **[ ]**  |
| Does the grantee need further assistance from KOHS? If yes, specify: Click here to enter text. | **[ ]**  | **[ ]**  | **[ ]**  |

**Section 2 – Status of Project Implementation**

1. **Implementation Schedule Review:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **Yes** |  | **No** |
|  Are the project activities being performed as scheduled? |  |  | **[ ]**  |  | **[ ]**  |

**List any project activities that are NOT being performed as scheduled with an explanation of their status in the space below:**

Click here to enter text.

1. **Review of Fulfillment of Specific Objectives:**

What is the current project status for each objective?

(List each objective with the current status in the space below)

Click here to enter text.

**Section 3 -- Notes/Recommendations:**

Click here to enter text.

Monitoring Report Submitted by:

|  |  |  |
| --- | --- | --- |
| Choose an item. |  |  |
|  |  | Click here to enter a date. |
| Signature |  | Date |
| **Reviewed By:** |
| Therese Richerson, |  | Branch Manager |
|  |  |  |
| Signature |  | Date |