

**FY17 Activities for DVR Grants (Site-visit information)**

District \_\_\_\_\_ Grant Contact Name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_ x \_\_\_\_\_

Contact Email \_\_\_\_\_

Activity Name \_\_\_\_\_

Activity Location (street, city, zip) \_\_\_\_\_

Activity Date(s) \_\_\_\_\_ Activity Time: from \_\_\_\_\_ to \_\_\_\_\_

Activity Contact person \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Where to park \_\_\_\_\_ Where to enter \_\_\_\_\_

Who to ask for \_\_\_\_\_

Other information I need to know? \_\_\_\_\_

**Site Visit Results:**

Observed: Activity Y N Materials Y N

Interviewed: Y N \_\_\_\_\_

Fiscal Audit Findings? Y N

Reviewed Business Records: Y N Reviewed small significant purchases CFR200.324: Y N

Administrative

Checked Properties list: Y N

Documentation: Notes Y N Pictures Y N

Notes: \_\_\_\_\_

Description of observation – \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deficiencies noted – \_\_\_\_\_

\_\_\_\_\_

Corrective Action Required – Y N Received by \_\_\_\_\_

Follow-up - Corrective Action Plan Completed: Y N \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Print name

Date