

GUIDE FOR PROGRAMMATIC MONITORING

Project Title: _____

Project Type: _____

Director: _____

Coordinator/Sub-Director: _____

Assigned Budget: _____ **Grant Period:** _____

I. PROGRAMMATIC AREA:

C=Compliant PC= Partially Compliant N=Not compliant N/A=Not Applicable

Criteria	C	PC	N	N/A	Evidence	Comments
1. A Copy of the proposal and NOGA on file						
2. Dissemination of project information to stakeholders						
3. Selection of participants based on established criteria						
4. Awarded stipends to participants as described in proposal						
5. Achievements of the project's objectives on file						
6. Project participants' records completed and on file						
7. Project's staff credentials on file						
8. Materials developed and used respond to the project's objectives						
9. All project activities conducted as scheduled						
10. Sign-in sheets provided for all project activities						

Criteria	C	PC	N	N/A	Evidence	Comments
11. Record of activities' evaluations on file						
12. Evaluation of activities compiled and interpreted						
13. Pre-test and post-test administered, if required						
14. Evidence of pre-test and post-test assessment						
15. Periodic evaluations of the Project conducted						
16. Evidence of project's additional assessment tools						
17. Evidence of the project's outcomes for current year						
18. Evidence personnel time and effort						
19. Evidence IRB documents and approval on file and secured						
20. Frequency of Report as required by the funding agency	___Annual ___Semi-Annual ___Quarterly ___Monthly					

II. ACTIVITIES FOR THIS PERIOD:

Activity	Evidence	Comments
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

III. LISTING OF WORKSHOPS (IF APPLICABLE):

Topic	Resources	# of Participants	Evidence	Comments
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

IV. ASSURANCES AND CONTRACTS AGREEMENTS:

Criteria	Compliant	Not compliant	Comments
1.			
2.			
3.			
4.			
5.			

V. MONITORING RESULTS:

Findings: _____

Factors that have limited the development of the project:

Recommendations: _____

CORRECTIVE ACTION PLAN (IF APPLICABLE):

Areas of Non-compliance and/or Partial Compliance	Corrective Measurement	Date
1.		
2.		
3.		
4.		
5.		

FOLLOW UP CORRECTIVE PLAN ACTION.

There will be a follow-up meeting in the next ____ months to monitor the progress of the corrective actions.

Comments:

Project Director Signature Date

Monitoring Personnel Date