

## **SUBGRANTEE MONITORING VISIT REPORT**

Name of Agency:

Agency Address:

Date of Visit \_\_\_\_\_

Type of Visit:

- |   |   |
|---|---|
| <input type="checkbox"/> Inspections Field/File       | <input type="checkbox"/> Energy Review    |
| <input type="checkbox"/> Fiscal Review                | <input type="checkbox"/> Inventory Review |
| <input type="checkbox"/> Routine/Technical Assistance | <input type="checkbox"/> Other            |

Review of Client File Folders

☐ Failures ☐ Yes

Number Inspected:

☐ No

Field Inspections

☐ Failures ☐ Yes

Number Inspected:

☐ No

\_\_\_\_\_  
If yes, attach inspection report

Field Inspections of In-Progress Units

Number Inspected: \_\_\_\_\_

### **Technical Assistance Provided:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bidding Procedures  | <input type="checkbox"/> Energy Audits      | <input type="checkbox"/> Material Standards   |
| <input type="checkbox"/> SWS/Field Protocols | <input type="checkbox"/> OLIEC Policy       | <input type="checkbox"/> Average Costs        |
| <input type="checkbox"/> Outreach/Intake     | <input type="checkbox"/> Leveraging         | <input type="checkbox"/> Contract Compliance  |
| <input type="checkbox"/> Eligibility         | <input type="checkbox"/> File Documentation | <input type="checkbox"/> Monitor Walk-Through |
| <input type="checkbox"/> Other (Specify)     |   |   |

**Findings or General Comments:**

**Recommendations:**

\_\_\_\_\_  
I certify that the information contained in this report is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Weatherization Monitor

I acknowledge receipt of a copy of this report from the Weatherization Monitor.

\_\_\_\_\_  
Weatherization Manager or Designee Signature

\_\_\_\_\_  
Date