**360 EVALUATION FORM COMPLETED BY PEER MONITOR (PM)**

**Select a Site Visit from the dates below:**

Drop Down w/Dates

Site Visits Activities

|  |  |  |
| --- | --- | --- |
|  | Y | N |
| Was an agenda for the visit provided? |  |  |
| Was the purpose/intent of the monitoring visit explained? |  |  |
| Did the grantee have opportunities to engage with the Review Team throughout the site visit when clarity and understanding was needed? |  |  |
| Was there an exit briefing/meeting with the grantee? |  |  |
| Did the FPO identify compliance issues (i.e., criteria not met) for the grantee, if any were found? |  |  |
| Did the Review Team provide an overview of the site visit outcomes and explain any applicable next steps? |  |  |

Overall experience of the onsite monitoring visit:

Feedback on Federal Project Officer by Peer Monitor

Narrative Response

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NA | Poor | Acceptable | Good | Excellent |
| Accessibility of FPO (before and/or after the site visit): |  |  |  |  |  |
| Flexibility and willingness to work collegially with you and grantee program staff: |  |  |  |  |  |
| FPO’s knowledge of program requirements |  |  |  |  |  |
| Knowledge of administration (non-fiscal): |  |  |  |  |  |
| Knowledge of administration (fiscal): |  |  |  |  |  |
| Ability to provide useful, appropriate TA during the visit: |  |  |  |  |  |
| Ability to verbalize/clarify programmatic recommendations to the grantee while onsite: |  |  |  |  |  |
| Ability to identify any resources to help the grantee carry out team recommendations |  |  |  |  |  |

YOUR OVERALL IMPRESSIONS OF THE FPO

Areas where the FPO displayed strengths or brought extra value to the review.

Narrative Response

Areas where you saw a need for improvement in what was done, or how it was done:

Narrative Response

Would you be interested in conducting additional reviews with this FPO? Y N

Please tell us why or why not.

Narrative Response

Feedback on Grantee

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NA | Poor | Acceptable | Good | Excellent |
| Accessibility of staff, board, and youth: |  |  |  |  |  |
| Responsiveness/cooperation of staff |  |  |  |  |  |
| Openness to suggestions and technical assistance |  |  |  |  |  |

YOUR OVERALL IMPRESSIONS OF THE GRANTEE

Please add any comments regarding interaction with the grantee:

Narrative Response

*PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to collect feedback on RHY on-site monitoring processes. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401; expiration date 5/31/2021. If you have any comments on this collection of information, please contact* [*help@gmatterstech.com*](mailto:help@gmatterstech.com)*.*