

360 EVALUATION FORM COMPLETED BY GRANTEE

Select a Site Visit from the dates below:

Drop Down w/Dates

Site Visits Activities

	Y	N
Did the FPO contact you in advance to plan the visit and set an agenda?		
Did the onsite monitoring team (FPO, Peer Monitor, and any additional members clearly explain the purpose/intent and process of the monitoring visit?		
Did the team engage in a positive manner with you and your staff throughout the site visit?		
Did the team identify possible compliance issues and/or areas for improvement (as applicable) in a timely manner so that you could respond?		
Did the team provide appropriate technical assistance during the visit, as needed?		
Did the team conduct a closing meeting to summarize strengths or concerns they identified during the visit?		

Comments:

Feedback on FEDERAL PROJECT OFFICER

	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					

Feedback on PEER MONITOR BY GRANTEE

	NA	Poor	Acceptable	Good	Excellent
Accessibility of PM during the site visit:					
Flexibility and willingness to work collegially with you and grantee program staff:					
PM's knowledge of program requirements					
Knowledge of administration (non-fiscal):					
Knowledge of general RHY needs and RHY Program requirements:					
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

Please identify strengths or extra value the Team brought to the review .

Narrative Response

Please identify any areas where you saw a need for improvement:

Narrative Response

Would you feel comfortable engaging with this FPO further for information on RHY programming and services?

Y N Please tell us why or why not.

Narrative Response

Would you engage with this PM as a resource for information on RHY programming and services in the future?

Y/N Please tell us why or why not.

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.