

A P P E N D I X

Grantee Services Contact Report Forms and Attachments

STATE OF NEW YORK DEPARTMENT OF STATE
DIVISION OF COMMUNITY SERVICES
Grantee Services Contact Report

Page 1 of _____

Contractor: _____ **Contract #:** _____

FFY: _____ **Date of Contact:** _____

Type of Contact: Phone/E-Mail _____ On-Site _____ Regional Meeting _____ Other _____

Duration of Contact: from _____ to _____

Purpose of Contact: Board Meeting Certification E-ROMA Other _____
(check appropriate boxes)

Grantee Personnel/Board Member Contacted: (Name/Title)

Certification (Attached required forms.)

Based on: (check box)

- the refunding conference/visit and review of the refunding application, I hereby certify that the Contractor is eligible to receive **payment #1** pending compliance with other contract/funding requirements.
- board certification and verification of progress towards the results stated in the approved work plan, I hereby certify that the Contractor is eligible to receive **payment #2** pending compliance with other contract/funding requirements.
- review of the Periodic Program Report for October-December and contact with the grantee, I hereby certify that the Contractor is eligible to receive **payment #3** pending compliance with other contract/funding requirements.
- review of the Periodic Program Report for January-March and contact with the grantee, I hereby certify that the Contractor is eligible to receive **payment #4** pending compliance with other contract/funding requirements.

Signature _____ / / _____ / /
Program Analyst date Program Director date

Board Meeting/E-ROMA/Other (Attach required forms.)

Signature _____ / / _____ / /
Program Analyst date Program Director date

Date Posted: _____

of Pages Attached _____

Original: contract file
Copy: Contractor, Fiscal Representative

CONTACT REPORT DOCUMENTATION

GSCR continued

Contractor: _____ Contract #: _____

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Describe the results of the contact. When applicable, include the measurable progress towards achieving the milestones as stated in the approved Work Plan.

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Documents Reviewed:

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Findings or Observations:

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Recommendations and Follow-up Activities, including the Time Frame and Expected Results:

CONTACT REPORT DOCUMENTATION

BOARD MEETINGS

Contractor: _____ Contract #: _____

FFY: _____ Program Analyst: _____

Meeting Called to Order _____(date/time)

Meeting Chaired by: _____

Current size of board: _____

Total Number present: _____

1. Were meeting notice, agenda, and minutes distributed prior to the meeting? []Y []N
How far in advance? _____

2. Was attendance taken? []Y []N
Title of person responsible for keeping attendance records

3. Was a quorum present for the meeting? []Y []N

4. Were the minutes of the previous meeting reviewed
and approved? []Y []N
If applicable, were corrections made to previous minutes? []Y []N

5. Executive Director Report
Presentation of Report: [] Written [] Oral

Highlights of report as presented:

Recommendations for board actions:

CONTACT REPORT DOCUMENTATION

BOARD MEETINGS, continued

Contractor: _____ Contract #: _____

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6. Financial Report
Presentation of Report: Written Oral
Was a financial report prepared and distributed? Y N

Highlights of report as presented:

7. Committee Reports:

The committees presenting a report:

_____	_____
_____	_____
_____	_____
_____	_____

8. Program Reports:
Presentation of Reports Written Oral

Highlights of report(s) as presented:

9. Old/New Business:

Highlights, if applicable

CONTACT REPORT DOCUMENTATION

BOARD MEETINGS, continued

Contractor: _____ Contract #: _____

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10. Time Adjourned: _____

11. Program Analyst observations/comments, including, but not limited to:

Board member preparedness:

Meeting procedures followed:

Adequacy of physical arrangements, (i.e. tables/chairs, room size, acoustics, translation/interpretation services, etc.):

Other comments:

12. Was the prepared agenda followed?
