

# 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:**

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

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Signature of Weatherization Monitor

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

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Weatherization Manager or Designee Signature

Date