

**COLORADO DEPARTMENT OF TRANSPORTATION
PROGRAM AND FINANCIAL PROGRAM
ON SITE MONITORING REPORT**

Date

Contract #

Fiscal year/HSP #

Agency name

Contract amount

OTS:

Agency match:

Amount claimed to date

Amount expended to date

Contract start date

Contract end date

Revised contract end date

Project coordinator name

Contract director name

Name and title of person(s) contacted

Project description

Complete the following section and attach any supporting documentation

Activities

1. yes no Are the program goals and milestones on schedule? (If not, please explain in the comment section.)
2. yes no Are quarterly report forms current and complete?
3. _____% Percent of tasks/activities completed.
4. yes no n/a Are Office of Transportation Safety goals and special programs being addressed?
5. yes no n/a Are special conditions being met?
6. yes no n/a Is there a need for budget or activity revisions? (If yes, describe in comment section.)
7. yes no n/a Have any news releases, newsletter articles or print/electronic media coverage been given the project? (If yes, describe in the comments section.)

Financial

8. yes no Are claims timely?
9. _____% Percent of federal/state funds expended.
10. _____% Percent of agency match expended.
11. yes no Are funds being expended appropriately for approved activities? (If not, explain in comment section.)
12. yes no Are adequate records being maintained regarding all project costs and activities?
13. yes no Do fiscal documents agree with reimbursement claims?
14. yes no Is contractor keeping sub-contract cost records?

Equipment

15. yes no Was capital equipment purchased during this contract agreement period?
If yes, answer questions 16 and 17.
16. yes no Is purchased equipment being used for the intended purpose?
17. yes no Has equipment accountability record been submitted?
18. yes no n/a Is equipment inventory required/completed?
(For equipment purchased under prior contract agreement.)
19. yes no n/a Is equipment certification current?
(For equipment purchased under prior contract agreement.)

Describe commitments made by OTS.

List follow-ups/recommendations:

Comments

Program manager signature