

**RICHMOND PUBLIC SCHOOLS
OFFICE OF GRANTS MANAGEMENT (OGM)
MONITORING DOCUMENT**

Date: _____

Grant Name: _____

Coordinator: _____ School/Dept.: _____

Grant Period: _____

Reason for Visit:

- Grant Development
 Grant Set-Up
 Telephone Visit _____
 Quarterly Visit
 Spending Progress Visit
 Virtual Visit (Web Conference)
 Closing Out Grant Visit
 Other (explain) _____

Action Items:

Follow up visit/action required? YES NO

Participants:

Name/Signature	Position	E-mail Address

Attach supporting documents (reports, emails, memos, etc.)

Completed by: _____

Date: _____