

**MONITORING FORM/SUB PROJECTS
Homelessness Partnering Strategy (HPS)**

Activity /Financial Monitoring Report

Project Title: _____	Project Location(s): _____
Organization: _____	
Agreement Start date: _____	Agreement end date: _____
Staff Contact and Title:	
1. _____	
2. _____	
Name of CE staff conducting the monitor:	
1. _____	
Date of monitor (Y/M/D) _____	Type of Monitor _____ Paper _____ On-site

YES	NO	N/A	Activity Monitoring/ Sub projects
			1. Is sub project activities progressing in accordance with agreement?
			2. Have new employees been hired since the last monitor or the initial contract?
			3. Have any issues/challenges/delays or unexpected activities occurred that may require an amendment at this time?
			4. Has United Way and Service Canada been acknowledged publicly and in accordance with the funding agreement?
			5. Has the sub project submitted timely (monthly) activity reports, including a detailed list of approved activities?
			6. Is the project implementing new activities outside of the original agreement?

Comments

Type of amendment required, if any:

___ Date ___ Financial ___ Activity/Work Plan ___ Close-out

Specify: _____

Is monitoring follow-up necessary? _____ Yes _____ No

Specify: _____

Expense Verification			
TYPE OF EXPENDITURES			
Invoice Number			
Amount matches budget			
Comments:			

<p><u>Conclusion</u></p> <p>_____ No special issue to report</p> <p>_____ Problems identified can be addressed by responsible agency and CE</p> <p>_____ Problems identified require management attention or CAB approval</p>
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