**CSUEB/CSUEBF Subrecipient Monitoring Report**

**Form for Principal Investigators to maintain a record of subrecipient monitoring actions.**

**For each subaward issued under a federally-sponsored program, this report must be completed throughout the period of performance, for each calendar year (January – December).**

**The report is due to ORSP by the last day of February each subsequent year.**

**The PI or their designee should complete the top section at the beginning of the calendar year, and then complete each of the 3 tables throughout the year as reports are received and as other monitoring activities occur.**

**At the end of the year submit the completed report signed by the PI to ORSP.**

**Cal State East Bay Subrecipient**

PI Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subrecipient Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CSUEB Fund# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subrecipient PI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subcontract #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subrecipient Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Performance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoicing Frequency: \_\_ Monthly \_\_ Quarterly \_\_ Other

Calendar Year\_\_\_\_\_\_\_\_

**Name and position of the person responsible for overseeing this record** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scheduled subrecipient reporting dates for deliverables (based on the terms of the grant award)**

|  |  |  |
| --- | --- | --- |
| **Report Due Date** | **REPORT or DELIVERABLE and COMMENTS (if any)** | **ACTUAL DATE\*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*dates entered as each report is submitted

**Informal Progress Reports completed by subrecipients (these should generally take place at least quarterly)**

|  |  |  |
| --- | --- | --- |
| **DATE** | **REPORTING METHOD and COMMENTS (if any)** | **ACTUAL DATE\*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Monitoring activities and other communications**

|  |  |  |
| --- | --- | --- |
| **DATE** | **COMMUNICATION METHOD and COMMENTS (if any)** | **ACTUAL DATE\*** |
|  |  |  |
|  |  |  |
|  |  |  |

**Signature of Person Completing Form**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of PI (if different)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_