**CSUEB Subrecipient Monitoring Report**

**Form for Principal Investigators to maintain a record of subrecipient monitoring actions. This report is due to ORSP by January 31st of the year preceding the period of performance for each subrecipient.**

**Cal State East Bay Subrecipient**

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

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

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

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

**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)**

|  |  |  |
| --- | --- | --- |
| **DATE** | **COMMENTS** | **ACTUAL DATE\*** |
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|  |  |  |
|  |  |  |

 \*dates entered as each report is submitted

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

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| --- | --- | --- |
| **DATE** | **METHOD** | **COMMENTS** |
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**Monitoring activities and other communications**

|  |  |  |
| --- | --- | --- |
| **DATE** | **METHOD** | **COMMENTS** |
|  |  |  |
|  |  |  |
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**Signature of person responsible** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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