**ROANE STATE COMMUNITY COLLEGE**

**GOODS AND/OR SERVICES CONTRACT MONITORING PLAN**

**Contract Monitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Monitor is responsible for this plan and initiating amendments and/or renewals to contract.)

**CONTRACTOR/VENDOR:**

**CONTRACT NUMBER:**

**CONTRACT TERM:**

**DESCRIPTION OF CONTRACT:**

**SPEND**: Does actual spend to-date align with contract maximum liability? Yes / No

If No, describe any corrective actions, i.e., Amendment, Adjustment:

**GOODS REPORTING - DELIVERABLES**

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| --- | --- | --- | --- |
| **Description** | **Date Received** | **Issues** | **Resolution** |
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**SERVICES REPORTING - ACTION SUMMARY (backup documentation attached):**

Indicate activities with Contractor/Grantee (minimum of annually). Document and date any activities, accomplishments, and barriers to program management. If activities performed are outside of Scope of Services, note how applicable.

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| **Issues** | **Action Plan** | **Deadline** | **Outcome** |
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**CONTRACTOR FEEDBACK**

Indicate issues and/or opportunities presented by the Contractor.

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| **Challenges / Opportunities** | **Action Plan** | **Deadline** | **Outcome** |
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I/we, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that, to the best of my/our knowledge, the above is an accurate account of the good/services/activities in regards to this contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Monitor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Signature Date

Meeting Date(s) (if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_