

**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: *Same as the description on your contract transmittal form when you submitted it.*

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 – Brief description of items received.

Description	Date Received	Issues	Resolution

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.

Issues	Action Plan	Deadline	Outcome

CONTRACTOR FEEDBACK (We could have a meeting if things don't improve.)

Indicate issues and/or opportunities presented by the Contractor.

Challenges / Opportunities	Action Plan	Deadline	Outcome

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

Signature of Contractor (if met)

Date

Meeting Date(s) if applicable:
