FAMILY AND CHILDREN'S TRUST COMMITTEE

ANNUAL SITE VISIT MONITORING FORM
2025-2026 Funding Year

SECTION I: GENERAL INFORMATION

1. Agency Name: _____
2. FACT Program Name: _____
3. Report completed by:

   Name: _____

   Title:_____
4. Date submitted: _____

SECTION II: SITE VISIT (for FACT Use Only)

1. Date of Site Visit: _____
2. FACT Members/Staff Present:

   _____

   _____

   _____

   _____
3. Agency Staff Present: Attach sign in sheet

SECTION III: PROGRAM DEMOGRAPHICS

1. Please complete the following charts:

CLIENTS BY RACE AND ETHNICITY	# Served to Date	% of Overall # Served
African American		
Latino/ Hispanic		
Asian/ Pacific Islander		
Native American/ Alaskan Native		
Caucasian		
Multiracial or Biracial		
Other (describe)		
Total Clients		

FAMILIES BY AREA OF THE COUNTY	Projected # to be served	Number served to date
East County		
Central County		
West County		
Total Families		

SECTION IV: RESOURCE ALLOCATION

1. Are you spending your FACT dollars as projected for this program? Are your expenses running higher or lower than your original projections? If so, please explain.

2. Have you spent and do you anticipate spending down your FACT funds at a relatively consistent rate (i.e. approximately 1/12 of the contracted amount each month)? If not, please explain.

3. Have there been significant changes in organizational structure, staffing or resources that could impact the FACT funded program?

SECTION V: SERVICE DELIVERY/GOALS & OBJECTIVES

1. What successes and challenges are you experiencing?

2. Are you meeting the goals and objectives as outlined in your contract, if not please discuss barriers to achievement?

a. For each FACT goal and its objectives *(Measurable Outcomes section of contract)*, please complete a chart for your program using the following template.

FACT Goal:		
Objective	Progress To Date	Comments/Additional Information

b. Please complete the attached Service Unit Chart including each Service Unit listed in your contract (add more rows if needed).

Service Unit	Progress to Date	Comments/Additional Information

3. What predicted or unforeseen problems or challenges have you encountered? What specific actions are you taking to address these problems? Are any of the issues areas in which the FACT Committee might provide assistance/advocacy?

4. What are the eligibility criteria for your FACT funded project per your contract? Please describe your process for determining adherence to the eligibility criteria.

5. Do you have policies and procedures in place that inform participants how their personal information may or may not be shared? If so, please explain.

SECTION VI: COMMUNITY CONTEXT

1. What evidence do you have that this program is valued and utilized by the community? What issues/barriers have you encountered? Have you found effective ways to resolve these issues?

2. Is there a waiting list for services? On average, how many people are on the waiting list at any one time? If relevant, how are clients handled while on the waiting list? How long do clients remain on the waiting list?

3. Have you seen a need to move toward incorporating a race, equity, diversity and inclusion lens into your service delivery model? If so, please tell us more.

SECTION VII: INTERAGENCY COOPERATION

1. How does this FACT project coordinate with other agencies around the problem(s) you are seeking to address?

(Complete questions 2-4 only if FACT-funded program is a collaboration.)

2. Is your project a specific collaboration with other agencies? If so, which agencies?

3. What benefits have you found from this collaboration?

4. What challenges have you encountered from this collaboration?

SECTION VIII: EVALUATION

1. How are client and project progress measured? By whom? How often?

2. What impact is this program having on the target population, individuals, and/or community? Provide specific evidence including assessment materials, client or other illustrative stories, pre and post screening, etc.

3. Are there specific lessons you have learned as a result of implementing/delivering this program?

4. Are there other issues or facets of your program of which you would like the FACT Committee to be aware?

5. Do you have specific thoughts or recommendations regarding delivery of your services through remote delivery that you would like to share with FACT? How will remote delivery become, if applicable, a more permanent service delivery approach for your organization?

Please have the following available for the review team at the time of your visit:

- Any publicity your program has received, especially comments/letters from clients, testimonials, etc.
- Any specific materials you have developed, especially program descriptions, evaluation tools, training curricula, etc.