



Contra Costa County Employment & Human Services Department Community Services Bureau



CSBG Site Monitoring Evaluation

Site Location:	Date of Visit: _____
Site Representative:	Title: _____
EOC Representative:	Time of Visit: _____
CSB Representative:	
Purpose of Facility _____	23-24 CSBG Amount _____

Attach Mission Statement or Brochure(s)

Does the Service Provider Mission Support the EOC Mission Statement? Yes No

Site Program(s) (Check all Applicable Programs):

<input type="checkbox"/> Education	<input type="checkbox"/> Medical
<input type="checkbox"/> Job Training	<input type="checkbox"/> Probation
<input type="checkbox"/> Housing	<input type="checkbox"/> After School Program
<input type="checkbox"/> Emergency Shelter Childcare	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Transportation	<input type="checkbox"/> Others: skill-building

Population served (i.e., families, specific high-risk groups, neighborhood, etc.):

Interview Questions:

- How does your program receive referrals? (i.e., Religious Organization(s), Walk-in's, Outreach, Schools, Corrections, Self, Other)
- How many client(s) does the facility support? Daily: Weekly: Monthly: Annual:
- Number staff employed: Volunteers:
- Is staffing fully in place for your CSBG funded program? If not, why?
- What screening criteria are used to determine eligibility?
- What obstacles do your clients face before, during, and after your program? (i.e., unemployment, housing, etc.)
- In general, is your program well known and received positively in the community?
- What issues/barriers have you encountered as an organization? What specific actions are you taking to address these problems? Are any of these issue areas in which the EOC might provide assistance?
- Are there other issues or facets of your program of which you would like the EOC to be aware?



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Environment Observation:

	Lowest			Highest	
	1	2	3	4	5
1. Was the facility clean?	1	2	3	4	5
2. Was the staff professional and easily to be identified?	1	2	3	4	5
3. Was the facility organized and professional?	1	2	3	4	5
4. How were the clients interacting with staff?	1	2	3	4	5
5. What is your overall perception of the facility?	1	2	3	4	5

Contract Service Activities:

Activity:	Status:

Review of 2022-23 Closeout Budgets:

Did the Provider Spend Down Entire Contract?	If not, explain:

NOTES:

Improvement(s) / Recommendations:
