

**COMMUNITY SERVICES DEPARTMENT GRANT COMPLIANCE
IMPROVEMENT PARTNERSHIP AGREEMENT**

Agency:	Fiscal Year:	CSD Monitoring Report Date:	Agency Response Due Date:
Agency's Representative/Title:		Program Area Funded:	
CSD Grant Compliance Specialist (GCS):		Contract No./Program/Service	
Contract Manager:		Contract Amount:	
CSD Fiscal Reviewer/Title:			

I hereby agree to complete the action required below as presented to me on the date I sign below:

Signature of Agency's Representative:		Date:	Signature of GCS:		Date:
<u>Findings</u>	<u>Agency Activity</u>	<u>Responsible Party</u>	<u>Projected Completion Date</u>	<u>Actual Completion Date</u>	
I. Program Operations					
<u>Findings</u>	<u>Agency Activity</u>	<u>Responsible Party</u>	<u>Projected Completion Date</u>	<u>Actual Completion Date</u>	
II. Service Delivery					

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<u>Findings</u> III. Fiscal	<u>Agency Activity</u>	<u>Responsible Party</u>	<u>Projected Completion Date</u>	<u>Actual Completion Date</u>