



Riverside County Emergency Food and Shelter Program Local Recipient Organization (LRO) Monitoring Request Form

Note: Fill in this form completely. Incomplete forms will not receive a monitoring date and time.

To be filled out by LRO Staff:

Today's Date:	LRO #:	District:
Name of LRO:		
Contact Name:	Direct Phone #:	
Project Location/Address:		
Project City:	Project Zip:	
Meeting Location:		
Meeting City:	Meeting Zip:	
Requested Monitoring Date:	Fax #:	

Please list your organization's current award amounts into the relevant categories in the table below:

<u>Category</u>	<u>Funded Amount</u>
Served Meals	_____
Other Food - D	_____
Other Food – V/G	_____
Mass Shelter	_____
Other Shelter	_____
Rental Assistance	_____
Administration (2%)	_____
Total:	_____

To be filled out by DPSS Staff:

Monitoring Date:	Monitoring Time:	Phase:
DPSS Staff Name:	Today's Date:	