

**SOUTHWEST TENNESSEE COMMUNITY COLLEGE**

**GOODS AND/OR SERVICES CONTRACT MONITORING PLAN**

**Contract Monitor:** Click here to enter text.

(Monitor is responsible for this plan and initiating amendments and/or renewals to contract.)

**CONTRACTOR/VENDOR:** Click here to enter text.

**CONTRACT NUMBER:** Click here to enter text.

**CONTRACT TERM:** Click here to enter text.

**DESCRIPTION OF CONTRACT:** Click here to enter text.

**SPEND**: Does actual spend to-date align with contract maximum liability? Yes / No

If No, describe any corrective actions, i.e., Amendment, Adjustment: Click here to enter text.

**GOODS REPORTING - DELIVERABLES**

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| **Description** | **Date Received** | **Issues** | **Resolution** |
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**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.

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| **Issues** | **Action Plan** | **Deadline** | **Outcome** |
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**CONTRACTOR FEEDBACK**

Indicate issues and/or opportunities presented by the Contractor.

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| **Challenges / Opportunities** | **Action Plan** | **Deadline** | **Outcome** |
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I/we, Click here to enter text., 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. (Additional signature lines can be added below as needed.)

Click here to enter text. Click here to enter text.

Signature of Monitor Date

Click here to enter text. Click here to enter text.

Additional Signature Date

Meeting Date(s): Click here to enter text.