



**PISGAH**  
HEALTH FOUNDATION

# SITE VISIT

(sample)

**GRANTEE:**

**DATE:**

**CONTACT:**

**PHF MEMBER:**

## **SITE VISIT CONVERSATION**

- ARE THE PROGRAM ACTIVITIES THE SAME AS THOSE PROPOSED OR HAVE THERE BEEN CHANGES?
- ARE YOU SERVING THE NUMBER OF PARTICIPANTS YOU EXPECTED?
- HOW ARE PROGRAM PARTICIPANTS RECRUITED, AND COULD THIS BE IMPROVED?
- HOW ARE PARTICIPANTS MADE AWARE OF PROGRAM ACTIVITIES AND SERVICES THAT ARE AVAILABLE?
- ARE PARTICIPANT DEMOGRAPHICS AS EXPECTED? (I.E. INCOME, FAMILY, ETHNICITY, AGE, ETC.)
- DO PROGRAMS'S ACTIVITIES IMPACT PROGRAM RESULTS?
- WHAT ARE BARRIERS OR CHALLENGES TO ACHIEVING OBJECTIVES AND WHAT, IF ANY, MODIFICATIONS WILL BE MADE TO THE PROGRAM IN THE FUTURE?
- WHAT MAKES THE STAFF MOST PROUD?
- WHAT CAN PHF STAFF DO TO HELP?