# Site Visit Evaluation Forms

*This document includes both the Initial Site Visit Evaluation Form and the Post-Installation Site Visit Evaluation Form for a CII Turf Conversion Incentive Program. These can be adapted for digital use or printed for manual entry. Replace bracketed placeholders with your program’s details.*

## Initial Site Visit Evaluation Form

Site Visit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Conducting Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Property Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photos Taken (check):

☐ Full site overview
☐ Turfgrass area close-up
☐ Irrigation system

Existing Landscaping and Irrigation:

* Total irrigated area (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Turfgrass area (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Turfgrass condition: ☐ Good ☐ Fair ☐ Poor
* Existing irrigation type: ☐ Spray ☐ Drip ☐ Both ☐ None
* Spray nozzle type (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Weekly watering schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Requirements Reviewed with Participant (check all that apply):

☐ Program eligibility and project timeline
☐ Application and Statement of Work
☐ Landscape and irrigation requirements
☐ Reimbursement process and documentation
☐ Required permits and approvals

Additional Notes or Observations:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Post-Installation Site Visit Evaluation Form

Site Visit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Conducting Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Property Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photos Taken (check):

☐ New landscape overview
☐ Irrigation components

Project Completion Review:

* Total converted area (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Landscape matches approved design? ☐ Yes ☐ No
* Meets program requirements? ☐ Yes ☐ No (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Irrigation type in converted area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of irrigation zones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Irrigation functionality: ☐ Pass ☐ Fail (issues?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Weekly watering schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement Documentation:

☐ Receipts submitted
☐ Itemized costs verified
☐ W-9 received

Final eligible reimbursement amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Notes or Recommendations:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signatures:

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_