Assessment to Fair Housing (AFH)

Monitoring Form

**Grantee: Grant Number:**

**Prepared by: Prepared Date:**

**Project Name:**

|  |
| --- |
| **Fair Housing Plan** |
| 1. | What date was Assessment to Fair Housing Plan approved by Compliance?  |
| 2. | List proposed activities and scheduled date(s) of completion per the approved plan: |
| Activity | Date Implemented | Cost of Activity |
| 3. | Have all activities scheduled as of the monitoring visit been completed as proposed in the plan? | [ ]  Yes [ ]  No |
| 1. If not, list incomplete activities:
 |
| 4. | Does the plan specify the name or position and TDD number of the local official responsible for fair housing complaints and conducting follow-up action? | [ ]  Yes [ ]  No  | Name: Position:  |
| **Record Keeping (2013 and 2014 Grants Only)**  |
| 5. | a. Is the grantee’s population 10,000 or more? | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Has the grantee completed their Analysis of Impediments?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 6. | Does the grantee have records in their files documenting their Analysis of Impediments to fair housing choices in their community? | [ ]  Yes [ ]  No [ ]  N/A |
| 7. | Have the proposed actions in the grantee’s Analysis of Impediments been accomplished to date?  | [ ]  Yes [ ]  No [ ]  N/A |
| **Record Keeping (2015 Grants and Newer)** |
| 8. | **Goal** |  |
| **Contributing Factor** |  |
| **Fair Housing Issue(s)** |  |
| **Metrics, Milestones & Timeframe for Achievement** |  |
| **Responsibility Program Participants(s)** |  |
| 9. | Does the grantee have records in their files documenting their Assessment of Fair Housing community participation? | [ ]  Yes [ ]  No [ ]  N/A |
| ***Notes:***   |
| **Complaint Procedures** |
| 10. | Has the grantee publicized within its corporate limits the name, location, and TDD number of the local official responsible for fair housing complaints? | [ ]  Yes [ ]  No  |
| Newspaper Name:Date Publicized: |
| 11. | Have any fair housing complaints been received by the grantee? | [ ]  Yes [ ]  No [ ]  N/A |
| 1. If Yes, was the complaint responded to within 10 days?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Describe efforts to resolve the complaint:
 |
|  |

***\*List or attach supporting documentation or notate items reviewed to support work performed where deemed necessary for all questions listed on this monitoring checklist.***

**Grantee Representative: Date:**

**CDBG-I Grants Representative: Date:**

**CDBG-I Supervisor: Date:**