



General Administration Monitoring Form

Grantee:			Grant Number:	
Prepared By:			Date Prepared:	

Administrative Structure

1.	What is the grantee's administrative structure for the CDBG program? List of staff, consultants, and their areas of responsibility.	
2.	If a consultant is used, how many hours per week are they in the community on average?	
3.	What is the grantee's procedure for the supervision of consultant-provided services?	
4.	Are the program files maintained in the grantee's office? Check the location.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Citizen Participation Plan Checklist for required provisions

	a) What is the date the plan was adopted?	
	b) Provision for and encouragement of citizen participation, especially LMI residents of slum/blighted areas and project areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) Provision of access to local meetings, information, and records relating to the use of funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d) Provision of technical assistance to groups representative of LMI persons that request such assistance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e) Provision for public hearings at all stages of the program (application, amendments, and closeout).	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f) Complaint procedure specifying a response within 10 calendar days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g) Identification of means to meet the needs of non-English speaking residents, where a significant number of non-English speaking residents can be reasonably expected to participate.	<input type="checkbox"/> Yes <input type="checkbox"/> No



Anti-Displacement and Relocation Assistance Plan Checklist for required provisions			
6.	a) What was the date the plan was adopted?		
	b) A commitment to replace all occupied or vacant and occupiable LMI housing units demolished or converted to another use within 3 years of the commencement of demolition or rehabilitation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) To publish a description of the activity and replacement plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	d) To provide relocation assistance as described in 570.606(b)(2) to each displaced household?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	e) List steps to minimize the displacement of persons from their homes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaints and Reports			
7.	How many complaints has the grantee received? If none, skip the rest of #7.		<input type="checkbox"/> None
	Name of complainant:		Date complaint received:
	Describe the complaint:		
	Date response mailed to Complainant:		Date complaint resolved:
	Was the complaint handled in accordance with the grantee's adopted procedure?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the resolution appear to be satisfactory?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			

Grantee Representative

Date

Grantee Representative

Date