Compliance Monitoring Form

**Grantee: Grant Number:**

**Prepared by: Prepared Date:**

**Project Name:**

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| **Compliance Requirements** | | | |
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| 1. | Are the following Compliance Plans in the grantees file?  Section 3 Plan  Section 504 Survey  Equal Opportunity Plan  Procurement Plan  Language Access Plan | Yes  No  ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No |  |
| 2. | Does the file have CDBG-I Approval letter? | Yes  No |  |
| 3. | Have any complaints of discrimination on CDBG employment been filed against the grantee by either employees and/or applicants for employment? | | Yes  No |
| If yes, describe and what is status? |  | |
| **Title VI - Limited English Proficient (LEP) and Language Access Plan (LAP)** | | | |
| 4. | Date of LAP Adoption & Expiration Date of LAP: |  | |
| 5. | Title VI Coordinator’s Contact Information: | Name:  Title:  Phone Number:  Email Address: | |
| 6. | Please list all languages specified in the Four Factor Analysis: |  | |

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| --- | --- | --- | --- | --- |
| 7. | Are LEP posters and brochures available for the public to view and obtain? (I speak card) | | Yes  No | |
| List locations: | |  | |
| 8. | Does all published material has minimum required  Spanish translation included? | | Yes  No |  |
| 9 | Have provisions for public hearings at all stages of program been made for LEP residents? | | Yes  No |  |
| 10. | Does the grantee have a Complaint Procedure in place? | | Yes  No |  |
| 11. | Have there been any complaints to date? | | Yes  No |  |
| If yes, explain: |  | | |
| 12. | Has the grantee informed staff on procedures on how to assist LEP individuals? (i.e. emails, brochure, educational meetings) | | Yes  No |  |
| 13. | Has the grantee completed a self-monitoring report on a semi-annual basis? | | Yes  No |  |
| 14. | Does the grantee list benchmarks for translation of vital documents into additional languages | | Yes  No |  |
| 15. | Does the grantee show comprehensive and organized recordkeeping of their due diligence in their LEP records? | | Yes  No |  |
| **Section 3** | | | | |
| 16. | Date of Section 3 Plan Adoption & Expiration Date: | |  | |
| 17. | Section 3 Coordinator’s Contact Information: | | Name:  Title:  Phone Number:  Email Address: | |
| 18. | Are Section 3 posters and brochures available for public view and obtain copies. | | Yes  No | Location(s): |
| 19. | Does the grantee have a Section 3 Resident list in the file? *(Applies to FY2019 and older grants).* | | Yes  No  N/A |  |
| 20. | Does the grantee have a Section 3 Business list in the file? *(Applies to FY2019 and older grants)* | | Yes  No  N/A |  |
| 21. | Does the grantee have a Section 3 Business involved in the project?  If yes, do they have a completed Section 3 Business Self-Certification form in file?  *(Applies to FY2020 and newer grants)* | | Yes  No  N/A  Yes  No  N/A |  |
| 22. | Does the grantee have a Section 3 Worker involved in the project?  If yes, do they have a completed Section 3 Worker Self-Certification form in file?  *(Applies to FY2020 and newer grants)* | | Yes  No  N/A  Yes  No  N/A |  |
| 23. | Does the grantee have a Section 3 Targeted Worker involved in the project?  If yes, do they have a completed Section 3 Targeted Worker Self-Certification form in file?  *(Applies to FY2020 and newer grants)* | | Yes  No  N/A  Yes  No  N/A |  |
| 24. | Is the grantee tracking Section 3 hours for grant administrators and other non-construction services?  Does the file contain this information? (Applies to FY2020 and newer grants)  *In the final new Section 3 rule, HUD amended the professional services definition to clarify that only non-construction services that require an advanced degree or professional licensing, rather than all*  *non-construction services, are excluded from Section 3.* | | ☐ Yes ☐ No  ☐ N/A  ☐ Yes ☐ No  ☐ N/A |  |
| 25. | Does the grantee’s records include good faith effort documentation and outcomes to comply with Section 3 regulations? | | Yes  No |  |
| 26. | What methods or good faith efforts were used by the grantee to promote the Section 3 program? | | Yes  No |  |
| 27. | Does the grantee show comprehensive and organized recordkeeping of their due diligence in their Section 3 records? | | Yes  No |  |
| **Access to Program Section 504** | | | | |
| 28. | Are public hearings held in facilities that are accessible to handicapped persons? | | Yes  No | |
| List building name where they were held: | |  | |
| Were any request for reasonable accommodations made? | | Yes  No | |
| 29. | Has the program participant adopted and implemented procedures to ensure that interested persons (including those with impaired vision or hearing) can obtain information concerning the existence and location of accessible services, activities and facilities? | | Yes  No |  |
| 30. | Does the grantee maintain data showing the extent to which beneficiaries of the program with disabilities are being reviewed? | | Yes  No  N/A | |
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| **Notes:** | | | | |

**\**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:**