Affirmatively Furthering Fair Housing (AFFH)

Monitoring Form

**Grantee: Grant Number:**

**Prepared by: Prepared Date:**

**Project Name:**

|  |
| --- |
| **Affirmatively Furthering Fair Housing**  |
| 1. | When was the AFFH adopted by Grantee?  |
| 2. | When was the AFFH approved by Compliance?  |
| 3. | List proposed activities/actions and scheduled date(s) of completion per the adopted and approved plan: |
| Activity | Date Implemented | Cost of Activity |
| 4. | Have all activities scheduled, during the monitoring period, been completed as proposed in the plan? | [ ]  Yes [ ]  No |
| If not, list incomplete activities:  |
| 5. | Does the grantee have file records documenting their certification to affirmatively further fair housing (AFFH), which includes:* A completed, adopted, and approved AFFH plan (can’t be expired).
* Documentation of how grantee determined their analysis of impediments about FH (i.e., surveys, census data, meetings, etc.)
* Copy of CDBG-I Unit approval letter.
* Documentation of completed quarterly AFFH action steps/activities.
* Documentation of jurisdiction adopting and publishing, with TDD and/or TYY# of the local FH complaint procedures.
* Documentation showing the use of the Equal Housing Opportunity logo and/or phase/tag on all CDBG-related documents and notices.
* Documentation of FH and Equal Housing Opportunity posters were displayed/posted with local FH officer contact information.
 | [ ]  Yes [ ]  No [ ]  N/A |
| **Fair Housing Complaint Procedures** |
| 6. | Does the plan specify the name or position and TDD and/or TYY number of the local official responsible for fair housing complaints and conducting follow-up action? | [ ]  Yes [ ]  No  | Name: Position:  |
| 7. | Has the grantee publicized, within its corporate limits, the name, location, and TDD and/or TYY number of the local official responsible for fair housing complaints? | [ ]  Yes [ ]  No  |
| Newspaper Name:Date Publicized: |
| 8. | 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:
 |
| 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:**