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:**