General Administration Monitoring Form

**Grantee: Grant Number:**

**Prepared by: Prepared Date:**

**Project Name:**

|  |  |  |
| --- | --- | --- |
| **Administrative Structure** | | |
| 1. | What is the grantee’s administrative structure for the CDBG program? List 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. | Yes  No |
| **Citizen Participation Plan** | | |
| 5. | Is adopted plan in file? | Yes  No ☐ Date Adopted: |
| Is CDBG-I approval letter in file? | | Yes  No ☐ Date of Letter: |
| Has the grantee provided any technical assistance to individual citizens, citizen groups and/or LMI individuals/groups? | | Yes ☐ No ☐ |
| Is the Citizen Participation Plan made available to the public? | | Yes ☐ No ☐ |
| Citizen Participation Coordinator Contact Information: | | Name:  Title:  Phone Number:  Email Address: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Anti-Displacement and Relocation Assistance Plan** | | | | |
| 6.  67..  6.  6. | Is adopted plan in file? | | Yes  No ☐ Date Adopted: | |
| Is CDBG-I approval letter in file? | | Yes  No ☐ Date of Letter: | |
| Has there been households displaced by CDBG-funded activities? | | Yes ☐ No ☐ NA ☐ | |
| If so, does the records show the demographics of the displaced households? *(i.e., race, ethnicity, gender, single head of households, and addresses and census tracts of the housing units to which each displaced household relocated)* | |  | |
| **Complaints** | | | | |
| 7. | How many complaints has the grantee received? *(If none go onto question 8, otherwise sample one compliant for compliance with the complaint procedure.)* | | | |
| Name of complainant: | |  | | |
| Describe the complaint: | |  | | |
| Date complaint received: | |  | | |
| Date response mailed to complainant: | |  | | |
| Date complaint resolved: | |  | | |
| Was the complaint handled in accordance with the grantee’s adopted procedure and does the resolution appear to be satisfactory? | | | | Yes  No |
| **Reports** | | | | |
| 8. | Are quarterly progress reports (QPRs), with financial data and program accomplishments, provided to the authorized designee at least quarterly? | | | Yes  No |
| 9. | Is the grantee current with the submission of Quarterly Progress Reports to DEQ/DWI? | | | Yes  No |
| **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:**