Conformity with the Application Monitoring Form

*Note: All proposed activities and accomplishments are those as amended at the time of the monitoring visit.*

**Grantee: Grant Number:**

**Prepared by: Prepared Date:**

**Project Name:**

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| **Conformity with the Application** | | | | | | | | | |
|  | | Does the Grantee’s project budget and expenditures conform to the project budget? Explain any discrepancies. | | | Yes  No | | | | |
| **Activity Line Item** | | | **Budget** | | **Expended (DEQ/DWI)** | | | | **Expended (Grantee)** |
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| **Total:** | | |  | |  | | | |  |
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|  | | How much local money has been expended on the project to date?  ***(Attach evidence of local expenditures if applicable.)*** | | |  | | | | |
|  | | Does the Grantee’s Schedule of proposed accomplishments conform to the accomplishments contained in the application? If not, explain the reason for any discrepancies. | | | Yes  No | | | | |
| **Proposed Accomplishments / Activities** *(per Application/Grant Contract/Project Amendment)* | | | | **Completed to Date** | | **Comments** | | | |
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|  | | Does the Grantee’s proposed LMI benefit by activity match the actual LMI by activity? If not, explain the reason for any discrepancies. | | | Yes  No | | | | |
| **Proposed Accomplishments / Activities**  *(per Application/Grant Contract/Project Amendment)* | | | | | **Proposed LMI** | | | **Actual LMI** | |
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| 5. | Describe any changes in activities from the application. | | | |  | | | | |
| 6. | Does the grantee anticipate requesting an amendment within the next six months?  If yes, describe the proposed amendment. | | | | ☐ Yes ☐ No | | | | |
| **Beneficiary Information** | | | | | | | | | |
| 7. | Is the grantee maintaining cumulative beneficiary data that includes income and protected class status? If yes, review information on beneficiaries to date and compare benefit with those listed in the application. Note any differences greater than 10%  **(*Attach a spreadsheet of beneficiary demographic data if available.)*** | | | |  | | | | |
| 8. | For direct recipients of CDBG assistance (grants) is the grantee using the applicable income guidelines? *(New connections)* | | | |  | | | | |
| 9. | What method of documentation has the grantee used to verify income? | | | |  | | | | |
| 10. | Does the grantee maintain information on protected class status for each person receiving CDBG assistance? | | | | ☐ Yes ☐ No | | | | |
| 11. | Is there indication of discrimination in the implementation of any activity?  If yes, describe: | | | | ☐ Yes ☐ No | | | | |
| **Schedule** | | | | | | | | | |
| 12. | Is the grant on schedule?  If not what is the reason for the project delay? | | | | 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:**