



Civil Rights Monitoring Checklist

Recipient: _____ Contract #: _____

I. Fair Housing

Check the proper box.

1. Has the Recipient adopted a Fair Housing ordinance/resolution? <i>For subgrants starting in FFY 2009, issue a finding if no.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the Recipient completed its required Fair Housing activities? <i>If no, issue a finding.</i> (For grants prior to FFY 2009, Recipients had to complete one Fair Housing activity annually. For grants starting in FFY 2009, Recipients must conduct activities quarterly.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. List the dates when the Recipient completed its required Fair Housing activities below and the type of activity that was conducted on each respective date.	
4. Are there one or more populations of non-English speaking residents within the Recipient's jurisdictional boundaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes , did the Recipient make Fair Housing materials available to residents in the appropriate language(s) at its Fair Housing activities?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
• If yes , has the Recipient displayed Fair Housing posters in the appropriate language(s) in or around its CDBG office.	<input type="checkbox"/> Yes <input type="checkbox"/> NA
5. Does the Recipient have a Fair Housing Coordinator? <i>For subgrants starting in FFY 2009, issue a finding if no.</i> If yes , complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Title:
• If yes , has the coordinator attended fair housing training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the Recipient published the Fair Housing Coordinator contact information quarterly? <i>For subgrants starting in FFY 2009, issue a finding if no.</i> (Posting the information permanently on the Recipient's website can substitute for publishing.) If yes , explain how it was published in the box below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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Check the proper box.

7. Is there a standard process in effect for handling and recording fair housing complaints? For subgrants starting in FFY 2009, issue a finding if no.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. How many housing discrimination complaints have been received? _____ (If none, skip to #10.)	
9. Were any of the complaints referred to another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • If yes, which agency were the complaints referred to? (Check all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> Florida Commission on Human Relations <input type="checkbox"/> U.S. Department of Housing and Urban Development <input type="checkbox"/> Other 	
10. Were all of the complaints resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Is a Fair Housing poster prominently displayed in the building where the local CDBG office is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fair Housing Comments:	

II. Equal Employment Opportunity

Check the proper box.

1. Does the Recipient have an EEO Compliance Coordinator? For subgrants starting in FFY 2009, issue a finding if no. If yes , complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Title:
2. Has the Recipient published the EEO Coordinator contact information quarterly? For subgrants starting in FFY 2009, issue a concern if no. (Posting the information permanently on the Recipient's website can substitute for publishing.) If yes , explain how it was published below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Has the Recipient adopted an ordinance or resolution that protects its applicants and employees and the applicants and employees of its contractors from discrimination? For subgrants starting in FFY 2009, issue a finding if no.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Is there a standard process in effect for handling and recording EEO complaints? For subgrants starting in FFY 2009, issue a finding if no.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Does the Recipient's most recent job announcement include a non-discrimination statement or EEO logo?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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6. Does the Recipient employ more than 15 people? (Local governments with 15 or more employees who have worked at least 20 weeks are subject to the EEO laws.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have any EEO complaints been filed? If yes , explain in the EEO Comments box.	<input type="checkbox"/> Yes <input type="checkbox"/> No
EEO Comments:	
8. Is the Recipient maintaining a list of certified minority- and women-owned businesses that operate in its region? For subgrants starting in FFY 2009, issue a finding if no. If yes , where is the list maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Location:	
9. Did the Recipient use its list to solicit bids from minority- and women-owned businesses for CDBG-funded construction activities? For subgrants starting in FFY 2009, issue a finding if no.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Did the Recipient provide its minority- and women-owned businesses list to its prime contractors to use in hiring subcontractors for CDBG-funded construction activities? For subgrants starting in FFY 2009, issue a finding if no.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
M/WBE Comments:	
11. For the activities reviewed, are there any indications that persons are not participating in, are being denied benefits, or are being treated differently because of their race, color, sex, national origin, religion, or disability? If yes, issue a finding and explain in the box below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. Section 504/ADA **N/A** *(This section does not have to be completed at second and subsequent on-site visits if there were no findings or concerns at the first on-site visit, unless the Recipient has moved into a new building.)*

1. Does the Recipient have a Section 504/ADA Coordinator? For subgrants starting in FFY 2009, issue a finding if no. If yes , complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Title:
2. Has the Recipient published the Section 504/ADA Coordinator contact information quarterly? For subgrants starting in FFY 2009, issue a concern if no. (Posting the information on the Recipient’s website permanently can substitute for publishing.) If yes , list how it was published.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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3. Has the Recipient established a system to record Section 504/ADA calls?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Does the Recipient have an ordinance or resolution that is designed to eliminate discrimination against any person who a) has a physical or mental impairment which substantially limits one or more major life activities, b) has a record of such an impairment, or c) is regarded as having such an impairment? <i>For subgrants starting in FFY 2009, issue a finding if no.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the Recipient have an employee grievance procedure which discusses how complaints based on handicap accessibility should be handled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the Recipient prepared a self-evaluation of its policies, procedures, and facilities to determine if they in any way prevent access to handicapped individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are the Recipient’s policies, procedures, and facilities in compliance with Section 504/ADA? <i>(If yes, skip to #13.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Transition Plan

8. Has the Recipient completed a transition plan for all structural changes determined to be necessary based on the self-evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Does the plan specify a schedule to achieve compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. If steps are scheduled to be undertaken more than a year in the future, are goals to be reached each year identified in the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Is the plan up-to-date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Does the plan identify the official responsible for its implementation? If yes , complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Name:

Title:

Section 504 Comments:

Site Accessibility

Monitor the facilities in which the CDBG program activities are administered and the facilities or structures which are acquired, constructed, or improved with CDBG funds.

13. Parking

Check the proper box.

• Are there designated parking spaces for handicapped persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are the spaces the required width?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are the spaces marked with the universal handicap symbol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are they near the building’s entrance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Building Entrance

• Is the main entry wheelchair accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If not, is there a reasonable alternative?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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15. Meeting Room and CDBG Program Offices

Check the proper box.

• Can all rooms used for meetings or program management be reached without the use of stairs or elevators? <i>(If yes, go to #16.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If elevators are provided, are cars wide enough to allow entry by a wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
▪ Are the controls accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Are the controls in Braille?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Are the floor indicators audible?	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Public and Employee Facilities

• Do paths to the restrooms appear to be wheelchair accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
▪ Are restroom doors wide enough to allow entry by someone in a wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Is there adequate floor space in the restroom to allow for a wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Are there grab bars in the restroom stall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Are lavatories and paper products at a height to allow access by a person in a wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Do the lavatory faucets meet the code for disabled persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are drinking fountains installed to allow access by a person in a wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
• Are public telephones, if any, at a height to allow wheelchair access?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
• Are common use areas (break rooms, lunch rooms, etc.) accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Facility Comments:	

IV. Section 3

1. Did the Recipient and/or its contractors/subcontractors take steps to hire qualified low- and very low-income residents for any job openings that existed on CDBG-funded projects in the community? Explain below:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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2. Are there one or more populations of non-English speaking low-income residents within the Recipient’s jurisdictional boundaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, did the Recipient and/or its contractors/subcontractors take steps to make non-English speaking low-income residents aware of CDBG-funded job openings in the appropriate language(s)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the Recipient and its prime contractors/subcontractors documented the number of low- and very low-income people who were hired to work on this project? (The Recipient should have copies of the Section 3 Compliance Information forms for prime contractors and subcontractors and the Section 3 Summary Report - HUD 60002 - on file.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Do the records show that Section 3 persons were hired by the Recipient or its contractors/subcontractors to work on the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> If yes, how many Section 3 persons were hired? 	
5. Were any Section 3 firms hired to work on the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> If yes, list the firms that qualify for Section 3 status. 	
Section 3 Contractor/Subcontractor Name	Contract Amount
	\$
	\$
	\$
	\$
6. Was the required Section 3 clause from 24 CFR Part 135.38 included in CDBG-funded contracts of \$100,000 or more? (See Attachment K of the subgrant agreement or CDBG Supplemental Conditions for Infrastructure Construction Contracts .) <i>For subgrants starting in FFY 2009, issue a finding if no.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Section 3 Comments: 	

V. Conclusions

Explain any finding(s) or concern(s) and specify corrective actions the Recipient must take to resolve the issue(s). Describe any technical assistance provided.