

**CDBG ON-SITE MONITORING REVIEW**  
 NORTH DAKOTA DEPARTMENT OF COMMERCE  
 DIVISION OF COMMUNITY SERVICES  
 SFN 52348 (09/17)

Grantee:	Reviewed by:
Instrument Number:	Date of review:
Contact Person:	Contact Location:
1. Project Description:	
2. Status of Project:	
Percent Project Complete: _____ Percent Dollars Drawn: _____	
3. Proposed Beneficiaries:	
4. Are the project activities and beneficiaries the same as funded and/or amended? If no, explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Were there any mitigating measures identified in the Environmental Review?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. If Yes to #5, please list:	
Mitigation: _____ _____ _____ _____ _____	Action Taken: _____ _____ _____ _____ _____
7. Have all the required jobs been created? <b>(For ED Projects only)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. How many are LMI? <b>(For ED Projects only)</b> _____	
9. Narrative of the project discussion with contact person(s):	

EQUIPMENT PURCHASE						
Equipment Description and Quantity	Instrument #	Date Purchased	Purchase Price	DCS Funding Amount	Local Funding Amount	Verified On-Site
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

**HOUSING REVIEW**

<p>10. Does the unit(s) appear to meet HQS? If no, please explain:</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>11. Does it appear other rehabilitation items are needed? If yes, please explain:</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>12. For <b>relocation activities</b>, did the beneficiary receive all reasonable benefits available to displacees? (Complete Relocation Monitoring form for relocation projects) If no, please explain:</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>13. Based on the monitoring review, is a follow-up required?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DCS Staff Member Signature:	Date:
-----------------------------	-------