

Nebraska Department of Economic Development Community Development Block Grant Monitoring Instructions

The Department representative(s) shall prepare the CDBG project file prior to conducting the on-site monitoring trip. The project file and supporting documentation will be secured and taken into the field for the on-site visit.

The representative or other Department staff shall complete sections of the monitoring checklist that apply to the state records. The project files shall be checked for specific documents to validate the local government and CDBG Certified Administrator's records. You should conduct a review of the grantee project files for documents to tag so it is easier to locate during the on-site monitoring visit.

Check and have on file the current project status report, contact record sheet, and implementation schedule.

Check fundability records for national objective, beneficiary/accomplishments, and activities funded. These items are state in the grantee contract recitals and sources/uses sections.

Check for amendments and extensions documented in the grantee project file.

Review the project file checklist for special conditions and environmental review for determination meeting grantee contract special conditions for the Release of Funds. Refer to Section C. Environmental Review.

Complete Section D. Grantee Files Documentation for the checklist items that apply to DED project records.

This includes documentation that applies to Section F financial Management section F monitoring checklist.

Filemaker database fundability review sheet and contract worksheet as executed and approved by DED.

Filemaker database financial overview/disbursement detail/ summary and sources and uses records.

Check status of disbursements in MITAS and NEDED Info prior to conducting performance review.

Print a copy of the project financial in the grantee's NEDED Info record for CRD Recipient Detail-Financial.

Print a copy of the disbursement detail report from the grantee's financial record in NEDED Info.

Complete the following for inclusion in the monitoring letter.

	Desktop Date:	On-Site date	Follow-up Schedule:	Due date response:
Monitoring Dates				
Names DED staff				
Names local government grantee representatives				
CDBG Cert Admin				
Agency/ government				

Name DED staffer completing the pre-monitoring documentation: _____ Date CM: _____

Notes: _____

November 2015 Monitoring Cover/ Date: _____ Grantee: _____ CDBG Grant: _____

Nebraska Department of Economic Development

Community Development Block Grant Monitoring Checklist

Grantee: _____	CDBG Grant: _____
Contact Person: _____	Program Rep: _____
CDBG Admin: _____	Monitor Date: _____
Admin E-Mail: _____	Monitored By: _____

Performance Review Monitoring Checklist November 1, 2015

Enter Monitoring Dates (Month/Day/Year) for areas monitored (Enter N/A if Not Applicable).

N/A Category Check List need not be included in the documented records.

**Desktop reviews may be conducted for these Categories prior to on-site visit and DED project file verification.

N/A =Not Applicable for the Grant	Check If N/A	1 st <input type="checkbox"/> on-site review	2 nd <input type="checkbox"/> on-site review	Desktop Review**	Follow-up <input type="checkbox"/>	Results <input type="checkbox"/>
A. National Objective / Activity Eligibility						
B. Program Progress/Performance / Capacity						
C. Environmental Review (Tier II <input type="checkbox"/>)						
D. Grantee File Documents				**		
E. Financial Management				**		
F. Procurement				**		
G. Professional Services Contracts				**		
H. Equal Opportunity/ Civil Rights				**		
I. Construction						
J. Acquisition						
K. Relocation						
L. Housing Rehabilitation						
M. Demolition						
N. Legal/Loan Documents						
O. Job Creation/Retention Verification						
P. Equipment Verification						

SAM Validation Date: _____	Contract Start Date: _____
Notice of Approval Date: _____	Contract End Date: _____
Release of Funds Date: _____	Current Project Status: _____
Location of Project: _____	Extensions: # _____
Total CDBG Budget: \$ _____	Amendments: # _____
Total Other Budget: \$ _____	CDBG Amount Drawn: \$ _____
Total Project Budget: \$ _____	CDBG Draw % / #: _____ % #

Final Financial _____
 Final Status Report _____
 Final Wage Compliance Report _____
 Other _____

A. NATIONAL OBJECTIVE /ACTIVITY ELIGIBILITY

Include any approved activity amendments. (Review national objective for scheduled completion phase or grant year.)

Activity Code	Activity Title	National Objective	Activity Eligible	
			Yes	No

NATIONAL OBJECTIVE – LMI (low moderate-income benefit):

1. LMA (area)

Communitywide service area (incorporated community) or Neighborhood/selected area serviced by the activity
 Is the delineated activity service area consistent with the surveyed beneficiary service area? Yes No
 If No, what is the difference and does the activity(ies) meet the assigned national objective? Yes No

Census: **Yes (skip items a thru g)** No

Survey: Yes Survey date: _____ Yes

Was the survey preapproved by DED? Yes No

Total Beneficiaries: _____ LMI Beneficiaries: _____ % LMI: _____

- a) When was the survey conducted? _____
- b) Who conducted the survey? _____
- c) Are the surveys on file? Yes No
- d) Did the grantee publicize the survey? Yes No
- e) Was the public notice on file? Yes No
- f) How did the grantee determine which survey method to use? _____
- g) Which resource did the grantee rely on to determine the number of households?

Phonebook Property tax rolls Utility lists Door-to-door Other:

What method did the grantee use to replace surveys from non-respondents?

2. LMC (limited clientele). Was the method/results determination approved by DED? Yes No

What clientele benefits from the activity?

Elderly Adults Severely Disabled Other: _____

Total Beneficiaries: _____ LMI Beneficiaries: _____ % LMI: _____

Do actual beneficiary numbers differ from originally proposed for the activity? Yes describe below No
If yes, were the actual beneficiary numbers Higher OR Lower than those originally proposed?

What is the grantee's explanation for the difference?

Is the activity for the removal of architectural barriers? Yes describe below No

Give a brief description of the material and architectural barrier and what was done to remove it:

3. LMH (housing) **Each property address must include a status and accomplishment report.**

Housing Rehabilitation: **Owner**-Occupied Single Family Multi-family
 Housing Rehabilitation: **Renter**-Occupied Single Family Multi-family

LMI housing units proposed for Rehabilitation: _____
LMI housing units actually Rehabilitated: _____

Were all applications for Rehabilitation properly recorded and tracked? Yes No

Number of Applicants for Rehabilitation Assistance: _____

Number of non-selected Applicants for Rehab Assistance: _____

Were household income verifications properly done for all housing units that were rehabbed? Yes No

Homebuyer Down payment Assistance Homebuyer Infrastructure: Homebuyer Purchase//Rehab /Resale

Homebuyer Purchase/Demo/Replacement/Resale Other Homebuyer Assistance _____

Total housing units proposed: _____
Total LMI households benefiting from assistance: _____
Housing units purchased by LMI households: _____ % of total units: _____

4. LMJ (jobs)

Proposed number of jobs created: _____

Total number of jobs created: _____

Total number of LMI jobs created: _____

Proposed number of jobs retained: _____

Total number of job retained: _____

Total number of LMI jobs retained: _____ % that are LMI persons _____

Number of jobs held by LMI persons: _____ % that are LMI persons _____

Number of jobs made available to LMI persons: _____ % that are LMI persons _____

Job creation/retention records are complete and support job creation/retention totals and LMI figures? Yes No
Grantee has employee certification forms to document income status of jobs beneficiaries? Yes No

NATIONAL OBJECTIVE – SLUMS & BLIGHT: Include Area Basis or Spot Basis Attachment.

Area Basis: Compliance with the SBA Checklist (attach to compliance review record) Yes No

Has the area been officially designated as a Slum or Blighted by local/county government? Yes No

Is there proper documentation? Yes No

Designated year: _____ * Re-designated (when available): _____

Percentage of Deteriorated Buildings/Qualified Properties: _____

Are the activities in compliance with the Slum Blight Checklist? Yes No

Spot Basis: Compliance with the SBS Checklist (attach to compliance review record) Yes No

Designated year: _____ * Re-designated (when available): _____

Percentage of Deteriorated Buildings/Qualified Properties: _____

**must be within 10 years of project year as provided in the CDBG Application*

Provide a brief description as to why the property is considered blighted:

Provide an explanation regarding how the activity addressed the specific blight/substandard conditions to alleviate and remove the conditions.

B. PROGRAM PROGRESS/ PERFORMANCE/ CAPACITY

(Applicable to all Grants)

Compare the status of each activity to the project status in the implementation schedule. For each activity, indicate if the activity is on schedule, ahead of schedule, or behind schedule. Note progress in monitoring letter.

Activity Code	Activity Description	Implementation Schedule Quarter	Implementation Schedule End Date	On Schedule	Ahead of Schedule	Behind Schedule
1.						
2.						
3.						
4.						
5.						

If any activity is substantially behind schedule (three months or more), please complete the table below.

Activity Code	Circumstances/Reasons	Can the grantee complete the activity by the projected completion date?	Can the Implementation Schedule be revised to extend the program period?	Will a program extension be necessary?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the grantee anticipate difficulty completing the activity by the projected completion date? Yes No

If Yes, can the implementation schedule be revised to extend the program period? Yes No

Will a program extension be necessary? Yes No

Note the determination in the monitoring letter.

Please provide any additional notes you may have:

1. Is the grantee implementing the local program as specified in the grant agreement? Yes No

If not, please explain.

2. If amendments were made, were the proper procedures followed? Yes No

Is the DED approval of the amendment on file? Yes No

Amendment date: _____

3. If extensions have been granted, what is date for completion? _____

Is grantee meeting timelines to assure timely completion? Yes No

How many extensions have been granted: _____

Most Current Extension Date: _____

4. Are the grantee & certified administrator demonstrating adequate capacity to implement the program? Yes No

5. ***Program Representative conducted an on-site project visit?*** Yes [visited site(s)] No [did not visit site(s)]

Site visit observations noted for the project.

If any other persons attended site review or made presentations, please list name and representation. Plus, comments.

6. ***Is there a property address status and accomplishment report for each proposed housing national objective accomplishment?*** Yes No

A copy of each report is included in the project folder.

C. ENVIRONMENTAL REVIEW

(Applicable to All Grants)

1. Is there an Environmental Review Record (ERR) with a project description including location(s) and all related HUD or non-HUD funded activities?
 Yes No
2. Certificate of Continued Environmental Compliance signed by Chief Elected Official (CEO) consistent with the project description and activities? Yes No N/A
Is the Environmental Review Record (ERR) referenced in the Continuance on file? Yes No
3. Is there a written Finding of Exemption signed by the Chief Elected Official (CEO), consistent with the activities undertaken?
 Yes No N/A (If all activities are exempt, the remaining questions do not apply.)
4. Is there a written Finding of Categorical Exclusion signed by the CEO consistent with the activities undertaken?
 Yes No N/A
5. Has clearance been obtained from the State Historic Preservation Officer?
 Yes No N/A
6. Is there evidence that other federal laws listed at 24 CFR 58.5 have been addressed and appropriate authorities recognized as sources to support determinations (refer to notes, maps, consultation letters and other sources of documentation on Statutory Checklist)?
 Yes No N/A
7. If project is located in a floodplain or wetland, were Floodplains/Wetland notices published?
 Yes No N/A

Date of Early Public Notice: _____ 15 day comment period: Yes No
Date of Notice of Explanation: _____ 7 day comment period: Yes No

Please note any deficiencies in the space provided below:

Does the project require an Environmental Assessment? Yes No

If yes, please answer the following questions:

- a) Did the assessment:
 Consider impacts of the project on the character and resources of the project area? Yes No
 Include alternatives and modifications considered and mitigation measures needed? Yes No
- b) Is there a written 'Finding of No Significant Impact' signed by the CEO? Yes No
- c) Is there a written 'Finding of Significant Impact' signed by the CEO? Yes No

Does the project require publication and public comments? Yes No

If yes, please answer the following questions:

- a) Is there a copy of the (published or posted) Notice of Intent to Request Release of Funds? Yes No
 Date Published: _____
- b) Is there a copy of the (published or posted) Notice of FONSI? Yes No
 Date Published: _____

Please note any public comments and recipient responses to these comments.

a) Were all appropriate agencies notified of the NOI/RROF? Yes No

b) List the recipients of the NOI/RROF and other applicable requirements: _____

c) Was the Request for Release of Funds and Certification signed by the CEO, and submitted to DED, after appropriate comment period? Yes No

Date Signed: _____

(NOI/RROF: 7-10 days; FONSI/NOIRROF: 15-18 days)

d) Is the Release of Funds signed by DED in the file? Yes No

Date Signed: _____

e) Was a Pre-Agreement Letter (for ED projects) issued by DED? Yes No

Date Issued: _____

f) Do records show that no funds were obligated or spent, and that no physical development activities began, prior to receipt of Release of Funds or Pre-Agreement Letter? Yes No

Date Issued: _____

Does the project require re-evaluation? Yes No

If yes, please answer the following questions:

a) Were there substantial changes in the nature, magnitude or extent of the project or new circumstances or new conditions realized after the initial assessment? Yes No

b) If yes, were the new circumstances evaluated and original finding validated with Certificate of Continued Environmental Compliance? Yes No

Please explain any issues or concerns in the space provided below:

D. GRANTEE FILE DOCUMENTS

(Applicable to all Grantees)

*Complete **File Folder** listed items from NE DED CDBG grant file folders prior to on-site or desktop compliance review*

File Folder	Grantee Files	Grantee File Documents
<input type="checkbox"/>	<input type="checkbox"/>	Grant Application
<input type="checkbox"/>	<input type="checkbox"/>	Citizen Participation Plan
<input type="checkbox"/>	<input type="checkbox"/>	Residential Anti-displacement Plan
<input type="checkbox"/>	<input type="checkbox"/>	*Four Factor Analysis/ Limited English Proficiency (LEP) Date Conducted: _____
<input type="checkbox"/>	<input type="checkbox"/>	*Language Access Plan (LAP) Date of Adoption: _____
<input type="checkbox"/>	<input type="checkbox"/>	*System for Award Management (SAM) Date Validated: _____
<input type="checkbox"/>	<input type="checkbox"/>	Survey Records Date Completed: _____
<input type="checkbox"/>	<input type="checkbox"/>	Notice of Approval Date of the Notice: _____
<input type="checkbox"/>	<input type="checkbox"/>	Grant Contract Contract Completion Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Notice of Release of Funds Date of the Notice: _____
<input type="checkbox"/>	<input type="checkbox"/>	1st Public Hearing Citizen Comments Date Conducted: _____
<input type="checkbox"/>	<input type="checkbox"/>	Code of Conduct Date of Adoption: _____
<input type="checkbox"/>	<input type="checkbox"/>	Procurement Procedures Date of Adoption: _____
<input type="checkbox"/>	<input type="checkbox"/>	Environmental RROF Certification Date Signed: _____
<input type="checkbox"/>	<input type="checkbox"/>	Financial Management Certification
<input type="checkbox"/>	<input type="checkbox"/>	Authorization to Request Funds
<input type="checkbox"/>	<input type="checkbox"/>	Implementation Schedule
<input type="checkbox"/>	<input type="checkbox"/>	Grantee Information Sheet includes CDBG Certified Administrator's name: _____
<input type="checkbox"/>	<input type="checkbox"/>	Grantee Information Sheet includes Fair Housing Representative's name: _____
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Force Certification
<input type="checkbox"/>	<input type="checkbox"/>	2 nd Public Hearing Citizen Comments Date Conducted: _____
<input type="checkbox"/>	<input type="checkbox"/>	Proposed Fair Housing Actions: _____
<input type="checkbox"/>	<input type="checkbox"/>	Fair Housing Actions Taken: _____
<input type="checkbox"/>	<input type="checkbox"/>	Requests for CDBG funds The number of requests: _____
<input type="checkbox"/>	<input type="checkbox"/>	Notification of Annual Audit Notification for Fiscal Year: _____
<input type="checkbox"/>	<input type="checkbox"/>	Copies of Audits Audits for Fiscal Year: _____
<input type="checkbox"/>	<input type="checkbox"/>	CDBG Contract Amendments
<input type="checkbox"/>	<input type="checkbox"/>	# Approved: _____ Last Approval Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	CDBG Contract Extensions
<input type="checkbox"/>	<input type="checkbox"/>	# Approved: _____ Last Approval Date: _____

***Checklist Items included April 2015 for compliance with federal laws and NE DED CDBG Policies.**

NOTES: _____

E. FINANCIAL MANAGEMENT

(Applicable to all grants.)

Check status of disbursements in MITAS and NEDED Info prior to conducting performance review.
Print a copy of the project financial in the grantee's NEDED Info record for CRD Recipient Detail-Financial.
Print a copy of the disbursement detail report from the grantee's financial record in NEDED Info.

1. Please describe the grantee's payment system:

- a) Does the grantee have an adequate system to review and approve all billings presented for payment under the grant?
 Yes No
- b) Does the grantee have a regular payment cycle to ensure bills are paid promptly?
 Yes No
- c) Has the grantee conveyed to the vendors and contractors the timing of the cycle?
 Yes No

2. Cash Management

- a) Are drawdowns deposited promptly into the proper account? Were funds wired electronically ACH to account?
 Yes No Yes No
- b) Has there been any time the balance in the account exceeded \$1,000 for more than 5 working days?
 Yes No
If Yes, how often and how much? _____
(list amounts and number of days for each occurrence)

- c) Are bank statements reconciled promptly?
 Yes No

Who performed the reconciliation? _____

- d) Are accounts with CDBG funds interest-bearing?
 Yes No
- e) If yes, are funds immediately transferred out of the interest-bearing account or drawn down for reimbursement?
 Yes No
- f) Is the person(s) responsible for handling CDBG Funds properly bonded according to state law?
 Yes No

3. Property Management

Has grantee used CDBG funds to purchase real property? Yes No (If NO, skip to Q 4.)

- a) Has grantee received written approval for all real property purchases exceeding \$300?
 Yes No

List items purchased that exceeded \$300: _____

- b) Does the grantee maintain an inventory of all real property, furnishings, and equipment purchased with CDBG funds?
 Yes No

4. Accounting Records

What types of accounting records are maintained for the grant (i.e. ledgers, computerized systems, etc.)?

Records must be reviewed to verify the following:

- a) Are obligations tracked and activity budget balances maintained?
 Yes No
- b) Can program costs and obligations be traced to source documentation (invoices, billings, contracts, canceled checks, timesheets, etc.)?
 Yes No
- c) Do the grantee's records identify matching and other funds applied to each activity and that the proper matching percentage has been maintained? (If grantee has received waiver approval, note the terms of the waiver.)
 Yes No
- d) If grantee is utilizing in-kind matching contributions, is there proper documentation that such contributions meet the criteria set forth in 24 CFR 85.24 regarding how records should be maintained and a valuation calculated?
 Yes No N/A
- e) If volunteer labor is utilized, is the time each volunteer contributed and the value of that time properly documented?
 Yes No N/A
- f) Does the grantee maintain a contract file for each contract and use control cards or ledgers to track payments for each contract?
 Yes No
- g) Does the grantee's record adequately track local administration costs incurred?
 Yes No N/A

Describe how these costs are accumulated and reimbursed (City/Village employee's time spent on the grant must be supported by timesheets.)

- h) Please describe the method of accounting for other costs such as copies or supplies if charged to the grant. Describe supported by timesheets.)

- i) Does the grantee's system adequately track local administration costs (copies, supplies, etc.) incurred?
 Yes No N/A
- j) If the grantee charges indirect costs to the program, does the grantee have an indirect cost allocation plan which has been approved or acknowledged by DED?
 Yes No N/A

Date of Plan: _____ Date of DED approval: _____

- k) Do the grantee's records agree with reported amounts from the drawdown requests and audits?
 Yes No

Select a representative sample of costs charged to the grant and verify the following:
 (Note which drawdowns/expenditures were tested and list all exceptions.)

- Costs are allowable per 2 CFR Part 200 and the grant agreement
- Costs can be traced to source documentation
- Costs are charged to the proper activity
- Costs have been reviewed and approved prior to payment
- Costs were not obligated prior to the Notice of Release of Funds or Pre-agreement Authorization except administration costs which should not be obligated prior to the Notice of Approval.

5. Audits

- a) Did the Grantee meet expenditure requirement for Single Audit? Single Audit required for Total Federal expenditures \$500,000 or more (\$750,000 threshold for fiscal years starting after December 26, 2014).
 Yes No
- b) If yes, please answer the following questions:
- i. Did Grantee use an in-house Auditor?
 Yes No
- ii. Did Grantee procure for an outside Auditor?
 Yes No

Are Notifications of Single Audit (or other records) on file for each year which support the grantee's determination whether an audit was conducted in accordance with the provisions of 2 Code of Federal Regulations (CFR) Part 200 [formerly Single Audit Act, Office of Management and Budget (OMB) Circular A-133] and Generally Accepted Government Auditing Standards for the fiscal year.

- iii.
 Yes No
- iv. Are copies of audits on file with any correspondence regarding audit findings?
 Yes No

6. Program Income

- a) Has the grantee earned program income from any grant activities?
 Yes (continue) No (Skip to Q7)

If yes, please answer the following:

- i. Has the grantee used program income to further the activity from which it was generated?
 Yes No
- ii. Has the grantee expended or committed all available program income prior to drawing down additional CDBG funds?
 Yes No
- iii. Has the grantee earned program income which is to be committed to a revolving loan fund or a Reuse Plan?
 Yes No

If yes, please answer the following:

- i. Has the grantee submitted a Notice of Intent to use program income?
 (Date must be within 90 days of Notice of Approval)
 Yes No
- ii. Has the grantee submitted a Reuse Plan for their program income?
 (Date must be within 180 days of Notice of Approval)
 Yes No
- iii. Has the grantee submitted their first reuse project to DED for approval? (Date must be within 24 months from the date of first receipt of program income for a Local Reuse Plan or 36 months for a Regional Plan)
 Yes No
- iv. Is Program Income that is received for a revolving loan fund held in a separate interest-bearing account?
 Yes No
- v. Are funds that are held in the revolving loan fund expended for their intended use prior to drawing down CDBG funds for that activity?
 Yes No
- vi. Does the grantee maintain repayment schedules for all outstanding loans and promptly follow up on all delinquent payments?
 Yes No
- vii. If grantee has program income or a revolving loan fund from prior grants which must be applied to this grant, has the grantee expended all program income prior to drawing down CDBG funds under this grant?
 Yes No

7. Drawdown reviews and support documentation verification. Complete the Draw-Down Table or record the review of CDBG drawdown/disbursements in a comparable manner. Check the following actions for confirmation.

- Check status of disbursements in MITAS and NEDED Info prior to conducting performance review.
- Print a copy of the project financial in the grantee's NEDED Info record for CRD Recipient Detail-Financial.
- Print a copy of the disbursement detail report from the grantee's financial record in NEDED Info.

Use these records for selecting sample size and disbursements to test. Include these records in the project file monitoring report

Record # drawdown transactions _____ Record drawdowns by number tested _____
 Provide summation based on funding sources, activities, and contractors/vendors/suppliers. Use the review to assist in answering other questions dealing with internal control, cash management, and accounting records.

DRAW-DOWN TABLE

Draw Number	Invoice Numbers Claimed on Draw	Payee/ Contractor	Invoice Amount	Date Funds were Received (in general account)	Date Funds were Received (in specific account)	Payment Date	Check Number	Date Check Cleared	Breakdown of Funds	
									Local \$	CDBG \$

F. PROCUREMENT

Review the grantee's procurement records to determine if procedures used in obtaining goods and services are consistent with the grantee's written procurement procedures and code of conduct and are in compliance with 24 CFR 85.36.

For each professional services reviewed for procurement, note the following:

Grantee is required to procure for professional services unless grantee has an in-house professional, has a history of appointment, or a member of a development district is qualified in one of the professional services areas.

Is the Grantee required to procure? (answer can be both yes and no depending on the services)

NoIf no, please answer question one (1).

YesIf yes, skip question one (1) please answer question two (2) and all items following that apply.

[It is possible to answer yes and no depending on the professional services sought by the grantee.]

1. Procurement ***not required***. Check or list type of service(s) (examples of services are administrative, engineering, architectural, planning, appraisal, audit, housing rehabilitation administration, testing).and professional organization. Type of service or item sought (examples of services are administrative, engineering/architectural, appraisal, audit, housing rehabilitation administration, testing).

Type of Service	Organization or Firm name of local government	Check if a yes for SAM Verification/ Date
Administration	<input type="checkbox"/>	<input type="checkbox"/>
Housing Management	<input type="checkbox"/>	<input type="checkbox"/>
Engineering	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/> list below:		

Provide statement on how grantee qualified the professional organization as being excluded from the procurement process for professional services.

2. Procurement ***required*** (starts and continue from here).

Type of service or item sought (examples of services are administrative, engineering/architectural, appraisal, audit, housing rehabilitation administration, testing).

Type of Service	Organization or Firm name of local government	Check if a yes for SAM Verification/ Date
Administration	<input type="checkbox"/>	<input type="checkbox"/>
Housing Management	<input type="checkbox"/>	<input type="checkbox"/>
Engineering	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/> list below:		

Review and identify procurement effort directed toward minority-owned and women-owned firms. List all types of services or goods sought.

Review and identify procurement efforts directed toward Section 3 Business Concerns and Section 3 Residents. List all types of services or goods sought. [Program Year 2012 and newer projects must have documentation on file of specific efforts for Section 3 outreach]

This section does not apply to the procurement of construction contracts which are covered under the Construction section.)

3. Method of Procurement (competitive negotiation, competitive sealed bids, small purchase, non-competitive negotiation).

4. Grantee's Rationale for Method (if method was non-competitive negotiation, grantee must document that only one source could provide the service or item or that competition was determined to be inadequate).
5. Was the method of procurement appropriate? Yes No

6. If procurement was made by **Competitive Proposals**: Type of service: _____

- a) Did the grantee procure by using an RFP? Yes No
- b) Did the grantee procure by using an RFQ? Yes No
- c) Is there a copy of the RFP/RFQ in the file? Yes No

List where sent or published: _____

If sent, did grantee contact at least 3 qualified sources? Yes No

Does solicitation have clear and accurate description of all requirements and all factors to be used in evaluating proposals or statements? Yes No

Does solicitation clearly state that contract amount will not be based on cost plus a percentage of cost or percentage of construction cost? (Only applicable if the Grantee procured using an RFP.) Yes No

- d) Copies of all proposals or statements Yes No

Proposals received from: _____

- e) Written evaluation criteria including criteria for judging responsiveness of proposals, reasonableness of costs and responsibility of firms. Yes No

- f) Written evaluation of proposal or statement based on written criteria Yes No

- g) Written statement explaining the basis for selection and basis for selection of contract type Yes No

7. If Procurement was made by **Competitive Sealed Bids** (Formal Advertising), does grantee have all of the following items on file? (Competitive Sealed Bids must be used for construction projects or large quantities of goods/materials.)

Type of Service: _____ activity: _____

- a) Bid Advertisement/Proof of Publication Yes No

Does advertisement provide a clear and accurate description of all requirements and all factors to be used in evaluating bids? Yes No

Does advertisement clearly state that contract amount will not be based on cost plus a percentage of cost or percentage of construction cost? Yes No

- b) Evidence bids were logged in; copies of all bids received. Yes No
- Copy of all bids received: Yes No

Bids received from: _____

- c) Written evaluation criteria including criteria for judging responsiveness and reasonableness of bids and responsibility of bidders. Yes No

- d) Minutes of bid opening, bid tabulation and recommendation for award based on written criteria. Yes No

8. If procurement was made by **Small Purchase Procedures** (\$100,000 or less), did grantee obtain price or rate quotations from at least 3 qualified sources? Yes No
9. Has the grantee established procurement procedures which attempt to obtain goods and services from minority owned or women owned businesses? Yes No

What efforts in this area were made? _____

10. Has the grantee established procurement procedures which attempt to obtain goods and services from Section 3 Business Concerns and Section 3 Residents? Yes No

What efforts in this area were made? _____

[Program Year 2012 and newer projects must have documentation on file of specific efforts for Section 3 outreach.]

11. Is there any indication that a conflict of interest or potential conflict of interest existed in the procurement? Yes No
- a) Was procurement proposal prepared by a firm or individual that submitted a proposal? If so, identify and provide review. Yes No
- b) Is the evaluation unduly restrictive and limits a firm or individual from competing fairly? Yes No
- If so, provide statement.

12. Did grantee procure multiple services (more than one distinct service) in a proposal? Yes No
- If so, list the services.

13. Is the procurement consistent with the CDBG Program policy on multiple services described in Section 7 of the Administration Manual? Yes No
- If not, provide an explanation in the monitoring report.

14. Did the grantee use a single firm for grant administration and other professional services? Yes No
- a. If yes, were two separate procurement processes conducted? Yes No
- b. If yes, did the firm serving as certified administrator help with procurement? Yes No

15. Did the grantee check the System for Awards Management (SAM) to verify... Yes No
- information on parties that are excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits, pursuant to the provisions of 31 U.S.C. 6101, note, E.O. 12549, E.O. 12689, 48 CFR 9.404, and each agency's codification of the Common Rule for Nonprocurement suspension and debarment. <https://www.sam.gov/portal/public/SAM/>

List the companies, contractors, and individuals by dates as checked through SAM.

16. Is the grantee's procurement procedures in compliance with its procurement procedures and code of conduct? Yes No

If No, state why. _____

G. PROFESSIONAL SERVICES CONTRACTS

(Applicable to grantees having professional services contracts.)

The grantee must have all of the following items on file for each professional services contract. A separate file should be established for each contract. Review the grantee's contract file for administration, engineering, housing rehabilitation and appraisal services.

For each file reviewed, check the times on file and note any deficiencies:

1. Indicate all professional services contracts the grantee has entered into by naming the contractor and the type of professional service provided.

Contractor's Name	Service Provided *	SAM verified Date	Contract Approval Date
a)			
b)			
c)			
d)			
e)			

Please note the particulars of any multi-service contracts: _____

Please check whether each executed contract consists of the following:

<i>Reference to item #1 contractors/ services/ Contractor's name</i>	a)	b)	c)
Method of Compensation Including Basis for and Frequency of Partial Payments			
Time of Performance/Completion Date			
Provision for Amendments/Changes to Contract			
Clause Prohibiting Transfer of Interest/Assignment			
Access to Records/Maintenance of Records			
Conflict of Interest Clause			
Termination of Cause/Convenience			
Title VI Clause of Civil Rights Act of 1964			
Section 109 Clause of Housing and Community Development Act of 1974 amended			
Age Discrimination Clause of Age Discrimination Act of 1975			
Rehabilitation Act Clause of Section 504 of Rehabilitation Act of 1973			
Section 3 Clause and Requirement for Written Plan *Housing and Urban Act 1968			
Equal Employment Opportunity Provisions of Executive Order 11246			

***required if Contract is \$100,000 or Over for public a facility or housing construction contracted for by the grantee**

2. Review the executed contract and evidence of approval by the governing body. Date the contract was approved by the governing body: _____

Note any deficiencies:

Reference to item #1 contractors/ services →	a)	b)	c)
Is the amount fixed? (Or, does it include a “Not To Exceed Clause”?) <small>*Amount cannot be based on cost plus a percentage of cost.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter Contract Execution Date:	Date:	Date:	Date:
Contract amount \$	\$	\$	\$
Does the contract execution date precede the Notice of Approval date? Enter date Notice of Approval: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the contract execution date precede the Notice of Release of Funds date? Enter date Notice of Release of Funds: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Review copies of any reports, plans, or work products under this contract and indicate which were reviewed. Please note any deficiencies:

4. How many minority or woman owned businesses were contracted with? _____

Minority or Woman owned businesses	a)	b)	c)
Type of professional services provided:			
Dollar Amount of Contract:			

5. How many Section 3 Business Concerns and Section 3 Residents were contracted with? _____

Section 3 Business Concerns and Section 3 Residents	a)	b)	c)	d)	e)
Type of professional services provided:					
Dollar Amount of Contract:					

H. FAIR HOUSING/EQUAL OPPORTUNITIES

The grantee's records must contain the following information to document compliance with civil rights requirements. For each grantee reviewed, check the applicable items for compliance and note any deficiencies.

1. Program Beneficiaries...record both direct beneficiary and direct beneficiary applicants.

Examine any eligibility requirements the grantee may have established (e.g. in a housing rehab program) to determine whether the criteria or methods of administration may have the effect of subjecting individuals to discrimination on the basis of race, color, sex, or national origin.

Determine whether any programs are being administered in a manner which tends to limit the number of beneficiaries or level of assistance to beneficiaries based on race, color, national origin, religion, sex, familial status, or handicap.

Grantees are to maintain and update this information throughout the project. Grantees will be asked to show source documentation. All items in this section are to be completed. Note any deficiencies.

a) and b) list activity or program name	a) Direct Beneficiaries		a) Direct Beneficiary <u>Applicants</u>		b) Direct Beneficiaries		b) Direct Beneficiary <u>Applicants</u>			
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
Male Beneficiaries										
Female Beneficiaries										
Beneficiaries with a disability										
Single Race										
1. White										
2. Black/African American										
3. Asian										
4. American Indian/Alaskan Native										
5. Native Hawaiian/Other Pacific Islander										
6. American Indian/Alaskan Native & White										
7. Asian & White										
8. Black/African American & White										
9. American Indian/Alaskan Native & Black/African American										
10. Asian & Black/African American										
11. Other Multi-Racial										
Total										

Female head of household _____
 Head of household with a disability _____

CONCLUSIONS:

- a) Are there any indications that any person or group was denied benefit on the grounds of race, color, national origin, religion, familial status, sex, or handicap?
 Yes No

If yes please explain.

2. Employment

Does the grantee have written equal opportunity employment /personnel policies and practices?
 Yes No

Are there any indications that any person or group was denied employment on the grounds of race, age, sex or disability?
 Yes No

If yes please explain:

3. Fair Housing

The grantee records must document what meaningful action was taken to comply with the Title VIII of Civil Rights Act of 1968 concerning affirmatively furthering fair housing.

List activity(ies) undertaken and accomplishments by grantee during the grant period to affirmatively further fair housing.

Does the grantee have a written civil rights/fair housing complaints policy? Yes No

Has the grantee received any civil rights/fair housing complaints? Yes No

4. SECTION 504

When does the grantee report that the Section 504 Transition Plan was last updated? _____

Does the grantee have 15 or more employees? Yes No

Has the grantee designated a Section 504 Coordinator? Yes No

If yes, provide name and title: _____

Has the grantee adopted a written grievance procedure to resolve complaints? Yes No

Is the grantee's file for this compliance area complete? Yes No

5. Limited English Proficiency (LEP).

Does the grantee have a designated LEP contact person?

- Yes No

LEP contact person: _____

Has the grantee completed a Four Factor Analysis to determine whether there are LEP populations within its service area?

- Yes No

If Yes, date completed: _____

Does the grantee have a Language Access Plan?

- Yes No

Is the grantee providing meaningful access to programs and activities?

- Yes No

If Yes, please explain? (e.g. translation of Vital Documents, Use of Language Line, etc.)

Is the grantee maintaining records regarding their efforts to comply with Title VI LEP Obligations?

- Yes No

If Yes, please explain?

LAP and meaningful access reviewed by DED staff?

- Yes No

Grantee records maintained?

- Yes No

I. CONSTRUCTION

(Applicable to grantees having construction contracts exceeding \$2,000 or other contracts exceeding \$2,500 involving laborers or mechanics). Applies to projects with CDBG funds going towards construction.

The grantee should have a separate file for each construction contract. Review at least one general contract file and one subcontractor's file, if any. For each reviewed, note the following:

Will the local government be undertaking the construction activities with local government staff? Yes No
Defined as Forced Account (If yes, no procurement or Davis Bacon is required)

Will the local government be undertaking the construction activities with volunteer labor/ management? Yes No
Defined as Volunteers (If yes, review compatibility with Davis Bacon and required documentation)

Will the local government be hiring a contractor to do construction activities? Yes No
(If, yes procurement and Davis Bacon ARE required)

For CDBG-ED projects, will the local government be loaning funds to a business that will then undertake the construction?
 Yes No *(if yes, procurement is not required, but Davis Bacon IS required)*

General Contractor: LSE 7

Project Name/Description: _____
 Contractor Name: _____
 Bid Opening Date: _____
 Contractor Clearance SAM Date: _____
 Contract Award Date: _____
 Contract Execution Date: _____
 (cannot be prior to Notice of Release of Funds)
 Contract Amount: _____
 Estimated Contract Start Date: _____
 Force Account Used? Yes No

Name of Labor Standards Compliance Officer: _____

Wage Determination # _____ mod # _____	Pub date: _____ verified date: _____
Notice to Proceed Date: _____	_____

Subcontractor(s): Provide the following information for all subcontractors

Subcontractor Contract with General: Yes No _____
 Contractor Name: _____
 Bid Opening Date: _____
 Contractor Clearance SAM Date _____
 Contract Award Date: _____
 Contract Execution Date: _____
 (cannot be prior to Notice of Release of Funds)
 Contract Amount: _____
 Estimated Contract Start Date: _____
 Force Account Used? Yes No
 Name of Labor Standards Compliance Officer: _____

(Report on additional subcontractors as necessary in monitoring letter.)

Subcontractor Contract with General: Yes No _____
 Contractor Name: _____
 Bid Opening Date: _____
 Contractor Clearance SAM Date _____
 Contract Award Date: _____

The grantee should have all of following items on file for each construction contract. Please check if the requirement has been met. For each file reviewed, note the items on file and note any missing items or deficiencies.

- Preliminary design documents
- Cost estimates
- Evidence that property, easement, or right-of way acquisition was completed prior to bid advertisement
- Request for wage rate determination and acknowledgement (for construction contracts exceeding \$2,000)
- Bid package
- Evidence of review by municipal attorney (optional)
- Contractor Clearance SAM Date: _____

The bid package must consist of the following. Check if the requirement met. (Construction contracts exceeding \$2,000):

- General conditions
- Wage Determination # _____ mod # _____ Pub date: _____
- Bonding and insurance requirements clause (federal bonding requirements apply to contracts over \$100,000; smaller contracts must comply only with local bonding requirements) {attachment 1}
- HUD 4010 labor standards provisions
- Title VI Clause (Civil Rights Act of 1964) {attachment 3}
- Section 109 Clause (HCDA of 1974) {attachment 3}
- Age Discrimination Clause (Age Discrimination Act of 1975) {attachment 3}
- Rehabilitation Act Clause (Section 504 of the Rehabilitation Act of 1973) {attachment 3}
- Section 3 Clause and requirement for written plan if contract is \$100,000 or over (HUD Act of 1968) {attachment 3}
- Equal employment opportunity provisions: 3 paragraphs for contracts \$100,000 and under 7 paragraph EO 11246 clause for contracts over \$100,000 {attachment 4}
- Access to records/maintenance of records clauses {attachment 5}
- Conflict of interest clause {attachment 5}
- Certification of compliance with clean air/water acts (contracts over \$100,000) {attachment 6}
- Plans and specifications

1. Is there a Bid Advertisement/Proof of Publication? Yes No

Bid Advertisement Table

Newspaper	Dates Posted

2. Does the advertisement provide a clear and accurate description of all requirements and all factors to be used in evaluating bids? Yes No
3. Is there an addendum to bid documents (if applicable)? N/A Yes No
 there evidence that the bids were logged/recorded? Yes No
4. Are there copies of all bids received? Yes No
5. Is there evidence that the wage determination was checked 10 days prior to bid opening and, if necessary, revised (for construction contracts exceeding \$2,000)? Date Verified: _____ Yes No
6. Is there written evaluation criteria including? Yes No
- a. Criteria for judging responsiveness and reasonableness of bids? Yes No
 - b. Criteria for judging responsible bidders? Yes No

7. Bids
- a. Are the minutes of bid opening on file? Yes No
 - b. Is the bid tabulation on file? Yes No
 - c. Is there a recommendation for award based on written criteria? Yes No
 - d. Was the wage determination in effect at time of bid opening?
(Construction contract exceeding \$2,000) Yes No
 - a. Bid proposal including 5% bid bond (bid cannot be based on cost plus a percentage of cost); Yes No
8. Is there SAM contractor documented clearance and acknowledgement? Yes No
Is the contractor registered in the SAM and documented in the file? Date: _____
9. Is there authorization of contract award by governing body on file? Yes No
Date: _____
- Awarded Contractor: _____
- a. Is there notice of contract award and pre-construction conference; Yes No
 - b. Was the LSE7 notice sent to DED within 10 working days of contract award? Yes No
Date Contract Award (LSE7) sent DED: _____
Date LSE7 received by DED: _____
 - c. Was the wage determination in effect at time of contract award?
(construction contract exceeds \$2,000) Yes No
10. Was the contract reviewed by municipal attorney (optional)? N/A Yes No
11. Do the executed contract documents consist of:
- a. Bid documents; Yes No
 - b. Contractor/subcontractor certifications of insurance/ bonding. Yes No
Is the contractor's written section 3 plan if contract is \$100,000 or more in the file?
 - c. Was the contractor's bonding/insurance for 100% of contract amount in effect at time of contract execution? If applicable (contracts of \$100,000 or less may be in compliance with local bonding requirements if so stated)? Yes No
12. Are there minutes of preconstruction conference (optional)? Yes No
13. Did the contractor request and receive wage rate determination for any classification(s) not included in original determination (HUD 4230a) (construction contracts exceeding \$2,000)? N/A Yes No
14. Is there a copy of contractor's apprentice or trainee program registration from DOL, if applicable? N/A Yes No
15. What is the date on the notice to proceed issued to contractor? Date: _____ Yes No
16. Payroll verifications:
- a. Are there originals of weekly payrolls & evidence grantee review/verification? Yes No
 - b. Are the payrolls submitted weekly? Yes No
 - c. Are payrolls numbered and signed? Yes No
17. Payrolls in compliance with wage determination (rate of pay must be correct for each employee);
- a. Are additional classifications included? Yes No
 - b. Are apprentices or trainees being paid appropriately? Yes No
 - c. Is the computation of overtime pay correct? Yes No
18. Were payrolls reviewed by labor contract officer? Yes No

19. Are there weekly statements of compliance from contracts exceeding \$2,000)? Yes No
- a. If statement of compliance not signed by owner, is there written documentation assigning authority to sign compliance statement? Yes No
- b. If written authorization, name and title of individual authorized to sign statement of compliance. _____
- c. Date authorization signed: _____

20. Change orders/Contract amendments

Company	Change Order Number	Amount

21. Has the grantee complied with employee interview requirements? (Check payroll classification against interviews.)
- a. Are there copies of employee interview records? Yes No
- b. Did the grantee interview all classifications represented on the job? Yes No
- c. Are the employee interview forms signed off by interviewer and payroll reviewer? Yes No
- d. Does the employee interview dates last worked, payroll week, and classification match up with the employee's listing on the contractor's weekly payroll? Yes No
- e. Are employee payroll deductions documented? Yes No
- f. Did the grantee review contractor's use of apprentices/trainees (construction contracts exceeding \$2,000)? N/A Yes No
22. Are the following posters displayed at the job site? (Report documentation method and if satisfactory or not.)
- a. Wage determination (construction contracts exceeding \$2,000) Yes No
- b. Notice to employees Yes No
- c. Job safety and health protection Yes No
- d. Equal employment opportunity Yes No
- e. Nebraska DOL posters (9-10 posters) Yes No
- f. Project inspection reports Yes No
23. Is the poster/ wage rate determination date documented, easily viewable by workers, and protected from the weather elements at the site of work? Documentation date posted: _____ Yes No
24. Review of payment procedures against:
- a. Requests for partial payments Yes No
- b. Certification of pay estimates Yes No
- c. Inspection reports Yes No
25. Is the final inspection/acceptance of work form in the file? Yes No
26. Is there a copy of as-built plans? Yes No
27. What is the final payment date? Yes No
28. Was the final wage compliance report sent to DED (construction contracts exceeding \$2,000)? Yes No
29. Is there correspondence and documentation regarding violations/complaints and actions taken? Yes No
30. Describe grantee efforts to have a list of Section 3 Business Concerns and Section 3 Residents prior to procurement for a contractor or hiring construction and construction-related positions by the grantee and any covered contractor. Describe outreach efforts to Section 3 Business Concerns and Section 3 Residents for contractor procurement and employment with the grantee and any covered contracts. [Program Year 2012 and newer projects must have documentation of specific outreach efforts.]
31. How many minority-owned and women-owned contractors and subcontractors participated?
- a. type of work (please note each type, if more than one)
- b. dollar amount (separate by each contractor)

Project	Company	Bid

J. ACQUISITION

(Acquisition from another public entity and temporary easements are not subject to the URA.)

1. Is there a separate file for each acquisition? Yes No
2. Was the General Information Notice hand-delivered or mailed with certified receipt? Yes No
If the acquisition was a donation, go to 20. If the acquisition was voluntary, go to 21.
3. Is there a copy of the appraisal? Yes No
4. Is there evidence that the owner was invited to accompany the appraiser? Yes No
5. Was a review appraisal done? Yes No
6. Were qualified independent appraisers used? Yes No
7. If not appraised, was the value of the property \$10,000 or less? Yes No
8. If less than \$10,000, was the value based upon a review of the available market data? Yes No
9. Is a copy of the written offer to purchase in the file? Yes No
10. Was the offer issued promptly after the appraisal? Yes No
11. Was a statement of the basis for determining the offer included with the offer? Yes No
12. Is there evidence of clear title, a current survey, deed and legal description of the property? Yes No
13. Was a statement of settlement costs included in the file? Yes No
14. Is proof of receipt of payment in the file (canceled check)? Yes No
15. Was payment timely? Yes No
16. Is there proof of recording the deed in the file? Yes No
17. If recipients determined not to purchase after distributing the notice to acquire and/or offer, is there a written notice of such decision in the file with evidence of hand delivery (or certified mail)? Yes No
18. If the recipient permitted an owner or tenant to occupy the real property acquired, was the rent charged equivalent to the fair rental value of the property? Yes No
19. Was there a copy of any appeal or payment for incidental expenses or certain litigation expenses? Yes No
20. If property was donated: N/A____
 - a. Is a signed release of the grantee's obligation to an appraisal in the file? Yes No
 - b. If appraisal obligation is not waived, is a copy of appraisal or determination of value data in the file? Yes No
 - c. Is a signed waiver of rights of "just compensation" in the file? Yes No
 - d. Is a copy of all required title documentation included in file (recorded deed or easement)? Yes No
 - e. Was grantee's payment of all incidental costs to the transfer of title documented (recording fees, survey, title insurance, transfer fees, prorated taxes, deed preparation)? Yes No
21. If property was voluntarily acquired: N/A____
 - a. Was it acquired by public advertisement? Yes No
 - b. Was it acquired by invitation? Yes No
 - c. Was it acquired by other means? Yes No
Specify the means: _____
 - d. Is the advertisement or invitation in the file? Yes No
 - e. Did the advertisement or invitation contain language that made a general request for a non-specific site (general request for land for a water tower site or lagoon site or a dilapidated housing site)? Yes No
 - f. Did the grantee inform the responding property owner, in writing, that in the event the negotiation failed, the grantee will not acquire the property? Yes No

K. RELOCATION

This section is applicable to grantees providing relocation assistance or grantees that have otherwise displaced persons by the use of CDBG funds.

Please list the data on the race, ethnic, and gender characteristics of displaced households:

	Race	Ethnicity	Gender
Household #1:			
Household #2:			
Household #3:			
Household #4:			
Household #5:			

Is there documentation of the location of the CDBG-funded activity that caused the displacement? Yes No

Did the relocation activities promote fair housing by providing displaced persons with two choices of replacement housing in the community's total housing supply regardless of race, color, religion, sex or national origin? Yes No

Were relocation services and benefits to displaced persons and businesses provided in a manner that did not result in different treatment to those persons relocated on account of race, color, sex, or national origin? Yes No

Part 1: Residential Relocation

Does the grantee have a file for each displaced household? Yes No

Does the displacing activity make it subject to the Uniform Relocation Act Section 104(d)? Yes No

Please review at least one relocation case file.

What is the name of the party displaced? _____

What was the former address of the displaced party? _____

What is the current address of the displaced party? _____

Date occupant was initially contacted: _____

Date of initial occupancy: _____

Monthly housing cost at acquired dwelling: _____

Name	Age	Sex	Marital Status	Race	Disability	Monthly Gross Income

Please describe any relocation needs of household including transportation, moving costs, etc.

- 1. Is the notice of relocation adequate? Yes No
- 2. Was the notice to be issued promptly after the initiation of negotiations? Yes No
- 3. Is there documentation describing services and assistance provided (must include the date the service/assistance was provided)? Yes No
- 4. Do the referrals to comparable replacement housing include the date of referral, address, sale/rental price, monthly housing cost and date of availability? Yes No
 - a. If referral was rejected, what is the reasoning for the rejection?

- 5. Is there a copy of any lease between the grantee and occupant? Yes No
- 6. Is there a statement identifying the basis for grantee's determination of the fair rental after acquisition? Yes No
- 7. Is there a copy of 90-day notice? Yes No
 - a. Was the notice received? Yes No
 - b. Is the timing of notice adequate? Yes No
- 8. Is there a copy of 30-day notice? Yes No
 - a. Was the notice received? Yes No
 - b. Is the timing of notice adequate? Yes No

9. Inspection:

- a. Date of inspection: _____
- b. Address and description of replacement dwelling: _____
- c. Date of the relocation: _____
- d. Note what standards grantee used to determine if replacement dwelling is decent, safe and, sanitary.

- 10. Is there a copy of each relocation claim form together with supporting documentation? Yes No
- 11. Are there copies of worksheets used to determine benefits? Yes No
 - a. Do the worksheets contain correct calculations and determination of benefits? Yes No
- 12. Is there evidence of verification of claim and receipt of payment? Yes No
- 13. If an appeal has been filed, what was the disposition? _____
- 14. Are there copies of correspondence in the file? Yes No
- 15. Has the relocation been completed within 6 months following acquisition of property? Yes No
 - a. If no, please provide an explanation of the delay and plan for timely completion.

Interview member of displaced household using HUD form 4002.

- 16. Copy of waiver for assistance, if so desired by resident/tenant. Yes No

Part 2: Nonresidential Relocation

The grantee should have all of the following items on file for each business displaced. A separate file should be established for each business. Review at least one completed relocation case file and check for the items below, noting any deficiencies.

	Date the occupant was initially contacted
	Name, age, minority-group classification, disabilities of business owner (or principal official)
	Provide general information about the relocation
	Address, complete name, telephone number, and type of business
	Approximate annual gross sales, payroll and number of employees
	Size of business by square feet, number of stories, parking area, space leased or owned
	Monthly rental or mortgage cost (not landlord or institution receiving payment)
	Number of years in business and at present location

	Evidence of Notice of Relocation Eligibility
	Notice is adequate
	Notice was issued promptly after the initiation of negotiations
	Relocation requirements
	Evidence of referrals and other assistance, including date, address, purchase or rental price, date of availability
	If referral is rejected, reason(s) for rejection
	Copy of 90-day notice and evidence of receipt

	Description of Replacement Location
	Address
	Size
	Date move initiated and completed
	Manner of move (self move, commercial, etc.)
	Cost (monthly rental/mortgage payment)

	Copy of each relocation claim form and supporting documentation
	Copy of worksheets used to determine benefits
	Worksheet accuracy
	Evidence of verification of claim and receipt of payments
	Moving costs
	Appeal, if filed, and disposition:
	Copies of correspondence
	If relocation has not been completed within 6 months following acquisition, explanation of delay and plan for timely completion.

L. HOUSING REHABILITATION

Program Standards:

- a) Do the standards include the required language regarding removal of existing lead-based paint hazards? Yes No
- b) Do the standards prohibit the use of lead-based paint? Yes No

Program Guidelines – do the program guidelines include each of the following?

<input type="checkbox"/> Types and amounts of financial assistance available; determine types(s) of program (streamlined, self-help, grantee representing owner)
<input type="checkbox"/> Eligibility criteria (applicant and property), including income eligibility and any exclusions; review income provisions to determine if program exclusively benefits low-to-moderate income households.
<input type="checkbox"/> Eligible property improvements
<input type="checkbox"/> Determination of the feasibility of rehab and treatment of infeasible rehabs
<input type="checkbox"/> Relocation or alternatives to rehab policies, if applicable
<input type="checkbox"/> Selection process
<input type="checkbox"/> Conflict of interest provision
<input type="checkbox"/> Contracting requirements
<input type="checkbox"/> Grievance procedure
<input type="checkbox"/> Treatment of emergencies, if applicable
<input type="checkbox"/> Rehab outside the target area(s), if applicable
<input type="checkbox"/> Role of advisory committee, if applicable
<input type="checkbox"/> Responsibilities of the recipient (relate to type of program)
<input type="checkbox"/> Operating procedures including those relating to change orders, dispute resolution and acceptance of work

1. Do the application forms request sufficient information to determine eligibility? Yes No
2. Is there a written basis for selection or non-selection in the applications for rehabilitation assistance? Yes No
3. Is there the proper documentation that all applicants have been notified of selection or non-selection? Yes No
4. Do the non-selection letters include reasons for non-selection? Yes No
5. Was rehabilitation completed on any single building(s) with 5 or more housing units? Yes No
 If yes, is there documentation that the applicant complied with Section 504 accessibility requirements to ensure to the greatest extent feasible that 5% of the units are handicapped accessible and 2% of the units are accessible to persons with sensory impairments? Yes No

Number of rehab applications received			
Number of units completed, in progress, and pending			
How is the program publicized and how are applicants solicited? If the grantee has brochures or other literature used to publicize program, obtain copies			
How many contractors bid on rehab jobs? How does the grantee pre-qualify contractors?			

For each applicant selected (2-3 client files), the grantee should have a rehabilitation case file consisting of the following:
 (Please the check the box indicating the grantee has the appropriate document on file.)

State rehabilitation case file number in the Client file as reviewed	Client A:	Client B:	Client C:
Enter case file number or address in the Client box for A:, B:, C:			
Completed application			
Family survey			
Title search			
Verification of employment			
Verification of income			
Evidence lead-based paint brochure was received by property owner/occupants			
Letter of clearance from the State Historic Preservation Office Date signed SHPO Bid Package (Note: bids not required if the owner is responsible for contracting the work) <u>Tier II review</u> . Check for central Environmental Review Record file.			
Bid advertisement Date			
Proof of publication Date			
Advertisement provides a clear and accurate description of all requirements and all factors to be used in evaluating bids			
Copies of all bids on file			
Evidence bids were logged			
Written evaluation criteria including criteria for judging responsiveness and reasonableness of bids and responsibility of bidders			
Bid tabulation and recommendation for award based on written criteria Date			
Executed contract documents; contract must include work write-up and required language regarding removal of existing lead-based paint hazards and prohibiting use of lead based paint;			
The contractor's written section 3 plan if contract is \$100,000 or more on file			
Executed contract must specify contract amount, time of performance, method schedule of payments, who will be responsible for performing each work item, and must include loan agreement, if applicable; check to see that contract amount is not based on cost plus a percentage of cost			
Notice to proceed Date (must be dated after any right of rescission, period and should specify when work is to begin and is to be completed)			
Right of rescission Date (must be prior to notice to proceed)			
Site inspection reports that are dated and signed; note how often inspections are made.			
Requests for partial payments and documentation; documentation must include verification of specific contact work items completed; not whether grantee retains a portion of payment due until all work completed record of date and amount of partial payments, signed by all parties			
Change orders, signed by all parties; note the extent of work/certificate of completion			
Contractor/subcontractor, material man affidavit, warranties, release of liens			
Evidence of final payments Date			
Evidence of follow-up inspection(s) prior to expiration of contractor's warranty			
Correspondence and documentation regarding complaints, if any, and actions taken			
If possible, perform limited inspection of completed units and units under construction			

M. DEMOLITION

(Applicable to grantees with demolition activity) State demolition case file number in the Client file as reviewed

State demolition case file number in the Client file as reviewed	Client A:	Client B:	Client C:
--	-----------	-----------	-----------

Does the grantee have a separate file for each demolition project? Yes No
 (If the unit was acquired by the grantee, the file may be the same as under the Acquisition section of the checklist. If not, determine how the units were chosen for demolition.)

Is there evidence that the demolition contract was competitively selected? Yes No

Is there evidence that the procurement process meets adopted procedures? Yes No

Is there a copy of the contract used? Yes No

Does the contract meet CDBG requirements? Yes No
 (Demolition contracts not subject to Davis Bacon wages unless it is a phase of construction project which is.)

Was the Notice to Proceed issued? Yes No

Date of the Notice to Proceed: _____

Are the project inspection reports in the file? Yes No

Is there evidence of final inspection? Yes No

Is there evidence of final payment approval? Yes No

One for One Replacement Requirement for Residential Demolition

If the demolition was of a housing unit and it was occupied or vacant, but occupiable, then the unit must be replaced with a similar unit within 3 years (see Residential Antidisplacement and Relocation Assistance Plan Certification).

Did you review the requirements with the grantee for replacement of lower income housing lost from the community's stock through federally assisted activities? Yes No

Please make any notes in the space below.

Does the grantee have a definition of occupiable (i.e. suitable for rehabilitation)? Yes No

Is there evidence that the grantee submitted the information required from the Residential Antidisplacement and Relocation Assistance Plan Certification (Exhibit G of the CDBG application)? Yes No

Please determine if there is a need for follow-up technical assistance and describe in the space below.

N. LEGAL/LOAN DOCUMENTS

(Applicable to ED projects)

The grantee should have all applicable legal documents duly executed and on file.

Document	Date:
<input type="checkbox"/> Memorandum of Understanding	
<input type="checkbox"/> Loan Agreement (if needed)	
<input type="checkbox"/> Promissory Note	

Security Instruments	Date:	Date Filed:
<input type="checkbox"/> Mortgage/Deed of Trust		
<input type="checkbox"/> Security Agreement		n/a
<input type="checkbox"/> UCC Filings		n/a
<input type="checkbox"/> Corporate/Personal Guaranty		n/a

Insurance Policies	Date:
<input type="checkbox"/> Personal Key Man Life Insurance Expiration	
<input type="checkbox"/> Property Insurance Expiration	

O. JOB CREATION/RETENTION VERIFICATION

(Applicable to ED Projects)

Verification of the job creation/retention information will require the grantee to make at least one on-site visit to the business and have access to certain payroll and personnel records.

In order to confirm the reported beneficiaries, the following information must be verifiable in the business' records for each employee tested:

Employee:	1.	2.	3.	4.
Date of Hire:				
Date of Termination:				
Average number of hours worked:	/wk	/yr	/wk	/yr
Employee Certification for or other documentation of LMI qualification:				

Following an on-site visit to verify jobs created or retained, the following information should be summarized for the CDBG files maintained by the grantee. The grantee's file must contain the following information

Date of on-site visit:	
Name of Business:	
Names of persons representing the business during the on-site visit:	
Name of positions reviewed:	
Number of individual employee records reviewed:	
Names of company records reviewed to verify date of hires, hours worked, etc.	
Number of Employee Certification Forms reviewed:	

Please provide a summary of any issues or problems discussed with the business:

Is the grantee's on-site review of job creation/retention records adequate?

Yes

No

P.EQUIPMENT VERIFICATION

(Applicable to ED Projects)

1. Equipment Inventory Listing (may have been provided with the CDBG application)

For each piece of equipment, the Grantee must include the following information in its files:

Description of Equipment	Manufacturer	Model Number	Serial Number	Date of Purchase	Purchase Price
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Does the equipment inventory listing identify all equipment purchased? Yes No

2. On-Site Inspection

Did the grantee physically inspect all equipment purchases made by the business? Yes No

Did the inspection include identification of equipment by model and serial numbers? Yes No

Did the grantee compare each piece of equipment inspected to the equipment inventory list? Yes No

Were issues or problems discussed with the business while on site? Yes No