

Performance Review – Risk Analysis Compliance Checklist

The Performance Review – Risk Analysis Compliance Checklist for the Community Development Block Grant (CDBG) Program consists of three sections. The Grantee is required to complete all sections of this form, provide the additional required documentation, and once completed, the Certified Grant Administrator and the Chief Elected Official's signature are required to certify this information as indicated on the form. Mail the completed checklist to the Nebraska Department of Economic Development within thirty (30) days of receipt of these instructions.

Specific sections within this document are also identified and requested for submission along with the CDBG Semi-Annual Project Status and Compliance Report, *Section 21-B Performance Review – Risk Analysis Compliance Checklist*. The local government CDBG grantee in partnership with the designated CDBG Certified Administrator submits the requested Sections of this Performance Review – Risk Analysis Compliance Checklist along with the Semi-Annual Project Status and Compliance Report.

Below you will find a brief outline of the entire Checklist process.

Section 1

Requires the grantee to complete a check-off form to certify that the grantee files contain all required documentation and that the grantee followed regulatory processes.

Section 2

Provide information by answering the direct questions in detail, filling in data as requested, and submitting the supporting documentation as described.

Section 3

This section includes the formal self-certification form that must be signed by the Chief Elected Official and the CDBG Certified Grant Administrator responsible to the local unit of government awarded CDBG grant funds.

The Grantee completes the following information:

- Grantee
- CDBG Grant Number
- Program Representative
- Person Completing Form, Phone Number, and Email
- Date Report Completed
- Local Unit of Government Contact/Clerk Name and Email
- Fair Housing Representative Name and Email
- CDBG Certified Grant Administrator Name and Email
- Chief Elected Official Name and Email

Make sure all questions are answered and data has been transcribed in the first two sections of this document before the CEO and Certified Grant Administrator sign in the Certification Form. The signature(s) validates that the information is complete, correct and all information to the Nebraska Department of Economic Development is on time, as well as, the originals are on file and available for review.

Performance Review – Risk Analysis Compliance Checklist

Grantee:		CDBG Grant #:	
Contact Person:		DED Program Rep:	
CDBG Certified Admin.:		Monitor Date:	
CA Email:		Monitored by:	
DUNS #:		EIN/Fed. ID #:	

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 Report Submission Dates			
Compliance Report		<input type="checkbox"/> Electronic File sent (if applicable)	
Risk Analysis Conducted		Reviewed:	
	<input type="checkbox"/> Final Financial Report:		
	<input type="checkbox"/> Final Status Report:		
	<input type="checkbox"/> Final Wage Report:		
	<input type="checkbox"/> Final Jobs Report:		
	<input type="checkbox"/> Final Product		

Project Status Notes:

Performance Review – Risk Analysis Compliance Checklist

Section 1: Instructions

Verify that all documents are on file by placing an X in the boxes provided— provide dates where needed, and answer all questions pertaining to the CDBG awarded to the Local Unit of Government you represent.

Section 1-A GENERAL FILES MUST INCLUDE:

- The CDBG Grant Application
- Current Grantee Information Sheet
- Citizen Participation Plan, date: _____
- Residential Anti-displacement Plan, date: _____
- LMI Survey Records (where available)
- FFATA Form, date: _____
- System for Award Management (SAM) database record, validation date: _____
- Four Factor Analysis/LEP documentation, review date: _____
- Procurement Procedures & Code of Conduct, date: _____
- Excessive Force Certification, date: _____
- Implementation Schedule, contract begin date: _____ contract end date: _____
- Grant Contract and Associated Amendments/Extensions
- Fair Housing Actions Proposed as provided within Special Conditions:

1st Public Hearing, date conducted: _____

- Citizen comments/complaints, and general responses

If there are outstanding complaints provide the details & nature of the issue (attach additional pages if needed).

2nd Public Hearing, date conducted: _____

Submit the following documentation:

- Copy of Hearing Notice, date: _____
- Copy public notice publication, publication date: _____
- Copy of attendance sheet, comments, and other notes

Section 1-B ENVIRONMENTAL REVIEW SECTION HOLDS:

- Complete Environmental Review Record **/SUBMIT ATTACHMENT 1-B (page 3)**
- Determination of the Level of Review, date: _____
- Tier II review documentation (where applicable) commercial housing

Section 1-C FINANCIAL FILES INCLUDE:

Financial Management

- Authorization to Request Funds
- Financial Management Certification

- Notification of Single Audit for each Fiscal Year during the grant period.

Identify Year(s)

- Copies of Single Grant Audit(s) when required with any correspondence regarding audit findings.
Provide the date and specify the grant year(s)

Performance Review – Risk Analysis Compliance Checklist

ATTACHMENT 1-B

Level of Review	
<input type="checkbox"/> Exempt (24CFR58.34)	<input type="checkbox"/> Cover Sheet <input type="checkbox"/> Determination Level of Review <input type="checkbox"/> Finding of Exempt Activity <input type="checkbox"/> 58.6 Form <input type="checkbox"/> CEST Converts to Exempt [24CFR58.34(a)(12)]
<input type="checkbox"/> CENST (24CFR58.35(b))	<input type="checkbox"/> Cover Sheet <input type="checkbox"/> Determination Level of Review <input type="checkbox"/> Finding of CENST <input type="checkbox"/> 58.6 Form <input type="checkbox"/> Supporting Documentation
<input type="checkbox"/> CEST (24CFR58.35(a))	<input type="checkbox"/> Cover Sheet <input type="checkbox"/> Determination Level of Review <input type="checkbox"/> Statutory Checklist <input type="checkbox"/> 58.6 Form <input type="checkbox"/> Supporting Documentation <input type="checkbox"/> CEST Converts to Exempt [24CFR58.34(a)(12)] <input type="checkbox"/> NOI/RROF Publication <input type="checkbox"/> RROF/Certification
<input type="checkbox"/> Environmental Assessment (24CFR58.36)	<input type="checkbox"/> Cover Sheet <input type="checkbox"/> Determination Level of Review <input type="checkbox"/> HUD Environmental Assessment <input type="checkbox"/> 58.6 Form <input type="checkbox"/> Supporting Documentation / Action Date <input type="checkbox"/> FONSI and NOI/RROF Publication <input type="checkbox"/> RROF/Certification
Agency Letters	<input type="checkbox"/> Air Quality <input type="checkbox"/> Airport Hazards <input type="checkbox"/> Coastal Zone Management <input type="checkbox"/> Contamination & Toxic Substances <input type="checkbox"/> Endangered Species <input type="checkbox"/> Environmental Justice <input type="checkbox"/> Explosive & Flammable Operations <input type="checkbox"/> Farmland Protection <input type="checkbox"/> Floodplain Management <input type="checkbox"/> Historic Preservation <input type="checkbox"/> Noise Control <input type="checkbox"/> Water Quality (Sole Source Aquifers) <input type="checkbox"/> Wetland Protection <input type="checkbox"/> Wild & Scenic Rivers
Mitigation <i>(Identify mitigation comments that were received)</i>	
Date Statutory Checklist Signed	
Date Environmental Assessment Signed	
8 Step Process: Early Notice Publish Date	
8 Step Process: Notice of Explanation Publication Date	
FONSI & NOI/RROF Posted/Published Date	
FONSI & NOI/RROF Posted +18 Days / Published + 15 Days	
RROF Certification Signed	
DED Received RROF Certification	
DED RROF Certification + 15 Days	
Release of Funds / Environmental Review Clearance	
<input type="checkbox"/> Phase I Study <input type="checkbox"/> Phase II Study	<input type="checkbox"/> Tier II Review: Commercial <input type="checkbox"/> Tier II Review: Housing

Performance Review – Risk Analysis Compliance Checklist

Section 2: Instructions

Answer all questions and submit the requested documents.

Section 2-A Financial Management

Internal Control, Management System & Processes

List the person(s) responsible and the systems used to review, approve, and file all billings for payment under the grant.

Drawdowns were submitted as reimbursement.

Are accounts with CDBG funds interest-bearing?

No

Yes; explain: _____

Has there been any time the balance in the account exceeded \$1,000 for more than 5 business days?

No

Yes; List amounts and number of days for each occurrence:

For drawdowns meeting thresholds, submit all documentation that can support all CDBG and matching fund expenditures. (Reference: CDBG Policy Memo 15-01)

Bank Statements

Invoices

Ledger showing project expenditures

Cancelled Checks (If available)

Does the accounting system properly account for the local matching funds and CDBG award percentages paid out to-date?

Yes

No

Local government provided general administrative services.

For administrative cost submit documentation of administrative expenses:

Timesheets

(other documentation) _____

Performance Review – Risk Analysis Compliance Checklist

Section 2-B Procurement & Professional Services

Describe the methods of procurement (competitive negotiation, competitive sealed bids, small purchase, or non-competitive negotiation) used on all procurements (e.g. engineer, architecture, housing rehab management, planner, administrator, etc.) and identify the individuals or firm that prepared the Request for Proposal. In addition, identify the Grantee's rationale for the procurement method (if method was non-competitive negotiation, the grantee must provide documentation that indicates only one source could provide the service or item **and/or** that the competition was determined inadequate).

Admin / Professional (list type in narrative)

- / Direct Negotiation (documentation attached)
- / Competitive Negotiation (documentation attached)
- / Non-Competitive Negotiation (documentation attached)
- / Small Purchase (documentation attached)

Grantee procured multiple services (must be consistent with CDBG program policy on multiple-services).

Describe the process used to evaluate proposals based on the criteria shown in the Request for Proposals. If a numerical system used; provide the scoring for each proposal.

Indicate the reason for selection and basis for the selection of contract type.

What efforts were made to obtain goods and services from small, minority-owned, female-owned, or local businesses?

Performance Review – Risk Analysis Compliance Checklist

Section 2-B PROCUREMENT DOCUMENTATION:

Please be sure to include the following required items where appropriate (check all that apply).

- Copies of Request for Proposals/Qualifications.
- Documentation of public advertisement of RFP/RFQ
- List of firms who received the RFP directly.
- List of proposals received. If not three or more, provide an explanatory narrative.
- A copy of the written evaluation criteria including criteria for judging responsiveness of proposals, reasonable cost and the determination of responsible of firms.
- A copy of the written evaluation of each proposal or statement based on written criteria.
- The written statement explaining the basis for selection and basis for selection of contract type.
- If a numerical system used, the numerical calculation for each proposal received.
- Copies of all complete and fully executed professional services contracts.

Performance Review – Risk Analysis Compliance Checklist

Section 2-C Civil Rights

The grantee records must contain the following information to document their compliance with the civil rights requirements. If not known at report submission, complete on the final semi-annual project status and compliance report.

Program Beneficiaries

	Activity or Program Code:		Activity or Program Code:		Activity or Program Code:		Activity or Program Code:		Activity or Program Code:	
	_____		_____		_____		_____		_____	
	Direct Beneficiaries		Direct Beneficiaries		Direct Beneficiaries		Direct Beneficiaries		Direct Beneficiaries	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
Male Beneficiaries										
Female Beneficiaries										
Beneficiaries with Disabilities										
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 _____ % LMI
 Head of Household with disability _____

Conclusion: Are there any indications that any person or group denied benefit on the grounds of race, color, national origin, religion, familial status, sex, sexual orientation, gender identity, or handicap? Yes No

Performance Review – Risk Analysis Compliance Checklist

Section 2-C Civil Rights

If you concluded that there were indications that any person or group was denied benefits on the grounds of race, color, national origin, religion, familial status, sex, sexual orientation, gender identity, or handicap; please explain.

--

Section 2-D /Section 504

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in programs and activities conducted by HUD or that receive financial assistance from HUD. Further, Section 504 covers employment discrimination based on disability and requires HUD and HUD-assisted agencies to make reasonable accommodations for the known physical or mental limitations of an employee or qualified applicant.

Instructions: Answer the following questions and provide the dates where directed.

Have you conducted a self-evaluation to assess policies and practices?

Yes No; List reasons: _____

Date of Self Evaluation:	
Date of Transition Plan:	

Grantee has 15 or more employees.

Name/title of 504 Coordinator:			
Email:		Phone:	

Do you have grievance procedures? Yes No

Describe the procedures adopted and implemented to ensure that interested persons, including those with impaired vision, or hearing can obtain information concerning the existence and location of services, activities, and/or facilities.

--

Performance Review – Risk Analysis Compliance Checklist

Section 2-E Fair Housing

The grantee records must document what meaningful action was taken to comply with Title VIII of the Civil Rights Act of 1968 concerning ***affirmatively furthering fair housing***. List the *unique* activities undertaken by the grantee during the grant period to affirmatively further fair housing. For further guidance refer to the CDBG Administration Manual, Chapter 5 - Contract. Documentation must be provided.

Fair Housing documentation attached (e.g. newspaper clipping, affidavit of publication, meeting and board minutes, contracts and agreements with workshop presenters, sign-in sheets, website screenshots and web addresses, video and audio files, etc. Please be sure to include impact estimates).

Do you have a written civil rights/fair housing complaints policy?

- Yes
- No; List reasons: _____

Have you ever received any civil rights/fair housing complaints?

- Yes; date(s): _____
- No

If yes; explain:

Performance Review – Risk Analysis Compliance Checklist

Section 2-F Limited English Proficiency (LEP)

Yes / No

Do you have a designated LEP contact person?

Name / Title:			
Email:		Phone:	

Have you completed a Four Factor Analysis to determine whether there are LEP populations within its service area? Date of completion: _____ *If no, explain below.*

Do you have a Language Access Plan (LAP)? Date of Plan: _____
If no, explain below.

Are you providing meaningful access to programs and activities? *If yes, please explain. (e.g. translation of Vital Documents, Use of Language Line, etc.)*

Have your LAP and meaningful access programs been reviewed by DED staff?

Are you maintaining records regarding local efforts to comply with Title VI LEP Obligations?
Please explain below.

Performance Review – Risk Analysis Compliance Checklist

Section 3: Instructions and Certification

Now that you have completed the first two sections you are ready to certify this information by attesting that all of the information is complete, correct, and maintained in your CDBG grant files. In order to certify this information, complete the Certification Form below and obtain the Chief Elected Official and the CDBG Certified Grant Administrator signatures.

Print out this entire Performance Review checklist and Certification form, double check all pages for completion and mail all of the required supporting documentation to: Nebraska Department of Economic Development, 301 Centennial Mall South, P.O. Box 94666, Lincoln, NE 68509-4666.

Certification Form

GRANTEE NAME		Person Completing Form:	
CDBG GRANT #		Phone Number:	
Program Representative:		Email Address:	
Date Report Completed:			

PLEASE PROVIDE THE NAME OF AND EMAIL ADDRESS FOR THE FOLLOWING

Local Unit of Government Contact/Clerk	Email
Fair Housing Representative	Email
CDBG Certified Grant Administrator	Email
Chief Elected Official	Email

Reminder: Submit all final reports upon completion of the CDBG grant:

- Final Financial Report
- Final Project Status Report
- Final Wage Report
- Final Wage Report
- Final Jobs Report
- Final Planning Product, two printed copies or one printed copy and one electronic copy
- Other Reports

I hereby certify that all of the information provided to the Nebraska Department of Economic Development described within the completed Risk Analysis & Compliance Review Checklist as required is accurate, complete, and will be maintained in our CDBG grant files for 10 years after the grant closeout date and that these files will be available for review upon request.

Chief Elected Official *Title* *Date*

CDBG Certified Administrator *Date*