CHAPTER 14—MONITORING

Purpose: with the active participation of the grantee and its certified administrator, the monitoring and compliance review process provides technical assistance, determines status of CDBG-funded and local cost-share activities, evaluates grantee’s financial management system, and assesses compliance with state and federal rules and regulations. Therefore, in general, monitoring is directed toward review of the following:

- Program performance,
- Financial performance, and
- Regulatory performance.
  - Administrative,
  - Financial, and
  - Programmatic

Monitoring provides an opportunity to work together to recognize the grantee’s accomplishments and to identify ways to overcome problems and improve operations, and not to find something wrong. Standard policy requires DED staff to undertake monitoring procedures at least once prior to grant closeout; with the exception of planning only grants, this typically involves on-site review. Due to the nature of their product, a planning document/study, monitoring for planning only grants is solely completed through Desktop Monitoring process.

DESKTOP MONITORING OVERVIEW AND PROCESS

For all CDBG-funded projects, desktop monitoring is conducted on an ongoing basis and includes a general review of the grantee’s project activities and processes. Desktop monitoring includes assessing capacity and awareness of rules and regulations based upon correspondence, reports, drawdowns, and/or other documents submitted to DED. This process generally follows receipt of Notice of Approval as a part of project implementation. Program representative is the primary contact to request and review items.

- Grantee submits project status reports (PSRs) on a semi-annual basis.
- Review of drawdowns that meet identified drawdown thresholds include submission of supplemental, supporting documentation. This triggers a review of associated contract between vendor/firm and grantee, invoices and/or billings, and other documentation as identified in CDBG Policy Memo 17-02 and further described in the CDBG Manual.
- DED runs a report on financial activity (or inactivity) for all CDBG-funded activities on a monthly basis, in order to avoid an activity being listed on the HUD IDIS “at-risk” list. If an activity is listed as inactive, the program representative follows up with grantee to determine cause and assess ability to submit drawdown.

Timely Expenditure and Remediation Plans for At-Risk Projects

On October 31, 2011, the HUD Office of Inspector General issued an audit that found that the CDBG program needed improved oversight of long-standing, open activities with no recent draws or reported accomplishments. Subsequently, HUD now requires DED to provide justification and remediation action by the grantee for the following CDBG-funded activities measurements identified as “at-risk”:

- Activities that have had no draws for a year.
- Activities that have not reported accomplishments for three years.
- Activities have 80 percent of their funding amount disbursed and no accomplishments reported.
For all projects meeting one or more of the above thresholds, the activity or activities for the funded grant will be required to **submit justification for the delay** in progress or closeout of the respective grant. Program representative will notify the grantee when/if a project falls under one of the at-risk thresholds. Upon contact by program representative, grantee must respond with the following:

- Reason(s) for delay,
- Action(s) undertaken or underway by the grantee to remedy the delay in draw or reporting, and
- Expected date when the issue will be resolved.

If grantee does not respond to these specific requirements in sufficient scope or time period, DED may revoke remaining funding.

**Risk Analysis Compliance Checklist and Desktop Monitoring Reports**

Beginning June 2017, DED instituted a formal review undertaking, **Risk Analysis Compliance Checklist (RAC)**, a self-certifying assessment, completed by grantee. RAC is comprised of several sections, specifically monitoring checklist items A-H (see subsection *On-site Monitoring Process* below). **Grantees submit RAC Sections 1-2B for all grants upon reaching threshold identified in PSR Section 21-B.** Completed at various stages of the implementation process, program representative can request completion of the remainder of RAC documents based upon review of narrative provided in the current PSR or other knowledge of the project’s progress. This completion includes self-certification of the completed RAC by grantee’s chief elected official and certified administrator. Reflecting similar content reviewed and assessed, a completed self-certified RAC supplements the CDBG Monitoring Checklist.

To ensure ongoing compliance or address any initial concerns or questions of performance, DED may issue an initial monitoring report to the grantee based on completion of RAC and its review by program representative. Depending upon the nature of the project and progress underway, this first report could clear some sections but also incorporate an “on-going” status notation. In other words, given the RAC corresponds with the monitoring checklist, some components can be cleared as satisfactory and/or marked as pending. The report leaves open the possibility for additional review of any compliance item, even if it is marked “satisfactory”. Components that cannot be cleared may include, but are not limited to, the following:

- Environmental, where mitigation and/or Tier II review process is required.
- Financial Management could not be cleared due to CDBG Policy Memo 17-02 thresholds and annual testing requirements described therein.
- Civil Rights could not be cleared due to verification/review of any discriminatory eligibility requirements, LEP recordkeeping, beneficiary data, etc. Although, it is possible the AFFH activity is complete.
- Construction could not be cleared for Davis-Bacon and Related Acts due to on-going issues and project not completed.
- Housing Rehabilitation could not be cleared due to limited number housing units approved, underway, and completed.
- Performance based on on-going progress with determinations made during project review.

At the Department’s discretion, the desktop monitoring process may be used for all categories to clear monitoring. For planning only projects at or near 60 percent drawn down, program representative issues request for information to the certified administrator for submission of the final RAC signed off by the chief elected official, this includes submission of attachments and documentation as identified within the checklist. **Upon request, the**
The grantee submits the final RAC within 30 days. Program representative reviews submission and follows up with the certified administrator within 30 days if additional information is needed and/or issues a monitoring report, including identification of any components the grantee is doing well, areas for improvement, and any corrective action items. Where deficiencies and/or action items are identified, typically the grantee has 30 days to respond and address those items. There are instances where deficiencies stand despite required response (e.g., where an action plan or management plan is required to address non-compliant project implementation). Financial management deficiencies often result in uncorrectable deficiencies and/or findings. A similar process will be used for other categories where the project was identified as a candidate for desktop monitoring.

When no further action is required, DED issues a monitoring report with a “clearance” status. Depending on the status of project activities, this letter may also include additional instructions for final reporting or other required documentation (e.g., second public hearing documentation, final planning product, etc.) necessary to initiate closeout process and prior to issuance of certificate of closeout.

**High-Risk Grantees**

As a part of informal review or formal completion of the Risk Analysis Checklist, DED may identify grantees meeting one or more criteria to be “high-risk” grantees based upon, but not limited to, the following factors:

1. Grantees having experienced turnover in key staff positions or other significant changes (e.g., new mayor, leadership, goals, direction, etc.);
2. New, or recently returning, participants to the CDBG Program;
3. Grantees having experienced prior compliance or performance issues (e.g., failure to meet implementation schedules, submit timely reports, meet timely expenditure requirements, respond to DED requests and/or clear monitoring, audit findings, etc.);
4. Grantees undertaking activities where there is a noted concern by the program representative or there exists a need to review components on-site (e.g., use of client files in the case of housing activities);
5. Grantees undertaking multiple CDBG activities and/or separate projects for the first time;
6. Grantees that experience turnover in CDBG Certified Administrator, at the local or contractual services level, during either the project startup, implementation, or closeout, and/or
7. Regulations have significantly changed or been clarified in area(s) of the grantee’s operation/program.

In contrast, generally, experienced grantees are those having successfully completed multiple grants and/or those working with a certified administrator in good standing. DED may prioritize high-risk grantees for completion of monitoring and prior to thresholds identified below.

**ON-SITE MONITORING**

As a general policy, DED conducts on-site monitoring visits at least once prior to grant closeout. In most cases, this process substantively supplements the desktop review, as described within the prior section. Established by considering general state of project progress and readiness for review of performance measures/components as listed in the Monitoring Checklist, projects meeting a 60 percent CDBG drawdown threshold initiate the on-site monitoring process. At this time, the program representative shall schedule a monitoring visit no later than 30 days after the program representative receives the internal notification. Scheduled well in advance with the grantee and their certified administrator, a monitoring visit typically takes place over one to three consecutive days. There may be instances where the CDBG Program Manager, or designee, may make a varied threshold determination and inform grantee of standing.
Depending on conditions of the grant, **DED may conduct additional/supplemental on-site monitoring**; such conditions may include working with a new grantee and/or certified administrator, substantial delays in implementation of activities, performance concerns or noncompliance in prior awards and/or desktop monitoring process, projects expected to be completed quickly, etc.

Weather and/or road conditions may cause a delay in scheduling and/or actual undertaking of an on-site visit. DED shall reschedule and complete the on-site monitoring in a timely manner, as weather and schedule permits.

**On-Site Monitoring Process**

Initial discussion of on-site monitoring is typically between the program representative and certified administrator of record. On-site monitoring visits are conducted at grantee’s office or other location determined by program representative and grantee local contact. In addition to the certified administrator, invited to the visit are the chief elected official and local contact, usually the city administrator or clerk. Prior to visit, the certified administrator, with the assistance of the grantee, shall complete the appropriate sections of the RAC and may be required to submit additional supplemental information and/or documentation. During the on-site review, DED may inspect the project location. The bulk of the visit is time spent on documentation, data acquisition, note taking, and analysis.

As a part of this process, DED completes the relevant sections of the **CDBG Monitoring Checklist**. The program representative will address questions or concerns through the process. As applicable, specific areas of review include, but are not exclusive of, the following:

- **A. National Objective/activity eligibility;**
- **B. Program progress, performance, and capacity;**
- **C. General files;**
- **D. Environmental Review, including any mitigation, Tier II review, etc.;**
- **E. Financial management, including internal controls, cash management, and accounting records;**
- **F. Procurement;**
- **G. Professional services and contract management;**
- **H. Civil Rights and Fair Housing;**
  - I. Construction;
  - J. Acquisition;
  - K. Relocation;
  - L. Housing rehabilitation;
  - M. Demolition;
  - N. Legal/loan documents;
  - O. Job creation/retention verification;
  - P. Equipment verification, etc.

**NOTE:** applicable and reviewed for all grants are the **emboldened components enumerated above** (items A-H), others are reviewed as they apply to the activities undertaken by the grantee within the CDBG-funded project.

Prior to conclusion, program representative holds an “exit conference” to discuss preliminary results and tentative conclusions, including any identified deficiencies, concerns, questions of performance, and/or findings. Conducted by program representative in the presence of the certified administrator and local contact, the chief elected official is encouraged to attend the exit conference. This provides a formal opportunity for the program representative to **provide guidance and/or technical assistance** to the grantee for corrective action. Upon conclusion of the exit conference, there should be no surprises when the grantee receives the monitoring report.
issued by DED to summarize the on-site visit and any recommendations, technical assistance, and/or required corrective action. DED issues this report within 60 days following the completion of the on-site visit.

**MONITORING REPORT**

Monitoring Report is a formal follow-up letter issued by DED to the grantee; this report includes identification of any components the grantee is doing well, areas for improvement, and any corrective action items, as needed. In general, **DED shall issue report no later than 60 days following on-site visit.** Where deficiencies and/or action items are identified, typically the **grantee has 30 days to respond and address those items.**

Depending on the project, DED may issue multiple monitoring reports, the reports shall be numbered sequentially and include an indication of the status of monitoring as “on-going” with action required.

There are instances where deficiencies stand despite grantee response (e.g., where an action plan or management plan is required to address non-compliant project implementation). Financial management deficiencies often result in uncorrectable deficiencies and/or findings. **When no further action is required, DED issues a monitoring report with a “clearance” status.** Depending on the status of project activities, this letter may also include additional instructions for final reporting or other required documentation necessary to initiate closeout process and prior to issuance of certificate of closeout.

**GRANTEE NON-COMPLIANCE**

Where grantee fails to respond to an issued monitoring report and following repeated unsuccessful attempts by the program representative to resolve areas of non-compliance, **penalties may be applied.** Such penalties, which could include, but not limited to, delay of payment of remaining funds, ability to secure future DED grants, or repayment of existing grant funds.

If there is still no action taken on behalf of the grantee to resolve the outstanding deficiencies, the Deputy Director shall determine the consequences for such inaction. Such consequences shall be based on the severity of the deficiency, the state and federal rules and regulations governing the area(s) of noncompliance, the impacts to the community, and consequences to DED. The Deputy Director shall notify the grantee of the decision by official letter. The grantee shall have the ability to appeal the decision by the Deputy Director following the process described within CDBG Manual Chapter 2 – Administrative Overview.

**DEFICIENT MONITORING**

Where circumstances result in failure to complete monitoring under the drawdown threshold as listed above, program representative will work with CDBG Program Manager to determine next steps. Deficient monitoring may be the result of delay in action by grantee and/or DED. Generally, deficient monitoring shall be prioritized by amount expended of award. Also prioritized are “high-risk” grantees. There may be instances where it is necessary to conduct on-site monitoring visits for multiple grants held by a single grantee.

At the discretion of the Deputy Director, or designee, DED may contract with persons and/or firms to conduct a review of specific components/sections of the monitoring checklist (e.g., procurement and contract management, construction and labor standards, etc.). In other instances, other DED staff may visually inspect project and visit with grantee. Program representative, or other DED staff, reviews and compiles the effort put forth by them, DED Field Staff, or the contractor to supplement the monitoring report as transcribed by the program representative.

Grantees with open grants and deficient monitoring are subject to review of all grants, including those not meeting the prior listed threshold, to ensure activities are on track and comply with rules and regulations. Depending on
the status, such projects not meeting said threshold may be subject to an additional on-site visit at a later date, or may be eligible for clearance as long as forthcoming desktop monitoring items are adequate and accurate. Throughout and prior to closeout of any grant, DED reviews drawdowns in accordance with CDBG Policy Memo 17-02, and may request additional documentation as needed.
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

<table>
<thead>
<tr>
<th>Grantee:</th>
<th>CDBG Grant #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>DED Program Rep:</td>
</tr>
<tr>
<td>CDBG Certified Admin.:</td>
<td>Monitor Date:</td>
</tr>
<tr>
<td>CA Email:</td>
<td>Monitored by:</td>
</tr>
<tr>
<td>DUNS #:</td>
<td>EIN/Fed. ID #:</td>
</tr>
</tbody>
</table>

| 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

<table>
<thead>
<tr>
<th>Compliance Report</th>
<th>Electronic File sent (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Analysis Conducted</td>
<td>Reviewed:</td>
</tr>
</tbody>
</table>

- [ ] Final Financial Report:
- [ ] Final Status Report:
- [ ] Final Wage Report:
- [ ] Final Jobs Report:
- [ ] Final Product

## Project Status Notes:

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CDBG Performance Review – Risk Analysis Compliance Checklist, May 2017
CDBG Manual, Revised May 2017

Chapter 14 | pg. 8
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

<table>
<thead>
<tr>
<th>Level of Review</th>
<th>Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exempt (24CFR58.34)</td>
<td>58.6 Form, Finding of Exempt Activity, CEST Converts to Exempt [24CFR58.34(a)(12)]</td>
</tr>
<tr>
<td>CENST (24CFR58.35(b))</td>
<td>58.6 Form, Finding of CENST, CEST Converts to Exempt [24CFR58.34(a)(12)]</td>
</tr>
<tr>
<td>CEST (24CFR58.35(a))</td>
<td>58.6 Form, Supporting Documentation</td>
</tr>
<tr>
<td>Environmental Assessment (24CFR58.36)</td>
<td>58.6 Form, Supporting Documentation / Action Date, NOI/RROF Publication, RROF/Certification</td>
</tr>
</tbody>
</table>

### Agency Letters

- Air Quality
- Airport Hazards
- Coastal Zone Management
- Contamination & Toxic Substances
- Endangered Species
- Environmental Justice
- Explosive & Flammable Operations
- Farmland Protection
- Floodplain Management
- Historic Preservation
- Noise Control
- Water Quality (Sole Source Aquifers)
- Wetland Protection
- Wild & Scenic Rivers

### Mitigation

*Identify mitigation comments that were received*

### Date

- Statutory Checklist Signed
- 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

| Phase I Study | Tier II Review: Commercial |
| Phase II Study | Tier II Review: Housing |
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)
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 rational 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?
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.
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

<table>
<thead>
<tr>
<th>Activity or Program Code:</th>
<th>Activity or Program Code:</th>
<th>Activity or Program Code:</th>
<th>Activity or Program Code:</th>
<th>Activity or Program Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Beneficiaries</td>
<td>Direct Beneficiaries</td>
<td>Direct Beneficiaries</td>
<td>Direct Beneficiaries</td>
<td>Direct Beneficiaries</td>
</tr>
<tr>
<td>Total</td>
<td>Hispanic</td>
<td>Total</td>
<td>Hispanic</td>
<td>Total</td>
</tr>
</tbody>
</table>

- Male Beneficiaries
- Female Beneficiaries
- Beneficiaries with Disabilities
  - White
  - Black/African American
  - Asian
  - American Indian/Alaskan Native
  - Native Hawaiian/Other Pacific Islander
  - American Indian/Alaskan Native & White
  - Asian & White
  - Black/African American & White
  - American Indian/Alaskan Native & Black/African American
  - Asian & Black/African American
  - 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
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.

______________________________________________________________
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:


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.
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

<table>
<thead>
<tr>
<th>GRANTEE NAME</th>
<th>Person Completing Form:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDBG GRANT #</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Program Representative:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Date Report Completed:</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE PROVIDE THE NAME OF AND EMAIL ADDRESS FOR THE FOLLOWING

<table>
<thead>
<tr>
<th>Local Unit of Government Contact/Clerk</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair Housing Representative</td>
<td>Email</td>
</tr>
<tr>
<td>CDBG Certified Grant Administrator</td>
<td>Email</td>
</tr>
<tr>
<td>Chief Elected Official</td>
<td>Email</td>
</tr>
</tbody>
</table>

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
## EXHIBIT B

**Grantee:**

**CDBG Grant #:**

**Contact Person:**

**DED Program Rep:**

**CDBG Certified Admin.:**

**Monitor Date:**

**CA Email:**

**Monitored by:**

**DUNS #:**

**EIN/Fed. ID #:**

<table>
<thead>
<tr>
<th>SAM Validation Date:</th>
<th>Contract Start Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice of Approval Date:</td>
<td>Contract End Date:</td>
</tr>
<tr>
<td>Release of Funds Date:</td>
<td>Current Project Status:</td>
</tr>
<tr>
<td>Location of Project:</td>
<td>Extensions:</td>
</tr>
<tr>
<td>Total CDBG Budget:</td>
<td>Amendments:</td>
</tr>
<tr>
<td>Total Other Budget:</td>
<td>CDBG Amount Drawn:</td>
</tr>
<tr>
<td>Total Project Budget:</td>
<td>CDBG Draw % / #:</td>
</tr>
</tbody>
</table>

### Final Report Submission Dates

<table>
<thead>
<tr>
<th>Compliance Report</th>
<th>Electronic File saved to server</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Analysis Conducted</td>
<td>Reviewed:</td>
</tr>
</tbody>
</table>

- ☐ Final Financial Report:
- ☐ Final Status Report:
- ☐ Final Wage Report:
- ☐ Final Jobs Report:
- ☐ Final Product

**Monitoring Report sent:**

**Response Due:**

- Response Rec’d:
- Follow-up Letter:
- ☐ 2nd Response Rec’d:
- ☐ 3rd Response Rec’d:

☐ Monitoring Cleared:

---

CDBG Desktop Performance Review Monitoring Checklist, May 2017
CDBG Manual, Revised May 2017
**GENERAL FILES**

- Review general portion listed on “Certification List” submitted by grantee. Compare to DED file.

**ENVIRONMENTAL REVIEW**

- Review environmental portion listed on “Certification List” submitted by grantee. Compare to DED file.

**FINANCIAL MANAGEMENT**

**General**

- Review financial portion listed on “Certification List” submitted by grantee. Compare to DED file.

**Internal Control**

- Review internal control process on “Questions List” submitted by grantee.
- Review final documentation provided by grantee.

**Cash Management**

- Review financial documentation provided by grantee.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>CDBG funds are drawn for reimbursement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Drawdowns are deposited promptly to the proper account and received by electronic transfer.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Funds are drawn only to meet immediate needs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did the Grantee attempt to maintain a &quot;cushion&quot; or at any time did the balance in the account exceed $1,000 for more than 5 business days)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Are accounts with CDBG funds non-interest bearing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If no,</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Property Management**

N/A
### Accounting Records

- **A** Review internal control process on “Questions List” submitted by grantee

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Determine the types of accounting records maintained for the grant (e.g. ledger, computerized systems, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Program costs and obligations can be traced to source documentation (invoices, billings, contracts, canceled checks, timesheets, etc.).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Grantee’s records identify matching and other funds applied to each activity and proper matching percentage has been maintained. (If grantee has received waiver approval, note the terms of the waiver).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Did the grantee’s system adequately track local administration costs incurred?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Describe how these costs are accumulated and reimbursed:**

- **E** Did City/Village employee’s time spent on the grant are supported by timesheets?
- **F** Did City/Village identify the method of accounting for other costs such as copies or supplies if charged to the grant?
- **G** Did the grantee’s records agreed to reported amounts (i.e. quarterly reports, drawdown requests, audits)?
- **H** Did the Grantee identify the correct number of drawdowns?

**Number of drawdowns ____ of ____ reviewed/tested.**

- **I** Costs are allowable per OMB Circular A-87 and grant agreement.
- **J** Costs can be traced to source documentation.
- **K** Costs are charged to the proper activity.
- **L** 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.
## PROCUREMENT

- **Review Procurement process on “Questions List” submitted by grantee and documentation provided by grantee.**

Review the grantee’s procurement process 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 OMB Circular A-102. Attachment), items 7-15, especially item 10. Review and identify procurement effort direct to minority and female firms. List all types of services or goods sought.

For each procurement procedure reviewed, note the following:

- Method of Procurement was appropriate.
  - Request for Proposals
  - Request for Qualifications (for Architecture/Engineer only)

- Grantee procured multiple-services (more than one distinct service in a proposal? If so, list the services.
  - Is the procurement consistent with the CDBG Program policy on multiple-services? If not, provide an explanation in the monitoring report.

### Direct negotiation was utilized for

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Competitive negotiation was utilized for

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Did Grantee submit a copy of RFP or RFQ and list where sent and/or published.
  - If sent, grantee contacted at least 3 qualified sources.
  - If published, grantee provided Affidavit of Publication.

- Solicitation has clear and accurate description of all requirements and all factors to be used in evaluating proposals or statements.

- Solicitation clearly states that contract amount will not be based on cost plus, a percentage of cost, or percentage of construction cost. *Must be lump sum, fixed-cost not to exceed, etc.*

- Grantee provided a complete list of all proposals or statements received?

- At least three proposals received, including:

---

CDBG Desktop Performance Review Monitoring Checklist, May 2017
CDBG Manual, Revised May 2017
### Written evaluation criteria including criteria for judging responsiveness of proposals, reasonableness of costs and responsibleness of firms.

### Written statement explaining the basis for selection and basis for selection of contract type.

<table>
<thead>
<tr>
<th>Small purchase procedures were utilized for</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Admin services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Professional services</td>
<td></td>
<td></td>
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</tbody>
</table>

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Did grantee obtain price or rate quotations from at least 3 qualified sources?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Was there an indication that a conflict of interest or potential conflict of interest existed in the procurement.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Was there an indication that the procurement proposal prepared by a firm or individual that submitted a proposal, identify and review.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Evaluation is unduly restrictive and limits a firm or individual from competing fairly. Provide statement.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PROFESSIONAL SERVICES

☐ Review Professional Services documentation provided by grantee.

The grantee must have all of the following items on file for each professional services contract. Review the grantee’s contract files for administration, engineering, and consulting services. Review all contracts for any deficiencies.

<table>
<thead>
<tr>
<th>Notice of Approval (NOA):</th>
<th>Release of Funds (ROF):</th>
</tr>
</thead>
</table>

**Date of Contract Approval By The Governing Body:**

<table>
<thead>
<tr>
<th>General Administration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Management:</td>
</tr>
<tr>
<td>Engineering:</td>
</tr>
<tr>
<td>Architectural:</td>
</tr>
<tr>
<td>Planning</td>
</tr>
<tr>
<td>Audit:</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Contractor’s/Vendor’s Name</th>
<th>Contract Amount</th>
<th>Fixed Fee *</th>
<th>Contract Executed</th>
<th>Does not Proceed**</th>
<th>Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Housing Management</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Engineering</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Architectural</td>
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<tr>
<td>5. Planning</td>
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<tr>
<td>6. Audit</td>
<td></td>
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<tr>
<td>7. Other</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Contract must be either Fixed, Lump Sum, or include a Not to Exceed Clause. Contract cannot be based on cost plus, a percentage of cost, etc.

**Contract Execution date does not proceed NOA for Administration or ROF for Planning.

☐ Multiple contracts utilized.

<table>
<thead>
<tr>
<th>A</th>
<th>Did the grantee file and receive approval of the plan from the Department by noting the date of the approval letter. Note any deficiencies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

CDBG Desktop Performance Review Monitoring Checklist, May 2017
CDBG Manual, Revised May 2017
Chapter 14| pg. 24
Each executed contract must consist of the following, note any deficiencies:

The column #s refer to the contract services available:

1. General Administration
2. Housing Management
3. Engineering
4. Architectural
5. Planning
6. Audit
7. Other

<table>
<thead>
<tr>
<th>Contract Provision</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method of Compensation Including Basis for and Frequency of Partial Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time of Performance/Completion Dates:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for Amendments/Changes to Contracts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clause Prohibiting Transfer of Interest/Assignment/Assignability.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Access to Records/Maintenance of Records.</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Conflict of Interest Clause.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Termination for Cause/Convenience.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Title VI of the Civil Rights Act of 1964.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 109 of the Housing and Community Development Act of 1974.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age Discrimination Act of 1975, as Amended (42 USC 6101, et. seq.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Section 504 of the Rehabilitation Act of 1973, as Amended (29 USC 794)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 3 Clause. Section 3 requirements apply to recipients of CDBG funding exceeding $200,000 in any fiscal cycle. Requirement for Written Plan applies to contractors/subcontractors with contracts exceeding $100,000. Section 3 requirements triggered when a project creates need for new employment, contracting, or training opportunities. If funding does not create this need, recipient must still submit reports indicating the requirements were not triggered.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Executive Order 11246, as Amended / Equal Employment Opportunity Provisions (required for all construction contracts and non-construction/service contracts exceeding $50,000 for contractors with 50 or more employees).</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Review records of payments and supporting documents. Indicate what was reviewed.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Note any deficiencies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review copy of final work product under this contract.</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note any deficiencies.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
CIVIL RIGHTS & FAIR HOUSING

☐ Review Civil Rights portion on “Questions List” submitted by grantee for completion.

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

Program Beneficiaries: Grantees are to maintain and update this information throughout the project.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Grantees provided program beneficiary statistics and source documentation. Note any deficiencies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Determine whether any programs are being administered in a manner which tends to limit the number of minority or women beneficiaries or the level of benefits to minorities and women.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 5.04

☐ Review Civil Rights/Section 5.04 – General portion on “Questions List” submitted by grantee.

Monitoring for compliance with Section 5.04 will focus on five main areas which are: general requirements, communications, program accessibility, equal employment opportunity and physical accessibility.

Determine:

☐ If the grantee has conducted a self-evaluation to assess policies and practices, date: _______________

☐ If the grantee has 15 or more employees:
  ☐ Grievance procedures adopted
  ☐ Compliance with the notice requirement

☐ Has the grantee adopted and implemented procedures to ensure that interested persons, including those with impaired visions, or hearing, can obtain information concerning the existence and location of services, activities, facilities?

Fair Housing

☐ Review Fair Housing portion on “Questions List” submitted by grantee.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Grantee indicated its activity to affirmatively further fair housing. Note any deficiencies.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Grantee adequately documented its activity to **affirmatively further fair housing.**

### Limited English Proficiency (LEP) Four Factor Analysis

<table>
<thead>
<tr>
<th>A</th>
<th>Does the grantee have a designated LEP contact person?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name/title:</td>
</tr>
<tr>
<td></td>
<td>Email:</td>
</tr>
<tr>
<td></td>
<td>Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Has the grantee completed a Four Factor Analysis to determine whether there are LEP populations within its service area? <em>If no, explain.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date of completion:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>Does the grantee have a Language Access Plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date of completion:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Is the grantee providing meaningful access to programs and activities? <em>If Yes, please explain.</em> (e.g. translation of Vital Documents, Use of Language Line, etc.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E</th>
<th>Is the grantee maintaining records regarding their efforts to comply with Title VI LEP Obligations? <em>If Yes, please explain.</em></th>
</tr>
</thead>
</table>

### DOCUMENTATION FOR COMPLIANCE WITH NATIONAL OBJECTIVE

- Review chart and information in civil rights portion of checklist. Review against grant application.
- LMI Area Benefit (LMA) ______ % LMI  #TOTAL _______ beneficiaries; #LMI _______ beneficiaries
- Limited Clientele (LMC)
- LMI Housing (LMH)
- LMI Jobs
- Slum/Blight Area Basis
- Slum/Blight Spot Basis
### PERFORMANCE AND CAPACITY CONSIDERATIONS

- **Determine administrative capacity.**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The grantee is implementing the local program as specified in the approved application, funding approval, and grant agreement. If not, explain.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Were extensions granted?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of extensions: ___</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extension Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Grantee is meeting timelines to assure timely completion? If not, explain.</td>
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<td>Progress is consistent with quarterly report to the projected status in the implementation schedule.</td>
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<td>For each activity, identify if activity is on schedule, ahead of schedule or behind schedule. Note progress and/or deficiencies in monitoring report.</td>
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<td>Grantee is demonstrating an adequate administrative capacity to implement the program.</td>
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<td></td>
<td>Activity or project is substantially behind schedule (three months or more). Note the circumstances and/or reasons below.</td>
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<td>Does the grantee anticipate difficulty completing the activity by the projected completion date? If so, can the implementation schedule be revised to extend the program period or will a program extension be necessary? Note determination in monitoring letter.</td>
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<td>I</td>
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<td></td>
<td>Submissions made to date indicate project is on schedule.</td>
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</tbody>
</table>
# Performance Review Monitoring Checklist

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.**

<table>
<thead>
<tr>
<th>Grantee:</th>
<th>Contact Person:</th>
<th>Program Rep:</th>
<th>CDBG Admin:</th>
<th>Monitor Date:</th>
<th>Monitored By:</th>
</tr>
</thead>
</table>

- **N/A = Not Applicable for the Grant**
- Ck if N/A*
- 1<sup>st</sup> on-site review
- 2<sup>nd</sup> on-site review
- Desktop Review**
- Follow-up
- Results

### Categories

A. National Objective / Activity Eligibility
B. Program Progress/Performance / Capacity
C. Environmental Review (Tier II)
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

### Financial Information

- 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 Wage Report
- Final Status Report
- Other
A. NATIONAL OBJECTIVE / ACTIVITY ELIGIBILITY

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

<table>
<thead>
<tr>
<th>Activity Code</th>
<th>Activity Title</th>
<th>National Objective</th>
<th>Activity Eligible</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Yes</td>
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</tbody>
</table>

NATIONAL OBJECTIVE – LMI (Low/Moderate-Income Benefit):

1. LMA (area)

Source:

- ACS Data
- Survey

<table>
<thead>
<tr>
<th>Source</th>
<th>Total Beneficiaries</th>
<th>LMI Beneficiaries</th>
<th>% LMI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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).
   a) Was the method/results determination approved by DED?  
      ☐ Yes  ☐ No
   b) What clientele benefits from the activity?
      ☐ Elderly  ☐ Abused Children  ☐ Persons living with AIDS  ☐ Migrant Farm Workers
      ☐ Adults Severely Disabled  ☐ Battered Spouses  ☐ Homeless Persons  ☐ Illiterate Adults
      ☐ Other: ____________________________
   c) Is there documentation on Family size and income demonstrating that at least 51% of the clientele are LMI?  
      ☐ Yes  ☐ No
      i. Describe:
   d) Beneficiaries
      Total Beneficiaries: ____________________________
      LMI Beneficiaries: ____________________________
      % LMI: ________________
   e) Do actual beneficiary numbers differ from originally proposed for the activity?  
      ☐ Yes, describe below  ☐ No
      i) If yes, were the actual beneficiary numbers
         ☐ Higher  ☐ Lower than those originally proposed
         What is the grantee’s explanation for the difference?
   d) 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.

1. Area Basis
☐ 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

2. Spot Basis
☐ 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

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.

<table>
<thead>
<tr>
<th>Activity Code</th>
<th>Activity Description</th>
<th>Implementation Schedule Quarter</th>
<th>Implementation Schedule End Date</th>
<th>On Schedule</th>
<th>Ahead of Schedule</th>
<th>Behind Schedule</th>
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<td>1.</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity Code</th>
<th>Circumstances/Reasons</th>
<th>Can the grantee complete the activity by the projected completion date?</th>
<th>Can the Implementation Schedule be revised to extend the program period?</th>
<th>Will a program extension be necessary?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
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<td>2.</td>
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<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
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<td>3.</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
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<td>4.</td>
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<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>5.</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

- 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?
   - Amendment date: Click or tap to enter a 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:  
     □ Yes □ No
   - Most Current Extension Date:  
     □ Yes □ No

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 □ No

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

a) Is there an Environmental Review Record (ERR) with a project description including location(s) and all related HUD or non-HUD funded activities? □ N/A □ Yes □ No

b) Certificate of Continued Environmental Compliance signed by Chief Elected Official (CEO) consistent with the project description and activities?
   - Is the Environmental Review Record (ERR) referenced in the Continuance on file? □ N/A □ Yes □ No

c) Is there a written Finding of Exemption signed by the Chief Elected Official (CEO), consistent with the activities undertaken? □ N/A □ Yes □ No

If all activities are exempt, the remaining questions do not apply.

d) Is there a written Finding of Categorical Exclusion signed by the CEO consistent with the activities undertaken? □ N/A □ Yes □ No

a) Has clearance been obtained from the State Historic Preservation Officer? □ N/A □ Yes □ No

b) 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)? □ N/A □ Yes □ No

c) If project is located in a floodplain or wetland, were Floodplains/Wetland notices published? □ N/A □ Yes □ No

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:

d) Does the project require an Environmental Assessment?
   - 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? □ N/A □ Yes □ No
        - Include alternatives and modifications considered and mitigation measures needed? □ N/A □ Yes □ No
     b) Is there a written ‘Finding of No Significant Impact’ signed by the CEO? □ N/A □ Yes □ No
     c) Is there a written ‘Finding of Significant Impact’ signed by the CEO? □ N/A □ Yes □ No

e) Does the project require publication and public comments?
   - 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?
        Date Published: Click or tap to enter a date. □ Yes □ No
     b) Is there a copy of the (published or posted) Notice of FONSI? □ Yes □ No

Please note any public comments and recipient responses to these comments.
c) Were all appropriate agencies notified of the NOI/RROF? □ Yes □ No

d) 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: Click or tap to enter a date.

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

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

   Date Signed: Click or tap to enter a date.

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

   Date Issued: Click or tap to enter a date.

g) 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: Click or tap to enter a date.

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

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

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

NOTES:
E. FINANCIAL MANAGEMENT

- Check status of disbursements in MITAS/NEDED Info prior to conducting performance review.
- Check status of disbursements in MITAS/NEDED Info: draws 25% greater and $100,000 plus.
- Check status of disbursements in MITAS/NEDED Info: draws per fiscal years for review 1 draw per fiscal year.
- 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. Internal Control: Please describe the grantee’s payment system:

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<tbody>
<tr>
<td>a) Does the grantee have an adequate system to review and approve all billings presented for payment under the grant?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>b) Does the grantee have a regular payment cycle to ensure bills are paid promptly?</td>
<td>□ Yes □ No</td>
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<tr>
<td>c) Has the grantee conveyed to the vendors and contractors the timing of the cycle?</td>
<td>□ Yes □ No</td>
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2. Cash Management

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<tbody>
<tr>
<td>a) Are drawdowns deposited promptly into the proper account?</td>
<td>□ Yes □ No</td>
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<tr>
<td>b) Were funds wired electronically ACH to account?</td>
<td>□ Yes □ No</td>
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<tr>
<td>c) Has there been any time the balance in the account exceeded $1,000 for more than 5 working days?</td>
<td>□ Yes □ No</td>
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<tr>
<td></td>
<td>▪ If Yes, how often and how much? (list amounts and number of days for each occurrence)</td>
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<tr>
<td>d) Are bank statements reconciled promptly?</td>
<td>□ Yes □ No</td>
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<td></td>
<td>▪ Who performed the reconciliation?</td>
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<tr>
<td>e) Are accounts with CDBG funds interest-bearing?</td>
<td>□ Yes □ No</td>
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<tr>
<td>f) If yes, are funds immediately transferred out of the interest-bearing account or drawn down for reimbursement?</td>
<td>□ Yes □ No</td>
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<tr>
<td>g) Is the person(s) responsible for handling CDBG Funds properly bonded according to state law?</td>
<td>□ Yes □ No</td>
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3. Property Management

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<tbody>
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<td>a) Has grantee used CDBG funds to purchase real property? (If NO, skip to Q 4.)</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>a) Has grantee received written approval for all real property purchases exceeding $300?</td>
<td>□ Yes □ No</td>
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<td></td>
<td>▪ List items purchased that exceeded $300: ___________________ ___________________ ___________________ ___________________</td>
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<tr>
<td>b) Does the grantee maintain an inventory of all real property, furnishings, and equipment purchased with CDBG funds?</td>
<td>□ Yes □ No</td>
<td></td>
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</tbody>
</table>
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

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

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

j) Does the grantee’s system adequately track local administration costs (copies, supplies, etc.) incurred?  □ N/A □ Yes □ No

k) 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?  □ N/A □ Yes □ No

Date of Plan: __________________ Date of DED approval: __________________

l) 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:
(Notify 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
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

   c) 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.
      i. 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)

      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

   b) 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.
   □ Check status of disbursements in MITAS and NEDED Info: draws 25% greater and $100,000 plus.
   □ 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 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

- Check status of disbursements in MITAS and NEDED Info: draws 25% greater and $100,000 plus.
- Check status of disbursements in MITAS and NEDED Info: draws during fiscal years for reviewing at least one draw per fiscal year.

<table>
<thead>
<tr>
<th>Draw Number</th>
<th>Invoice Numbers Claimed on Draw</th>
<th>Payee/Contractor</th>
<th>Invoice Amount</th>
<th>Date Funds were Received (in general account)</th>
<th>Date Funds were Received (in specific account)</th>
<th>Payment Date</th>
<th>Check Number</th>
<th>Date Check Cleared</th>
<th>Breakdown of Funds</th>
</tr>
</thead>
<tbody>
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</table>
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)

☐ No, please answer question one (1).
☐ 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). Check if a yes for

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Organization or Firm name of local government</th>
<th>SAM Verification/ Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration ........</td>
<td>_____________________________________________</td>
<td>____________________</td>
</tr>
<tr>
<td>Housing Management</td>
<td>_____________________________________________</td>
<td>____________________</td>
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<tr>
<td>Engineering ...........</td>
<td>_____________________________________________</td>
<td>____________________</td>
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<tr>
<td>Planning ..............</td>
<td>_____________________________________________</td>
<td>____________________</td>
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<tr>
<td>Other □ list below:</td>
<td>_____________________________________________</td>
<td>____________________</td>
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</tbody>
</table>

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). Check if a yes for

<table>
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<td>____________________</td>
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<tr>
<td>Engineering ...........</td>
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<td>____________________</td>
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<td>_____________________________________________</td>
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<tr>
<td>Other □ list below:</td>
<td>_____________________________________________</td>
<td>____________________</td>
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</tbody>
</table>

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?
      - List where sent or published: ________________________________  ☐ Yes ☐ No
      - 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?  ☐ Yes ☐ No
        (Only applicable if the Grantee procured using an RFP.)
   d) Copies of all proposals or statements
      - Proposals received from: ________________________________  ☐ Yes ☐ No
   e) Written evaluation criteria including criteria for judging responsiveness of proposals, reasonableness of costs and responsibleness 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
      - 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.
      Copy of all bids received:  ☐ Yes ☐ No
      Bids received from: ________________________________  ☐ Yes ☐ No
   c) Written evaluation criteria including criteria for judging responsiveness and reasonableness of bids and responsibleness of bidders.  ☐ Yes ☐ No
d) Minutes of bid opening, bid tabulation and recommendation for award based on written criteria.  

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?  

9. Has the grantee established procurement procedures which attempt to obtain goods and services from minority owned or women owned businesses?  

   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?  

11. 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.]

12. Is there any indication that a conflict of interest or potential conflict of interest existed in the procurement?  
   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?  
      If so, provide statement:  
      □ Yes □ No  

13. Did grantee procure multiple services (more than one distinct service) in a proposal?  
   If so, list the services.  

14. 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.  

15. Did the grantee use a single firm for grant administration and other professional services?  
   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  

16. Did the grantee check the System for Awards Management (SAM) to verify  
   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.  
   List the companies, contractors, and individuals by dates as checked through SAM.  

17. 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

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.

<table>
<thead>
<tr>
<th>Contractor’s Name</th>
<th>Service Provided</th>
<th>SAM verified Date</th>
<th>Contract Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
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Please note the particulars of any multi-service contracts: _______________________________________________________________________

Please check whether each executed contract consists of the following:

- Reference to item #1 contractors/services/Contractor’s name
- 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”?)
   *Amount cannot be based on cost plus a percentage of cost.
   □ Yes □ No  □ Yes □ No  □ Yes □ 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: _____________________________
   □ Yes □ No  □ Yes □ No  □ Yes □ No

   Does the contract execution date precede the Notice of Release of Funds date?
   Enter date Notice of Release of Funds: _____________________________
   □ Yes □ No  □ Yes □ No  □ Yes □ 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.

<table>
<thead>
<tr>
<th>a) and b) list activity or program name</th>
<th>a) Direct Beneficiaries</th>
<th>b) Direct Beneficiary Applicants</th>
<th>b) Direct Beneficiary Applicants</th>
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</thead>
<tbody>
<tr>
<td>Male Beneficiaries</td>
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<tr>
<td>Female Beneficiaries</td>
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<tr>
<td>Beneficiaries with a disability</td>
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</table>

| 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:
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**
   a) Does the grantee have written equal opportunity employment/personnel policies and practices?  
   - Yes  
   - No
   b) 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.
   a) List activity(ies) undertaken and accomplishments by grantee during the grant period to affirmatively further fair housing.

4. **SECTION 504**
   a) When does the grantee report that the Section 504 Transition Plan was last updated? _______________________
   b) Does the grantee have 15 or more employees?  
   - Yes  
   - No
   c) Has the grantee designated a Section 504 Coordinator?  
   - Yes  
   - No
   i. If yes, provide name and title: ______________________________________
   ii. Has the grantee adopted a written grievance procedure to resolve complaints?  
   - Yes  
   - No
   iii. Is the grantee’s file for this compliance area complete?  
   - Yes  
   - No

5. **Limited English Proficiency (LEP).**
   a. Does the grantee have a designated LEP contact person?  
   - Yes  
   - No
   - LEP contact person: __________________________________________________________
   b. 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: ______________________________
   c. Does the grantee have a Language Access Plan?  
   - Yes  
   - No
   d. 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.)
e. Is the grantee maintaining records regarding their efforts to comply with Title VI LEP Obligations? □ Yes □ No
   - If Yes, please explain:

f. LAP and meaningful access reviewed by DED staff? □ Yes □ No

g. 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? Defined as Forced Account (If yes, no procurement or Davis Bacon is required) □ Yes □ No
- Will the local government be undertaking the construction activities with volunteer labor/management? Defined as Volunteers (If yes, review compatibility with Davis Bacon and required documentation) □ Yes □ No
- Will the local government be hiring a contractor to do construction activities? (If yes procurement and Davis Bacon ARE required) □ Yes □ No
- For CDBG-ED projects, will the local government be loaning funds to a business that will then undertake the construction? (If yes, procurement is not required, but Davis Bacon IS required) □ Yes □ No

**General Contractor: LSE 7**

<table>
<thead>
<tr>
<th>Project Name/Description:</th>
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<tbody>
<tr>
<td>Contractor Name:</td>
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<tr>
<td>Bid Opening Date:</td>
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<tr>
<td>Contractor Clearance SAM Date:</td>
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<td>Contract Award Date:</td>
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<tr>
<td>Contract Execution Date: (cannot be prior to Notice of Release of Funds)</td>
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<tr>
<td>Contract Amount:</td>
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<tr>
<td>Estimated Contract Start Date:</td>
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<tr>
<td>Force Account Used?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Name of Labor Standards Compliance Officer:</td>
<td></td>
</tr>
<tr>
<td>Wage Determination #_<em><em><strong><strong><strong><strong>mod #</strong></strong></strong></strong></em> Pub date:<em><strong><strong><strong><strong>verified date:</strong></strong></strong></strong></em></em></td>
<td></td>
</tr>
<tr>
<td>Notice to Proceed Date:</td>
<td></td>
</tr>
</tbody>
</table>

**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: |  |
  | Community | Grant Number |  |

CDBG Manual, Revised March 2019
The grantee should have all of the 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?  
<table>
<thead>
<tr>
<th>Newspaper</th>
<th>Dates Posted</th>
</tr>
</thead>
</table>

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

4. There evidence that the bids were logged/recorded?  
   Yes  No

5. Are there copies of all bids received?  
   Yes  No

6. 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)?  
   Yes  No

7. Is there written evaluation criteria including:  
   a. Criteria for judging responsiveness and reasonableness of bids?  
   b. Criteria for judging responsible bidders?
8. 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?  ☐ Yes ☐ No
      (Construction contract exceeding $2,000)
   a. Bid proposal including 5% bid bond (bid cannot be based on cost plus a percentage of cost);  ☐ Yes ☐ No

9. Is there SAM contractor documented clearance and acknowledgement?
   ▪ Is the contractor registered in the SAM and documented in the file? Date:___________  ☐ Yes ☐ No

10. Is there authorization of contract award by governing body on file?
    Date:__________________________  ☐ Yes ☐ No
    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?
       Date Contract Award (LSE7) sent DED:
       Date LSE7 receipted by DED:  ☐ Yes ☐ No
    c. Was the wage determination in effect at time of contract award?
       construction contract exceeds $2,000  ☐ Yes ☐ No

11. Was the contract reviewed by municipal attorney (optional)?  ☐ N/A ☐ Yes ☐ No

12. Do the executed contract documents consist of:
    a. Bid documents;  ☐ Yes ☐ No
    b. Contractor/subcontractor certifications of insurance/ bonding.
       Is the contractor’s written section 3 plan if contract is $100,000 or more in the file?  ☐ Yes ☐ No
    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

13. Are there minutes of preconstruction conference (optional)?  ☐ Yes ☐ No

14. 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

15. Is there a copy of contractor’s apprentice or trainee program registration from DOL, if applicable?  ☐ N/A ☐ Yes ☐ No

16. What is the date on the notice to proceed issued to contractor?  ☐ Yes ☐ No
    Date:_____________

17. 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

18. 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

19. Were payrolls reviewed by labor contract officer?  ☐ Yes ☐ No

20. 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.
21. Change orders/Contract amendments

<table>
<thead>
<tr>
<th>Company</th>
<th>Change Order Number</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. 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 [ ] N/A [ ] Yes [ ] No (construction contracts exceeding $2,000)?

23. 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

24. Is the poster/wage rate determination date documented, easily viewable by workers, and protected from the weather elements at the site of work? [ ] Yes [ ] No
   Documentation date posted: ________________________

25. Review of payment procedures against:
   a. Requests for partial payments [ ] Yes [ ] No
   b. Certification of pay estimates [ ] Yes [ ] No
   c. Inspection reports [ ] Yes [ ] No

26. Is the final inspection/acceptance of work form in the file? [ ] Yes [ ] No

27. Is there a copy of as-built plans? [ ] Yes [ ] No

28. What is the final payment date? [ ] Yes [ ] No

29. Was the final wage compliance report sent to DED (construction contracts exceeding $2,000)? [ ] Yes [ ] No

30. Is there correspondence and documentation regarding violations/complaints and actions taken? [ ] Yes [ ] No

31. 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.]

32. 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)

<table>
<thead>
<tr>
<th>Project</th>
<th>Company</th>
<th>Bid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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. 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.

5. Is there a copy of the appraisal?
   - Yes □ No □

6. Was a review appraisal done?
   - 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. Was 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 □ Yes □ No □

   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 □

   f. If property was voluntarily acquired:
      - N/A □ Yes □ No □

   g. Was it acquired by public advertisement?
      - Yes □ No □

   h. Was it acquired by invitation?
      - Yes □ No □

   i. Was it acquired by other means?
      - Yes □ No □

      Specify the means: ____________________________

   j. Is the advertisement or invitation in the file?
      - Yes □ No □

   k. 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 □

   l. 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:

<table>
<thead>
<tr>
<th>Household #1:</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household #2:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Household #3:</td>
<td></td>
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<td></td>
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<tr>
<td>Household #4:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Household #5:</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Marital Status</th>
<th>Race</th>
<th>Disability</th>
<th>Monthly Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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?
   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?
   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?
    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?
    a. If no, please provide an explanation of the delay and plan for timely completion. [ ] Yes [ ] No

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 | Notice was issued promptly after the initiation of negotiations |
| Name, age, minority-group classification, disabilities of business owner (or principal official) | Notice was issued promptly after the initiation of negotiations |
| Provide general information about the relocation | Relocation requirements |
| Address, complete name, telephone number, and type of business | Evidence of referrals and other assistance, including date, address, purchase or rental price, date of availability |
| Approximate annual gross sales, payroll and number of employees | If referral is rejected, reason(s) for rejection |
| Size of business by square feet, number of stories, parking area, space leased or owned | Copy of 90-day notice and evidence of receipt |
| Number of years in business and at present location | Evidence of Notice of Relocation Eligibility |

- Notice is adequate
- 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 | Copy of each relocation claim form and supporting documentation |
| Address | Copy of worksheets used to determine benefits |
| Size | Worksheet accuracy |
| Date move initiated and completed | Evidence of verification of claim and receipt of payments |
| Manner of move (self move, commercial, etc.) | Moving costs |
| Cost (monthly rental/mortgage payment) | 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?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types and amounts of financial assistance available; determine types(s) of program (streamlined, self-help, grantee representing owner)</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Eligible property improvements</td>
<td></td>
</tr>
<tr>
<td>Determination of the feasibility of rehab and treatment of infeasible rehabs</td>
<td></td>
</tr>
<tr>
<td>Relocation or alternatives to rehab policies, if applicable</td>
<td></td>
</tr>
<tr>
<td>Selection process</td>
<td></td>
</tr>
<tr>
<td>Conflict of interest provision</td>
<td></td>
</tr>
<tr>
<td>Contracting requirements</td>
<td></td>
</tr>
<tr>
<td>Grievance procedure</td>
<td></td>
</tr>
<tr>
<td>Treatment of emergencies, if applicable</td>
<td></td>
</tr>
<tr>
<td>Rehab outside the target area(s), if applicable</td>
<td></td>
</tr>
<tr>
<td>Role of advisory committee, if applicable</td>
<td></td>
</tr>
<tr>
<td>Responsibilities of the recipient (relate to type of program)</td>
<td></td>
</tr>
<tr>
<td>Operating procedures including those relating to change orders, dispute resolution and acceptance of work</td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Client A:</th>
<th>Client B:</th>
<th>Client C:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State rehabilitation case file number in the Client file as reviewed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter case file number or address in the Client box for A:, B:, C:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed application</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title search</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verification of employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verification of income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence lead-based paint brochure was received by property owner/occupants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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) Tier II review: Check for central Environmental Review Record file.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bid advertisement: Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of publication: Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertisement provides a clear and accurate description of all requirements and all factors to be used in evaluating bids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copies of all bids on file</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence bids were logged</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written evaluation criteria including criteria for judging responsiveness and reasonableness of bids and reasonableness of bidders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bid tabulation and recommendation for award based on written criteria: Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right of rescission: Date (must be prior to notice to proceed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site inspection reports that are dated and signed; note how often inspections are made.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change orders, signed by all parties; note the extent of work/certificate of completion Contractor/subcontractor, material man affidavit, warranties, release of liens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of final payments: Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of follow-up inspection(s) prior to expiration of contractor’s warranty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correspondence and documentation regarding complaints, if any, and actions taken</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If possible, perform limited inspection of completed units and units under construction</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
M. DEMOLITION
(Applicable to grantees with demolition activity) State demolition case file number in the Client file as reviewed

<table>
<thead>
<tr>
<th>State demolition case file number in the Client file as reviewed</th>
<th>Client A</th>
<th>Client B</th>
<th>Client C</th>
</tr>
</thead>
</table>

1. Does the grantee have a separate file for each demolition project?
   (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.)
   □ Yes □ No

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

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

4. Is there a copy of the contract used?
   □ Yes □ No

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

6. Was the Notice to Proceed issued?
   □ Yes □ No
   Date of the Notice to Proceed: ____________

7. Are the project inspection reports in the file?
   □ Yes □ No

8. Is there evidence of final inspection?
   □ Yes □ No

9. 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).

10. 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

11. Please make any notes in the space below.

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

13. 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

14. 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.

<table>
<thead>
<tr>
<th>Document</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memorandum of Understanding</td>
<td></td>
</tr>
<tr>
<td>Loan Agreement (if needed)</td>
<td></td>
</tr>
<tr>
<td>Promissory Note</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Security Instruments</th>
<th>Date:</th>
<th>Date Filed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage/Deed of Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security Agreement</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>UCC Filings</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Corporate/Personal Guaranty</td>
<td></td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance Policies</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Key Man Life Insurance Expiration</td>
<td></td>
</tr>
<tr>
<td>Property Insurance Expiration</td>
<td></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Employee:</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Hire:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Date of Termination:</td>
<td></td>
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<tr>
<td>Average number of hours worked:</td>
<td>/wk</td>
<td>/yr</td>
<td>/wk</td>
<td>/yr</td>
</tr>
<tr>
<td>Employee Certification for or other documentation of LMI qualification:</td>
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</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Description of Equipment</th>
<th>Manufacturer</th>
<th>Model Number</th>
<th>Serial Number</th>
<th>Date of Purchase</th>
<th>Purchase Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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<tr>
<td>6.</td>
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<tr>
<td>7.</td>
<td></td>
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</tr>
</tbody>
</table>

   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