

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 sub-section *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**

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.

Exhibit A

Performance Review – Risk Analysis Compliance Checklist

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

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

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

Section 1

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

Section 2

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

Section 3

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

The Grantee completes the following information:

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

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

Performance Review – Risk Analysis Compliance Checklist

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

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

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

Project Status Notes:

Performance Review – Risk Analysis Compliance Checklist

Section 1: Instructions

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

Section 1-A GENERAL FILES MUST INCLUDE:

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

1st Public Hearing, date conducted: _____

- Citizen comments/complaints, and general responses

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

2nd Public Hearing, date conducted: _____

Submit the following documentation:

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

Section 1-B ENVIRONMENTAL REVIEW SECTION HOLDS:

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

Section 1-C FINANCIAL FILES INCLUDE:

Financial Management

- Authorization to Request Funds
- Financial Management Certification

- Notification of Single Audit for each Fiscal Year during the grant period.
Identify Year(s)

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

Performance Review – Risk Analysis Compliance Checklist

ATTACHMENT 1-B

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

Performance Review – Risk Analysis Compliance Checklist

Section 2: Instructions

Answer all questions and submit the requested documents.

Section 2-A Financial Management

Internal Control, Management System & Processes

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

Drawdowns were submitted as reimbursement.

Are accounts with CDBG funds interest-bearing?

No

Yes; explain: _____

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

No

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

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

Bank Statements

Invoices

Ledger showing project expenditures

Cancelled Checks (if available)

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

Yes

No

Local government provided general administrative services.

For administrative cost submit documentation of administrative expenses:

Timesheets

_____ (other documentation)

Performance Review – Risk Analysis Compliance Checklist

Section 2-B Procurement & Professional Services

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

Admin / Professional (list type in narrative)

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

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

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

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

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

Performance Review – Risk Analysis Compliance Checklist

Section 2-B PROCUREMENT DOCUMENTATION:

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

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

Performance Review – Risk Analysis Compliance Checklist

Section 2-C Civil Rights

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

Program Beneficiaries

	Activity or Program Code: _____		Activity or Program Code: _____		Activity or Program Code: _____		Activity or Program Code: _____		Activity or Program Code: _____	
	Direct Beneficiaries		Direct Beneficiaries		Direct Beneficiaries		Direct Beneficiaries		Direct Beneficiaries	
	Total	Hispanic								
Male Beneficiaries										
Female Beneficiaries										
Beneficiaries with Disabilities										
1. White										
2. Black/African American										
3. Asian										
4. American Indian/Alaskan Native										
5. Native Hawaiian/Other Pacific Islander										
6. American Indian/Alaskan Native & White										
7. Asian & White										
8. Black/African American & White										
9. American Indian/Alaskan Native & Black/African American										
10. Asian & Black/African American										
11. Other Multi-Racial										
Total										

Female head of household _____ % LMI
 Head of Household with disability _____

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

Performance Review – Risk Analysis Compliance Checklist

Section 2-C Civil Rights

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

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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.

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Performance Review – Risk Analysis Compliance Checklist

Section 2-E Fair Housing

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

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

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

- Yes
- No; List reasons: _____

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

- Yes; date(s): _____
- No

If yes; explain:

Performance Review – Risk Analysis Compliance Checklist

Section 2-F Limited English Proficiency (LEP)

Yes / No

Do you have a designated LEP contact person?

Name / Title:			
Email:		Phone:	

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

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

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

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

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

Performance Review – Risk Analysis Compliance Checklist

Section 3: Instructions and Certification

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

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

Certification Form

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

PLEASE PROVIDE THE NAME OF AND EMAIL ADDRESS FOR THE FOLLOWING

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

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

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

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

Chief Elected Official *Title* *Date*

CDBG Certified Administrator *Date*

DESKTOP PERFORMANCE REVIEW MONITORING CHECKLIST

Community Development Block Grant
Nebraska Department of Economic Development

EXHIBIT B

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

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

Final Report Submission Dates		
Compliance Report		<input type="checkbox"/> Electronic File saved to server
Risk Analysis Conducted		Reviewed:
	<input type="checkbox"/> Final Financial Report:	
	<input type="checkbox"/> Final Status Report:	
	<input type="checkbox"/> Final Wage Report:	
	<input type="checkbox"/> Final Jobs Report:	
	<input type="checkbox"/> Final Product	

Monitoring Report sent:		Response Due:	
		Response Rec'd:	
		Follow-up Letter:	
		<input type="checkbox"/> 2nd Response Rec'd:	
		<input type="checkbox"/> 3rd Response Rec'd:	
<input type="checkbox"/> Monitoring Cleared:			

DESKTOP PERFORMANCE REVIEW MONITORING CHECKLIST

Community Development Block Grant
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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.

		Yes	No	N/A	Notes
A	CDBG funds are drawn for reimbursement				
B	Drawdowns are deposited promptly to the proper account and received by electronic transfer.				
C	Funds are drawn only to meet immediate needs?				
	Did the Grantee attempt to maintain a "cushion" or at any time did the balance in the account exceed \$1,000 for more than 5 business days?				
D	Are accounts with CDBG funds non-interest bearing?				
	If no, <ul style="list-style-type: none"> <input type="checkbox"/> Funds immediately transferred out of the interest-bearing account, or <input type="checkbox"/> Funds are drawn down for reimbursement? 				

Property Management

N/A

DESKTOP PERFORMANCE REVIEW MONITORING CHECKLIST

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Accounting Records

Review internal control process on "Questions List" submitted by grantee

		Yes	No	N/A	Notes
A	Determine the types of accounting records maintained for the grant (e.g. ledger, computerized systems, etc.).				
B	Program costs and obligations can be traced to source documentation (invoices, billings, contracts, canceled checks, timesheets, etc.).				
C	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).				
D	Did the grantee's system adequately track local administration costs incurred?	Yes	No	N/A	
	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.				

DESKTOP PERFORMANCE REVIEW MONITORING CHECKLIST

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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**
 Admin services Professional services

		Yes	No	N/A	Notes
A	Documentation provided at time of Application and/or Special Conditions that Grantee is a member of the development district carrying out administrative services.				
B	Documentation complete as provided at time of Application (Exhibit K) that procurement for professional services is waived				

- Competitive negotiation was utilized for**
 Admin services Professional services

		Yes	No	N/A	Notes
A	Did Grantee submit a copy of RFP or RFQ and list where sent and/or published. <input type="checkbox"/> If sent, grantee contacted at least 3 qualified sources. <input type="checkbox"/> If published, grantee provided Affidavit of Publication.				
B	Solicitation has clear and accurate description of all requirements and all factors to be used in evaluating proposals or statements.				
C	Solicitation clearly states that contract amount will <u>not</u> be based on cost plus, a percentage of cost, or percentage of construction cost. (Must be lump sum, fixed-cost not to exceed, etc.)				
D	Grantee provided a complete list of all proposals or statements received?				
<input type="checkbox"/> At least three proposals received, including:					

DESKTOP PERFORMANCE REVIEW MONITORING CHECKLIST

Community Development Block Grant
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E	Written evaluation criteria including criteria for judging responsiveness of proposals, reasonableness of costs and responsibility of firms.			
F	Written statement explaining the basis for selection and basis for selection of contract type.			

Small purchase procedures were utilized for
 Admin services *Professional services*

		Yes	No	N/A	Notes
A	Did grantee obtain price or rate quotations from at least 3 qualified sources?				
B	Was there an indication that a conflict of interest or potential conflict of interest existed in the procurement.				
C	Was there an indication that the procurement proposal prepared by a firm or individual that submitted a proposal, identify and review.				
D	Evaluation is unduly restrictive and limits a firm or individual from competing fairly. Provide statement.				

DESKTOP PERFORMANCE REVIEW MONITORING CHECKLIST

Community Development Block Grant
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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.

Notice of Approval (NOA):		Release of Funds (ROF):	
Date of Contract Approval By The Governing Body:			
General Administration:			
Housing Management:			
Engineering:			
Architectural:			
Planning:			
Audit:			
Other:			

Services Provided	Contractor's/Vendor's Name	Contract Amount	Fixed Fee *	Contract Executed	Does not Proceed**	Reviewed
1. General Administration						
2. Housing Management						
3. Engineering						
4. Architectural						
5. Planning						
6. Audit						
7. Other						

*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.

		Yes	No	N/A	Notes
A	Did the grantee file and receive approval of the plan from the Department by noting the date of the approval letter. Note any deficiencies.				

DESKTOP PERFORMANCE REVIEW MONITORING CHECKLIST

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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

Contract Provision	1	2	3	4	5	6	7
<i>Method of Compensation Including Basis for and Frequency of Partial Payments</i>							
<i>Time of Performance/Completion Dates:</i>							
<i>Provision for Amendments/Changes to Contracts</i>							
<i>Clause Prohibiting Transfer of Interest/Assignment/Assignability.</i>							
<i>Access to Records/Maintenance of Records.</i>							
<i>Conflict of Interest Clause.</i>							
<i>Termination for Cause/Convenience.</i>							
<i>Title VI of the Civil Rights Act of 1964.</i>							
<i>Section 109 of the Housing and Community Development Act of 1974.</i>							
<i>Age Discrimination Act of 1975, as Amended (42 USC 6101, et. seq.)</i>							
<i>Section 504 of the Rehabilitation Act of 1973, as Amended (29 USC 794)</i>							
<i>Section 3 Clause.</i> 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.							
<i>Executive Order 11246, as Amended / Equal Employment Opportunity Provisions</i> (required for all construction contracts and non-construction/service contracts exceeding \$50,000 for contractors with 50 or more employees).							
<i>Review records of payments and supporting documents. Indicate what was reviewed.</i> Note any deficiencies.							
<i>Review copy of final work product under this contract.</i> Note any deficiencies.							

DESKTOP PERFORMANCE REVIEW MONITORING CHECKLIST

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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.

		Yes	No	N/A	Notes
A	Grantees provided program beneficiary statistics and source documentation. Note any deficiencies.				
B	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.				
C	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.				

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.

		Yes	No	N/A	Notes
A	Grantee indicated its activity to affirmatively further fair housing . Note any deficiencies.				

DESKTOP PERFORMANCE REVIEW MONITORING CHECKLIST

Community Development Block Grant
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B	Grantee adequately documented its activity to <i>affirmatively further fair housing</i> .				
---	--	--	--	--	--

Limited English Proficiency (LEP) Four Factor Analysis

Grant was awarded after 12/2014 (LEP applies)

		Yes	No	N/A	Notes
A	Does the grantee have a designated LEP contact person?				
	Name/title:				
	Email:		Phone:		
B	Has the grantee completed a Four Factor Analysis to determine whether there are LEP populations within its service area? <i>If no, explain.</i>				
	Date of completion:				
C	Does the grantee have a Language Access Plan?				
	Date of completion:				
D	Is the grantee providing meaningful access to programs and activities? 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? If Yes, please explain.				

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

DESKTOP PERFORMANCE REVIEW MONITORING CHECKLIST

Community Development Block Grant
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PERFORMANCE AND CAPACITY CONSIDERATIONS

<input type="checkbox"/> Determine administrative capacity.		Yes	No	N/A	Notes
A	The grantee is implementing the local program as specified in the approved application, funding approval, and grant agreement. If not, explain.				
B	Were extensions granted?				
	Number of extensions: ____ Extension Date:				
C	Grantee is meeting timelines to assure timely completion? If not, explain.				
D	Progress is consistent with quarterly report to the projected status in the implementation schedule.				
E	For each activity, identify if activity is on schedule, ahead of schedule or behind schedule. Note progress and/or deficiencies in monitoring report.				
F	Grantee is demonstrating an adequate administrative capacity to implement the program.				
G	Activity or project is substantially behind schedule (three months or more). Note the circumstances and/or reasons below.				
H	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.				
I	Submissions made to date indicate project is on schedule.				

Nebraska Department of Economic Development

CDBG Monitoring Checklist

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.

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

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

SAM Validation Date: _____	Contract Start Date: _____
Notice of Approval Date: _____	Contract End Date: _____
Release of Funds Date: _____	Current Project Status: _____
Location of Project: _____	Extensions: # _____
Total CDBG Budget: \$ _____	Amendments: # _____
Total Other Budget: \$ _____	CDBG Amount Drawn: \$ _____
Total Project Budget: \$ _____	CDBG Draw % / #: _____ % _____ #
<input type="checkbox"/> Final Financial _____	<input type="checkbox"/> Final Status Report _____
<input type="checkbox"/> Final Wage Report _____	<input type="checkbox"/> Other _____

A. NATIONAL OBJECTIVE /ACTIVITY ELIGIBILITY

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

Activity Code	Activity Title	National Objective	Activity Eligible	
			Yes	No

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

1. LMA (area)

Source:

<input type="checkbox"/> ACS Data	Total Beneficiaries: _____	LMI Beneficiaries: _____	% LMI: _____
<input type="checkbox"/> Survey	Total Beneficiaries: _____	LMI Beneficiaries: _____	% LMI: _____

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: _____ No

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.

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

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

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

- Does the grantee anticipate difficulty completing the activity by the projected completion date? Yes No
- If Yes, can the implementation schedule be revised to extend the program period? Yes No
- Will a program extension be necessary? Yes No

Note the determination in the monitoring letter.

Please provide any additional notes you may have:

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

If not, please explain.

2. If amendments were made, were the proper procedures followed? Yes No
- Is the DED approval of the amendment on file? Yes No
 - Amendment date: [Click or tap to enter a date.](#)

3. **If extensions have been granted, what is date for completion?** [Click or tap to enter a date.](#) Yes No
- Is grantee meeting timelines to assure timely completion?
 - How many extensions have been granted: [Click or tap here to enter text.](#)
 - Most Current Extension Date: [Click or tap to enter a date.](#)

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

5. **Program Representative conducted an on-site project visit?** Yes 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? N/A Yes No
- 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? N/A Yes No
- If yes, please answer the following questions:
 - a) Did the assessment:
 - Consider impacts of the project on the character and resources of the project area? 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? N/A Yes No
- If yes, please answer the following questions:
 - a) Is there a copy of the (published or posted) Notice of Intent to Request Release of Funds? Yes No
Date Published: [Click or tap to enter a date.](#)
 - 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?
Date Signed: Click or tap to enter a date. Yes No

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

e) Is the Release of Funds signed by DED in the file?
Date Signed: Click or tap to enter a date. Yes No

f) Was a Pre-Agreement Letter (for ED projects) issued by DED?
Date Issued: Click or tap to enter a date. Yes No

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?
Date Issued: Click or tap to enter a date. Yes No

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:

D. GRANTEE FILE DOCUMENTS

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

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

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

NOTES:

E. FINANCIAL MANAGEMENT

- 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:

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

2. Cash Management

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

3. Property Management

- a) Has grantee used CDBG funds to purchase real property? (If NO, skip to Q.4.) Yes No
- a) Has grantee received written approval for all real property purchases exceeding \$300?
List items purchased that exceeded \$300: _____

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

4. Accounting Records

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

Records must be reviewed to verify the following:

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

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:

(Note which drawdowns/expenditures were tested and list all exceptions.)

- Costs are allowable per 2 CFR Part 200 and the grant agreement
- Costs can be traced to source documentation
- Costs are charged to the proper activity
- Costs have been reviewed and approved prior to payment

- Costs were not obligated prior to the Notice of Release of Funds or Pre-agreement Authorization except administration costs which should not be obligated prior to the Notice of Approval.

5. Audits

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

F. PROCUREMENT

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

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

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

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

- 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

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

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

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

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

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

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

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

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

3. Method of Procurement

- Competitive Negotiation
- Competitive Sealed Bids
- Small Purchase
- Non-Competitive Negotiation

4. Grantee's Rationale for Method (if method was non-competitive negotiation, grantee must document that only one source could provide the service or item or that competition was determined to be inadequate).

5. Was the method of procurement appropriate? Yes No

6. If procurement was made by **Competitive Proposals**:

Type of service: _____

a) Did the grantee procure by using an RFP? Yes No

b) Did the grantee procure by using an RFQ? Yes No

c) Is there a copy of the RFP/RFQ in the file? Yes No

- List where sent or published: _____ 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 Yes No
▪ Proposals received from: _____

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

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

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

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

Type of Service: _____ **Activity:** _____

- a) Bid Advertisement/Proof of Publication Yes No
- Does advertisement provide a clear and accurate description of all requirements and all factors to be used in evaluating bids? Yes No
 - Does advertisement clearly state that contract amount will not be based on cost plus a percentage of cost or percentage of construction cost? Yes No

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

Copy of all bids received: Yes No

Bids received from:

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

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

8. If procurement was made by **Small Purchase Procedures** (\$100,000 or less), did grantee obtain price or rate quotations from at least 3 qualified sources? Yes No

9. Has the grantee established procurement procedures which attempt to obtain goods and services from minority owned or women owned businesses? Yes No

What efforts in this area were made? _____

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

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? Yes No

a) Was procurement proposal prepared by a firm or individual that submitted a proposal? If so, identify and provide review.
 Yes No

b) Is the evaluation unduly restrictive and limits a firm or individual from competing fairly? Yes No
If so, provide statement:

13. Did grantee procure multiple services (more than one distinct service) in a proposal? Yes No
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? Yes No

a. If yes, were two separate procurement processes conducted? Yes No

b. If yes, did the firm serving as certified administrator help with procurement? Yes No

16. Did the grantee check the System for Awards Management (SAM) to verify Yes No

Information on parties that are excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits, pursuant to the provisions of 31 U.S.C. 6101, note, E.O. 12549, E.O. 12689, 48 CFR 9.404, and each agency's codification of the Common Rule for Nonprocurement suspension and debarment.

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.

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

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

Please check whether each executed contract consists of the following:

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

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

2. Review the executed contract and evidence of approval by the governing body.

- Date the contract was approved by the governing body: _____
- Note any deficiencies:

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

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

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

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

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

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

H. FAIR HOUSING/EQUAL OPPORTUNITIES

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

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

- Examine any eligibility requirements the grantee may have established (e.g. in a housing rehab program) to determine whether the criteria or methods of administration may have the effect of subjecting individuals to discrimination on the basis of race, color, sex, or national origin.
- Determine whether any programs are being administered in a manner which tends to limit the number of beneficiaries or level of assistance to beneficiaries based on race, color, national origin, religion, sex, familial status, or handicap.
- Grantees are to maintain and update this information throughout the project. Grantees will be asked to show source documentation. All items in this section are to be completed. Note any deficiencies.

a) and b) list activity or program name	a)		a)		b)		b)			
	Direct Beneficiaries		Direct Beneficiary <u>Applicants</u>		Direct Beneficiaries		Direct Beneficiary <u>Applicants</u>			
Male Beneficiaries										
Female Beneficiaries										
Beneficiaries with a disability										
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
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.

- b) Does the grantee have a written civil rights/fair housing complaints policy? Yes No
- c) Has the grantee received any civil rights/fair housing complaints? Yes No

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

General Contractor: LSE 7

Project Name/Description: _____

Contractor Name: _____

Bid Opening Date: _____

Contractor Clearance SAM Date: _____

Contract Award Date: _____

Contract Execution Date: _____
(cannot be prior to Notice of Release of Funds)

Contract Amount: _____

Estimated Contract Start Date: _____

Force Account Used? Yes No

Name of Labor Standards Compliance Officer:

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

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

Subcontractor Contract with General: Yes No

Contractor Name: _____

Bid Opening Date: _____

Contractor Clearance SAM Date: _____

Contract Award Date: _____

Contract Execution Date: _____
(cannot be prior to Notice of Release of Funds)

Contract Amount: _____

Estimated Contract Start Date: _____

Force Account Used? Yes No

Name of Labor Standards Compliance Officer: _____

Report on additional subcontractors as necessary in monitoring letter.

Subcontractor Contract with General: Yes No

Contractor Name: _____

Bid Opening Date: _____

Contractor Clearance SAM Date: _____

Contract Award Date: _____

Community | Grant Number

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

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

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

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

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

Bid Advertisement Table	
Newspaper	Dates Posted

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

3. Is there an addendum to bid documents (if applicable)? N/A Yes No

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
 Date Verified: _____

7. Is there written evaluation criteria including: Yes No

- a. Criteria for judging responsiveness and reasonableness of bids? Yes No
- b. Criteria for judging responsible bidders? Yes No

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?
(Construction contract exceeding \$2,000) Yes No
 - a. Bid proposal including 5% bid bond (bid cannot be based on cost plus a percentage of cost); Yes No
9. Is there SAM contractor documented clearance and acknowledgement? Yes No
- 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? Yes No
Date: _____
Awarded Contractor: _____
- a. Is there notice of contract award and pre-construction conference; Yes No
 - b. Was the LSE7 notice sent to DED within 10 working days of contract award?
Date Contract Award (LSE7) sent DED: _____ Yes No
Date LSE7 received by DED: _____
 - 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. Yes No
 - c. Was the contractor's written section 3 plan if contract is \$100,000 or more in the file?
Is 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.

c. Date authorization signed: _____

21. Change orders/Contract amendments

Company	Change Order Number	Amount

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 (construction contracts exceeding \$2,000)? N/A Yes No

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)

Project	Company	Bid

J. ACQUISITION

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

1. Is there a separate file for each acquisition? Yes No
2. Was the General Information Notice hand-delivered or mailed with certified receipt?
If the acquisition was a donation, go to 20. If the acquisition was voluntary, go to 21. Yes No
3. Is there a copy of the appraisal? Yes No
4. Is there evidence that the owner was invited to accompany the appraiser? Yes No
5. Was a review appraisal done? Yes No
6. Were qualified independent appraisers used? Yes No
7. If not appraised, was the value of the property \$10,000 or less? Yes No
8. If less than \$10,000, was the value based upon a review of the available market data? Yes No
9. Is a copy of the written offer to purchase in the file? Yes No
10. Was the offer issued promptly after the appraisal? Yes No
11. Was a statement of the basis for determining the offer included with the offer? Yes No
12. Is there evidence of clear title, a current survey, deed and legal description of the property? Yes No
13. Was a statement of settlement costs included in the file? Yes No
14. Is proof of receipt of payment in the file (canceled check)? Yes No
15. Was payment timely? Yes No
16. Is there proof of recording the deed in the file? Yes No
17. If recipients determined not to purchase after distributing the notice to acquire and/or offer, is there a written notice of such decision in the file with evidence of hand delivery (or certified mail)? Yes No
18. If the recipient permitted an owner or tenant to occupy the real property acquired, was the rent charged equivalent to the fair rental value of the property? Yes No
19. Was there a copy of any appeal or payment for incidental expenses or certain litigation expenses? Yes No
20. If property was donated: N/A 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:

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

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

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

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

Part 1: Residential Relocation

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

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

Please review at least one relocation case file.

What is the name of the party displaced? _____

What was the former address of the displaced party? _____

What is the current address of the displaced party? _____

Date occupant was initially contacted: _____

Date of initial occupancy: _____

Monthly housing cost at acquired dwelling: _____

Name	Age	Sex	Marital Status	Race	Disability	Monthly Gross Income

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

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

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

9. Inspection:

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

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

Interview member of displaced household using HUD form 4002.

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

Part 2: Nonresidential Relocation

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

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

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

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

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

L. HOUSING REHABILITATION

Program Standards:

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

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

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

1. Do the application forms request sufficient information to determine eligibility? Yes No
 2. Is there a written basis for selection or non-selection in the applications for rehabilitation assistance? Yes No
 3. Is there the proper documentation that all applicants have been notified of selection or non-selection? Yes No
 4. Do the non-selection letters include reasons for non-selection? Yes No
 5. Was rehabilitation completed on any single building(s) with 5 or more housing units? Yes No

If yes, is there documentation that the applicant complied with Section 504 accessibility requirements to ensure to the greatest extent feasible that 5% of the units are handicapped accessible and 2% of the units are accessible to persons with sensory impairments? Yes No

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

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

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

N. LEGAL/LOAN DOCUMENTS

(Applicable to ED projects)

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

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

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

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

O. JOB CREATION/RETENTION VERIFICATION

(Applicable to ED Projects)

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

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

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

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

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

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

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

Yes No

P. EQUIPMENT VERIFICATION

(Applicable to ED Projects)

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

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

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

Does the equipment inventory listing identify all equipment purchased?

Yes No

2. On-Site Inspection

- Did the grantee physically inspect all equipment purchases made by the business?
- Did the inspection include identification of equipment by model and serial numbers?
- Did the grantee compare each piece of equipment inspected to the equipment inventory list?
- Were issues or problems discussed with the business while on site?

Yes No
 Yes No
 Yes No
 Yes No