

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"/> Tier II Review: Commercial
<input type="checkbox"/> Phase II Study	<input type="checkbox"/> Tier II Review: Housing

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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 17-02)

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) _____

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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?

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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.

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Section 2-C Civil Rights

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

Program Beneficiaries

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

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

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

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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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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:

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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.

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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*