



Exhibit 12-1
Sample Grantee Monitoring Plan

Revised September 12, 2011

PLEASE NOTE

These are monitoring guidelines.

Grantees should obtain a thorough understanding of the concepts described within Section 12 of the OCD Disaster Recovery CDBG Grantee Administrative Manual prior to completing any monitoring. Grantees should then revise this Sample Monitoring Plan and the Checklists to meet their monitoring needs. Special attention should be given to areas highlighted in blue.

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SAMPLE

1. Monitoring Overview

_____ has established this Monitoring Plan to:

(GRANTEE NAME)

1. Gauge the overall progress and effectiveness of the project implementation.
2. Serve as a management tool to identify issues that may compromise program integrity, funding, and service delivery for corrective action and resolution.
3. Serve as a technical assistance tool whereby the Grantee identifies areas in which to strengthen program capacity and quality of service delivery.

_____ has been identified as the Monitoring Coordinator for _____.

(MONITORING COORDINATOR NAME)

(GRANTEE NAME)

The Monitoring Coordinator is responsible for:

1. Ensuring that a risk assessment is executed for all projects (attach completed Risk Assessment);
2. Setting the Monitoring Schedule that prioritizes reviews based on risk (see Table 1)
3. Ensuring proper documentation and tracking of all monitoring efforts;
4. Notifying the OCD/DRU of severe issues;
5. Engaging the OCD/DRU for necessary technical assistance; and,
6. Ensuring Monitoring occurs as outlined within the Plan.

If the Grantee has engaged an administrative consultant and the Grantee's Monitoring Coordinator is the administrative consultant, the Grantee must identify a contract administrator responsible for monitoring the administrative consultant.

List the contract administrator for each administrative consultant procured:

Project Administration

The Grantee is administering all projects without an administrative consultant or Subrecipient. Yes No

If yes, identify the Grantee staff responsible for project administration:

The Grantee is utilizing an administrative consultant to administer projects. Yes No

If yes, list the Administrative Consultant:

Projects administered by the consultant:

(List Project IDs)

The Grantee is utilizing a Subrecipient to administer projects. Yes No

If yes, list the Subrecipient:

Projects administered by the Subrecipient:

(List Project IDs)

2. Monitoring Checklist

Grantees who choose not to use the Checklists from the OCD/DRU Administrative Manual to perform their monitoring should describe the Monitoring Tools they are using in this section. Otherwise, the references to the OCD Disaster Recovery CDBG Grantee Administrative Manual described below are sufficient.

The Core Checklist (Exhibit 12-3 of the OCD Disaster Recovery CDBG Grantee Administrative Manual) will be used to monitor Subrecipients.

The Project Checklist (Exhibit 12-4 of the OCD Disaster Recovery CDBG Grantee Administrative Manual) will be used to review Grantee Projects.

The Contract Administration Checklist (Exhibit 12-5 of the OCD Disaster Recovery CDBG Grantee Administrative Manual) will be used to monitor any Administrative Consultants.

3. Types of Monitoring

At least one onsite review should be conducted of all projects prior to closeout. This review should occur early enough in the project life cycle to allow time for technical assistance and/or the resolution of any corrective actions that may be identified. A desk review should be performed for each administrative consultant and/or Subrecipient soon after the binding agreement has been executed to verify initial performance and identify any technical assistance needs. Additional reviews may be performed to monitor consultants, Subrecipients, and/or projects as necessary.

4. Monitoring Process

The recommended monitoring process is illustrated below and described in the subsequent sections.



4.1 Risk Assessment and Monitoring Schedule

Where there are more than one Subrecipient, program, or project, risk assessment results are used to determine the priority of monitoring reviews. In cases where a risk assessment is not performed, the basis for determining monitoring prioritization will be documented. The risk assessments included as Exhibits 12-2 and 12-3 to the OCD Disaster Recovery CDBG Grantee Administrative Manual should be executed and made a part of the Monitoring Plan.

After the initial review, additional program/project monitoring (onsite or desk) should be conducted for all active programs/projects through closeout.

1. Programs/projects requiring follow-up activities and/or corrective actions should take precedence over those not requiring such actions.
2. The program/project risk should also be taken into account when scheduling additional reviews.

See Table 1 for the monitoring schedule. Update Table 1 after the risk assessment is completed.

Table 1 Monitoring Schedule

	Review #	Entity/Project to Monitor	RA Results	Monitoring Review Date	Desk or Onsite?	Monitor	Comments
Initial Review	1	Subrecipient	N/A	10/1/11	Desk		
	2	Consultant	N/A	11/1/11	Desk		Ongoing Monitoring Process
	3	Project D	High	12/1/11	Onsite		
	4	Project A	High	2/1/12	Onsite		
	5	Project E	Low	4/1/12	Onsite		
	6	Project B	Medium	6/1/12	Onsite		
	7	Project C	Low	8/1/12	Onsite		
Additional Review of Active Projects Until Closeout	8	Project D	High	10/1/12	Desk		
	9	Project A	High	12/1/12	Desk		
	10	Project B	Medium	1/15/13	Desk		
	12	Project C	Low	4/15/13	Desk		

Schedule Guidelines/Tips:

1. At least one onsite review should be conducted of all projects prior to closeout. This review should occur early enough in the project life cycle to allow time for technical assistance and/or the resolution of any corrective actions that may be identified.
 - a. Projects requiring follow-up activities and/or corrective actions should take precedence over those not requiring such actions.
 - b. The project risk should also be taken into account when scheduling additional reviews.
2. If a Subrecipient has been engaged to administer the project, the Grantee should monitor the Subrecipient soon after the binding agreement has been executed to verify initial performance and identify any technical assistance needs. Follow-up reviews should be performed as necessary.
3. If an administrative consultant has been engaged to administer the project, the Grantee should begin monitoring the administrative consultant (using the Contract Administration Form) soon after the binding agreement has been executed to verify initial performance and identify any technical assistance needs. Follow-up reviews should be performed as necessary.

4.2 Execute Checklist

As described within the Monitoring Schedule Table 1, the review will be completed by executing the appropriate checklist. Checklist responses will include comments that detail any issues identified. The executed Checklist will be maintained within the Project file.

4.3 Monitoring Letter

Upon completion of the review, the Monitor will draft a Monitoring Report that identifies the checklist sections used to complete the monitoring review, the results of the review (areas of merit and/or issues identified, if any), and the basis for the conclusions. The Monitoring Report will be maintained within the appropriate file. If a Subrecipient is monitored, the Monitoring Report should be provided to the Subrecipient. A Monitoring Report Template is included as Exhibit 12-6 of the OCD Disaster Recovery CDBG Grantee Administrative Manual.

4.4 Technical Assistance

When concerns are identified as a result of the monitoring review, technical assistance may be required to assist in the resolution of the issue. The objective of technical assistance is to ensure compliance with Federal, State, and local regulations and program requirements. The nature and extent of technical assistance should be determined at the discretion of the Monitor, Monitoring Coordinator, Grantee, and/or OCD/DRU. Some examples of technical assistance may include:

- a. Verbal or written advice;
- b. Formal training; and/or,
- c. Documentation and guidance.

Evidence of technical assistance should be maintained within the Project file.

The Monitoring Coordinator should contact the OCD/DRU if guidance is required in providing technical assistance to contractors or Subrecipients.

4.5 Follow-up

In the event that issues are identified for corrective action, follow-up actions should be scheduled to address the progress of the resolution. The timing and frequency of the follow-up communication should be determined at the discretion of the Monitor and Monitoring Coordinator and should be based on the severity of the deficiency. All follow-up actions should be documented.



Office of Community Development/Disaster Recovery Unit

Exhibit 12-2
Project/Program Risk Assessment Template

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Instructions to execute the Project/ Program Risk Assessment Template

Column 1 Enter the project/program name or description

Column 2 Enter the project/program name, if applicable

Column 3 Review the project/program application to determine how much DR-CDBG funds were allocated to the project/program. Select the choice from the dropdown menu that best fits your response.

Column 4 Review the project/program application to determine the activities associated with the project/program. Select the choice from the dropdown menu that best fits your response.

Column 5 Review the project/program application to determine what type of entity is implementing the project/prgoram. Select the choice from the dropdown menu that best fits your response.

Column 6 Determine the prior experience of the entity implementing the project/program. If the implementing entity was selected through a competitive process, you may want to review the Proposal submitted by the entity. If the project/program is implemented by grantee staff or a subrecipient, review past projects/programs to determine experience. Select the choice from the dropdown menu that best fits your response.

Column 7 This column will automatically calculate based on the responses selected in columns 3-6

Column 8 This column will automatically populate based on the responses selected in column 7

You may add additonal rows to the Risk Assessment Template by right clicking a row and selecting "Insert"



Office of Community Development/Disaster Recovery Unit

*Exhibit 12-3
Compliance Monitoring Core Checklist Template*

Revised April 13, 2015

Compliance Monitoring Core Checklist Template

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1. Instructions and Monitoring Prep

This Checklist should be used to determine if the Subrecipient's policies and procedures for the core administrative systems (i.e. financial, procurement, contracting, and monitoring) meet minimum requirements and to verify the effectiveness of these systems at the Subrecipient level. This Checklist should also be used to review the Subrecipient's financial management system, Subrecipient management practices, and civil rights compliance.

The Monitor should execute this Checklist prior to completing the Project Monitoring Checklist.

The Project Monitoring Checklist should highlight any deficiencies within any administrative systems that are not covered in this Core Checklist. The Monitor should use the OCD Disaster Recovery CDBG Grantee Administrative Manual for guidance on the topics covered within this Checklist. This Manual is located at <http://www.doa.louisiana.gov/cdbg/dr/dradmin-manual.htm>.

The following steps should be taken to perform a review:

1. Review the following to obtain an understanding of the Subrecipient requirements:
 - a. Governing statutes, regulations and official guidance;
 - b. Waivers.
 - c. Grant Agreements and other Binding Agreements;
 - d. Action Plans and Amendments; and,
 - e. Approved Program documents
2. Collect and Review the documentation referenced in Subsection 1.3.
3. Execute the Checklist by providing the appropriate response in the "Response" column. Mark any issues in the "Issue Type" column. If an issue [deficiency] is identified, corrective actions and/or technical assistance may be required. Technical assistance may also be required for any concerns noted. Notate whether corrective actions or technical assistance should be provided within the "Comments" column.

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

1.1 Monitoring Preparation		
Requirements	Response	Comments
Description: Execute this Section to confirm that all pre-monitoring activities have been completed.		
1. Did you review all grant requirements, action plans, amendments and waivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Did you review contract terms, payment terms, and budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you review monitoring requirements as contained in the Binding Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did you coordinate with appropriate reporting staff and any other required department to ensure all data/information has been captured in current reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did you review prior year audits, monitoring efforts and results, and documentation supporting completed or ongoing corrective actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Did you review relevant documentation and reporting to determine current program progress, status, performance, and compliance for monitoring planning purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Did you schedule meetings with relevant Grantee/ Recipient/Subrecipient staff to discuss program, current performance, issues and contract terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Did you set up program monitoring files and collect all relevant documents (see Section 1.3)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Did you draft and send a monitoring notification letter to the Subrecipient and request relevant documents to review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

1.2 Entrance Conference		
Requirements	Response	Comments
Description: An Entrance Conference should be conducted to “kick off” the monitoring visit. This is especially important for onsite reviews. Use this Section to document these pre-monitoring activities.		
1. Was an Entrance Conference Conducted? List the date, time, and location.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Was a log taken of all attendees? List the names and titles of all persons in attendance (or attach a copy of the sign-in log).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Were designated points of contact identified to assist with the monitoring engagement? List the name, title, assigned area, and contact information for the designated personnel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Was an agenda drafted and were meeting notes taken to document the topics discussed during the Entrance Conference? List the topics discussed (or attach a copy of the meeting notes).	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

1.3 Documentation Collection			
Document	For Use in Section	Date Received (or N/A)	Comments
Description: This Section provides a list of documents required to answer the questions within this Checklist. Execute this Section prior to beginning the review.			
1. Procurement Policies and Procedures	2.1		
2. Contracting Policies and Procedures	2.2		
3. Financial Management Policies and Procedures	2.3		
4. Monitoring Policies and Procedures	2.4		
5. Record Keeping Policies and Procedures (onsite only)	2.5		
6. Most Recent Draw Request/Request for Payment and supporting documentation	3.4		
7. Appropriate Audit/Financial Report			
7.1. An A-133 if the Subrecipient has expended more than \$500,000 in federal funds within a fiscal year	3.3		
7.2. Annual sworn financial statement if revenue received was \$50,000 or less	3.3		
7.3. Annual compilation if revenue received was more than \$50,000 but less than \$200,000	3.3		
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Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

2. Policies and Procedures Review			
Requirements	Response	Issue Type	Comments
2.1 Procurement Policies and Procedures			
<p>Description: Execute this Section to determine if the Subrecipient is in compliance with applicable regulations.</p> <p>Regulations: 24 CFR 84.44, 24 CFR 85.36, and 24 CFR 570.502</p>			
<p>1. Does the Subrecipient have procurement policies and procedures in place? [24 CFR 85.36; 24 CFR 84.44]</p> <p><i>If no, the remaining questions within this Section are not applicable. Technical Assistance should be provided.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2. Have the Subrecipient's procurement policies and procedures been reviewed during a previous monitoring review?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2.1. Have any issues been discovered based on prior reviews of the Subrecipient's procurement policies and procedures or have any revisions been made since the previous review?</p> <p><i>If No, mark the remaining questions in this Section as "N/A".</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>3. Are the policies and procedures documented?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>4. Does the Subrecipient have a process in place for communicating policies and procedures (including updates) to staff?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
Procurement Policies and Procedures Requirements			

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

2. Policies and Procedures Review			
Requirements	Response	Issue Type	Comments
<p>5. <u>Requirements</u> - Do the Procurement policies and procedures include a Code of Conduct?</p> <p>24 CFR 85.36 and 84.42 requires the Code of Conduct to contain these minimum requirements:</p> <ul style="list-style-type: none"> • No employee, officer or agent of the Grantee/ Recipient/ Subrecipient or sub Grantee/ Recipient/ Subrecipient shall participate in selection, or in the award or administration of a contract supported by Federal funds if a conflict of interest would be involved • Officers, employees or agents will neither solicit nor accept gratuities, favors or anything of monetary value from contractors, potential contractors, or parties to sub-agreements • Penalties, sanctions, or other disciplinary actions for violations are included • The Code of Conduct is consistent with the Louisiana Code of Governmental Ethics (Louisiana Revised Statutes 42:1101) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

2. Policies and Procedures Review			
Requirements	Response	Issue Type	Comments
<p>6. Requirements - Do the Procurement policies and procedures include guidance on using the appropriate solicitation methods, contract types and contract price?</p> <p>For Grantees/ Recipients, 24CFR85.36(b)(9) requires:</p> <ul style="list-style-type: none"> • Only one of the solicitation methods (Small Purchase, Sealed Bid/formal advertising, Competitive Proposals, Noncompetitive Proposals) are employed for each procurement • The requirements for the applicable solicitation method are followed • Only the appropriate contract types (Purchase Order, Fixed Price, Cost Reimbursement) are employed for each procurement • A “cost plus a percentage of cost” or a “percentage of construction cost” type pricing is not used for contracts [24 CFR 85.36 (f) (4)and 84.44(c)] • A “time and material” type contract is only used after a determination is made that no other contract is suitable and the contract includes a ceiling price that the contractor exceeds at its own risk [24 CFR 85.36 (b)(10)] • Contract is price appropriately, as determined by contract services (Lump sum pricing, unit pricing, or reimbursement of costs) <p>For Subrecipients of Institutions of Higher Education, Hospitals, or Other Non-Profit Recipients, 24CFR 84.44(a) and 24CFR84.84(e) requires that written procurement procedures that shall provide for, at a minimum:</p> <ul style="list-style-type: none"> • Recipients avoid purchasing unnecessary items. • Where appropriate, an analysis is made of lease and purchase alternatives to determine which would be the most economical and practical procurement for the Federal Government. • Solicitations for goods and services provide for all of the following. • A clear and accurate description of the technical requirements for the material, product or service to be procured • Requirements which the bidder/offeror must fulfill and all other factors to be used in evaluating bids or proposals. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

2. Policies and Procedures Review			
Requirements	Response	Issue Type	Comments
<p>7. <u>Requirements</u> - Do the Procurement policies and procedures include a requirement that staff review proposed procurements for Cost reasonableness?</p> <p>24 CFR 85.36; 24 CFR 84.45, 84.84 requires that cost reasonableness is reviewed:</p> <ul style="list-style-type: none"> • To avoid unnecessary purchases; • To avoid duplicative purchases, and; • Ensure costs are reasonable. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>8. <u>Requirements</u> - Do the Procurement policies and procedures include a requirement that staff review proposed procurements to ensure contractors are eligible?</p> <p>24 CFR 85.35; 24 CFR 84.13 requires that awards are not made to any party which is debarred or suspended or is otherwise excluded from or ineligible for participation in Federal assistance programs under Executive Order 12549, "Debarment and Suspension".</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>9. <u>Requirements</u> - Do the Procurement policies and procedures include a requirement that affirmative efforts be undertaken to hire women's business enterprises, minority firms and labor surplus firms?</p> <p>[24 CFR 85.36(e); 24 CFR 84.44(b), 24CFR84.84(e)(2)]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>10. <u>Requirements</u> - Do the Procurement policies and procedures include a requirement that all disputes relating to procurement actions be handled, resolved, and disclosed?</p> <p>[24 CFR 85.36(b)(12); 24 CFR 84.84]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>11. <u>Requirements</u> - Do the Procurement policies and procedures include a requirement that all procurements be conducted using "open and free competition," unless an exception applies?</p> <p>[24 CFR 85.36(c); 24 CFR 84.84(d)]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>12. <u>Requirements</u> - Do the Procurement policies and procedures include a requirement to eliminate unfair competitive advantages in procurements?</p> <p>[24 CFR 85.36(c);24 CFR 84.84(d); 24CFR84.43]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

2. Policies and Procedures Review			
Requirements	Response	Issue Type	Comments

2.2 Contract Administration Policies and Procedures

Description: Use this Section to determine if the Subrecipient has developed a contract administration system which ensures that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders. This section provides best practices that may be utilized in an adequate contract administration system.

Regulation: 24 CFR 85.36(b)(2), 24 CFR 84.47, 24 CFR 84.84(h)

<p>1. Does the Subrecipient have contract administration policies and procedures in place? <i>If no, the remaining questions within this Section are not applicable. Technical Assistance should be provided.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2. Has the Grantee/ Recipient/ Subrecipient’s contract administration policies and procedures been reviewed during a previous monitoring review?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2.1. Have any issues been discovered based on prior reviews of the contract administration policies and procedures or have any revisions been made since the previous review? <i>If No, mark the remaining questions in this Section as “N/A”.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>3. Are the policies and procedures documented?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>4. Does the Subrecipient have a process in place for communicating policies and procedures (including updates) to staff?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>5. Are the Subrecipient’s contract administration policies and procedures adequate?</p> <p>Contract Administration best practices include:</p> <ul style="list-style-type: none"> • Utilizing Contract Templates for developing contract; • Identifying a contract administrator for each contract executed; • Implementing a process to ensure contractor abides by the terms of the contract procedures; • Implementing a deliverable review/approval process; and, • Implementing a process for managing issues that may arise with the contractor. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

2. Policies and Procedures Review			
Requirements	Response	Issue Type	Comments
<u>Isaac Only</u>			
Grantees implementing projects utilizing funding from the Hurricane Isaac allocation are required to meet these guidelines.			
6. Does the Subrecipient maintain a record of achieving certification of a comprehensive green building program or completion of the HUD CPD Green Building Retrofit Checklist, as appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6.1 If yes, proceed to question 2.			
6.2 If no, is the Subrecipient exempt from meeting the green building standard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
7. Did the Subrecipient require procured contracts to contain (1) performance measures and associated penalties and (2) a period of performance or the date of completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
8. If an Action Plan Amendment is submitted after 11/18/2013, did the subrecipient describe its process for the selection and design of green infrastructure projects or activities, and/or how selected projects or activities will incorporate green infrastructure components? (Per Fed. Reg. 78 No. 222)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.3 Financial Management Policies and Procedures			
Description: Use this Section to determine if the Grantee Recipient/Subrecipient's financial management policies and procedures meet the requisite standards. Regulations: 24 CFR 84.21, 24 CFR 85.20, 24 CFR 570.502			
1. Does the Subrecipient have financial management policies and procedures in place? <i>If no, the remaining questions within this Section are not applicable. Technical Assistance should be provided.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Have the Subrecipient's financial management policies and procedures been reviewed during a previous monitoring review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

2. Policies and Procedures Review			
Requirements	Response	Issue Type	Comments
2.1. Have any issues been discovered based on prior reviews of the Subrecipient’s financial management policies and procedures or have any revisions been made since the previous review? <i>If no, mark “N/A” for the remaining questions in this Section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Are the policies and procedures documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Does the Subrecipient have a process in place for communicating policies and procedures (including updates) to staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
Financial Management Policy and Procedures Requirements			
5. <u>Internal Controls Requirements</u> - Do the financial management policies and procedures require defined staff qualifications and duties, lines of authority, and separation of functions? [24CFR85.20(b)(3) and 84.21(a)(3)]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6. <u>Internal Controls Requirements</u> - Do the financial management policies and procedures require control over secure access to assets, blank forms, and confidential documents? [24CFR85.20(b)(3) and 84.21(b)(3)]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
7. <u>Internal Controls Requirements</u> - Do the financial management policies and procedures include a process for approving and recording transactions? [24CFR85.20(b)(3) and 84.21(b)(3)]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
8. <u>Internal Controls Requirements</u> - Do the financial management policies and procedures include a process to periodically compare financial records to actual assets and liabilities? [24CFR85.20(b)(4) and 84.21(b)(4)]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

2. Policies and Procedures Review			
Requirements	Response	Issue Type	Comments
<p>9. <u>Support Documentation Requirement</u> - Do the financial management policies and procedures require that documentation (receipts, invoices, canceled checks, etc.) is available to support accounting record entries?</p> <p>[24CFR85.20(b)(6) and 84.21(b)(7)]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>10. <u>Allowable Cost Requirement</u> - Do the financial management policies and procedures clearly define reasonableness, allowability, and allocability of costs incurred that's consistent with OMB Circulars A-87 or A-122?</p> <p>[24CFR85.20(b)(5) and 84.21(b)(6)]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>11. <u>Financial Reporting Requirement</u> - Do the financial management policies and procedures require that financial statements and reporting are complete, current, reviewed periodically and provide complete disclosure of the financial results of each Federally-sponsored project or program?</p> <p>[24CFR85.20(b)(1) and 84.21(b)(1)]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>12. <u>Financial Reporting Requirements</u> - Do the Subrecipient's financial management policies and procedures require that all of the following required HUD CDBG activities are captured within its reports?</p> <ul style="list-style-type: none"> • Amount budgeted • Advances/reimbursements received to date • Program income & other miscellaneous receipts • Actual expenditures/disbursements • Current encumbrances/obligations • Unpaid requests for payments <p>[24CFR84.52 and 24CFR85.41]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>13. <u>Cash Management Requirement</u> - Do the financial management policies and procedures include a process to accurately project the cash needs of the organization?</p> <p>[24CFR85.20(b)(7) and 84.21(b)(5)]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

2. Policies and Procedures Review			
Requirements	Response	Issue Type	Comments
14. Audits and Audit Findings Requirements- Do the financial management Policies and Procedures require that audits are conducted in a timely manner and in accordance with applicable standards, including a systematic method to assure timely and appropriate resolution of audit findings and recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.4 Monitoring Policies and Procedures			
<p>Description: Use this Section to determine if the Subrecipient’s monitoring policies and procedures sufficiently outline the monitoring of each project, program, function or activity to assure compliance with applicable Federal requirements and that performance goals are being achieved. .</p> <p>Regulations: 24 CFR 84.51; 24 CFR 85.40</p>			
1. Does the Subrecipient have monitoring policies and procedures in place? <i>If no, the remaining questions within this Section are not applicable. Technical Assistance should be provided.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Have the Subrecipient’s monitoring policies and procedures been reviewed during a previous monitoring review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.1. Have any issues been discovered based on prior reviews of the monitoring policies and procedures or have any revisions been made since the previous review? <i>If yes, continue through this Section. If no, continue to next Section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Are the policies and procedures documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Does the Subrecipient have a process in place for communicating policies and procedures (including updates) to staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

2. Policies and Procedures Review			
Requirements	Response	Issue Type	Comments
<p>5. Do the monitoring policies and procedures provide guidance on conducting, documenting, and reporting on monitoring activities and on follow up on areas of non-compliance?</p> <p>Monitoring best practices may include:</p> <ul style="list-style-type: none"> • Prioritizing based on Risk • Prescribing a Sampling methodology • Monitoring Performance • Implementing a tracking system • Technical Assistance procedures 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>6. Do the monitoring policies and procedures include monitoring Project/Program performance?</p> <p>Monitoring best practices may include monitoring based on:</p> <ul style="list-style-type: none"> • Compliance with approved application scope, funding specifications, and other requirements • Program guidelines • Implementation schedule and milestones <p>[24CFR84.51 and 24 CFR 85.40]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.5 Record Keeping Policies and Procedures – ONSITE ONLY			
<p>Description: Use this Section to determine if the Subrecipient’s Record Keeping Policies and Procedures are sufficient. Regulations: 24 CFR 85.40, 24 CFR 84.53, 24 CFR 570.506, and 24 CFR 570.490</p>			
<p>1. Does the Subrecipient have Record Keeping policies and procedures in place?</p> <p><i>If no, mark “No” for the remaining questions in this Section.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2. Have the Subrecipient’s record keeping policies and procedures been reviewed during a previous monitoring review?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2.1. Have issues been discovered based on prior reviews of the record keeping policies and procedures or have any revisions been made since the previous review?</p> <p><i>If no, mark “N/A” for the remaining questions in this Section.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>3. Are the policies and procedures documented?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>4. Does the Subrecipient have a process in place for communicating policies and procedures (including updates) to staff?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

2. Policies and Procedures Review			
Requirements	Response	Issue Type	Comments
Recordkeeping Policies and Procedures			
5. Do the recordkeeping policies and procedures describe the information that needs to be collected and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6. Do the recordkeeping policies and procedures describe when the information should be collected and how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
7. Do the recordkeeping policies and procedures describe how the information should be acquired, organized (in an orderly manner that provides ease of examination by any applicable parties and stored in a secure, central location)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
8. Do the recordkeeping policies and procedures describe how the information should be reported?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
9. Do the recordkeeping policies and procedures describe the required retention period for records (minimum of five years)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
10. <u>Access to Records</u> – Do the record keeping procedures provide access to records and/or personnel by authorized agencies and/or citizens as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

3. Validation of Financial Management System			
Requirements	Response	Issue Type	Comments
3.1 Establishing DR CDBG Funds Account			
Description: Use this Section to assure that the applicable process has been followed to establish the Subrecipient's DR CDBG Funds Account.			
1. Has the Subrecipient's disaster recovery CDBG funds account been reviewed during a previous monitoring review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
1.1. Have any issues been discovered based on prior reviews of the Subrecipient's DR CDBG funds account? <i>If no, mark "N/A" for the remaining questions in this Section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Has the Subrecipient setup a non-interest bearing account for disaster recovery funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Is the Subrecipient using its general bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.1. If the Subrecipient is using this account, is this an interest-bearing account? Note: If interest is accrued on Disaster Recovery CDBG funds, the OCD/DRU must collect it from the Subrecipient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Is the account used by the Subrecipient FDIC insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4.1. If applicable, is the bank providing collateral to secure all funds in excess of FDIC limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.2 Financial Administration			
Description: Review the Subrecipient's Financial Administration System and use this Section to assure that it meets the standards set forth in 24 CFR 84.21, 24 CFR 85.20, and 24 CFR 570.502			
1. Has the Subrecipient's financial administration system been reviewed during a previous monitoring review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
1.1. Were issues identified in previous reviews? <i>If yes, continue through this Section. If no, continue to next Section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Has the Subrecipient designated someone to be responsible for financial management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

3. Validation of Financial Management System			
Requirements	Response	Issue Type	Comments
3. Does the Subrecipient have an accounting system in place that allows for the tracking of receipts and expenditures and the generation of financial statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.1. Is the Subrecipient accounting for the Disaster Recovery CDBG funds using a modified accrual basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.2. Is the Subrecipient tracking and reporting on each project separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.3 Financial Reporting and Audits			
<p>Description: Use this Section to assure compliance with audit/reporting requirements.</p> <p>Regulations: 24 CFR 84.26 and/or 24 CFR 85.26.</p>			
1. Has the Subrecipient conducted an A-133, if required? An A-133 is required if the Subrecipient has expended more than \$500,000 in federal funds within a fiscal year. Obtain the nine digit EIN off of the W-9 and use harvester.census.gov/sac to determine if the A-133 was submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. If an A-133 is not required, has the Grantee/ Recipient/Subrecipient submitted the other appropriate financial report? <ul style="list-style-type: none"> • Annual sworn financial statement if revenue received was \$50,000 or less • Annual compilation if revenue received was more than \$50,000 but less than \$200,000 • Annual Review, plus agreed upon procedures if revenue received was \$200,000 or more but less than \$500,000 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Were findings disclosed in the financial statements that related to issues with internal control and/or compliance with laws, regulations, and provisions of contracts or grant agreements? <i>If yes, document management's response to these findings and set time frame to ensure these issues were corrected.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.4 Expenditure Review			
<p>Description: Use this Section to assure that Subrecipient's expenditures are in compliance with applicable requirements by reviewing the most recent Request for Payment and answering the following questions accordingly.</p>			
1. Do the Requests for Payment submitted by the Subrecipient include the appropriate certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

3. Validation of Financial Management System			
Requirements	Response	Issue Type	Comments
2. If there's program income, is the Grantee/ Recipient/Subrecipient disbursing program income prior to making further draw requests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Has the Subrecipient charged any indirect costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.1. If yes, did the Subrecipient submit a federally-approved Indirect Cost Plan to OCD/DRU?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Are the Subrecipient's administrative costs at or below the authorized threshold?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. <u>Internal Controls</u> – Is there evidence that there are appropriate separation of duties in the approving of a Request for Payment and the payment of invoices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

4. Civil Rights			
Requirements	Response	Issue Type	Comments
4.1 Section 504			
Description: Section 504 of the Rehabilitation Act of 1973, as amended, requires that no handicapped individual can be excluded from participation (including employment), denied program benefits, or subjected to discrimination based solely on his or her handicap.			
1. Has the Subrecipient's Section 504 Compliance been previously reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
1.1. Were issues identified during the previous review? <i>If yes, continue through this Section. If no, continue to next Section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Has the Subrecipient submitted a Section 504 Self Evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Has the Subrecipient completed the Section 504 Assurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Have any complaints been received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4.1. If yes, have the complaints been resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
4.2 Fair Housing			
Description: Title VIII of the Civil Rights Act of 1968, as amended (referred to as the "Fair Housing Act") prohibits discrimination in housing on the basis of race, color, religion, sex, or national origin. The Subrecipient is required to administer at least one fair housing activity annually.			
1. Is the Subrecipient ensuring that all activities are implemented to affirmatively promote fair housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Has the Subrecipient administered at least one fair housing activity within the last year? Notate the date and identify the type of activity of the most recent fair housing activity within the Comments field.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Have any complaints been received?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.1. If yes, have the complaints been resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

4. Civil Rights			
Requirements	Response	Issue Type	Comments
4.3 Title VI			
<p>Description: Title VI of the Civil Rights Act of 1964 states that no person shall be excluded from participation, denied program benefits, or subjected to discrimination on the basis of race, color, or national origin.</p>			
<p>1. Is the Subrecipient maintaining a record of applicants, direct and indirect beneficiaries by race, color, sex, national origin, age and handicap to ensure compliance with Title VI of the Civil Rights Act of 1964?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2. Have any complaints been received?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2.1. If yes, have the complaints been resolved?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4.4 Section 3			
Requirement	Response	Issue	Comments
<p>Description: Section 3 of the Housing and Urban Development Act of 1968 [12 U.S.C. 1701u and 24 CFR Part 135] is HUD’s legislative directive for providing preference to low- and very low-income residents of the local community (regardless of race or gender), and the businesses that substantially employ these persons, for new employment, training, and contracting opportunities resulting from HUD-funded projects. A “covered project” is a project for which Section 3 applies. “Covered funds” are those funds used to fund a “covered project”.</p> <p>This Section of the Core Checklist is to be used to determine if Section 3 is triggered for the Grantee/ Recipient/ Subrecipient and, if applicable, that the Subrecipient has procedures in place for ensuring compliance. Implementation of the Subrecipient’s Section 3 procedures will be reviewed using the project checklist by reviewing RFPs, contracts, contractor Section 3 procedures and other supporting documentation.</p> <p><i>Section 3 Residents are:</i></p> <ul style="list-style-type: none"> • Residents of Public and Indian Housing, or • Individuals that reside in the metropolitan area or nonmetropolitan parish in which the Section 3 covered assistance is expended and whose income does not exceed the local HUD income limits set forth for low- or very low-income households. <p><i>Section 3 Business Concerns are One of the Following:</i></p> <ul style="list-style-type: none"> • Businesses that are 51 percent or more owned by Section 3 residents; • Businesses with 30 percent or more permanent, full-time employees whom are currently Section 3 residents, or were Section 3 residents within three years of the date of first employment; or • Businesses that provide evidence of a commitment to subcontract in excess of 25 percent of the dollar amount of all subcontracts to be awarded to businesses that meet the qualifications described above. 			
<p>1. Has the Subrecipient allocated \$200,000 or more DR-CDBG funds into projects/activities involving housing construction, demolition, rehabilitation, or other public construction— i.e., roads, sewers, community centers, etc.? <i>If no, mark “N/A” for the remaining questions within this Section.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Subrecipient :

Monitor:

Date Completed:

4. Civil Rights			
Requirements	Response	Issue Type	Comments
2. Does the Subrecipient have written procedures (i.e., "Section 3 Plan") governing how Section 3 residents are to be notified about employment and training opportunities generated by program participant or its contractors as a result of the expenditure of covered financial assistance? [24CFR 135.32 (a)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Does the Subrecipient have written procedures (i.e., "Section 3 Plan") governing how Section 3 business concerns are to be notified about contracting (or subcontracting) opportunities generated by the program participant or its contractors involving covered financial assistance? [24 CFR 135.32 (a)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Does the Subrecipient have written procedures (i.e., "Section 3 Plan") governing how applicable entities are notified about their requirements pursuant to Section 3? [24 CFR 135.32(b) and 24 CFR 135.32(f)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Does the Subrecipient have written procedures (i.e., "Section 3 Plan") governing how compliance with the requirements of Section 3 will be monitored? [24 CFR 135.32(d) and 24 CFR 135.32(f)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6. Does the Subrecipient have written procedures (i.e., "Section 3 Plan") describing the steps taken to facilitate meeting the minimum numerical goals for employment and contracting opportunities? [24 CFR 135.32(c)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Core Checklist Template

Grantee/ Recipient/ Subrecipient :

Monitor:

Date Completed:

5. File Review – ONSITE ONLY

Requirements		Response	Issue Type	Comments
<p>Instructions: Use this Section to indicate the completeness of the files reviewed during the onsite review. Refer to Section 4 of the OCD Disaster Recovery CDBG Grantee Administrative Manual for a list of documents that should be kept in each file. Additionally, if a Project Review has recently occurred (or is underway), the Monitor may use the results of the Project Review to draw conclusions regarding the sufficiency of the files.</p>				
1. Are the Subrecipient’s General files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
2. Review the Subrecipient’s Citizen Participation Files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
3. Pull a sample of the Subrecipient’s Procurement and Contracting files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
4. Pull a sample of the Subrecipient’s Management/Personnel files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
5. Pull a sample of the Subrecipient’s monitoring files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
6. Pull a sample of the Subrecipient’s Acquisition files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
7. Pull a sample of the Subrecipient’s Relocation files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
8. Pull a sample of the Subrecipient’s Section 504 files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
9. Pull a sample of the Subrecipient’s Equal Opportunity files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
10. Pull a sample of the Subrecipient’s Labor files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
11. Pull a sample of the Subrecipient’s audit files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
12. Pull a sample of the Subrecipient’s Environmental Review files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
13. Pull a sample of the Subrecipient’s Close-Out files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		
14. Pull a sample of the Subrecipient’s National Objective / Eligible Activities files. Are the files adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Finding <input type="checkbox"/> Concern		



Office of Community Development/Disaster Recovery Unit

Exhibit 12-4

Compliance Monitoring Project Checklist Template

Revised April 13, 2015

Compliance Monitoring Project Checklist Template

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Compliance Monitoring Project Checklist Template

1. Monitoring Instructions

The Monitor should be familiar with the overall monitoring strategy prior to executing this checklist. The Monitor should use this checklist to review each Project. The results of all Project Reviews will be used to determine the adequacy of the Grantee/ Recipient/ Subrecipient's policies and procedures, compliance with program/project requirements, and need for technical assistance.

The following steps should be taken to perform a Project Review:

1. Review the following to obtain an understanding of the program/project grant requirements:
 - a. Governing statutes, regulations and official guidance;
 - b. Grant Agreements;
 - c. Action Plans and Amendments; and,
 - d. Waivers.
2. Review the following to obtain an understanding of the project:
 - a. Grantee/ Recipient/ Subrecipient's Procurement, Contract Management, Financial Management, and Monitoring Policies and Procedures
 - b. Contractor's policies and procedures as it relates to project execution;
 - c. Binding Agreement executed between the Grantee/ Recipient/ Subrecipient and the OCD/DRU; and,
 - d. Project Application.
3. Complete Monitoring Prep Section
 - a. Execute Section 2 of this Checklist, "Monitoring Prep - Preliminary Data Collection"
 - b. Collect the required documentation (See Section 3 of this Checklist, "Monitoring Prep – Document Collection")
4. Select contractors/contracts to be reviewed. (Worksheets should be completed for each contractor/contracts selected to review procurement, contract, financial management, and labor documentation.)
 - a. Select 50% or a minimum of two contractors/contracts.
 - b. If issues are found within the selected sample, broaden the sample to include additional contractors/contracts.
5. Select a sample of invoices per contractor to be reviewed ("invoice sample") to execute Worksheet 2.
 - a. Determine the total number of invoices that have been submitted to the Grantee/ Recipient/ Subrecipient from the contractor based on the date of the last review.
 - b. Based upon the total number of invoices submitted since the last review, use the Invoice Selection Sampling Methodology to determine number of invoices required to be reviewed per contractor within the sample.
 - c. Invoice Selection Sampling Methodology:
 - i. Less than 20 invoices have been submitted since the last review, select 3
 - ii. If 20 - 49 invoices have been submitted since the last review, select 5
 - iii. If 50 - 99 invoices have been submitted since the last review, select 10
6. Execute the remaining applicable Checklist Sections and Worksheets (Worksheets are to be completed for each contractor reviewed.)

Note: All Sections will not be relevant to each Project Type

 - a. Each Section contains a description, detailed instructions, and a list of documents required to complete the Section.
 - b. Refer to the applicable section within the OCD Disaster Recovery CDBG Grantee Administrative Manual for additional guidance
 - c. Complete all questions as indicated. As applicable, mark "N/A", "Finding", or "Concern" to identify any issues. Provide comments for your responses in the identified areas.
7. Complete the Conclusion Section of the Checklist.

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

2. Monitoring Prep – Preliminary Data Collection

11. Grantee/ Recipient/ Subrecipient:

12. Project ID:

Project Type: Infrastructure Housing Econ Dev Planning

13. Project Description:

14. Project Budget:

14.1. More than \$200,000? Yes No

15. Project Risk: High Medium Low

16. Is Construction Involved? Yes No

17. Was Property Acquired? Yes No

17.1. Were owner-occupants, tenants, or businesses displaced? Yes No

18. National Objective(s) selected

<input type="checkbox"/> Low to Moderate Income (LMI) Area	<input type="checkbox"/> S/B Spot Basis
<input type="checkbox"/> LMI Limited Clientele	<input type="checkbox"/> Urgent Need
<input type="checkbox"/> LMI Housing	<input type="checkbox"/> None (Planning/Capacity Building/Admin/Technical Assistance Activities)
<input type="checkbox"/> LMI Job Creation and Retention	<input type="checkbox"/> Planning only grants
<input type="checkbox"/> Slum and Blight (S/B) Area	

19. Eligible Activity(ies) selected:

<input type="checkbox"/> 105(a)(1) – Acquisition of Real Property	<input type="checkbox"/> 105(a)(15) – Activities Carried Out through Nonprofit Development Organizations – Neighborhood Revitalization, Community Economic Develop, or Energy Conservation
<input type="checkbox"/> 105(a)(2) – Public Facilities and Improvements and Privately-Owned Utilities	<input type="checkbox"/> 105(a)(16) – Planning and Capacity Building – Energy Conservation
<input type="checkbox"/> 105(a)(3) – Code Enforcement	<input type="checkbox"/> 105(a)(17) – Economic Development Assistance to For-Profit Business
<input type="checkbox"/> 105(a)(4) – Clearance, Rehabilitation, Reconstruction, and Construction of Buildings (Including Housing)	<input type="checkbox"/> 105(a)(18): Rehabilitation or Development of Housing
<input type="checkbox"/> 105(a)(5) – Architectural Barrier Removal	<input type="checkbox"/> 105(a)(19) – Technical Assistance to Public or Nonprofit Entities
<input type="checkbox"/> 105(a)(6) – Loss of Rental Income	<input type="checkbox"/> 105(a)(20) – Housing Services
<input type="checkbox"/> 105(a)(7) – Disposition of Real Property	<input type="checkbox"/> 105(a)(21) – Assistance to Institutions of Higher Education
<input type="checkbox"/> 105(a)(8) – Public Services	<input type="checkbox"/> 105(a)(22) – Microenterprise Assistance
<input type="checkbox"/> 105(a)(9) – Payment of Non-Federal Share	<input type="checkbox"/> 105(a)(23) – In Rem Housing
<input type="checkbox"/> 105(a)(10) – Completion of Federal Urban Renewal Projects	<input type="checkbox"/> 105(a)(24) – Homeownership Assistance
<input type="checkbox"/> 105(a)(11) – Relocation	<input type="checkbox"/> 105(a)(25) – Lead-based Paint Hazard Evaluation and Reduction
<input type="checkbox"/> 105(a)(12) – Planning and Capacity Building – Community Development	
<input type="checkbox"/> 105(a)(13) – Program Administration Costs	
<input type="checkbox"/> 105(a)(14) – Activities Carried Out through NPSs Acquisition, Construction, Reconstruction, Installation, Rehabilitation, or Planning	

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

2. Monitoring Prep – Preliminary Data Collection

20. Contractor Summary

Contractor	Contract Start Date	Contract Expiration Date	Contract Value	Brief Description of Scope of Services
20.1.				
20.2.				
20.3.				
20.4.				
20.5.				
20.6.				
20.7.				
20.8.				
20.9.				
20.10.				
20.11.				
20.12.				
20.13.				

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient: **Project ID:** **Monitor:** **Date Completed:**

3. Monitoring Prep - Document Collection

Description: The Monitor must collect the following documents in order to execute the Project Checklist.

Instructions: Work with the appropriate staff to follow up with the Grantee/ Recipient/ Subrecipient until the requisite documents are received. Check the box in the “Received?” column once received.

Section	Type of Applicable Project	Required Documents	Received?
Section 4: Citizen Participation	All	Citizen Participation Plan, if applicable	<input type="checkbox"/>
		Evidence of Citizen Participation (Public hearing meeting notices, attendance logs, minutes, etc.)	<input type="checkbox"/>
Section 5: National Objective and Eligible Activities	All	Project Application	<input type="checkbox"/>
Section 6: Monitoring	All	Monitoring Policies and Procedures (Monitoring Plan)	<input type="checkbox"/>
		Monitoring Plan Schedule	<input type="checkbox"/>
		Monitoring Results	<input type="checkbox"/>
Section 7: Procurement and Contract Review	All	Procurement Policies and Procedures	<input type="checkbox"/>
		For each Procurement/Contract: Justification of services, supplies, procured item(s)	<input type="checkbox"/>
		Advertisement/Publication <i>(Not applicable if services, supplies, or items are procured through the Small Purchase Method)</i>	<input type="checkbox"/>
		Proposals, Statement of Qualifications, Bids, or Quotes received	<input type="checkbox"/>
		Evaluation of all Proposals, Statement of Qualifications, or Bids received <i>(Not applicable if services, supplies, or items are procured through the Small Purchase Method)</i>	<input type="checkbox"/>
		Cost/Price Analysis	<input type="checkbox"/>
		Notice of Contract Award	<input type="checkbox"/>
Section 8: Labor	All Construction Projects	For each Contractor, as applicable: Proof of Insurance	<input type="checkbox"/>
		Contractor Clearance Form	<input type="checkbox"/>
		Evidence of Labor Compliance Officer (LCO) Labor Interviews	<input type="checkbox"/>
		Proof of approval from the OCD/DRU to use Force Account Labor, if applicable	<input type="checkbox"/>
		LCO Labor Issues Log (including description, issue type, restitution amount, if any)	<input type="checkbox"/>
		For each Contractor: Verification of Wage Decision Form <i>(Construction contracts exceeding \$2,000 Only)</i> Two Weekly Payrolls	<input type="checkbox"/>
Section 9: Financial Management	All	Financial Management Policies and Procedures	<input type="checkbox"/>
		Chart of Accounts	<input type="checkbox"/>
		Project Budget	<input type="checkbox"/>
		Revenue/Expenditure Report (or “Financial Status Report”)	<input type="checkbox"/>
		Bank Statement (Or other documentation required to review Cash Management)	<input type="checkbox"/>
		Most recent reconciliation	<input type="checkbox"/>

Compliance Monitoring Project Checklist Template

Section	Type of Applicable Project	Required Documents	Received?
		For each Contractor: Invoice Sample Required Number of Invoices <i>(See Monitoring Instructions for steps to determine invoice sample)</i>	<input type="checkbox"/>
		Supporting Documentation for each Invoice	<input type="checkbox"/>
Section 10: Section 3 of the HUD Act of 1968	All housing const., rehab, or other public service const. projects if the Grantee/ Recipient/ Subrecipient has been obligated \$200,000 or more to these project types OR All housing const. rehab or other public service const. projects where a contractor or subcontractor is performing work for which the amount of assistance exceeds \$200,000 and the contract or subcontract exceeds \$100,000.	Section 3 Plan <i>(Only for Construction contracts exceeding \$100,000 to execute a Section 3 covered project.)</i>	<input type="checkbox"/>
Section 11: Environmental Review	All	Applicable Notice: (Notice of Acceptance of Exemption, Notice of Release of Funds, Certification of Categorical Exclusion)	<input type="checkbox"/>
		First Draw Request	<input type="checkbox"/>
Section 12: Acquisition and Relocation	Projects for which property was acquired	Acquisition/Relocation Log (including property addresses and acquisition type)	<input type="checkbox"/>
		For Property within URA Property Sample: Address	<input type="checkbox"/>
		Valuation or Appraisal (and review appraisal)	<input type="checkbox"/>
		Statement of Just Compensation (only if acquisition is subject to URA)	<input type="checkbox"/>
		Act of Sale	<input type="checkbox"/>
		Statement of Settlement Costs	<input type="checkbox"/>
		Deed (showing transfer to Grantee/ Recipient/ Subrecipient)	<input type="checkbox"/>
		Proof of Purchase Price (canceled check)	<input type="checkbox"/>
		Relocation Notices	<input type="checkbox"/>
		Proof of Relocation Services Provided	<input type="checkbox"/>
Section 13: Property Management	Projects where real property was purchased	Property Control Tracking Log (including evidence of the most recent inventory)	<input type="checkbox"/>
		Notification to the OCD/DRU if property has been disposed of	<input type="checkbox"/>
Section 14: Lead-Based Paint, Asbestos, and Mold	Construction Projects	Lead-Based Paint Evaluation or Assessment	<input type="checkbox"/>
		Lead-Hazard Clearance Report	<input type="checkbox"/>
		Documentation that owners are providing tenants appropriate Lead-based paint pamphlets and disclosure statements (Housing Projects Only)	<input type="checkbox"/>
		Asbestos statutory checklist	<input type="checkbox"/>
		Mold inspection	<input type="checkbox"/>

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient: **Project ID:** **Monitor:** **Date Completed:**

4. Citizen Participation

Requirement	Response	Issue Type	Comments
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Description: The citizen participation requirements were waived for disaster assistance related to Hurricanes Katrina, Rita, Gustav and Ike and replaced with alternate requirements. However, the waiver and alternate requirements still provide for reasonable public notice, appraisal, examination, and comment on the activities proposed for the use of disaster recovery CDBG funds.

Monitoring Instructions: Review the methods the Grantee/ Recipient/ Subrecipient used (e.g., public hearing notices, advertisements in print or online media, websites for public comment, etc.) to provide an opportunity for and encourage citizen participation. Complete the following questions as indicated. As applicable, mark “N/A”, “Finding”, or “Concern” to identify any issues. Provide comments for your responses in the identified areas.

Documents Needed:

- Project Application
- Citizen Participation Plan, if applicable
- Evidence of Citizen Participation (Public hearing meeting notices, attendance logs, minutes, etc.)

<p>1. Is there sufficient evidence the Project underwent a citizen participation period prior to project approval?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
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Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

5. National Objective and Eligible Activities

Requirement	Response	Issue Type	Comments
<p>Description: Any activity undertaken by a Grantee/ Recipient/ Subrecipient must be eligible under the HCDA (Housing and Community Development Act) and meet at least one CDBG National Objective.</p> <p>Monitoring Instructions: Obtain an understanding of all project activities prior to completing this section. Compare the activities identified in the Project Application to these activities to determine if the activities undertaken throughout the project meet the requirements set forth by the National Objective and Eligible Activities selected.</p> <p>Documents Needed:</p> <ul style="list-style-type: none"> • Project Application + an understanding of all project activities 			
<p>1. Review the National Objective(s) selected for the project (see project application and/or Section 2). Are policies and procedures in place to ensure that the project meets a National Objective (24 CFR 570.483)? Note any discrepancies.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2. Are the written policies and procedures sufficient for ensuring that the program/project meets a National Objective?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>3. Review the Eligible Activity(ies) selected for the project (see project application and/or Section 2). Are policies and procedures in place to ensure that project activities align with those listed in the project application? Note any discrepancies.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>4. Are the policies and procedures being followed as written?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

6. Monitoring

Requirement	Response	Issue Type	Comments
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Description: Grantee/ Recipient/ Subrecipients are responsible for ensuring that programs meet the compliance requirements within executed agreements, applicable federal, state, and local laws, regulations, and codes. This includes monitoring their projects, project administrators, contractors, and subcontractors.

Monitoring Instructions: Obtain an understanding of the Grantee/ Recipient/ Subrecipient’s Monitoring Policies and Procedures. Review the Grantee/ Recipient/ Subrecipient’s Monitoring Plan to determine the monitoring schedule. Complete the following questions as indicated. As applicable, mark “N/A”, “Finding”, or “Concern” to identify any issues. Provide comments for your responses in the identified areas.

Documents Needed:

- Monitoring Policies and Procedures (Monitoring Plan)
- Monitoring Plan Schedule
- Grantee/ Recipient/ Subrecipient’s Monitoring Reports, if any

5. Does the Grantee/ Recipient/ Subrecipient have an approved Monitoring Plan in place that sufficiently evaluates compliance with contractual, financial, and CDBG requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6. Are there sufficient procedures for ensuring the quality of monitoring efforts, including documentation and intended actions, and follow-through on promised actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6.1. If no, is the project due for a review, according to the Monitoring Plan/Schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6.2. If yes, notate any concerns or findings identified as a result of the Grantee/ Recipient/ Subrecipient’s monitoring efforts.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

6.1 Duplication of Benefits

1. Does the Grantee/ Subrecipient have documentation showing that it reviewed and monitored the activity for duplication of benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
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Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

7. Procurement and Contract Review

Requirement	Response	Issue Type	Comments
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Description: The Monitor is charged with determining if the Grantee/ Recipient/ Subrecipient is in compliance with the required standards relating to procurement of equipment, supplies, real property (land, including all the natural resources and permanent buildings on it), and services (including consulting and construction services, among others). The Monitor is also charged with determining if the contracts resulting from the procurement are complete and consistent with the requirements of the procurement solicitation and the program or project policies and procedures. The checklist questions build upon requirements contained in federal and state statutes, regulations, Executive Orders, and other directives (e.g., OMB Circulars).

Depending upon the nature of the procurement (equipment or supplies, consulting, professional services) or if the procurement involves IT services or acquisition of real property (land, including all the natural resources and permanent buildings on it), specific standards will apply. Grantee/ Recipient/ Subrecipients often have prescribed processes that are to be used for negotiating, executing and implementing contracts. These are usually prepared under the supervision and guidance of attorneys.

Monitoring Instructions: Obtain an understanding of the Grantee/ Recipient/ Subrecipient’s Procurement and Contract Management Policies and Procedures. Execute the **“Procurement And Contract Review Worksheet”** for each procurement/contract reviewed by marking “N/A”, “Finding”, or “Concern” to identify any issues, as applicable. Provide comments for your responses in the identified areas.

Complete this Section based upon the procurement process associated with each Contractor within the contract sample. Complete the following questions as indicated.

<p>1. After completing the Procurement and Contract Review (Worksheet 1) for each contractor, is there evidence that all procurements were performed according to all applicable federal, state, and local laws, regulations, and codes?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2. After completing the Procurement and Contract Review (Worksheet 1) for each contractor, is there evidence that all contracts were executed according to all applicable federal, state, and local laws, regulations, and codes?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>3. After completing the Procurement and Contract Review (Worksheet 1) for each contractor, is there a potential conflict of interest because of one firm providing multiple services? i.e. administrative consultant services and engineering services.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template

**Grantee/ Recipient/
Subrecipient:**

Project ID:

Monitor:

Date Completed:

8. Labor

Requirement	Response	Issue Type	Comments
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Description: Grantee/ Recipient/ Subrecipients and Contractors implementing projects involving construction contracts are required to comply with applicable labor-related laws and regulations. Execute **“Worksheet 2: Contractor Labor Review** for all contracts within the sample.

Then, answer the following questions as directed and mark “N/A”, “Finding”, or “Concern” to identify any issues, as applicable. Provide comments for your responses in the identified areas.

Documents Needed (if Grantee/ Recipient/ Subrecipient is not exempt from Labor Requirements [see Question 1]:

- Evidence of Labor Compliance Officer (LCO) Labor Interviews
- Proof of approval from the OCD/DRU to use Force Account Labor, if applicable
- LCO Labor Issues Log (including description, issue type, restitution amount, if any)
- Verification of Wage Decision Form
- Contract (including Wage Decision included within contract)
- Contractor Clearance Form

<p>1. Is the Grantee/ Recipient/ Subrecipient exempt from Davis-Bacon and Related Acts and the Copeland Anti-Kickback requirements? If yes, do not execute the remainder of this Section.</p> <p><i>All contracts must meet at least one of the following in order for the Grantee/ Recipient/ Subrecipient to be exempt:</i></p> <ul style="list-style-type: none"> • Construction contracts at or below \$2,000 • Rehabilitation or construction of residential structures containing less than eight units; • Simple water and sewer line extensions without pumps, tanks, etc. • Separate and distinct projects. (Contact the OCD/DRU for guidance); or, • Contracts solely for demolition, when no federally-funded construction is anticipated on the site. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2. Has the Grantee/ Recipient/ Subrecipient designated a Labor Compliance Officer (LCO)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>3. If yes, is there evidence that the LCO is ensuring labor compliance requirements are met by contractors and subcontractors?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>4. Is there evidence that the contractors/subcontractors have been informed of their responsibilities regarding labor compliance? (Typically found within the contract.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>5. After completing the Contractor Labor Review (Worksheet 2) for each Contractor, is there evidence that the Grantee/ Recipient/ Subrecipient is in compliance?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

8.1 Onsite Interviews

<p>1. Is there evidence that contractor employee interviews are being performed by the Grantee/ Recipient/ Subrecipient’s LCO?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
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Compliance Monitoring Project Checklist Template

**Grantee/ Recipient/
Subrecipient:**

Project ID:

Monitor:

Date Completed:

8. Labor

Requirement	Response	Issue Type	Comments
2. Is there evidence that the LCO confirmed that the job site met all federal requirements regarding the posting of labor-related information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

8.2 Force Account Labor

1. Has the Grantee/ Recipient/ Subrecipient elected to utilize Force Account Labor in implementing the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Did the Grantee/ Recipient/ Subrecipient receive written approval from the OCD/DRU prior to utilizing Force Account Labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

8.3 Issue Identification and Compliance Enforcement

1. Has the LCO identified any labor compliance issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Did the LCO notify the contractor of all issues and request certified corrected payrolls?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.1. Did the contractor provide certified corrected payrolls for all labor compliance issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Did any issues require restitution to the employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Did the contractor provide evidence that restitution was paid to the employee within its certified corrected payrolls?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. If the issue was related to overtime, did the LCO inform the contractor of its options (request waiver or pay liquidated damages)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5.1. Were the procedures described in the OCD Disaster Recovery CDBG Grantee Administrative Manual followed to resolve the liquidated damages issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6. Have all labor compliance issues been resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

8.4 Labor Files Review - ONSITE ONLY

1. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain Contractor's License Number? (LA RS 38:2212 requires the LA Contractors License Number)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain evidence of apprenticeship/trainee registration & certification if apprentice/trainee rates were paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain complaints from workers, if any, and actions taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template

**Grantee/ Recipient/
Subrecipient:**

Project ID:

Monitor:

Date Completed:

8. Labor

Requirement	Response	Issue Type	Comments
4. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain Supplementary Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain Labor Standards Enforcement Report?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain Notification of Underpayment or Withholding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
7. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain Wage Rate Determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
8. Do the Grantee/ Recipient/ Subrecipient's Labor Standards Files contain Payroll Documentation, to include the following: <ul style="list-style-type: none"> • Payroll deduction authorizations • Contractor's/Subcontractor's New Employee Information Form • Fringe Benefit Verification 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

9. Financial Management

Requirements	Response	Issue Type	Comments
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Description: A Grantee/ Recipient/ Subrecipient’s financial management system must ensure that all expenditures are reasonable and related to allowable activities, are in compliance with applicable laws, rules, and regulations, and are properly supported by appropriate documentation. Grantee/ Recipient/ Subrecipients must track and report each project separately.

Monitoring Instructions: Obtain an understanding of the Grantee/ Recipient/ Subrecipient’s Financial Management Policies and Procedures. Review the total amount budgeted and total amount expended for the Project. Complete **“Worksheet 3: Contractor Support Documentation/Allowable Costs Review”** for all contractors reviewed.

Documents Needed:

- Policies and Procedures
- Project Budget Report
- Revenue/Expenditure Report (or “Financial Status Report”)
- Chart of Accounts
- Bank Statement (Or other documentation required to review cash management)
- Most recent reconciliation
- Execute Worksheet 3 for each Contractor reviewed

9.1 Expenditure Review

1. Were indirect costs charged to the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
1.1. If yes, did the Grantee/ Recipient/ Subrecipient submit a federally-approved Indirect Cost Plan to the OCD/DRU?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Do the Project Delivery Costs fall within 15% of total project budget? <i>Notate the Project Budget, Project Costs, and Project Delivery Costs.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

9.2 Support Documentation/Allowable Costs Summary

1. Based on the completion of WORKSHEET 3 , was all support documentation complete and costs allowable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
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9.3 Cash Management Review

1. Has the Grantee/ Recipient/ Subrecipient minimized the time between funds receipt and disbursement? (Generally disbursed within 3 working days). <i>Notate the date funds were received from OCD/DRU and the date the funds were disbursed to the contractor/Subrecipient</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
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Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

9. Financial Management

Requirements	Response	Issue Type	Comments
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9.4 Budget to Actual Reconciliation Review

Instructions: Review the Project Budget and the current expenditures. List items identified as Project Delivery Costs from Project Application under the heading labeled “3.1 Project Delivery Costs”. List items identified as Project Costs from Project Application under the heading labeled “3.2 Project Costs”. See Note 3 for a description of project costs verses project delivery costs.

1. Total Project Budget:	
1.1. Budget Approval Date:	
2. Current Amount Expended:	
2.1. Reconciliation Date:	

3. Budget/Actual Detail	Budgeted Amount	Actual Amount	On Track?		
3.1. Project Delivery Costs			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.1.1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.1.2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.1.3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.1.4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.2. Project Costs			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.2.1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.2.2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.2.3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Note 3: Project Delivery Costs vs. Project Costs

- Project Delivery Costs are used specifically to meet the requirements to complete a particular project, especially as it applies to meeting CDBG requirements. This would include such things as eligibility verification, environmental clearance, project monitoring, application development, etc.
- Project Costs are the direct costs of the project, such as the amount of the actual loan or grant provided, construction costs, etc.

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

10. Section 3 of the HUD Act of 1968

Requirements	Response	Issue Type	Comments
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Description: Section 3 of the Housing and Urban Development Act of 1968 [12 U.S.C. 1701u and 24 CFR Part 135] is HUD’s legislative directive for providing preference to low- and very low-income residents of the local community (regardless of race or gender), and the businesses that substantially employ these persons, for new employment, training, and contracting opportunities resulting from HUD-funded projects. A “covered project” is a project for which Section 3 applies. “Covered funds” are those funds used to fund a “covered project”.

Section 3 Residents are:

- Residents of Public and Indian Housing, or
- Individuals that reside in the metropolitan area or nonmetropolitan parish in which the Section 3 covered assistance is expended and whose income does not exceed the local HUD income limits set forth for low- or very low-income households.

Section 3 Business Concerns are One of the Following:

- Businesses that are 51 percent or more owned by Section 3 residents;
- Businesses with 30 percent or more permanent, full-time employees whom are currently Section 3 residents, or were Section 3 residents within three years of the date of first employment; or
- Businesses that provide evidence of a commitment to subcontract in excess of 25 percent of the dollar amount of all subcontracts to be awarded to businesses that meet the qualifications described above.

Monitoring Instructions:

Complete the following questions by marking the appropriate box for “Yes”, “No”, or “N/A”. As applicable, mark “N/A”, “Finding” or “Concern” to identify any issues. Provide comments describing the basis for your response in the space provided.

Required:

- Knowledge of Grantee/ Recipient/ Subrecipient’s total allocation and all project activities
- Executed Worksheet 1 for the contractor (or the applicable procurement solicitation)
- Contract
- Contractor’s Section 3 Plan

1. Has the Grantee allocated \$200,000 or more DR-CDBG funds into projects/activities involving housing construction, demolition, rehabilitation, or other public construction—i.e., roads, sewers, community centers, etc.? (See the Core Checklist, Section 4.4.) <i>If no, the remaining questions within this Section are not applicable.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. After completing Procurement and Contract Review (Worksheet 1, Procurement Requirements: Question 6.5) for each contractor in the sample, was it determined that the Grantee included a Section 3 clause within the applicable procurement solicitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. After completing Procurement and Contract Review (Worksheet 1, Contract Requirements: Question 6.5) for each contract in the sample, was it determined that the Grantee included a Section 3 clause within each of the applicable contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

10. Section 3 of the HUD Act of 1968

Requirements	Response	Issue Type	Comments
4. <u>New Hire Goal</u> – After completing the Section 3 Review (Worksheet 4, Question 10) for each contract within the sample, have any contractors hired employees to work on this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4.1 If Question 4 is “Yes”, were at least 30% of each contractors’ new hires Section 3 residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4.2 If Question 4.1 is “No”, has each contractor within the sample demonstrated that, to the greatest extent feasible, it has made an effort to ensure that the employment objectives of its Section 3 Plan(s) are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. <u>Contracting Goal</u> - After completing the Section 3 Review (Worksheet 4, Question 11) for each contract within the sample, has any contractor entered into any contracts to execute this Project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5.1 If Question 5 is “Yes”, did all contractors meet their Section 3 contracting goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5.2 If Question 5.1 is “No”, has each contractor within the sample demonstrated that, to the greatest extent feasible, it has made an effort to ensure that the contracting objectives of its Section 3 Plan are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

11. Environmental Review

Requirements	Response	Issue Type	Comments
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Description: Every project undertaken with DR CDBG funds is subject to the provisions of the National Environmental Policy Act of 1969 (NEPA), as well as the HUD environmental review regulations at 24 CFR Part 58. The Grantee/ Recipient/ Subrecipient is responsible for ensuring that an Environmental Review Record (ERR) is prepared for all activities associated with a project and environmental clearance is obtained prior to committing funds. No party involved with the project, including Grantee/ Recipient/ Subrecipients, may commit funds to the project, including incurring project costs, until the Grantee/ Recipient/ Subrecipient completes the appropriate environmental review and public notification process, and HUD approves a certification of compliance with environmental laws and request for release of funds from environmental conditions.

Monitoring Instructions: The Grantee/ Recipient/ Subrecipient is required to submit various documents to the OCD/DRU throughout the establishment of the Environmental Review Record. The OCD/DRU will issue a “*Notice of Acceptance of Exemption*” or “*Notice of Release of Funds*” once all environmental requirements have been satisfied. Complete the following questions by marking the appropriate box for Yes/No. Also notate the date that the Notice was received and the date the first costs were obligated by the Grantee/ Recipient/ Subrecipient. As applicable, mark “N/A”, “Finding”, or “Concern” to identify any issues. Provide comments for your responses in the identified areas.

Documents Needed:

- The appropriate notice(s):
 - *Notice of Acceptance of Exemption* (if exempt)
 - *Notice of Release of Funds* (if excluded and subject to 24 CFR part 58.35(a) or not exempt or excluded)
 - *Certification of Categorical Exclusion* (if categorically excluded)
- Date first costs were obligated

1. Are policies and procedures in place mandating that an environmental review be conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Are policies and procedures in place mandating that the proper Notice/Certification be obtained prior to commitment of funds (24 CFR 58.22)? <i>Note the date the Notice of Acceptance of Funds, Notice of Release of Funds or Certification of Categorical Exclusion was received and date first costs were obligated</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

11.1 Environmental Records – ONSITE ONLY

1. Does the Grantee/ Recipient/ Subrecipient maintain a copy of the Environmental Record that includes and accurate description of the project/activity, including all documentation related to determination, findings, public notices, consultation letters, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Does the Grantee/ Recipient/ Subrecipient have a copy of the Release of Funds in the files?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Does the Grantee/ Recipient/ Subrecipient have proof of current NFIP flood insurance if the activity is a structure located in a flood zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

12. Acquisition and Relocation

Requirements	Response	Issue Type	Comments
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Description: If property is acquired and/or occupants are displaced as a result of project activities, the Grantee/ Recipient/ Subrecipient is required to abide by the requirements of the Uniform Relocation Act (URA), the Real Property Acquisition Act of 1970, as amended, and Section 104(d) of the Housing and Community Development Act of 1974 (HCDA) and the implementing regulations at 24 CFR Part 570.496(a). The URA’s purpose is to establish a uniform policy for fair and equitable treatment of persons displaced as a result of federal and federally assisted programs. For additional information, refer to the OCD Disaster Recovery CDBG Grantee Administrative Manual.

Monitoring Instructions: Review the Grantee/ Recipient/ Subrecipient’s Acquisition/Relocation Log. Select two acquired properties that are subject to URA and two properties that are not subject to URA. If the Grantee/ Recipient/ Subrecipient has only acquired property that is subject to URA, select four of these properties, preferably with different relocation types (i.e., permanent, temporary, manufactured home, or business). Answer the appropriate sections of the following checklist based on the acquisition and relocation types. Complete the following questions as indicated. As applicable, mark “N/A”, “Finding”, or “Concern” to identify any issues. Provide comments for your responses in the identified areas.

Documents Needed:

- Acquisition/Relocation Log (including property addresses and acquisition type)
- For Selected Properties:
 - Address
 - Deed (showing transfer to Grantee/ Recipient/ Subrecipient)
 - Valuation or Appraisal (and review appraisal)
 - Proof of Purchase Price (canceled check)
 - Statement of Just Compensation (only if acquisition is subject to URA)
 - Relocation Notices
 - Act of Sale
 - Proof of Relocation Services Provided
 - Statement of Settlement Costs

1. Was any land, including all the natural resources and permanent buildings on it (“real property”), acquired or improved (see note below) with DR CDBG funds? <i>If no, continue to Question 3. If yes, continue to Question 2.</i> <i>Note: CDBG funds spent on acquisition, rehabilitation, or new construction connected with a demolition project funded with non-federal funds must also comply with Section 104(d).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Were occupants displaced as a result of any of the project activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. If any real property (land, including all the natural resources and permanent buildings on it) was purchased, was it in excess of \$25,000? [24 CFR 570.505]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template

<p>3.1. Does the CEA/binding agreement explicitly list the use of the real property?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>3.2. Will the property be used by the Grantee/ Recipient/ Subrecipient to continue to meet one of the project's National Objectives for at least five years after the expiration of the CEA/binding agreement?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>4. Identify the type of project activity</p> <p><u>Activities Not Applicable to URA</u> (Execute Section 12.1)</p> <ul style="list-style-type: none"> • Acquisition from another public agency • Temporary Construction Servitudes of Easements • Leases for a duration less than 15 years (including any options to renew) • Voluntary Acquisition • Acquisition of Streets under LRS 48:49 <p><u>Activities Applicable to URA</u> (Execute Section 12.2)</p> <ul style="list-style-type: none"> • Acquisition of Specific Parcels of Property by Purchase • Acquisition by Private Entities • Purchases, Donations, Partial Donations • Additional Rights of Way – Street Projects • Leases for a duration of 15 years or longer, or less than 15 but are automatically renewable • <input type="checkbox"/> Rehabilitation (No acquisition involved) 	N/A	N/A	

Compliance Monitoring Project Checklist Template

12.1 Acquisition Not Subject to URA	Property 1	Property 2
Instructions: From the Acquisition Log, select two properties acquired that are not subject to URA to answer the following questions.		
1. Address of the acquired property (selected from Acquisition Log):		
2. How was the value of the property established?	<input type="checkbox"/> Appraisal <input type="checkbox"/> Written Valuation	<input type="checkbox"/> Appraisal <input type="checkbox"/> Written Valuation
3. Review the Appraisal and the Review Appraisal or the Written Evaluation. Compare these documents to the Act of Sale. Is the sale price of the property listed within the Act of Sale consistent with the stated value of the property? <i>Comments:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	<input type="checkbox"/> Yes <input type="checkbox"/> No Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
4. Based on information obtained for this review, did the Grantee/ Recipient/ Subrecipient carry out the acquisition process in a manner that minimized hardships to the owners, and was the Grantee/ Recipient/ Subrecipient consistent with its treatment of other owners? <i>Comments:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	<input type="checkbox"/> Yes <input type="checkbox"/> No Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern

Compliance Monitoring Project Checklist Template

12.2 Acquisition Subject to URA	Property 3	Property 4
Instructions: Select two properties acquired that are subject to URA to answer the following questions.		
1. Address of the properties Subject to URA (selected from Relocation Log):		
2. Type of Property:	<input type="checkbox"/> Residential – Owned, Stick-Built (including modular) Home <input type="checkbox"/> Residential – Rental, Stick-Built (including modular) Home <input type="checkbox"/> Residential – Owned, Manufactured Home <input type="checkbox"/> Business	<input type="checkbox"/> Residential – Owned, Stick-Built (including modular) Home <input type="checkbox"/> Residential – Rental, Stick-Built (including modular) Home <input type="checkbox"/> Residential – Owned, Manufactured Home <input type="checkbox"/> Business
3. Were there occupants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Were the owner occupants or tenants displaced as a result of this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1. If yes, which type of displacement occurred:	<input type="checkbox"/> Permanent (execute Section 12.3) <input type="checkbox"/> Temporary (execute Section 12.4)	<input type="checkbox"/> Permanent (execute Section 12.3) <input type="checkbox"/> Temporary (execute Section 12.4)
5. Was property rehabilitated with no acquisition involved? <i>If yes, continue to Section 12.3. If no, continue to Question 6.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Was an appraisal required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Review the Appraisal and the Review Appraisal or the Written Evaluation. Compare these documents to the Statement of Just Compensation. Is the sale price of the property listed within the Statement of Just Compensation consistent with the stated value of the property? <i>Comments:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	<input type="checkbox"/> Yes <input type="checkbox"/> No Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
8. Did the Grantee/ Recipient/ Subrecipient execute the following documents sequentially for the acquired property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.1. Preliminary Acquisition Notice <i>Date Sent to Owner:</i>		
8.2. Written Offer <i>Date Sent to Owner:</i>		
8.3. Notice of Eligibility for Relocation Assistance <i>Date Sent to Owner Occupants or Tenants:</i>		
8.3.1. Was the Notice of Eligibility for Relocation Assistance within the 30 days of submitting the Written Offer to the Owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.4. Act of Sale <i>Date Executed</i> <i>Comments:</i>	Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern

Compliance Monitoring Project Checklist Template

12.2 Acquisition Subject to URA	Property 3	Property 4
<p>9. Based on the available evidence, did the Grantee/ Recipient/ Subrecipient carry out the acquisition process in a manner that minimized hardships to the owners?</p> <p><i>Comments:</i></p>	<p align="center"><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Issue Type</p> <p><input type="checkbox"/>N/A</p> <p><input type="checkbox"/>Finding</p> <p><input type="checkbox"/>Concern</p>	<p align="center"><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Issue Type</p> <p><input type="checkbox"/>N/A</p> <p><input type="checkbox"/>Finding</p> <p><input type="checkbox"/>Concern</p>

Compliance Monitoring Project Checklist Template

12.2.1 Residential Relocation File Review – ONSITE ONLY	Property 3	Property 4
<p>1. For each residential relocation claim, does the Grantee/ Recipient/ Subrecipient’s Relocation File contain the following: <i>Comments:</i></p>	<p><i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i></p> <p><u>Issue Type</u></p> <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	<p><i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i></p> <p><u>Issue Type</u></p> <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
1.1. Evidence and dates of personal contacts; and description of services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2. Identification of person, displacement property, racial/ethnic group classification, age and sex of all members of household, monthly rent and utility costs for displacement and replacement housing, type of enterprise, and relocation needs and preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3. Recipient Interview and Survey (Household Case Record form for replacement-housing needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4. Identification of referrals to replacement properties, date of referral, sale price or rent/utility costs (if dwelling), date of availability, and reason(s) for declining referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5. Identification of actual replacement property, sale price or rent/utility costs (if dwelling), and date of relocation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.6. Replacement dwelling inspection report; and date of inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7. A copy of each approved claim form and related documentation; evidence that the person received payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.8. Copy of any appeal or complaint filed and recipient's response?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.9. Copy of deferred loan lien agreement that has been filed with the clerk of courts office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10. Acknowledgement of Receipt of Relocation Payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Compliance Monitoring Project Checklist Template

12.3 Relocation Benefits - Permanent Displacement	Property 3	Property 4
<p><u>EXECUTE THIS SECTION ONLY IF:</u></p> <ul style="list-style-type: none"> • Activity is subject to URA • Property is not a manufactured home • Owner Occupants or tenants were permanently displaced <p>The Relocation Process undertaken for the property identified within Section 12.2, Question 1 should be used to answer the following questions.</p>		
<p>1. Based on the property and displacement type, do occupants qualify to receive permanent displacement relocation benefits? <i>If yes, continue. If no, skip to Section 12.4</i></p>	<p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Was the 90-day Notice to Vacate issued after the Notice of Displacement?</p>	<p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2.1. Notice of Displacement <i>Date Issued:</i></p>		
<p>2.2. 90-day Notice to Vacate <i>Date Issued:</i> <i>Comments:</i></p>	<p>Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern</p>	<p>Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern</p>
<p>3. Which type of Relocation Assistance was provided?</p>	<p><input type="checkbox"/> Advisory Services <input type="checkbox"/> Relocation to a comparable unit <input type="checkbox"/> 180-day Homeowner Replacement Housing Payment <input type="checkbox"/> 90-day Tenant or Homeowner Rental Assistance Payment <input type="checkbox"/> 90-day Tenant or Homeowner Down Payment Assistance Payment <input type="checkbox"/> Moving Expenses</p>	<p><input type="checkbox"/> Advisory Services <input type="checkbox"/> Relocation to a comparable unit <input type="checkbox"/> 180-day Homeowner Replacement Housing Payment <input type="checkbox"/> 90-day Tenant or Homeowner Rental Assistance Payment <input type="checkbox"/> 90-day Tenant or Homeowner Down Payment Assistance Payment <input type="checkbox"/> Moving Expenses</p>

Compliance Monitoring Project Checklist Template

12.3.1 Residential Relocation File Review (Benefits) – ONSITE ONLY	Property 3	Property 4
1. If Relocation to a Comparable Unit was provided, were at least three comparable dwellings made available to the displaced person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. If a 180-day Homeowner Replacement Housing Payment was made, did the Grantee/ Recipient/ Subrecipient follow the following steps?	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.1. Did the displaced person own and occupy the displacement dwelling for at least 180 days prior to the initiation of acquisition negotiations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2. Did the displaced person purchase and occupy a comparable replacement dwelling prior to receiving payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3. Did the 180-day Homeowner Replacement Housing Payment exceed the maximum allowable payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If a 90-day Tenant or Homeowner Rental Assistance Payment was made, did the Grantee/ Recipient/ Subrecipient follow the following steps?	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.1. Did the displaced person own and occupy the displacement dwelling for at least 90 days prior to the initiation of acquisition negotiations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2. Did the displaced person rent or purchase and occupy a comparable replacement dwelling prior to receiving payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3. Did the 90-day Tenant or Homeowner Rental Assistance Payment exceed the maximum allowable payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4. Did the displaced person file their relocation assistance form within 1 year of moving to their replacement dwelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5. Was the replacement rental unit selected by the displaced person inspected by the Grantee/ Recipient/ Subrecipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If a 90-day Tenant or Homeowner Down Payment Assistance Payment was made, did the Grantee/ Recipient/ Subrecipient follow the following steps?	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.1. Did the displaced person own and occupy the displacement dwelling for at least 90 days prior to the initiation of acquisition negotiations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2. Did the displaced person file a down payment assistance form with the Grantee/ Recipient/ Subrecipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3. Did the 90-day Homeowner Down Payment Assistance Payment exceed the maximum allowable payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If Moving Expenses were paid, did the Grantee/ Recipient/ Subrecipient ensure that all expenses were reasonable and eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. If Advisory Services were provided, did the Grantee/ Recipient/ Subrecipient follow the following steps?	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
6.1. Did the Grantee/ Recipient/ Subrecipient provide information about the upcoming project and the earliest date they will have to vacate the property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2. Did the Grantee/ Recipient/ Subrecipient provide a complete explanation of their eligibility for relocation benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.3. Did the Grantee/ Recipient/ Subrecipient provide assistance in understanding their best alternatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4. Did the Grantee/ Recipient/ Subrecipient provide assistance in following the required procedures to receive payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.5. Did the Grantee/ Recipient/ Subrecipient provide current information on the availability and cost to purchase or rent suitable replacement locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.6. Did the Grantee/ Recipient/ Subrecipient provide assistance, including referrals, to help the business obtain an alternative location and become reestablished?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Compliance Monitoring Project Checklist Template

12.3.1 Residential Relocation File Review (Benefits) – ONSITE ONLY	Property 3	Property 4
6.7. Did the Grantee/ Recipient/ Subrecipient provide referrals to state or federal programs that may help the business reestablish and apply for funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8. Did the Grantee/ Recipient/ Subrecipient provide assistance in completing relocation claim forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Compliance Monitoring Project Checklist Template

12.4 Relocation Benefits - Temporary Displacement	Property 3	Property 4
<p><u>EXECUTE THIS SECTION ONLY IF:</u></p> <ul style="list-style-type: none"> Acquisition activity is subject to URA Property is a Stick-Built (including modular) Home Owner Occupants or tenants were temporarily displaced <p>The Relocation Process undertaken for the property identified within Section 12.2, Question 1 should be used to answer the following questions.</p>		
<p>1. Based on the property and displacement type, do occupants qualify to receive permanent displacement relocation benefits? <i>If yes, continue. If no, go to Section 12.5.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Was the owner temporarily displaced as a result of this project?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2.1. Did the Grantee/ Recipient/ Subrecipient provide assistance to an owner-occupant who voluntarily participated in a housing rehabilitation program?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2.2. If yes, was the owner faced with a “hardship” as described within the Grantee/ Recipient/ Subrecipient’s URA policy? <i>Comments:</i></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Issue Type <input type="checkbox"/>N/A <input type="checkbox"/>Finding <input type="checkbox"/>Concern</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Issue Type <input type="checkbox"/>N/A <input type="checkbox"/>Finding <input type="checkbox"/>Concern</p>
<p>3. Was a tenant temporarily displaced as a result of this project?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Was the Temporary Notice issued after the Notice of Non-displacement?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4.1. Notice of Non-displacement <i>Date Issued:</i></p>		
<p>4.2. Temporary Relocation Notice <i>Date Issued:</i> <i>Comments:</i></p>	<p>Issue Type <input type="checkbox"/>N/A <input type="checkbox"/>Finding <input type="checkbox"/>Concern</p>	<p>Issue Type <input type="checkbox"/>N/A <input type="checkbox"/>Finding <input type="checkbox"/>Concern</p>
<p>5. Which type of Relocation Assistance was provided to the tenant?</p>	<p><input type="checkbox"/>Appropriate advisory services <input type="checkbox"/>Reimbursement for all reasonable out-of-pocket expenses</p>	<p><input type="checkbox"/>Appropriate advisory services <input type="checkbox"/>Reimbursement for all reasonable out-of-pocket expenses</p>

Compliance Monitoring Project Checklist Template

12.5 Relocation Benefits - Business Displacement	Property 3	Property 4
<p><u>ONLY EXECUTE THIS SECTION IF:</u></p> <ul style="list-style-type: none"> Acquisition activity is subject to URA Property is a Business <p>The Relocation Process undertaken for the property identified within Section 12.2, Question 1 should be used to answer the following questions.</p>		
<p>1. Based on the property and displacement type, do occupants qualify to receive permanent displacement relocation benefits? <i>If yes, continue. If no, skip to Section 12.6</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Was the Notice of Relocation Eligibility issued after the General Information Notice?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2.1. General Information Notice <i>Date Notice Issued:</i></p>		
<p>2.2. Notice of Relocation Eligibility <i>Date Notice Issued:</i> <i>Comments:</i></p>	<p>Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern</p>	<p>Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern</p>
<p>3. Did the Notice of Relocation Eligibility meet the following requirements?</p>	<p><i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>3.1. Inform the business of the effective date of their eligibility</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3.2. Describe the assistance available and procedures</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3.3. If necessary, a 90-day Notice to Move may be sent after the initiation of negotiations.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3.4. The business must be told as soon as possible that they are required to:</p> <ul style="list-style-type: none"> Allow inspections of both the current and replacement sites by the Grantee/ Recipient/ Subrecipient’s representatives, under reasonable terms and conditions; Keep the Grantee/ Recipient/ Subrecipient informed of their plans and schedules; Notify the Grantee/ Recipient/ Subrecipient of the date and time they plan to move (unless this requirement is waived); and, Provide the Grantee/ Recipient/ Subrecipient with a list of the property to be moved or sold. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Which type of Relocation Assistance was provided? (Mark all that apply.)</p>	<input type="checkbox"/> Advisory Services <input type="checkbox"/> Direct Loss Payment <input type="checkbox"/> Substitute Equipment Payment <input type="checkbox"/> Replacement Location Search Expense <input type="checkbox"/> Reimbursement of Actual Moving Expenses <input type="checkbox"/> Other Moving and Related Expenses <input type="checkbox"/> Reestablishment Expenses <input type="checkbox"/> Fixed Payments	<input type="checkbox"/> Advisory Services <input type="checkbox"/> Direct Loss Payment <input type="checkbox"/> Substitute Equipment Payment <input type="checkbox"/> Replacement Location Search Expense <input type="checkbox"/> Reimbursement of Actual Moving Expenses <input type="checkbox"/> Other Moving and Related Expenses <input type="checkbox"/> Reestablishment Expenses <input type="checkbox"/> Fixed Payments

Compliance Monitoring Project Checklist Template

12.5.1 Business Relocation File Review (Benefits) – ONSITE ONLY	Property 3	Property 4
1. If Advisory Services were provided, did the Grantee/ Recipient/ Subrecipient follow the following steps?	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
1.1. Did the Grantee/ Recipient/ Subrecipient provide information about the upcoming project and the earliest date they will have to vacate the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2. Did the Grantee/ Recipient/ Subrecipient provide a complete explanation of their eligibility for relocation benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3. Did the Grantee/ Recipient/ Subrecipient provide assistance in understanding their best alternatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4. Did the Grantee/ Recipient/ Subrecipient provide assistance in following the required procedures to receive payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5. Did the Grantee/ Recipient/ Subrecipient provide current information on the availability and cost to purchase or rent suitable replacement locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.6. Did the Grantee/ Recipient/ Subrecipient provide assistance, including referrals, to help the business obtain an alternative location and become reestablished?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7. Did the Grantee/ Recipient/ Subrecipient provide referrals to state or federal programs that may help the business reestablish and apply for funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.8. Did the Grantee/ Recipient/ Subrecipient provide assistance in completing relocation claim forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If a Direct Loss Payment was made, was the Payment made to cover only one of the following? <i>Notate the covered expense.</i> <ul style="list-style-type: none"> • Losses associated with personal property that would not be moved • Losses associated with discontinuing the business, nonprofit or farm? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. If a Direct Loss Payment was made, was the Payment based on the lesser of the following? <i>Notate the calculation used.</i> <ul style="list-style-type: none"> • The fair market value of the item for continued use at the displacement site, minus the proceeds from the sale • The estimated cost to move the item, with no allowance for the following: storage, or reconnecting a piece of equipment if the equipment is in storage or not being used at the acquired site. If the business is discontinuing, the cost to move is based on a moving distance of 50 miles. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. If a Substitute Equipment Payment was made, was the Payment made to cover pay for an item used by the business, nonprofit, or farm is left in place, but promptly replaced with a substitute item that performs a comparable function at the new site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. If Replacement Location Search Expenses were paid, did Grantee/ Recipient/ Subrecipient ensure that costs were reasonable? <i>Costs may include: Transportation, meals and lodging away from home, time spent while searching, based on a reasonable pay salary or earnings, and Fees paid to a real estate agent or broker while searching for the site.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. If Reimbursement of Actual Moving Expenses were paid, did the Grantee/ Recipient/ Subrecipient ensure that costs were eligible, reasonable and necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Compliance Monitoring Project Checklist Template

12.5.1 Business Relocation File Review (Benefits) – ONSITE ONLY	Property 3	Property 4
7. If Other Moving and Related Expenses were paid, did the Grantee/ Recipient/ Subrecipient ensure that costs were eligible, reasonable and necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. If Other Moving and Related Expenses were paid to move low value, high bulk items, did the Grantee/ Recipient/ Subrecipient ensure that the allowable moving cost payment did not exceed the lesser of: a. The amount which would be received if the property were sold at the site; or, b. The replacement cost of a comparable quantity delivered to the new business location.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. If Reestablishment Expenses were paid, does the business qualifying for the reestablishment expenses qualify as a small business? <i>“Small Businesses” for this purpose are defined as those with at least one and no more than 500 people working at the project site.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. If Reestablishment Expenses were paid, did the Reestablishment Expenses exceed \$10,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. If Fixed Payments were paid, were the following criteria met?	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>DEPENDENT ON RESPONSES TO SUBQUESTIONS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11.1. Was the HUD Form 40056 (or equivalent) submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.2. Is the Fixed Payment between \$1,000 and \$20,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.3. Does the business meet the eligibility criteria? (<i>See OCD Disaster Recovery CDBG Grantee Administrative Manual, Section 10</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Compliance Monitoring Project Checklist Template

12.6 Relocation Benefits - Manufactured Homeowner Displacement	Property 3	Property 4
<p><u>ONLY EXECUTE THIS SECTION IF:</u></p> <ul style="list-style-type: none"> Acquisition activity is subject to URA Property is a Manufactured Home <p>The Relocation Process undertaken for the property identified within Section 12.2, Question 1 should be used to answer the following questions.</p>		
1. Based on the property and displacement type, do occupants qualify to receive permanent displacement relocation benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was the 90-day Notice to Vacate issued after the Notice of Displacement?		
2.1. Notice of Displacement <i>Date Issued</i>		
2.2. 90-day Notice to Vacate <i>Date Issued</i>	Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	Issue Type <input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern
3. Which type of Relocation Assistance was provided?	<input type="checkbox"/> Homepad Rental Assistance <input type="checkbox"/> Replacement Housing Assistance <input type="checkbox"/> Costs to Move a <input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Homepad Rental Assistance <input type="checkbox"/> Replacement Housing Assistance <input type="checkbox"/> Costs to Move a <input type="checkbox"/> Manufactured Home

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

13. Property Management

Requirements	Response	Issue Type	Comments
<p>Description: If Disaster Recovery CDBG funds are used to acquire personal property, the Grantee/ Recipient/ Subrecipient is responsible for ensuring:</p> <ul style="list-style-type: none"> The property continues to be used for its intended (and approved) purposes; Property records are maintained to keep track of the property; Measures are in place to safeguard and protect the property, and If the property is sold, proper disposition procedures are followed. <p>Monitoring Instructions: Review the Grantee/ Recipient/ Subrecipient's Property Control Tracking Log and complete the following questions as indicated.</p> <p>Documents Needed:</p> <ul style="list-style-type: none"> Property Control Tracking Log (including evidence of the most recent inventory) Notification to the OCD/DRU if property has been disposed of 			
1. Has any equipment been acquired through the use of DR CDBG funds to administer/implement this project? <i>If yes, continue. If no, skip to Section 13. Monitoring.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Are the policies and procedures sufficient to adequately identify CDBG property and assets and maintain the appropriate property? (i.e., Property Tags, Inventory Listing, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Is there evidence that a physical inventory was conducted within the last year and that the results reconcile with property records?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Does the Grantee/ Recipient/ Subrecipient's Control Tracking Log contain the following fields? <ul style="list-style-type: none"> Property Description Identification Number Funding Source Title Holder Acquisition date and cost Federal share of cost Location Use Condition Unit acquisition cost Disposition data (if applicable) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Is there evidence of a disposal of equipment/property that was purchased with CDBG Disaster Recovery funds? If yes, was the disposal completed in accordance with CDBG requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

13.1 Property Management File Review – ONSITE ONLY

Requirement	Response	Issue Type	Comments
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Compliance Monitoring Project Checklist Template

13.1 Property Management File Review – ONSITE ONLY							
Requirement	Response	Issue Type	Comments				
<p>Instructions: Select a random sample of the property acquired to implement this project (from the Grantee/ Recipient/ Subrecipient’s tracking log) using the transaction-based sampling. Identify the property selected within Question 1. Answer Question 2 for each piece of property selected within the sample within the column that coordinates with the Project identified within Question 1.</p> <ul style="list-style-type: none"> • If 50 – 99 pieces of property have been acquired, select 10 • If 100 -199 pieces of property have been acquired, select 20 • If 200 or more pieces of equipment have been acquired, select 65 • If 50 – 99 pieces of property have been acquired, select 10 • If 100 -199 pieces of property have been acquired, select 20 • If 200 or more pieces of equipment have been acquired, select 65 							
1. Property Sample Data	N/A	N/A	N/A				
A. Notate Property ID Number	#	N/A					
B. Notate Property ID Number	#	N/A					
C. Notate Property ID Number	#	N/A					
D. Notate Property ID Number	#	N/A					
E. Notate Property ID Number	#	N/A					
2. Does the Grantee/ Recipient/ Subrecipient’s Control Tracking Log contain the following data for the property within the property sample? <i>(Mark an X for each piece of property within sample.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>					
PROPERTY ID <i>(from Question 1)</i>	A	B	C	D	E	N/A	N/A
2.1. Property Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.2. Funding Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.3. Title Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.4. Acquisition date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.5. Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.6. Federal Share of Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.7. Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.8. Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.9. Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.10. Unit acquisition cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.11. Disposition date (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template

13.1 Property Management File Review – ONSITE ONLY			
Requirement	Response	Issue Type	Comments
3. Review the Property Control Tracking Log. Has any equipment that was purchased for this project been disposed of? <i>If yes, continue to Question 3.1. If no, continue to Question 4.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.1. Is there support for the Grantee/ Recipient/ Subrecipient notifying the OCD/DRU prior to disposal of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.2. Was the current per-unit fair market value greater than \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.3. If yes, was the Grantee/ Recipient/ Subrecipient compensation calculated correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3.4. Were the net proceeds from the sale considered as program income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Is there evidence that a physical inventory of the property has been performed within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Is there evidence that the Property Control Tracking Log is being maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

14. Lead-Based Paint, Asbestos, and Mold

Requirement	Response	Issue Type	Comments
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Description: Legislation implemented by HUD requires Grantee/ Recipient/ Subrecipients to ensure that potential lead-based paint hazards are disclosed to owners or tenants of residential property and identified lead-based paint hazards are dealt with accordingly. Worker exposure to, abatement, and disposal of asbestos and mold detection and remediation must be performed in accordance to applicable federal, state, and local requirements.

Monitoring Instructions: Review the Grantee/ Recipient/ Subrecipient’s records of inspections, evaluations or assessments, clearance reports and abatement, remediation and maintenance activities regarding lead-based paint, asbestos and mold. Complete the following questions as indicated. As applicable, mark “N/A”, “Finding”, or “Concern” to identify any issues. Provide comments for your responses in the identified areas.

Documents Needed:

- Binding Agreement executed between the Grantee/ Recipient/ Subrecipient and the OCD/DRU (including any amendments and task orders)
- Lead-Based Paint Evaluation or Assessment
- Lead-Hazard Clearance Report
- Grantee/ Recipient/ Subrecipient’s documentation that owners are providing tenants appropriate Lead-based paint pamphlets and disclosure statements
- Asbestos statutory checklist
- Mold inspection

14.1 Lead-Based Paint Hazard Mitigation

1. Is construction involved with the project? <i>If yes, continue. If no, activities are exempt from lead-based paint requirements and completion of this Section of the checklist is not required.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
1.1. If yes, are structures built prior to January 1, 1978 included within the project activities? <i>If yes, continue. If no, activities are exempt from lead-based paint requirements and completion of this Section of the checklist is not required.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Was the appropriate evaluation or assessment conducted for this housing project or activity? (<i>Lead Safe Housing Rule</i>) Notate the evaluation or assessment method used (Visual Assessment, Paint Testing, Risk Assessment, Paint Inspection, Lead Hazard Screen)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Was lead hazard remediation required? If so, notate the method used (abatement, interim controls, standard treatments).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Were Lead-safe work practices employed during Lead Hazard Reduction, rehabilitation, and maintenance work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4.1. If not, were they exempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Was a clearance report provided for maintenance work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template

Grantee/ Recipient/ Subrecipient:

Project ID:

Monitor:

Date Completed:

14. Lead-Based Paint, Asbestos, and Mold

Requirement	Response	Issue Type	Comments
14.2 Lead-Based Paint Disclosure			
1. Are housing activities associated with the project? <i>If yes, continue. If no, skip to Section 15</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. If yes, are structures built prior to January 1, 1978 included within the project activities? <i>If yes, continue. If no, activities are exempt from lead-based paint requirements and completion of this Section of the checklist is not required.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Is Grantee/ Recipient/ Subrecipient ensuring that tenants are provided with the Lead Hazard Information Pamphlet or an EPA-approved equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Is Grantee/ Recipient/ Subrecipient ensuring that tenants are provided a disclosure form prior to signing a lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
14.3 Asbestos and Mold			
1. Is renovation or demolition involved with the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Were structures inspected prior to performing any renovation or demolition activities to determine the presence of asbestos?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Were Clean Air Act and Occupational Safety and Health Administration regulations employed if asbestos was found or disturbed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Were structures inspected prior to performing any renovation or demolition activities to determine the presence of mold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	



Office of Community Development/ Disaster Recovery Unit

Supplement to Exhibit 12-4

Supplemental Worksheets for Project Checklist

Revised April 13, 2015

The following Worksheets are to be used in conjunction with the OCD/DRU Compliance Monitoring Project Checklist to review the procurement, contracting, labor and financial management compliance.

Contents

WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

WORKSHEET 2: CONTRACTOR LABOR REVIEW

WORKSHEET 3: CONTRACTOR SUPPORT DOCUMENTATION/ALLOWABLE COSTS REVIEW

WORKSHEET 4: SECTION 3 COMPLIANCE

Monitoring Instructions:

1. Select contractors/contracts to be reviewed.
 - a. Select 10% or a minimum of two contractors/contracts.
 - b. If issues are found within the selected sample, broaden the sample to include additional contractors/contracts.
 - c. Document the reasoning for adjusting the sample size, if applicable.
2. Execute each of the Worksheets for each contractor within the sample as described within each Worksheet.

12-4b

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WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

Grantee/ Recipient/ Subrecipient:	Project ID:	Monitor:	Date Completed:
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Contractor:

Requirements	Response	Issue Type	Comments
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Monitoring Instructions: Review the Grantee/ Recipient/ Subrecipient’s Procurement Policies and Procedures. Then, answer each question as directed and mark “N/A”, “Finding”, or “Concern” to identify any issues, as applicable. Provide comments for your responses in the identified areas. References and guidance are provided throughout this checklist section and should be used to help the Monitor determine if the standards are being met by the Grantee/ Recipient/ Subrecipient.

THIS WORKSHEET SHOULD BE COMPLETED FOR EACH CONTRACT WITHIN THE SELECTED SAMPLE.
 Once all Worksheets are completed, execute Section 7 of the OCD/DRU PIPP Compliance Monitoring Project Checklist.

- Documents Needed (For each procurement/contract reviewed):**
- Solicitation
 - Any submitted questions and the responses to those questions
 - Advertisement
 - Written evaluation or Score Sheet
 - Proposals, Statement of Qualifications, Bids, Quotes, etc.
 - Cost/Price Analysis
 - Notice of Contract Award
 - Contract
 - Wage Determination, if applicable
 - Documentation of Bid Opening Date, if applicable

Procurement Overview

1. Identify the Procurement Type (Small Purchase, Sealed Bid, Competitive Proposals, or Non-Competitive Proposals)	N/A	N/A	
2. Were any disputes related to procurement actions received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.1. If yes, were the disputes handled, resolved and disclosed? [24 CFR 85.36(b)(12); 24 CFR 84.84]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Is there evidence that the procurement was conducted using “open and free competition,” unless an exception applies? [24 CFR 85.36(c); 24 CFR 84.84]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Is there evidence that the procurement was conducted in a manner to eliminate unfair competitive advantages? [24 CFR 85.36 (c);24 CFR 84.84]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Is there evidence that a Notice of Contract Award has been sent to the OCD/DRU within 30 days of award for all prime construction contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

Grantee/ Recipient/ Subrecipient:		Project ID:	Monitor:	Date Completed:
Contractor:				
Requirements	Response	Issue Type	Comments	
6. If procured through the Sealed-Bid Method, was the contract awarded within the time frame established in State Bid Law? (45 days; time frame may be extended in 30-day increments by mutual consent.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern		
SMALL PURCHASE REQUIREMENTS				
7. For the Small Purchase method (an option when services are less than \$100,000 and supplies are less than \$30,000), is there evidence of a minimum of three quotes received by phone, fax or mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern		
8. For the Small Purchase method (an option when services are less than \$100,000 and supplies are less than \$30,000), is there evidence of documentation for basis of selection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern		
9. For the Small Purchase method (an option when services are less than \$100,000 and supplies are less than \$30,000), is there evidence of justification for acquisition of the services, supplies or equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern		
COMPETITIVE NEGOTIATION –RFP REQUIREMENTS				
10. For the Competitive Negotiation method using " Requests for Proposals ", is there evidence of the Request for Proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern		
11. For the Competitive Negotiation method using " Requests for Proposals ", is there evidence of that the RFP was publicized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern		
12. For the Competitive Negotiation method using " Requests for Proposals ", is there evidence that Proposals and copies of proposals were received timely?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern		
13. For the Competitive Negotiation method using " Requests for Proposals ", is there evidence that a written evaluation of each proposal was performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern		

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

Contractor: _____

Requirements	Response	Issue Type	Comments
14. For the Competitive Negotiation method using "Requests for Proposals" , is there evidence costs were analyzed for reasonableness to avoid unnecessary and duplicative purchases? [24 CFR 85.36(f)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
15. For the Competitive Negotiation method using "Requests for Proposals" , is there evidence that the selection process was thorough and uniform and the criteria and point system identified in the RFP was used to make the selection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
16. For the Competitive Negotiation method using "Requests for Proposals" , is there evidence of documentation of the reason for rejecting any or all proposals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
17. For the Competitive Negotiation method using "Request for Proposals" , is there evidence that sufficient records were maintained detailing the procurement history? <i>The records must include but not limited to:</i> <ul style="list-style-type: none"> • <i>Rationale for the method of procurement</i> • <i>Selection of contract type</i> • <i>Contractor selection or rejection</i> • <i>The basis for the contract price</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
18. For the Competitive Negotiation method using "Request for Proposals" , is there evidence that a contract administration system is being maintained to monitor the contractor's performance against terms, conditions and specifications of their contracts or purchase orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
COMPETITIVE NEGOTIATION – RFQ REQUIREMENTS			
19. For the Competitive Negotiation method using "Statements of Qualifications" , is there evidence of a copy of the Request for Qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
20. For the Competitive Negotiation method using "Statements of Qualifications" , is there evidence that the RFQ was publicized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

Contractor: _____

Requirements	Response	Issue Type	Comments
21. For the Competitive Negotiation method using "Statements of Qualifications" , is there evidence that Statements of qualifications were received timely?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
22. For the Competitive Negotiation method using "Statements of Qualifications" , is there evidence that a written evaluation of each statement was performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
23. For the Competitive Negotiation method using "Statements of Qualifications" , is there evidence of documentation of the reason for rejecting any or all RFQs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
24. For the Competitive Negotiation method using "Statements of Qualifications" , is there evidence that costs were analyzed for reasonableness to avoid unnecessary and duplicative purchases? [24 CFR 85.36 (f)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
25. For the Competitive Negotiation method using "Statements of Qualifications" , is there evidence of that the selection process was thorough and uniform and the criteria and point system identified in the Request for Qualification Statements was used to make the selection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
NON-COMPETITIVE NEGOTIATION			
26. For the Non-competitive Negotiation method, is there evidence of prior approval from the OCD/DRU if used to procure services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
27. For the Non-competitive Negotiation method, is there evidence of the rationale for using this procurement method meets the requirements of 24 CFR 85.36 (d)(4)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
28. For the Non-competitive Negotiation method, is there evidence of justification for services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
29. For the Non-competitive Negotiation method, is there evidence that costs were reviewed for reasonableness to avoid unnecessary and duplicative purchase? [24 CFR 85.36; 24 CFR 84.45, 84.84]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
SEALED-BID REQUIREMENTS			

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

Grantee/ Recipient/ Subrecipient:	Project ID:	Monitor:	Date Completed:
Contractor:			
Requirements	Response	Issue Type	Comments
30. For the Sealed-Bid method, is there evidence that final plans, specifications, and cost estimates (for construction only) were submitted to the OCD/DRU prior to advertising for bids?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
31. For the Sealed-Bid method, is there evidence that an advertisement for bids (“invitation for bids”) was published once a week for three weeks with the first ad appearing at least 25 days prior to bid opening?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
32. For the Sealed-Bid method, is there evidence that the Public bid opening occurred at the time and place set in the advertisement for bids?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
33. For the Sealed-Bid method, is there evidence that the procurement solicitation contained an “Effective Wage Decision”, if applicable? <i>Only applicable if construction-related services (including demolition where construction is anticipated) were procured and no labor standard exception requirements were met.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
34. For the Sealed-Bid method, is there evidence that wage decisions (dated no more than 10 days prior to bid opening) included in all requests and advertisements for bids?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
35. For the Sealed-Bid method, is there evidence that minutes of the bid opening were maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
36. For the Sealed-Bid method, is there evidence that a review of each bid was performed (tabulation of bids)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
37. For the Sealed-Bid method, is there documentation of the reason for rejecting any or all bids?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
38. For the Sealed-Bid method, is there evidence that the lowest responsible bidder was selected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

Contractor: _____

Requirements	Response	Issue Type	Comments
<p>39. For Procurements for Construction-related services, does the project meet one or more of the Labor Standard exception requirements? <i>If yes, notate the requirement identified below, but mark N/A for questions 40-44.</i></p> <ul style="list-style-type: none"> • Construction contracts at or below \$2,000 • Rehabilitation or construction of residential structures containing less than eight units; • Simple water and sewer line extensions without pumps, tanks, etc. may also be exempt; • Separate and distinct projects. Contact the OCD/DRU for guidance; • Contracts solely for demolition, when no federally-funded construction is anticipated on the site 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>40. For Procurements for Construction-related services, were effective wage decisions included in all requests and advertisements, as applicable?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>41. For Procurements for Construction-related services, did the procurement advertisement include a requirement that the Contractor and subcontractors are responsible for compliance with the applicable Nondiscrimination, Equal Employment Opportunity, and Affirmative Action in Employment Requirements?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>42. For Procurements for Construction-related services, did the procurement advertisement include a requirement that the contractor awarded the contract will undertake affirmative efforts to hire women’s business enterprises, minority firms, labor surplus firms and disadvantaged business enterprise? [24 CFR 85.36(e); 24 CFR 84.84]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>43. For Procurements for Construction-related services, did the procurement advertisement state that the Contractor and subcontractors are responsible for compliance with the provisions of Section 3 of the Housing and Urban Development Act of 1968?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>44. For Procurements for Construction-related services, did the procurement advertisement include a requirement that the Contractor and subcontractors are responsible for compliance with the provisions of Section 503/504 of the Rehabilitation Act of 1973, as amended?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

Contractor: _____

Requirements	Response	Issue Type	Comments
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Isaac Only

Grantees implementing projects utilizing funding from the Hurricane Isaac allocation are required to meet these guidelines.

45. Does the project include new construction of a residential building or a replacement of a substantially damaged residential building? 45.1. If yes, proceed to <i>Step 46</i> . 45.2.If no, proceed to <i>Step 48</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
46. Was construction of the residential building complete, under construction, or under contract prior to the date assistance was provided? 46.1.If yes, proceed to <i>Question 48</i> . 46.2.If no, proceed to <i>Question 47</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
47. Is there evidence that the Grantee verified that the construction achieved certification under at least one approved green program? Indicate program (<i>i.e., ENERGY STAR, Enterprise Green Communities, LEED, ICC-700 National Green Building Standard, EPA Indoor AirPlus or any other equivalent comprehensive green building program</i>).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
48. Has the Grantee verified construction follows the guidelines for the Green Building Retrofit Checklist. (<i>This question is not applicable if Question 47 is applicable.</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Contract Requirements

1. Identify the Contract Type: (Purchase Order, Fixed Price, Cost Reimbursement, or Time and Material)	N/A	N/A	
1.1. If a “time and material” type contract is used, was a determination made that no other contract is suitable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
1.2. If a “time and material” type contract is used, does the contract include a ceiling price that the contractor may exceed at its own risk? [24 CFR 85.36(b)(10)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
1.3. Was “cost plus a percentage of cost” or “percentage of construction cost” pricing used for the contract? <i>Note: This type of contract is not allowed (24 CFR 85.36(f)(4) and 84.44)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

Contractor: _____

Requirements	Response	Issue Type	Comments
2. Does the Contract Scope of Work/Services/ Equipment or Supplies match the Scope of Work/Services included within the procurement solicitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Based on the procurement type and equipment or supplies procured or services provided, was the correct contract type executed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Was the contract signed by all required parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Was the Contractor’s status reviewed to ensure that it is not debarred, suspended or is otherwise excluded from or ineligible for participation in Federal assistance programs under Executive Order 12549, “Debarment and Suspension” [24 CFR 85.35; 24 CFR 84.13]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5.1. Is Contractor Clearance Date after Contract Effective Date? <i>Notate the Contractor Clearance Data and Contract Effective Date</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
Contract Requirements			
6. For each contract within the contract sample, does the contract contain Scope of Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
7. For each contract within the contract sample, does the contract contain the Contract amount, with breakout of fees by services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
8. For each contract within the contract sample, does the contract contain the Method of compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
9. For each contract within the contract sample, does the contract contain the Contract date? <i>(Notate Contract Date)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
10. For each contract within the contract sample, does the contract contain a Section 3 clause?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
11. For each contract within the contract sample, does the contract contain a Equal Opportunity clause?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
12. For each contract within the contract sample, does the contract contain a Termination for Cause, and Convenience provision?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 1: PROCUREMENT AND CONTRACT REVIEW

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

Contractor: _____

Requirements	Response	Issue Type	Comments
13. For each contract within the contract sample, does the contract contain a Conflict of Interest clause?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
14. For each contract within the contract sample, does the contract contain an Access to Records provision?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
15. For each contract within the contract sample, does the contract list Executive Order 11246?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Isaac Only

Grantees implementing projects utilizing funding from the Hurricane Isaac allocation are required to meet these guidelines.

16. Did the Grantee/Subrecipient include (1) performance measures and penalties and (2) a period of performance in procured contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
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Labor Contract Requirements

Description: Only applies to construction contracts above \$2,000. Arbitrarily separating a project into individual contracts below \$2,000 in order to avoid the Davis-Bacon and Copeland Act requirements is not permitted.

1. Were wage decisions included within the executed contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Does the resulting contract reflect the wage categories for laborers or mechanics, etc., established in the "Effective Wage Decision"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.1. Are the rates for each wage category for laborers or mechanics, etc. in the contract at or above the rates specified in the "Effective Wage Decision"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Were wage decision lock-in dates established? (Notate the wage lock-in date and bid opening date) <ul style="list-style-type: none"> For contracts procured through the sealed bid method, the lock-in date is the 10 days prior to bid opening. For contracts procured through other methods, the lock-in date is the contract award date OR if contract performance commences more than 30 days after award, the lock in date is ten days prior to commencement of the work. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Do the wage decisions from the contract represent the correct time frame?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 2: CONTRACTOR LABOR REVIEW

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

Contractor: _____

Requirements	Response	Issue Type	Comments
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Monitoring Instructions: Review the Grantee/ Recipient/ Subrecipient’s Financial Management Policies and Procedures. Then, select an invoice sample based on transaction-based sampling methodology for the Contractor being reviewed. Answer each question as directed and mark “N/A”, “Finding”, or “Concern” to identify any issues, as applicable. Provide comments for your responses in the identified areas.

THIS WORKSHEET SHOULD BE COMPLETED FOR EACH CONTRACT WITHIN THE SELECTED SAMPLE.
Once all Worksheets are completed, execute Section 8 of the OCD/DRU PIPP Compliance Monitoring Project Checklist.

Documents Needed (for each non-exempt Contractor selected):

- Weekly payroll reports (Two per applicable contractor within contract sample)
- Verification of Wage Decision Form
- Contract (including Wage Decision included within contract)

Payroll Review

<p>1. Is the Contractor exempt from Davis-Bacon and Related Acts and the Copeland Anti-Kickback requirements? If yes, do not execute the remainder of this Worksheet.</p> <p>Must meet one of the following in order to be exempt:</p> <ul style="list-style-type: none"> • Construction contracts at or below \$2,000 • Rehabilitation or construction of residential structures containing less than eight units; • Simple water and sewer line extensions without pumps, tanks, etc. • Separate and distinct projects; or, • Contracts solely for demolition, when no federally-funded construction is anticipated on the site. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>2. Are weekly payroll reports being submitted timely for all employees and subcontractors being paid under the contract?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>3. Do the payroll reports indicate that the contractor/subcontractor employees are being paid timely?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>4. Are the payroll reports accompanied by a signed "Statements of Compliance" from an authorized representative of the Contractor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
<p>5. Is there evidence that the payroll reports are being reviewed for labor compliance by the Grantee/ Recipient/ Subrecipient's LCO, including reviews for required documentation (HUD Form WH-347), exact worker classifications, wage decisions, and mathematical accuracy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 2: CONTRACTOR LABOR REVIEW

Grantee/ Recipient/ Subrecipient: **Project ID:** **Monitor:** **Date Completed:**

Contractor:

Requirements	Response	Issue Type	Comments
6. Was a "Verification of Wage Decision" form executed by all grantees/subrecipients prior to the start date of the contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
7. If additional worker classifications have been requested, were the appropriate OCD/DRU procedures followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 3: CONTRACTOR SUPPORT DOCUMENTATION/ALLOWABLE COSTS REVIEW

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

Contractor: _____

Requirement	Response	Issue Type	Comments
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Monitoring Instructions: Review the Grantee/ Recipient/ Subrecipient’s Financial Management Policies and Procedures. Then, select an invoice sample based on transaction-based sampling methodology for the Contractor being reviewed. Answer each question as directed and mark “N/A”, “Finding”, or “Concern” to identify any issues, as applicable. Provide comments for your responses in the identified areas.

THIS WORKSHEET SHOULD BE COMPLETED FOR EACH CONTRACT WITHIN THE SELECTED SAMPLE. Once all Worksheets are completed, execute Section 9 of the OCD/DRU PIPP Compliance Monitoring Project Checklist.

Documents Required:

- Contract
- Required Invoices for each contractor within contract sample¹
 - Use the transaction-based sampling methodology to determine the number of invoices that must be reviewed:
 - Less than 20 invoices have been submitted during the period, select 3
 - If 20 - 49 invoices have been submitted during the period, select 5
 - If 50 - 99 invoices have been submitted during the period, select 10
- Supporting Documentation for each invoice reviewed

¹If no contractors are used to execute the project, Grantee/ Recipient/ Subrecipient documentation identifying use of resources and invoices for supplies, materials, etc. is required to be submitted.

Support Documentation/Allowable Costs Review

1. Is all or a part of the period covered by first invoice prior to the Contract Effective Date? <i>Notate Period covered by first invoice and contract effective date</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Invoice Review – Invoice Number	N/A	N/A	
2.1. Date Submitted:	N/A	N/A	
2.2. Submitted by:	N/A	N/A	
2.3. Date Approved:	N/A	N/A	
2.4. Approved by:	N/A	N/A	
2.5. Are Costs Allowable? <i>(Refer to Note 1 below for guidance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2.6. Is the Support Documentation Sufficient? <i>(Refer to Note 2 below for guidance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Invoice Review – Invoice Number	N/A	N/A	
3.1. Date Submitted:	N/A	N/A	
3.2. Submitted by:	N/A	N/A	
3.3. Date Approved:	N/A	N/A	
3.4. Approved by:	N/A	N/A	
3.5. Are Costs Allowable? <i>(Refer to Note 1 below for guidance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 3: CONTRACTOR SUPPORT DOCUMENTATION/ALLOWABLE COSTS REVIEW

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

Contractor: _____

Requirement	Response	Issue Type	Comments
3.6. Is the Support Documentation Sufficient? <i>(Refer to Note 2 below for guidance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4. Invoice Review – Invoice Number	N/A	N/A	
4.1. Date Submitted:	N/A	N/A	
4.2. Submitted by:	N/A	N/A	
4.3. Date Approved:	N/A	N/A	
4.4. Approved by:	N/A	N/A	
4.5. Are Costs Allowable? <i>(Refer to Note 1 below for guidance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
4.6. Is the Support Documentation Sufficient? <i>(Refer to Note 2 below for guidance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Invoice Review – Invoice Number	N/A	N/A	
5.1. Date Submitted:	N/A	N/A	
5.2. Submitted by:	N/A	N/A	
5.3. Date Approved:	N/A	N/A	
5.4. Approved by:	N/A	N/A	
5.5. Are Costs Allowable? <i>(Refer to Note 1 below for guidance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5.6. Is the Support Documentation Sufficient? <i>(Refer to Note 2 below for guidance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6. Invoice Review – Invoice Number	N/A	N/A	
6.1. Date Submitted:	N/A	N/A	
6.2. Submitted by:	N/A	N/A	
6.3. Date Approved:	N/A	N/A	
6.4. Approved by:	N/A	N/A	
6.5. Are Costs Allowable? <i>(Refer to Note 1 below for guidance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6.6. Is the Support Documentation Sufficient? <i>(Refer to Note 2 below for guidance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

Note 1: A cost is allowable under the CDBG program if:

- The expenditure is necessary, reasonable, and directly related to the grant.
- The expenditure has been authorized by the Grantee/ Recipient/ Subrecipient (the city or parish that provides the CDBG funds to the Grantee/ Recipient/ Subrecipient), generally through approval of the budget for the activity.
- The expenditure is not prohibited under Federal, state, or local laws or regulations. (24 CFR 85.22 and OMB Cost Principle circulars)
- The expenditure is consistently treated, in the sense that the Grantee/ Recipient/ Subrecipient applies generally accepted accounting standards in computing the cost, and utilizes the same procedures in calculating costs as for its non-Federally assisted activities.
- The cost must be allocable to the CDBG program. A cost is allocable to a particular cost objective (e.g., grant, program, or activity) in proportion to the relative benefits received by that objective.

Note 2: Sufficient Support Documentation

- **Payrolls:** Source documentation should include employment letters and all authorizations for rates of pay, benefits, and employee withholdings. Such documentation might include union agreements or minutes from board of directors' meetings where salary schedules and benefit packages are established, copies of written personnel policies, W-4 forms, etc. For staff time charged to the CDBG program activity, **time and attendance records should be available.** If an employee's time is split between CDBG and another funding source, there must be time distribution records supporting the allocation of charges among the sources. Canceled checks from the employees, insurance provider, etc., or evidence of direct deposits will document the actual outlay of funds.
- **Cost of space and utilities:** Space costs must be supported by documentation such as rental or lease agreements. Utility costs will be supported by bills from the utility companies. Both types of expenses will be supported by canceled checks. If the cost of space or utilities is split between the CDBG program and other sources, there must be a reasonable method in place to allocate the charges fairly among the sources, consistent with the guidelines covering allocable costs.
- **Supplies:** Documentation would include purchase orders or requisition forms initiated by an authorized representative of the Grantee/ Recipient/ Subrecipient, an invoice from the vendor (which has been signed-off by the Grantee/ Recipient/ Subrecipient to indicate the goods were received), the canceled check from the vendor demonstrating payment was made, and information regarding where the supplies are being stored and for what cost objective(s) they are being used.

WORKSHEET 4: SECTION 3 COMPLIANCE

Grantee/ Recipient/ Subrecipient:	Project ID:	Monitor:	Date Completed:
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Contractor:

Requirement	Response	Issue Type	Comments
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Description: Section 3 of the Housing and Urban Development Act of 1968 [12 U.S.C. 1701u and 24 CFR Part 135] is HUD’s legislative directive for providing preference to low- and very low-income residents of the local community (regardless of race or gender), and the businesses that substantially employ these persons, for new employment, training, and contracting opportunities resulting from HUD-funded projects. A “covered project” is a project for which Section 3 applies. “Covered funds” are those funds used to fund a “covered project”.

Section 3 Residents are:

- Residents of Public and Indian Housing, or
- Individuals that reside in the metropolitan area or nonmetropolitan parish in which the Section 3 covered assistance is expended and whose income does not exceed the local HUD income limits set forth for low- or very low-income households.

Section 3 Business Concerns are One of the Following:

- Businesses that are 51 percent or more owned by Section 3 residents;
- Businesses with 30 percent or more permanent, full-time employees whom are currently Section 3 residents, or were Section 3 residents within three years of the date of first employment; or
- Businesses that provide evidence of a commitment to subcontract in excess of 25 percent of the dollar amount of all subcontracts to be awarded to businesses that meet the qualifications described above.

Monitoring Instructions:

Complete the following questions by marking the appropriate box for “Yes”, “No”, or “N/A”. As applicable, mark “N/A”, “Finding” or “Concern” to identify any issues. Provide comments describing the basis for your response in the space provided.

Required:

- Knowledge of Grantee/ Recipient/ Subrecipient’s total allocation and all project activities
- Executed Worksheet 1 for the contractor (or the applicable procurement solicitation)
- Contract
- Contractor’s Section 3 Plan

1. Has the Grantee/ Recipient/ Subrecipient allocated \$200,000 or more DR-CDBG funds into projects/activities involving housing construction, demolition, rehabilitation, or other public construction—i.e., roads, sewers, community centers, etc.? (See the Core Checklist, Section 5.5.) <i>If no, the remaining questions within Worksheet 4 are not applicable.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
2. Was a Section 3 clause included in the procurement solicitation for this contractor? (See Worksheet 1, Procurement Requirements: Question 43)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
3. Was a Section 3 clause included in this contractor’s contract? (See Worksheet 1, Contract Requirements: Question 6.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 4: SECTION 3 COMPLIANCE

Grantee/ Recipient/ Subrecipient: _____ **Project ID:** _____ **Monitor:** _____ **Date Completed:** _____

Contractor: _____

Requirement	Response	Issue Type	Comments
4. Has the contractor been allocated \$100,000 or more DR-CDBG funds into projects/activities involving housing construction, demolition, rehabilitation, or other public construction—i.e., roads, sewers, community centers, etc.? <i>If no, the remaining questions within this Section are not applicable.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
5. Does the contractor have written procedures (i.e., “Section 3 Plan”) governing how Section 3 residents are to be notified about employment and training opportunities generated by program participant or its contractors as a result of the expenditure of covered financial assistance? [24CFR 135.32 (a)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
6. Does the contractor have written procedures (i.e., “Section 3 Plan”) governing how Section 3 business concerns are to be notified about contracting (or subcontracting) opportunities generated by the program participant or its contractors involving covered financial assistance? [24 CFR 135.32 (a)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
7. Does the contractor have written procedures (i.e., “Section 3 Plan”) governing how potential contractors for covered projects or subrecipients of covered funds are to be notified about their requirements pursuant to Section 3? [24 CFR 135.32(b) and 24 CFR 135.32(f)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
8. Does the contractor have written procedures (i.e., “Section 3 Plan”) governing how covered subcontractors are to be monitored for compliance with the requirements of Section 3? [24 CFR 135.32(d) and 24 CFR 135.32(f)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
9. Does the Grantee/ Recipient/ Subrecipient have written procedures (i.e., “Section 3 Plan”) describing the steps taken to facilitate meeting the minimum numerical goals for employment and contracting opportunities? [24 CFR 135.32(c)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
10. New Hire Goal – Has the contractor hired employees to work on this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
10.1. If yes, were at least 30% of the new hires Section 3 residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

Compliance Monitoring Project Checklist Template - SUPPLEMENTAL WORKSHEETS

WORKSHEET 4: SECTION 3 COMPLIANCE

Grantee/ Recipient/ Subrecipient:	Project ID:	Monitor:	Date Completed:
Contractor:			
Requirement	Response	Issue Type	Comments
10.2. If Question 10.1 is “No”, has the contractor demonstrated that, to the greatest extent feasible, they have made an effort to ensure that the employment objectives of their Section 3 plan are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
11. Contracting Goal - Has the contractor entered into any contracts to execute this Project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
11.1. If question 11 is “Yes”, was at least 10% of the total construction contract amount awarded to Section 3 construction contractors and at least 3% of the total non-construction contract amount awarded to Section 3 businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	
11.2. If Question 11.1 is “No”, has the contractor demonstrated that, to the greatest extent feasible, it has made an effort to ensure that the contracting objectives of its Section 3 Plan are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> Finding <input type="checkbox"/> Concern	

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Office of Community Development/Disaster Recovery Unit

*Exhibit 12-5
Sample Contract Administration Form*

Revised September 12, 2011

Contract Administration Form

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Contract Administration Form

1. Contractor Name:

11. List Contract Deliverables, as applicable:

<i>Deliverable</i>	<i>Due Date/ Frequency</i>	<i>Date Delivered</i>	<i>Delivered By</i>	<i>Accepted By</i>
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				

12. General Comments

Contract Administration Form

Instructions for Contract Administration Form

This form may be used by the Grantee to assist in managing their contracts. A file should be created for each contractor to maintain all applicable documents listed within Section 4 of the OCD Disaster Recovery CDBG Grantee Administrative Manual. Procurement of each contractor must be performed according to all applicable rules and regulations. See Section 6 of the OCD Disaster Recovery CDBG Grantee Administrative Manual.

1. Enter the Contractor's Name.
2. Enter the Contract Number.
3. List the contract information (name, address, phone number) for the contractor's primary point of contact.
4. Identify the Grantee staff responsible for administering the contract (receiving deliverables, coordinating payment processing, contract amendments, etc.).
5. Enter the Contract Start Date as provided within the contract.
6. Enter the Contract End Date as provided within the contract.
7. Enter the maximum contract value as provided within the contract. If the contract is fee-based, attach the fee schedule.
8. Briefly describe the scope of services as provided within the contract.
9. Describe each scope of services requirement.
10. List the Contract Amendment Date and a brief summary of the amendment, if applicable
11. List each deliverable from within the contract. As the Deliverables are provided, enter the date in the "Date Delivered" column. Notate the name of the contractor personnel who submitted the deliverable in the "Delivered By" column and notate the name of the Grantee personnel who accepted the Deliverable in the "Accepted By" column.
12. Provide any general comments regarding the contractor.

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Office of Community Development/ Disaster Recovery Unit

Exhibit 12-6
Monitoring Report Template

Revised September 12, 2011

MONITORING REPORT

Summary of Monitoring Review

Grantee Name: *List Grantee Name*
Project: *List Project ID, Project Title*
Date of Review: *List Dates that Review was Completed*
Monitor: *Monitor Name*

The following program areas were reviewed: *{REVISE accordingly}*

Core Review – *Procurement, contract administration, financial management, monitoring, and record keeping policies and procedures, financial management system, Section 504, etc.*

Project Review – *National objective/eligibility, monitoring, procurement and contract review, labor, financial management, section 3, environmental, acquisition, property management, lead-based paint, asbestos, and mold*

Results of the Monitoring Review

The review indicated that the project has been implemented in accordance with the requirements and primary objectives of the Housing and Community Development Act and other applicable laws, with the exceptions identified herein. Although other deficiencies may exist, they were not detected during our review.

{INSERT a summary statement of overall areas of deficiency and areas of merit}

Areas of Deficiency

{INSERT a summary statement of overall areas of deficiency}

Based on our review of documentation, we noted the following deficiencies that require corrective actions:

Deficiency (1)

Description of Review: *{Describe the steps taken to draw the conclusions herein}*

Description of Finding: *{Provide a description of the finding, including the condition, criteria, cause and effect}*

Recommended Corrective Action: *{Describe the steps that should be taken to remedy the finding}*

Deficiency (2)

Description of Review: *{Describe the steps taken to draw the conclusions herein}*

Description of Finding: *{Provide a brief description of the finding, including the condition, criteria, cause and effect}*

Recommended Corrective Action: *{Describe the steps that should be taken to remedy the finding}*

Area(s) of Merit

{INSERT a summary statement of overall areas of merit}

Based on our review of documentation, we noted the following areas of merit:

MONITORING REPORT

Merit (1)

Finding of Merit: *{List the Checklist Section(s) that apply to the Area of Merit}*

Description of Area of Merit: *{Describe the Area of Merit}*

Merit (2)

Finding of Merit: *{List the Checklist Section(s) that apply to the Area of Merit}*

Description of Area of Merit: *{Describe the Area of Merit}*

Conclusion

The review of *Project Title (Project ID)* has concluded that this project has been conducted in accordance with the requirements and primary objectives of the Housing and Community Development Act (HCDA) and other applicable laws, with the exceptions identified herein.

HUD CPD Green Building Retrofit Checklist

The CPD Green Retrofit Checklist promotes energy efficiency and green building practices for residential retrofit projects. Grantees must follow the checklist in its entirety and apply all measures within the Checklist to the extent applicable to the particular building type being retrofitted. The phrase “when replacing” in the Checklist refers to the mandatory replacement with specified green improvements, products, and fixtures only when replacing those systems during the normal course of the retrofit.

WATER AND ENERGY CONSERVATION MEASURES

- Water-Conserving Fixtures**
Install or retrofit water conserving fixtures in any unit and common facility, use the following specifications: Toilets-- 1.28 gpf; Urinals-- 0.5 gpf; Showerheads-- 2.0 gpm; Kitchen faucets-- 2.0 gpm; and Bathroom faucets-- 1.5gpm. [gpf = gallons per flush; gpm = gallons per minute]
- ENERGY STAR Appliances**
Install ENERGY STAR-labeled clothes washers, dishwashers, and refrigerators, if these appliance categories are provided in units or common areas.
- Air Sealing: Building Envelope**
Seal all accessible gaps and penetrations in the building envelope. If applicable, use low VOC caulk or foam.
- Insulation: Attic** (if applicable to building type)

For attics with closed floor cavities directly above the conditioned space, blow in insulation per manufacturer's specifications to a minimum density of 3.5 Lbs. per cubic foot (CF). For attics with open floor cavities directly above the conditioned space, install insulation to meet or exceed IECC levels.
- Insulation: Flooring** (if applicable to building type)
Install \geq R-19 insulation in contact with the subfloor in buildings with floor systems over vented crawl spaces. Install a 6-mil vapor barrier in contact with 100% of the floor of the crawl space (the ground), overlapping seams and piers at least 6 inches.
- Duct Sealing** (if applicable to building type)
In buildings with ducted forced-air heating and cooling systems, seal all penetrations of the air distribution system to reduce leakage in order to meet or exceed ENERGY STAR for Homes' duct leakage standard.
- Air Barrier System**
Ensure continuous unbroken air barrier surrounding all conditioned space and dwelling units. Align insulation completely and continuously with the air barrier.
- Radiant Barriers: Roofing**
When replacing or making a substantial repair to the roof, use radiant barrier sheathing or other radiant barrier material; if economically feasible, also use cool roofing materials.
- Windows**
When replacing windows, install geographically appropriate ENERGY STAR rated windows.
- Sizing of Heating and Cooling Equipment**

When replacing, size heating and cooling equipment in accordance with the Air Conditioning Contractors of America (ACCA) Manuals, Parts J and S, or 2012 ASHRAE Handbook--HVAC Systems and Equipment or most recent edition.

- Domestic Hot Water Systems**
When replacing domestic water heating system(s), ensure the system(s) meet or exceed the efficiency requirements of ENERGY STAR for Homes' Reference Design. Insulate pipes by at least R-4.
- Efficient Lighting: Interior Units**
Follow the guidance appropriate for the project type: install the ENERGY STAR Advanced Lighting Package (ALP); **OR** follow the ENERGY STAR MFHR program guidelines, which require that 80% of installed lighting fixtures within units must be ENERGY STAR-qualified or have ENERGY STAR-qualified lamps installed; **OR** when replacing, new fixtures and ceiling fans must meet or exceed ENERGY STAR efficiency levels.
- Efficient Lighting: Common Areas and Emergency Lighting** (if applicable to building type)
Follow the guidance appropriate for the project type: use ENERGY STAR-labeled fixtures or any equivalent high-performance lighting fixtures and bulbs in all common areas; **OR** when replacing, new common space and emergency lighting fixtures must meet or exceed ENERGY STAR efficiency levels. For emergency lighting, if installing new or replacing, all exist signs shall meet or exceed LED efficiency levels and conform to local building codes.
- Efficient Lighting: Exterior**
Follow the guidance appropriate for the project type: install ENERGY STAR-qualified fixtures or LEDs with a minimum efficacy of 45 lumens/watt; **OR** follow the ENERGY STAR MFHR program guidelines, which require that 80% of outdoor lighting fixtures must be ENERGY STAR-qualified or have ENERGY STAR-qualified lamps installed; **OR** when replacing, install ENERGY STAR compact fluorescents or LEDs with a minimum efficacy of 45 lumens/watt.

INDOOR AIR QUALITY

- Air Ventilation: Single Family and Multifamily** (three stories or fewer)
Install an in-unit ventilation system capable of providing adequate fresh air per ASHRAE 62.2 requirements.
- Air Ventilation: Multifamily** (four stories or more)
Install apartment ventilation systems that satisfy ASHRAE 62.2 for all dwelling units and common area ventilation systems that satisfy ASHRAE 62.1 requirements. If economically feasible, consider heat/energy recovery for 100% of corridor air supply.
- Composite Wood Products that Emit Low/No Formaldehyde**
Composite wood products must be certified compliant with California 93120. If using a composite wood product that does not comply with California 93120, all exposed edges and sides must be sealed with low-VOC sealants.
- Environmentally Preferable Flooring**
When replacing flooring, use environmentally preferable flooring, including the FloorScore certification. Any carpet products used must meet the Carpet and Rug Institute's Green Label or Green Label Plus certification for carpet, pad, and carpet adhesives.
- Low/No VOC Paints and Primers**

All interior paints and primers must be less than or equal to the following VOC levels: Flats--50 g/L; Non-flats--50 g/L; Floor--100 g/L. [g/L = grams per liter; levels are based on a combination of the Master Painters Institute (MPI) and GreenSeal standards.]

- Low/No VOC Adhesives and Sealants**
All adhesives must comply with Rule 1168 of the South Coast Air Quality Management District. All caulks and sealants must comply with regulation 8, rule 51, of the Bay Area Air Quality Management District.
- Clothes Dryer Exhaust**
Vent clothes dryers directly to the outdoors using rigid-type duct work.
- Mold Inspection and Remediation**
Inspect the interior and exterior of the building for evidence of moisture problems. Document the extent and location of the problems, and implement the proposed repairs according to the Moisture section of the EPA Healthy Indoor Environment Protocols for Home Energy Upgrades.
- Combustion Equipment**
When installing new space and water-heating equipment, specify power-vented or direct vent combustion equipment.
- Mold Prevention: Water Heaters**
Provide adequate drainage for water heaters that includes drains or catch pans with drains piped to the exterior of the dwelling.
- Mold Prevention: Surfaces**
When replacing or repairing bathrooms, kitchens, and laundry rooms, use materials that have durable, cleanable surfaces.
- Mold Prevention: Tub and Shower Enclosures**
When replacing or repairing tub and/or shower enclosures, use non-paper-faced backing materials such as cement board, fiber cement board, or equivalent in bathrooms.
- Integrated Pest Management**
Seal all wall, floor, and joint penetrations with low-VOC caulking or other appropriate sealing methods to prevent pest entry. [If applicable, provide training to multifamily buildings staff.]
- Lead-Safe Work Practices**
For properties built before 1978, if the project will involve disturbing painted surfaces or cleaning up lead contaminated dust or soil, use certified renovation or lead abatement contractors and workers using lead-safe work practices and clearance examinations consistent with the more stringent of EPA's Renovation, Repair, and Painting Rule and HUD's Lead Safe Housing Rule.
- Radon Testing and Mitigation** (if applicable based on building location)
For buildings in EPA Radon Zone 1 or 2, test for radon using the current edition of American Association of Radon Scientists and Technologists (AARST)'s Protocols for Radon Measurement in Homes Standard for Single-Family Housing or Duplexes, or AARST's Protocol for Conducting Radon and Radon Decay Product Measurements in Multifamily Buildings. To install radon mitigation systems in buildings with radon level of 4 pCi/L or more, use ASTM E 2121 for single-family housing or duplexes, or AARST's Radon Mitigation Standards for Multifamily Buildings. For new construction, use AARST's Reducing Radon in New Construction of 1 & 2 Family Dwellings and Townhouses, or ASTM E 1465.

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