

F-3

Monitoring

Checklists

Acquisition of Property (Part 1)

Aug-07

Grantee: _____ Contract #: _____ FY: _____ Type: _____
 Reviewer: _____ LGR: _____ Date: _____

Yes No N/A

1. Did application include acquisition by purchase or donation or lease? _____
 ~ If **Yes**, was the acquisition process started after grant award? _____
 ~ If **No**, should the application have included acquisition? _____

Comments: _____

2. Was documentation of ownership or maintenance on file for grantee owned property or servitude acquired under R.S. 9:1253? [i.e., recorded plat map, title, attorney's statement] _____

Comments: _____

3. **Exempt acquisition** is land acquired from another public agency, temporary construction servitude or easement, voluntary acquisition, leases less than 15 years, etc. _____

Was exempt acquisition involved? _____

~ If **Yes**, identify type of exempt acquisition under A., B., C., and/or D. below.

- A. **Acquisition from another public agency?** _____

1) Identify other public agency: _____

2) Identify documentation; i.e., title, map, transfer, deed. _____

Comments: _____

- B. **Temporary Construction Servitudes or Easements?** [Recommendation] _____

1) Is there a signed agreement from all property owners? _____

2) Does it include provisions for the contractor to survey, layout and construct the service connections? _____

Comments: _____

- C. **Leases?** _____

If long-term lease, is it for a term of less than 15 years including options to extend?
 [Uniform Act applies if lease is 15 years or longer; 14.99 years with an option to renew.]

[An executed lease must have had prior review from OCD.] _____

Comments: _____

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
D. Voluntary acquisition?	_____	_____	_____
1) Is there an adopted Voluntary Acquisition Policy?	_____	_____	_____
2) Was a public solicitation notice published in the local newspaper prior to any voluntary acquisition activity?	_____	_____	_____
~ If Yes , did the notice explain or were the owners advised that unless the local governing body and the property owners agree on the terms and conditions of the sale, the property could not otherwise be acquired?	_____	_____	_____
~ If No , how was notification achieved? _____			
3) Were there at least two properties in the community which met the criteria established for the property to be acquired?	_____	_____	_____
~ If No , then the Voluntary Acquisition process cannot be completed. Did this occur?	_____	_____	_____
~ If Yes , why wasn't the Uniform Act followed? _____			

4) How many parcels were acquired using the Voluntary Acquisition process? _____			
5) List owners involved: _____			

6) Did an appraisal establish fair market value?	_____	_____	_____
~ If No , was the fair market value of the property established by a person familiar with real estate values in the community?	_____	_____	_____

Comments / Recommended Corrective Action: _____

Acquisition of Property (Part 2)

April, 2003

Grantee: _____ Contract #: _____ FY: _____ Type: _____
Reviewer: _____ LGR: _____ Date: _____

1. Address of property acquired. _____

2. Use of property prior to the beginning of the acquisition process.

___ single family residential ___ industrial ___ non-profit organization ___ multi-family residential
___ commercial ___ other [identify] _____

3. Owners (Indicate whether occupant). _____

4. Tenants. _____

5. Current address and home and business telephone numbers of owners(s) to be interviewed.
(Interviews should be conducted if review finds there may be some impropriety with the acquisition process.)

6. Significant dates. (Reviewer must determine that event actually occurred and was in compliance with HUD regulations. Reviewer must review the timing of these events and the reasons for any delays in order to determine if the owner was caused an unnecessary hardship that would warrant negative findings.)

a. Date of Determination to Acquire: (Date of LCDBG Application). _____

b. Date of "Notice of Intent to Acquire": _____

c. When a Public Agency Acquired Your Property. Date grantee provided owner with the notice of land acquisition procedures? (usually the same date as b. above) _____

Appraisal Process...

7. Was an appraisal required? **Yes** ___ **No** ___

~ If **No**, explain why an appraisal was not required. (i.e., if the value of property was less than \$10,000; voluntary acquisition; etc.)

~ If an appraisal was not conducted because the property was valued at less than \$10,000, list the documentation used to determine the fair market value of the property.

~ If **Yes**,

- a. If requested by owner, did the grantee obtain an appraisal?

Yes ___ **No** ___ **Amt.** _____ **Date** _____

> If **Yes**, continue.

- b. Was a review appraisal conducted? **Yes** ___ **No** ___ **Amt.** _____ **Date** _____

- c. Does the appraisal and review appraisal disregard the influence of the project on the fair market value? **Yes** ___ **No** ___

- d. Do you find the amount determined to be just compensation an acceptable conclusion of the fair market value of the property? **Yes** ___ **No** ___

- e. Was the amount determined to be just compensation less than the grantee's approved appraisal of the fair market value of the property? **Yes** ___ **No** ___ **Amt.** _____ **Date** _____

~ If **Yes**, explain. _____

- f. Were the owners invited to accompany the appraisers on their inspection of the property? **Yes** ___ **No** ___

Act of Sale/Donation/Condemnation/Quick Take...

8. a. Purchase Offer. Prior to any bargaining, did grantee furnish owner a firm written offer stating all basic terms and conditions to purchase his property at the full amount determined to be just compensation?

Yes ___ **No** ___ **Date** _____

- b. Date owner accepts offer to donate, or rejects offer. _____

~ If donated, was the donation process carried out in a proper manner? **Yes** ___ **No** ___

> If **No**, randomly pick 2 donations. Call and ask how the process was handled.

~ Did the owners indicate they felt pressured into waiving their right to just compensation? **Yes** ___ **No** ___

> If **Yes**, explain. _____

- c. Date final contract entered into: (all parties) _____

- d. Date condemnation proceedings initiated, if applicable: _____

- e. Date Quick Take proceedings initiated, if applicable: _____

f. Date estimated just compensation deposited with court: _____

g. Date title vested in agency: _____

h. Date 90-day notice to vacate property: _____

i. Summary Statement. Did the grantee provide the owner with a "Statement of the Basis for the Determination of Just Compensation" at the time the grantee furnished the owner with the written purchase offer? (Section 301 (3)) **Yes** ___ **No** ___

j. Payment of Just Compensation. Did the owner receive the amount determined to be just compensation for his property? (Section 301) **Yes** ___ **No** ___

k. Settlement Costs. Has grantee paid all settlement costs as required? (Sect. 303) **Yes** ___ **No** ___

9. General Acquisition Process. Based on the available evidence, did the grantee carry out the acquisition process in a manner that minimized hardships to the owners, and was the grantee consistent with its' treatment of other owners? (Section 301) **Yes** ___ **No** ___

Comments / Recommended Corrective Action: _____

Anti-displacement (Part 1) November, 1996

Grantee: _____ Contract #: _____ FY: _____ Type: _____
 Reviewer: _____ LGR: _____ Date: _____

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Is there a Residential Anti-displacement and Relocation file? ~ If Yes , does it contain the following information?	_____	_____	_____
a. Residential Anti-displacement and Relocation Plan	_____	_____	_____
b. resolution adopting the Plan	_____	_____	_____
c. Residential Anti-displacement/Relocation Certification	_____	_____	_____
d. if applicable, regulations, information booklets, relocation claim forms	_____	_____	_____
2. Does the Plan identify a person who is responsible for displacement and relocation compliance? ~ If Yes , identify: _____	_____	_____	_____
3. Was a person or business displaced as a result of this program? ~ If Yes , complete the Anti-displacement Checklist (Part 2).	_____	_____	_____

Comments / Recommended Corrective Action: _____

Compliance with National Objectives November, 1996

Grantee: _____ Contract #: _____ FY: _____ Type: _____

Activity(ies):	National Objective(s)*:	Verification:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments / Recommended Corrective Action: _____

* L/M = principal benefit to low-to-moderate income persons
 S/B = prevention/elimination of slum and blight
 U/N = urgent need
 N/A = not applicable

Citizen Participation

June, 2002

Grantee: _____ Contract #: _____ FY: _____ Type: _____
 Reviewer: _____ LGR: _____ Date: _____

	<u>Yes</u>	<u>No</u>
1. Does grantee have an adopted Citizen Participation Plan? ~ If Yes , was the plan adopted prior to the first public hearing?	_____	_____
2. Does the plan... <ul style="list-style-type: none"> • provide citizens with reasonable access to local meetings, information concerning the State's method of distributing funds and the use of funds under Title I? • provide for LCDBG-related public hearings to obtain views on the development of needs, the review of proposed activities and the review of program performance? • provide for and encourages participation, particularly persons of low/mod income residing in blighted areas and/or in areas where CDBG funds will be used? • provide TA to facilitate participation where requested? • address accommodations at hearings for non-English speaking persons? • address accommodations at public hearings for persons with disabilities? • provide for public hearings to obtain views concerning program amendments? ~ Was a program amendment requested and approved? ~ If YES, was a public hearing conducted prior to the request? • provide for a public hearing on performance at closeout? 	_____	_____
3. Does the Citizen Participation Plan include a complaint procedure? ~ If Yes , does the complaint procedure identify; <ul style="list-style-type: none"> • how a citizen should file a complaint? • the manner in which a complaint is processed? • a response time to the complainant - maximum of 15 working days? 	_____	_____
4. If any complaints were filed, was the procedure followed?	_____	_____
Comments: _____		
5. Did first public notice for the public hearing state the following would be discussed? <ul style="list-style-type: none"> • amount of funds available for community development and housing needs • the range of eligible activities and the estimated amounts for activities that will benefit low/mod income persons • the applicant's plans for minimizing displacement and the provision of benefits should displacement occur • information of the applicant's past LCDBG performance 	_____	_____
6. Did the notice encourage citizens, particularly those of low/mod income & residents of slum/blight areas to submit their views on community development and housing needs?	_____	_____
7. Did the notice state accommodations would be provided for non-English speaking and disabled individuals?	_____	_____
8. Were five calendar days allowed for notification of the public hearing?	_____	_____

	<u>Yes</u>	<u>No</u>
9. Is there a roster of those in attendance of the public hearing?	_____	_____
10. Are there minutes of the public hearing?	_____	_____
~ If Yes , do they state the items in #5 above were discussed? (Reference to items is not necessary if no one was in attendance.)	_____	_____
11. Was the second public notice published after the first public hearing was held and prior to application submittal?	_____	_____
12. Was the second public notice published a minimum of 7 calendar days prior to application submittal?	_____	_____
13. Was the following information included in the grantee's second public notice?		
• proposed objectives	_____	_____
• proposed activities	_____	_____
• location of proposed activities	_____	_____
• activity amounts	_____	_____
• application submittal date	_____	_____
• the opportunity to comment on the application and the place and time to review the application	_____	_____

Comments / Recommended Corrective Action: _____

Disclosure	July, 2000
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Grantee: _____ Contract #: _____ FY: _____ Type: _____
 Reviewer: _____ LGR: _____ Date: _____

Yes	No
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1. Is the grantee's initial Disclosure Report being maintained in the files? _____

Complete remainder of checklist if grant amount exceeds \$200,000.

2. According to the regulations, five (5) instances require the submittal of an updated disclosure report. (Refer to the instructions for the 5 instances; i.e. contract execution)

➔ Have one of the five instances occurred? _____

~ If **Yes**, did grantee submit an updated report? _____

a. Was it received by OCD 30 days following one of the five instances?

- date 1st updated report received: _____ _____
- date 2nd updated report received: _____ _____
- date 3rd updated report received: _____ _____

b. Are copies being maintained in the grantee's files? _____

3. If any updated disclosure reports have not been submitted to OCD, advise grantee that no further RFP's will be processed until the applicable report has been received.

- Was it necessary to advise grantee of this measure? _____

~ If **Yes**, note the date the updated report will be submitted: _____

Comments / Recommended Corrective Action: _____

Environmental Review

November, 1998

Grantee: _____ Contract #: _____ FY: _____ Type: _____
Reviewer: _____ LGR: _____ Date: _____

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|---|------------|-----------|------------|
| 1. Were all activities exempt from the environmental review process?
~ If No , complete remainder of checklist. | _____ | _____ | _____ |
| 2. Has an activity or project site changed since review of original ERR?
~ If Yes , was the ERR amended and sent to OCD for review?
~ If No , note the date an amended ERR will be submitted: _____ | _____ | _____ | _____ |
| 3. Did the Historic Preservation Officer request additional information before or during construction?
~ If Yes , is there documentation to show compliance? | _____ | _____ | _____ |
| 4. Was a 'Statutory Checklist Completion Form' completed for each home selected for rehabilitation?
~ If Yes , were copies sent to OCD? | _____ | _____ | _____ |

Comments / Recommended Corrective Action: _____

Fair Housing/Equal Opportunity/Section 3/Section 504

June, 2003

Grantee: _____ Contract #: _____ FY: _____ Type: _____
Reviewer: _____ LGR: _____ Date: _____

Fair Housing

1. Identify actions taken by grantee to further fair housing during this project/contract period.

[Question # 2 applicable through FY 2005]

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
2. Analysis of Impediments to Fair Housing choice (24 CFR 570.601 (a)(2):			
a. Did the grantee conduct an analysis within its jurisdiction?	_____	_____	_____
b. Did the analysis identify any impediments?	_____	_____	_____
c. Has grantee taken steps to remedy impediments?	_____	_____	_____
d. Are records being maintained reflecting the analysis and actions taken?	_____	_____	_____
3. Have any fair housing complaints been recorded?	_____	_____	_____

~ If **Yes**, explain. _____

a. Was complaint sent to HUD if discrimination was alleged? _____

b. Did grantee notify complainant of HUD's involvement? _____

c. What is the status of the complaint? _____

Equal Employment Opportunity

4. Are EEO guidelines followed or EEO language included in ads for vacancies? _____

5. Are EEO posters posted or is an EEO slogan printed on grantee's stationary? _____

6. Is employment data maintained? _____
(EEO-4 form if grantee has 100 or more employees; Workforce Analysis in handbook)

7. Has grantee been cited by a state or federal agency for EEO non-compliance or discrimination in hiring? _____

Section 3

- Section 3 goals:
- new hires for FY 1997 and later - 30%
 - contracting with Section 3 professional services contractors - 3%
 - contracting with Section 3 construction contractors - 10%

[If grant is less than \$200,000, Section 3 requirements do not apply.]

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
9. Did grantee hire employees to work on this project? ~ If Yes , what percentage were Section 3 residents? _____ %	_____	_____	_____
10. Did grantee enter into construction contracts over \$100,000? ~ If Yes , did grantee meet the 10% contracting goal?	_____	_____	_____
11. Was the 3% contracting goal met for professional services?	_____	_____	_____
12. If contracting or hiring goals were not met, list impediments and/or efforts taken by grantee to comply. _____			

For contracts in excess of \$100,000... *(answer: Yes, No or N/A)*

Prime Contractors/Subcontractors: 1 2 3

13. Did the prime contractor(s) have any new hires? ~ If Yes , did the contractor(s) meet the 30% goal?	_____	_____	_____
14. Did the subcontractor(s) have any new hires? ~ If Yes , did the subcontractor(s) meet the 30% goal?	_____	_____	_____
15. If hiring goals were not met, list impediments or efforts taken by contractors and subcontractors to comply. _____			

16. Was a complaint made to HUD by a Section 3 resident or business that challenged non-compliance with Section 3 on the part of the grantee, prime or sub? ~ If Yes , explain. _____	_____	_____	_____
a. What is the status of the complaint? _____			
b. Was there a finding of non-compliance? _____	_____	_____	_____

Comments: _____

Section 504

[Review of Section 504 applicable through FY 2005. Not applicable beginning FY 2006.]

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
"Summary of Previous Actions Taken"			
17. Has the grantee prepared a "Summary of Previous Actions Taken"?	_____	_____	_____
a. Does it identify when the grantee conducted its Self-Evaluation?	_____	_____	_____
b. According to the "Summary", did the Self-Evaluation address:			
⇒ Physical Accessibility	_____	_____	_____
⇒ Communications	_____	_____	_____
⇒ Employment	_____	_____	_____

Physical Accessibility

18. According to the "Summary of Previous Actions Taken", ...			
a. did Self-Evaluation identify all non-housing facilities that provide services to the grantee?	_____	_____	_____
b. were facilities identified as "new" and "existing"? ("existing" means constructed, altered or designed before July 11, 1988; "new" means after this date.)	_____	_____	_____
c. did the Self-Evaluation identify any physical barriers that impede accessibility to any programs or activities? ~ If Yes , continue.	_____	_____	_____
d. did the grantee make physical alterations to provide for accessibility?	_____	_____	_____
e. were all physical barriers identified in the Self-Evaluation removed? ~ If No , continue.	_____	_____	_____
19. For "existing" facilities with continuing physical barriers, according to the "Summary of Previous Actions",			
a. have new policies or practices been adopted or existing ones modified or revised in order to achieve accessibility such as relocation, home visits, selective alterations? (24 CFR 8.21(2))	_____	_____	_____
b. has community's adopted policies and/or practices been modified to achieve accessibility for all physical barriers identified? ~ If No , continue.	_____	_____	_____
c. has grantee determined that making facility accessible and usable by individuals with handicaps would impose either an undue financial and administrative burden, or demonstrated that it would result in a fundamental alteration in the nature of the program or activity? (24 CFR 8.21 (b)(I)(ii))	_____	_____	_____
d. did the grantee identify any facilities as "new"? ~ If Yes , continue.	_____	_____	_____
e. did the grantee identify all "new" facilities as accessible? ~ If No , inaccessibility must be addressed in Transition Plan below.	_____	_____	_____

Communications

20. According to the "Summary of Previous Actions Taken", ...			
a. did the Self-Evaluation identify any impediments to communications accessibility? ~ If Yes , continue.	_____	_____	_____
b. did the grantee adopt policies to remedy impediments? <u>Current Policies</u>	_____	_____	_____
c. does the grantee use the LA Relay System, and if so, is it advertised?	_____	_____	_____
d. does the grantee operate a 24 hour emergency service? ~ If Yes , continue.	_____	_____	_____
e. does the grantee have a functioning TDD?	_____	_____	_____

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Employment			
21. According to the "Summary of Previous Actions Taken", ...			
a. did the Self-Evaluation identify any practices discriminatory towards disabled persons? (i.e., advertising, tests, selection criteria, job assignment, etc.)	_____	_____	_____
~ If Yes , continue.			
b. did the grantee adopt policies to remedy impediments?	_____	_____	_____
<u>Current Policies</u>			
c. does the grantee have any disabled employees?	_____	_____	_____
~ If Yes , continue.			
d. are reasonable accommodations made for a qualified applicant or employee with a disability? (restructuring/relocating job, modifying schedule, acquiring or modifying equipment, providing reader/interpreter. This can be a policy statement).	_____	_____	_____

Other Section 504 Requirements, as applicable

If grantee has less than 15 employees, go to 'Transition Plan'. Otherwise continue.

22. a. Has grantee designated a Section 504 coordinator?	_____	_____	_____
b. Adopted a grievance procedure for complaints alleging prohibited actions?	_____	_____	_____
c. Complied with notice in Section 504 handbook which states that grantee "does not discriminate against participants, beneficiaries, applicants, employees or unions or organizations with whom they have collective bargaining agreements, in admission or access to or treatment or employment treatment or employment in its federally assisted programs or activities"?	_____	_____	_____
i. If Yes , does notice list the Section 504 coordinator?	_____	_____	_____
ii. Note method grantee used to make notification.	_____	_____	_____

Grantee's Transition Plan

23. Has grantee acquired an "existing" facility that is not physically accessible and intends to renovate it before occupation?	_____	_____	_____
OR,			
Has the U.S. Justice Dept. required the grantee to make a facility physically accessible?	_____	_____	_____
~ If Yes , continue.			
24. Has a plan been developed listing all steps needed to complete the changes?	_____	_____	_____
~ If Yes ,			
a. Does the plan identify a compliance officer?	_____	_____	_____
b. Does it list handicap resources used in writing the plan?	_____	_____	_____
c. Does the plan identify all impediments?	_____	_____	_____
d. Does it describe how all facilities will be made accessible?	_____	_____	_____
e. Is there a time schedule for rectifying all impediments?	_____	_____	_____
Note time period - _____			
i. Are the renovations on schedule?	_____	_____	_____
ii. If No , should the time schedule be revised?	_____	_____	_____

Comments / Recommended Corrective Action: _____

Financial Management

November, 1996

Grantee: _____ Contract #: _____ FY: _____ Type: _____
 Reviewer: _____ LGR: _____ Date: _____

Financial Reporting

Reference: 24 CFR 85.20 (b)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Does grantee have complete financial statements? [Statement of Revenues, Expenditures & Changes in Fund Balance and Balance Sheet]	_____	_____	_____
2. Are the YTD statements current? [at least the preceding month]	_____	_____	_____
3. Are the financial statements accurate? [prepared on a monthly modified accrual basis]	_____	_____	_____
4. Are there any delinquent financial reports?	_____	_____	_____
5. Does grantee have more than one open LCDBG grant? ~ If Yes , are they accounted for separately?	_____	_____	_____
6. Is grantee reporting the program as a Capital Projects Fund?	_____	_____	_____
7. Is 'program income' being received? ~ If Yes , is it accounted for separately? • Is it expended before LCDBG funds are expended?	_____	_____	_____

Accounting Records

8. Do financial statements account for 'other funds' included in application?	_____	_____	_____
9. Does grantee maintain applicable accounting records? [a chart of accounts for the program, journal entries, project ledger, fixed assets/property register]	_____	_____	_____
10. Does grantee properly maintain program records? [contract, authorization to incur costs, program amendments, budget revisions, etc.]	_____	_____	_____

Authorizations and Awards	Dates
Authorization to Incur Costs letter:	
First administrative invoice:	
• Period covered:	
Release of Funds letter:	
First construction invoice:	
• Period covered:	

Was there evidence costs were being incurred prior to award? _____

Comments: _____

- | | Yes | No | N/A |
|---|------------|-----------|------------|
| Allowable Costs | | | |
| 19. Were purchases of supplies and leasing of equipment justified? | _____ | _____ | _____ |
| 20. Was a lease vs. purchase analysis carried out and documented? | _____ | _____ | _____ |
| 21. Are purchases documented with purchase orders and requisitions? | _____ | _____ | _____ |

Comments: _____

Source Documentation

- | | | | |
|---|-------|-------|-------|
| 22. Are accounting records [journal entries] supported by adequate source documentation?
[cancelled checks, invoices, contracts] | _____ | _____ | _____ |
| 23. Was employee time charged to the LCDBG Program adequately documented with time sheets and/or other source documents?
~ If Yes , are the transactions regarding employee time recorded properly in general and ledger? | _____ | _____ | _____ |

Comments: _____

Cash Management

- | | | | |
|--|-------|-------|-------|
| 24. Are LCDBG funds deposited in a non-interest bearing account? | _____ | _____ | _____ |
| 25. Are all checks pre-printed and pre-numbered? | _____ | _____ | _____ |
| 26. Are 'other' funds deposited in the LCDBG account? | _____ | _____ | _____ |
| 27. Are bank statements reconciled upon receipt? | _____ | _____ | _____ |
| 28. Is there evidence of a violation of the '3-day rule'? | _____ | _____ | _____ |

	Date Rec'd	Check #	Dollar Amt.	Check Written	Check Cleared *
RFP#:					
RFP#:					
RFP#:					

* If more than 30 days has lapsed, a written explanation must be requested in writing.

29. Financial Institution: _____ Account Number: _____
30. Last cash disbursement: Check # _____ Date _____ Amount _____

Comments: _____

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
31. Were the grantee's accounting records and financial practices sufficient to:			
a. permit the preparation of required financial reports? (24CFR 85.20(a)(1))	_____	_____	_____
and / or			
b. permit the tracing of LCDBG funds to establish that such funds have not been used in violation of the restrictions & prohibitions of applicable statues and regulations? (24CFR 85.20 (a)(2))	_____	_____	_____

What are the specific problems? _____

inform grantee that no more money can be requested or disbursed until deficiencies are cor

Comments / Recommended Corrective Action: _____

Labor Standards

Dec-08

Grantee: _____ Contract #: _____ FY: _____ Type: _____
 Reviewer: _____ LGR: _____ Date: _____

	Prime Contractor 1	Prime Contractor 2	Prime Contractor 3
Contractor			
Bid Opening Date			
Date of Eligibility			
Date of Contract Award			
Lock-In Date			
Total Contract Award			
Work Description			
A. Decision Type			
Effective Decision #			
Effective Mod #			
Effective Issue Date			
B. Decision Type			
Effective Decision #			
Effective Mod #			
Effective Issue Date			

	Prime 1 Interviews	Prime 2 Interviews	Prime 3 Interviews
Employee Interviews			
List Worker Classifications and Rates as Determined by Employee Interviews			

Name of Sub(s) →	<u>4</u>	<u>5</u>
Employee Interviews		

Name of Sub(s) →	<u>6</u>	<u>7</u>
Employee Interviews		

13. Who detected the Davis-Bacon deficiency(ies)? _____
14. Have Davis-Bacon restitution procedures been initiated and/or completed? _____
15. Was there any overtime?
 No Yes _____
16. Was there any deficiency in the calculation of overtime rates?
 No Yes _____
17. Describe the overtime deficiency(ies): _____
18. Who detected the overtime deficiency(ies)? _____
19. Have overtime restitution procedures been initiated and/or completed? _____
20. Have liquidated damages procedures been initiated and/or completed?
 (Applicable only to contracts over \$100,000.00 under CWHSSA) _____

A Labor Standards Enforcement Report (LSER) is required during a project if restitution by a contractor exceeds \$1,000.00. In contrast, the Final Wage Compliance Report (FWCP) is required at a later date with closeout documents after construction is complete and should include all restitution paid whether previously reported or not.

21. Has the requirement for a LSER been triggered?
 No Yes _____
22. Has the process of submitting a LSER been initiated and/or completed? _____
23. Based on activity thus far, should the Final Wage Compliance Report reflect restitution?
 (If yes, inform the Consultant.) _____
24. Were there "other" deductions on the payroll reports?
 No Yes _____
25. If there were "other" deductions, were employee consent forms used? _____

Procurement

October, 2006

Grantee: _____ Contract #: _____ FY: _____ Type: _____
Reviewer: _____ LGR: _____ Date: _____

- 1. Identify all professional services contracts and amounts executed by grantee, and determine whether the contract amounts exceed the amounts allowed by OCD.

	<u>Contract Amounts:</u>	<u>OCD approved amounts:</u>
_____	_____	_____
Administrative Consultant	(Admin, Pre-agreement)	(Admin, Pre-agreement)
	_____	_____
	(General Admin-Consultant)	(General Admin Consultant)

If the contract amount for pre-agreement and general admin. exceeds the OCD approved amounts, is there documentation of prior approval? **Yes** ___ **No** ___ **N/A** ___

	<u>Contract Amounts:</u>	<u>OCD approved amounts:</u>
_____	_____	_____
Project Engineer	(Engineer, Pre-agreement)	(Engineer, Pre-agreement)
	_____	_____
	(Basic Engineering)	(Basic Engineering)
	_____	_____
	(Inspections)	(Inspections)
	_____	_____
	(Topo Survey)	(Topo Survey)
	_____	_____
	(Property Survey)	(Property Survey)
	_____	_____
	(Testing)	(Testing)
	_____	_____
	(Construction Staking)	(Construction Staking)
	_____	_____
	(Other)	(Other)

If contract amount for any item listed above exceeds the OCD approved amount, is there documentation of prior approval? **Yes** ___ **No** ___ **N/A** ___

Testing: _____ \$ _____

Appraiser: _____ \$ _____

Review Appraiser: _____ \$ _____

Legal: _____ \$ _____

Auditor: _____ \$ _____

Other: _____ \$ _____

Review all sole source contracts and a sample of the others.

		<u>Consultant</u>	<u>Engineer</u>	<u>Other</u>	<u>Other</u>
(answer: Yes , No or N/A)					
2.	For the <u>Small Purchase</u> method, does the file have... (an option when fees are less than \$100,000)				
	• a minimum of 3 quotes rec'd by phone, fax or mail	____	■	____	____
	• documentation for basis of selection	____		____	____
3.	The <u>Competitive Negotiation</u> method.				
a.	Using " Requests for Proposals ", does the file have...				
	• a copy of the Request for Proposal?	____	■	____	____
	~ Was RFP published in nearest MSA newspaper?	____		____	____
	• copies of proposals received?	____		____	____
	• a written evaluation of each proposal received?	____		____	____
	• evidence costs were reviewed for reasonableness	____		____	____
	• evidence the selection process was thorough and uniform and the criteria & point system identified in the RFP was used to make the selection?	____		____	____
b.	Using " Statements of Qualifications ", does the file have...				
	~ Was the request published in nearest MSA newspaper?	■	____	■	■
	• copies of statements received?		____		
	• a written evaluation of each statement received?		____		
	• evidence costs were reviewed for reasonableness?		____		
	• evidence the selection process was thorough and uniform and the criteria & point system identified in the Request for Qualification Statements was used to make the selection?	■	____	■	■
4.	For the Non-competitive Negotiation method, does the file have... (Used when procuring a planning district for admin. services; otherwise, OCD approval is required.)				
	• rationale for using this procurement method?	____	____	____	____
	• justification for services provided?	____	____	____	____
	• evidence costs were reviewed for reasonableness?	____	____	____	____
	~ If method used for other services, had OCD approved?	____	____	____	____

Comments / Recommended Corrective Action: _____

5.	Date contractor cleared, if applicable:	_____	_____
		(Consultant)	(Engineer)
	~ Is clearance date before contract date?	Yes No	Yes No
		____	____

(answer: **Yes**, **No** or **N/A**)

	<u>Consultant</u>	<u>Engineer</u>	<u>Other</u>	<u>Other</u>
6. Does the contract include the following:				
• scope of services	_____	_____	_____	_____
• contract amount, with breakout of fees by services	_____	_____	_____	_____
• method of compensation	_____	_____	_____	_____
• contract date (make note of)	_____	_____	_____	_____
• Title VI	_____	_____	_____	_____
• Section 3	_____	_____	_____	_____
• Section 109	_____	_____	_____	_____
• Equal Opportunity	_____	_____	_____	_____
• Termination for Cause, and Convenience	_____	_____	_____	_____
• Conflict of Interest	_____	_____	_____	_____
• Access to Records	_____	_____	_____	_____
7. Was contract amended?	_____	_____	_____	_____
~ If Yes , why?	_____			
8. Date of first invoice:	_____	_____	_____	_____
~ Is date after contract date?	_____	_____	_____	_____
		<u>Yes</u>	<u>No</u>	<u>N/A</u>
9. Does consultant's contract stipulate 10% of contract amount will be held until program is conditionally closed?	_____	_____	_____	_____
10. Amount awarded grantee for general administration less pre-agreement: (Example: \$35,000 Admin total for consultant plus local government.)		\$	_____	
~ Did grantee hold 10% for their administrative expenses? [applicable through FY 2005]	_____	_____	_____	_____
11. From FY'98 to FY'02, was testing contract between grantee & testing firm?	_____	_____	_____	_____
12. Did the grantee adopt the State's sample procurement policy?	_____	_____	_____	_____
13. Did grantee encourage and/or achieve Minority Business Enterprise participation? (Methods: Small Business Admin, newspaper ads, direct solicitation, divided project into smaller contracts, etc.)	_____	_____	_____	_____
~ If No , explain.	_____			

Comments / Recommended Corrective Action: _____

Program Performance	November, 1996
----------------------------	----------------

Grantee: _____ Contract #: _____ FY: _____ Type: _____
 Reviewer: _____ LGR: _____ Date: _____
 Contract End Date: _____ Percent Drawn To- Date: _____

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Is the program progressing in accordance with the current time schedule?
~ If No , list the activity(ies) that is behind schedule and explain why. | _____ | _____ |
| Activity: _____ Reason for delay: _____ | | |
| _____ | | |
| Activity: _____ Reason for delay: _____ | | |
| _____ | | |
| 2. Do you think the grantee can meet the current time schedule? | _____ | _____ |
| ~ If No , explain: _____ | | |
| 3. Was a revised schedule discussed? | _____ | _____ |
| 4. Are there problems which could make the overall program infeasible? | _____ | _____ |
| Comments / Recommended Corrective Action: _____ | | |
| _____ | | |

Record Keeping	September, 2000
-----------------------	-----------------

Grantee: _____ Contract #: _____ FY: _____ Type: _____

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Does the filing system follow the model provided in the grantee handbook? | _____ | _____ |
| 2. Was it difficult to find information or documentation during the review?
~ If Yes , explain: _____ | _____ | _____ |
| 3. Does grantee have another active grant, conditionally closed grant or grant that received a final closeout in the last four years?
~ If Yes , view files and review past monitoring letters for repetitive deficiencies. | _____ | _____ |

Comments / Recommended Corrective Action: _____

Public Improvements / Force Account

Jun-08

Grantee: _____ Contract #: _____ FY: _____ Type: _____
 Reviewer: _____ LGR: _____ Date: _____

Contractor 1: _____ Contract Amount: _____

Contractor 2: _____ Contract Amount: _____

Contractor 3: _____ Contract Amount: _____

Sub-contractor 1: _____ Sub-contractor 2: _____

	Contractor 1	Contractor 2	Contractor 3
Bid Ad Dates			
Bid Opening Date			
Award Date			
Description of Work			

(answer: **Yes**, **No** or **N/A**)

Contractors: 1 2 3

1. a. Is there a Certificate for Compliance with Minimum Standards for Accessibility by the Physically Handicapped? _____
 b. Has the State Fire Marshall issued a 'certificate of occupancy'? _____
2. Is there documentation to support that acquisition of property was not necessary? _____
 ~ If **Yes**, identify? _____
3. Did DHH review/approve plans/specs for the sewer/water project? _____
 ~ If **Yes**, is DHH's letter dated prior to start of construction? _____
4. Is any additional work being performed? _____
 ~ If **Yes**, explain? _____
5. Does project site in application compare to actual site? (view site) _____
6. Is the project sign prominently displayed? _____
7. a. If grant provides hook-ups or service line repairs to L/M income families, does the residents' application for services include documentation which supports amount of annual income? (effective beginning 2/1/2000) _____
 b. Were work authorizations obtained from the property owners? _____
8. Were special assessments levied on property owners as a result of this project? (hook-up or tap-on fees) _____

(answer: **Yes**, **No** or **N/A**)

Contractors:

1

2

3

9. Budget changes more than 10% or program changes that delete, add or change an approved activity require prior written approval. If applicable, was a Request for Program Amendment submitted to OCD? _____
10. a. Identify resident inspector: _____
- b. Was the inspector's Qualification Certificate sent to OCD prior to start of construction? (applicable beginning FY 2000) _____
11. Are inspection reports available for review? (applicable beginning FY 2000) _____
- ~ If **Yes**, are they signed by the inspector identified above? _____
12. Was ad for bids published once a week for 3 weeks according to State Bid Law? (First ad must appear at least 25 days prior to bid opening.) _____
13. Did advertisement for bids include time/place of bid opening? _____
14. Did advertisement for bids call bidders attention to the following?
- conditions of employment and minimum wages _____
 - Section 3 and Section 109 _____
 - E. O. 11246 _____
 - Segregated Facility _____
15. Was a bid guarantee equivalent to 5% of bid submitted by the lowest responsible bidder? (bid bond, certified check) _____
16. Were there minutes of the bid opening and a tabulation of bids?
- ~ Did grantee send OCD the itemized bid tabulation? [required beginning FY'06] _____
17. Did bid/contract document contain the following?
- Federal Wage Decision(s) - #s _____
 - Federal Labor Standards Provisions _____
 - Contractor's Guide to Davis-Bacon/Payroll Requirements [beginning FY'03] _____
 - #8** • EO Provisions (A.) for contracts not subject to EO11246 [\$10,000 & under] _____
 - EO Provisions (B. & C.) for contracts subject to EO11246 [above \$10,000] _____
 - (must have goals included for minority and female participation) _____
 - Civil Rights Act of 1964 - Title VI Clause _____
 - Section 109 of the Housing and Community Development Act of 1974 _____
 - Section 3 Compliance for Training, Employment, Business Opportunities _____
 - Section 503 Non-discrimination for Handicapped _____
 - Age Discrimination Act of 1975 _____
 - #9** • Certification of Compliance with Air and Water Acts [above \$10,000] _____
 - #12** • Access to Records/Maintenance of Records _____
 - #13** • Conflict of Interest _____
 - Bonding and Insurance Requirements _____
18. Were bid/contract documents reviewed by grantee's attorney? _____

(answer: **Yes**, **No** or **N/A**)

Contractors:

1

2

3

- | | | | |
|--|-------|-------|-------|
| 19. If applicable, were copies of all addendum(da) sent to all bidders & OCD? | _____ | _____ | _____ |
| 20. Contractor(s) 'Section 3' Documents? [applicable for contracts over \$100,000] | | | |
| a. Was a complete 'Section 3' plan prepared including Tables A & B? | _____ | _____ | _____ |
| b. Section 3 Certification [applicable beginning FY 2006] | _____ | _____ | _____ |
| c. Section 3 and Segregated Facilities Certification [through FY 2005] | _____ | _____ | _____ |
| 21. Subcontractor(s) 'Section 3' Documents [applicable for contracts over \$100,000] | | | |
| a. Was a complete 'Section 3' plan prepared including Tables A & B? | _____ | _____ | _____ |
| b. Section 3 and Segregated Facilities Certification | _____ | _____ | _____ |
| 22. Did contractor(s) sign the following certifications? | | | |
| • Equal Opportunity [applicable through FY 2005] | _____ | _____ | _____ |
| • Labor Standards/Prevailing Wage [applicable through FY 2002] | _____ | _____ | _____ |
| 23. Did subcontractor(s) sign the following certifications? | | | |
| • Equal Opportunity [applicable through FY 2005] | _____ | _____ | _____ |
| • Labor Standards/Prevailing Wage [applicable through FY 2002] | _____ | _____ | _____ |
| 24. Is there a performance bond and a payment bond for the contract amount? | _____ | _____ | _____ |
| 25. Were the U.S. Treasury Dept. and the LA Insurance Commissioner's Office contacted regarding the surety company? | _____ | _____ | _____ |
| 26. Was the contract awarded to the lowest responsible bidder? | _____ | _____ | _____ |
| 27. Did the contract document include all items contained in the bid package and was it executed by the contractor? | _____ | _____ | _____ |
| 28. 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.] | _____ | _____ | _____ |
| 29. Were change orders approved by OCD prior to execution? [applicable beginning FY 2000] | _____ | _____ | _____ |
| 30. Has the 'Certificate of Substantial Completion' been recorded? | _____ | _____ | _____ |
| 31. Has there been a final inspection of work? | _____ | _____ | _____ |
| 32. Has final payment been made to contractor less retainage? | _____ | _____ | _____ |
| 33. Has the 'Clear Lien Certificate' been issued? | _____ | _____ | _____ |
| 34. Has contractor been paid their retainage? | _____ | _____ | _____ |
| 35. Will grantee transfer ownership of system to another entity? | _____ | _____ | _____ |
| ~ If Yes , has an intergovernmental cooperative agreement been executed? | _____ | _____ | _____ |

Force Account

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
36. Did grantee have prior written approval from OCD to use 'Force Account'?	<u> </u>	<u> </u>	<u> </u>
~ If Yes , did grantee follow the " <u>LCDBG Guidelines for Force Account</u> "? [Refer to the guidelines to review.]	<u> </u>	<u> </u>	<u> </u>

Comments / Recommended Corrective Action: _____

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
9. Did any individual grant/loan exceed the locally determined maximum average amount, if applicable?	_____	_____	_____

~ If **Yes**, explain. _____

Comments / Recommended Corrective Action _____

Housing Rehabilitation Plan

10. Have Rehabilitation guidelines [policies/procedures] been developed and approved by the local governing body?	_____	_____	_____
---	-------	-------	-------

11. Do the guidelines...			
• state eligibility requirements for participation including household income, asset ownership, occupancy, need for Rehabilitation, geographical boundaries, rehabilitation feasibility, etc.?	_____	_____	_____
• establish a maximum average grant and/or loan limitation considering the condition of the targeted housing stock and the needs of the Program client?	_____	_____	_____
• identify a property rehabilitation standard? (<i>Section 8 Housing Quality Standard, Southern Standard Housing Code, local housing code, etc.</i>)	_____	_____	_____
• require each Rehabilitated unit to comply at a minimum with the Section 8 Housing Quality Standards and Cost Effective Energy Conservation Standard?	_____	_____	_____
• require each unit to comply with the Fire Administration Authorization Act of 1974 (at a minimum, installed 2 hard-wired and/or battery operated smoke detectors)?	_____	_____	_____
• establish procedures to ensure compliance with the Lead-Based Paint regulations?	_____	_____	_____
• clearly identify eligible Rehabilitation costs?	_____	_____	_____
• define the roles and responsibilities of program staff and the property owner and contractor through all phases of program delivery?	_____	_____	_____
• include or reference all procedures and forms for application processing and financial and construction management?	_____	_____	_____
• if applicable, establish a coordinated relationship with the local code enforcement program?	_____	_____	_____
• include actions to recruit and assist contractors? (<i>small, minority and/or female-owned businesses</i>)	_____	_____	_____
• include minimum qualifications for contractors, and provide for the evaluation of contractor credentials, including the contractor's license/registration number?	_____	_____	_____
• include appropriate measures to deny participation to contractors who fail to perform in a satisfactory manner?	_____	_____	_____
• require the preparation of a detailed work write-up and cost estimate for each unit?	_____	_____	_____
• include general Rehabilitation specifications that adequately prescribe material methods and workmanship quality?	_____	_____	_____
• include a grievance procedure or other mechanism to correct deficiencies in the Housing Rehabilitation program after final inspection?	_____	_____	_____

Comments / Recommended Corrective Action _____

11. Do the guidelines...

- state eligibility requirements for participation including household income, asset ownership, occupancy, need for Rehabilitation, geographical boundaries, rehabilitation feasibility, etc.? _____
- establish a maximum average grant and/or loan limitation considering the condition of the targeted housing stock and the needs of the Program client? _____
- identify a property rehabilitation standard? (*Section 8 Housing Quality Standard, Southern Standard Housing Code, local housing code, etc.*) _____
- require each Rehabilitated unit to comply at a minimum with the Section 8 Housing Quality Standards and Cost Effective Energy Conservation Standard? _____
- require each unit to comply with the Fire Administration Authorization Act of 1974 (at a minimum, installed 2 hard-wired and/or battery operated smoke detectors)? _____
- establish procedures to ensure compliance with the Lead-Based Paint regulations? _____
- clearly identify eligible Rehabilitation costs? _____
- define the roles and responsibilities of program staff and the property owner and contractor through all phases of program delivery? _____
- include or reference all procedures and forms for application processing and financial and construction management? _____
- *if applicable*, establish a coordinated relationship with the local code enforcement program? _____
- include actions to recruit and assist contractors? (*small, minority and/or female-owned businesses*) _____
- include minimum qualifications for contractors, and provide for the evaluation of contractor credentials, including the contractor's license/registration number? _____
- include appropriate measures to deny participation to contractors who fail to perform in a satisfactory manner? _____
- require the preparation of a detailed work write-up and cost estimate for each unit? _____
- include general Rehabilitation specifications that adequately prescribe material methods and workmanship quality? _____
- include a grievance procedure or other mechanism to correct deficiencies in the Housing Rehabilitation program after final inspection? _____

Comments / Recommended Corrective Action _____

Housing Rehabilitation (Part 2)

May, 2004

Grantee: _____ Contract #: _____ FY: _____ Type: _____
Reviewer _____ LGR: _____ Date: _____

This checklist must be completed for each unit reviewed.

Owner/Occupant (Head of Household) _____

Address _____

Deferred loan amount \$ _____

Check all that apply: single family duplex upper income H low/moderate income HH

_____ Number of units in structure undergoing rehabilitation

_____ Date of final verification of all household application data

_____ Date work write-up and cost estimate prepared

_____ Date of advertisement for bids for this unit

_____ Date contract signed

_____ Date Notice to Proceed issued

	<u>Yes</u>	<u>No</u>
1. Was household income data verified?	_____	_____
2. Is information available which indicates that the eligibility criteria of the program guidelines have been met?	_____	_____
3. Was the work write-up and/or plans signed by the owner?	_____	_____
4. Were bids in line with the preliminary cost estimates and work write-up?	_____	_____
5. Was contracting done on a competitive basis?	_____	_____
6. Contractor: _____ Date cleared: _____		
Contractor: _____ Date cleared: _____		
Was the prime contractor(s) clear prior to contract execution?	_____	_____
7. Was D.S.S. contracted to verify that the contractor(s) is current in his child support payments, if applicable?	_____	_____
8. Was contractor's general liability and workman's compensation insurance verified?	_____	_____

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 9. Does the contract include: | | |
| • Title VI Clause | _____ | _____ |
| • E.O. 11246 Standard Clause (<i>above \$10K</i>) or 3 paragraph E.O. Provisions (<i>\$10K or</i> | _____ | _____ |
| • Notice of Requirement for Affirmative Action (<i>above \$10,00</i> | _____ | _____ |
| • Standard E.O. 11246 Specifications (<i>goals inserted - above \$10,0</i> | _____ | _____ |
| • Section 109 Clause | _____ | _____ |
| • Section 3 Clause | _____ | _____ |
| • Segregated Facilities Clause | _____ | _____ |
| • Lead Base Paint Clause | _____ | _____ |
| • Fire Administration Authorization Act of 1992 | _____ | _____ |
| • Access to Records/Maintenance of Records Clause | _____ | _____ |
| • Conflict of Interest | _____ | _____ |
| • Contractor/Subcontractor certification of EEO HUD 950.1 and 950.2 (<i>above \$10,0</i> | _____ | _____ |
| 10. Was the homeowner required to temporarily relocate to another unit? | _____ | _____ |
| ~ If Yes | | |
| • Was the unit inspected for Section 8 compliance? | _____ | _____ |
| • Did this unit pass _____ or fail _____ Section 8 compliance? | _____ | _____ |
| • Was the homeowner notified of the pass/fail status of this unit? | _____ | _____ |
| 11. Were systematic site inspections made prior to making progress payments? | _____ | _____ |
| 12. Was a final inspection made upon receipt of the final invoice from the contractor? | _____ | _____ |
| 13. Is there a dated notification "Watch Out for Lead-Based Paint Poisoning" form signed by the homeowner or tenant? | _____ | _____ |
| 14. Are homeowners being insured through the national flood insurance program? | _____ | _____ |
| 15. Was this home in a flood zone? | _____ | _____ |
| ~ If Yes , did grantee follow its adopted Floodplain Ordinance for construction? | _____ | _____ |
| 16. Did grantee address deficiencies identified in the application? (handicapped features, etc | _____ | _____ |
| 17. Was the job completed in accordance with the contract and warranty? | _____ | _____ |
| 18. Was a "Notice of Acceptance of Work" issued? | _____ | _____ |
| 19. Was a "Notification of Release of Lien" and applicable warranties received from the contractor, all subcontractors and suppliers? | _____ | _____ |
| 20. Was final payment made at the end of the required lien period? | _____ | _____ |
| 21. Was a lien filed on the rehab unit at the clerk of court's office as per our minimum 5 year deferred loan program policy? | _____ | _____ |

Comments / Recommended Corrective Action _____

ECONOMIC DEVELOPMENT (part 1)

November, 1996

Grantee: _____ Contract #: _____ FY: _____

Reviewed By: _____ LGR: _____ Date: _____

Company Name: _____

Address: _____

Responsible Official: _____

Activity Description: _____

(JTPA participants are acceptable as low/moderate beneficiaries except those participants on the dislocated workers program.)

Yes No N/A

1. Date of last financial review _____ for the period ending _____ .

Number of reviews conducted to date: _____ .

Date of last annual statement review _____ for period ending _____ .

2. Has the grantee's loan to the developer been secured (*mortgage, etc.*) in the manner described in Exhibit D of our contract with the contractor? _____ _____ _____

Comments: _____

3. In general, have all currently applicable provisions of our contract with the grantee been carried out as described, especially Exhibits A - E? _____ _____ _____

Comments: _____

VERIFICATION OF JOBS CREATED AND/OR RETAINED

4. Number of jobs to be created and/or retained as stated in contract: _____
5. Review payroll prior to grant award, if applicable. Mainly or expansions.
Date of payroll: _____ Number of existing jobs: _____
6. Review current payroll.
Date of payroll: _____ Number of existing jobs: _____
7. Review job certifications.
a) Number of jobs to be created and/or retained: _____
b) Number of jobs given to persons of low/moderate income households: _____
c) Number of jobs given to low income households: _____
d) Number of jobs given to high income households: _____
8. Does the current payroll match the job certifications? **Yes** **No** **N/A**
9. What is the low/moderate income limits for this locality? \$ _____
10. What is the percent of low/moderate new hires? _____ %
11. Has this grant met its job creation goals? **Yes** **No** **N/A**
~ If No, explain: _____

12. LCDBG funds less administration \$ _____ divided by total number of jobs _____
= cost per job \$ _____ .
13. Was the National Objective met? **Yes** **No** **N/A**
14. Is another monitoring visit required to verify job creation and compliance with the National Objective? **Yes** **No** **N/A**

* If Yes, plan a second monitoring visit & send a letter to the grantee informing them of their lack of compliance in this area.

All other applicable monitoring checklists must be completed. (i.e., Program Performance, FH/EO, Financial Management, Labor Standards (if Davis-Bacon is applicable), etc.

ECONOMIC DEVELOPMENT (part 2)

November, 1996

Grantee: _____ Contract #: _____ FY: _____

Reviewed By: _____ LGR: _____ Date: _____

Developer: _____

FINANCIAL STATEMENT ANALYSIS

1. Ending Date of Financial Statement: _____

Date Financial Statement Received: _____

Date Previous Financial Statement Received: _____

2. Type of Financial Statement: ___ *Internal* ___ *Compilation* ___ *Reviewed* ___ *Audit*

3. Period of Financial Statement: ___ *Interim* ___ *Monthly* ___ *Quarterly* ___ *Annual*

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
4.	Does the Financial Statement have the following:			
	a) Income Statement	___	___	___
	b) Beginning Balance Sheet	___	___	___
	c) Ending Balance Sheet	___	___	___
	d) Statement of Cash Flows	___	___	___
	e) CPA Statement	___	___	___
	f) Required Footnote Disclosures	___	___	___

5. Financial Statement Analysis:

A. Profitability Indicators -

B. Asset Management Indicators -

C. Liquidity/Solvency Indicators -

D. Other Indicators or Comments -

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
6.	Based upon your review, are the following indicated?			
	a. LCDBG funds have been used as described in the application and in the contract.	_____	_____	_____
	b. The stipulated amount of private investment has been made.	_____	_____	_____
	c. The ratio of private investment to LCDBG funds meets the minimum requirements as stipulated in the contract.	_____	_____	_____
7.	Other issues or comments: _____			

8.	Date review completed: _____			

RESIDENTIAL RELOCATION / DISPLACEMENT (part 1)

November, '96

Grantee: _____ Contract #: _____ FY: _____

Reviewed By: _____ LGR: _____ Date: _____

Review grantee's involvement in permanent relocation of persons displaced by acquisition of property and non-Uniform Act activities. The checklist is for both relocation activities under the Uniform Act and non-Uniform Act. A minimum of five parcels must be reviewed if the total number of relocations is less than fifty. For more than fifty, a total of 10% or a maximum of twenty must be reviewed for compliance.

Uniform Act Relocation And Displacement

1. Was or is permanent displacement anticipated as a result of the LCDBG Program? Yes No N/A

Comments: _____

↳ If Yes, continue. If No, it is not necessary to complete this checklist.

2. Total number of displacements subject to the Uniform Act: _____

▸ How many are 180 day owner occupied? _____

▸ How many are 180 day renter occupied? _____

▸ How many are 180 day business related? _____

▸ How many are 180 day farm related? _____

▸ Other (specify): _____

Comments: _____

3. Total number of displacements not be subject to the Uniform Act: _____

4. Were the displacements carried out in accordance with the Act? _____

↳ If No, explain how these relocations do not conform to the Act? _____

5. Were replacement units inspected for Section 8 compliance? _____

Comments: _____

6. Were relocation/displacement payments made in accordance with Uniform Act requirements? _____

Comments: _____

Complete the "Residential Relocation/Displacement Checklist (part 2)" for Uniform Act activities. (not attached in Handbook)

Non-Uniform Act Relocation And Displacement

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Does the grantee have a locally adopted relocation policy covering non-Uniform Act relocation procedures?	_____	_____	_____

Comments: _____

2. Were non-Uniform Act displacements carried out in accordance with the relocation policy?	_____	_____	_____
---	-------	-------	-------

Comments: _____

Complete the "Residential Relocation/Displacement Checklist (part 3)" for non-Uniform Act Activities. (not attached in Handbook)