

CDBG Compliance - View Project

Project Information for 22-333

Year of Award: 2233 Amount: \$2,233.00
 Grantee: City of Barbourmeade
 Project Title: d
 Project Type: Community Projects
 Project Desc:

CEO Contact Information

Name: Title:
 Organization: Phone:
 Address: Fax:
 City/State/Zip: , KY Email:

Administrator Contact Information

Name: Title:
 Organization: Phone:
 Address: Fax:
 City/State/Zip: , KY Email:

Monitoring

Lead Reviewer: Scheduled Date:
 Grantee Staff:
 Notification Date: Follow-Up Date: Reschedule Date:
 In-House Review: Rescheduling Notes:
 On-Site Monitoring:
 Monitoring Letter:

[VIEW ALL](#)

[EDIT PROJECT](#)

Compliance Checklists

Area of Review	Reviewer Name	Review Date	Review Status	Outstanding Issues	
01. Project Performance					ADD
02. Environmental Review					ADD
03. Financial Management					ADD
04. Fair Housing / Equal Opportunity					ADD
05. Housing Rehabilitation					ADD VOL ADD INV
06. Homeownership					ADD
07. Economic Development					ADD
08. Slum Blight Program					ADD
09. Public Service Program					ADD
10. Procurement					ADD

- 11. Contract Management
- 12. Labor Standards
- 13. Acquisition
- 14. Residential Relocation
- 15. Business Relocation
- 16. Clearance / Disposition

ADD
ADD
ADD
ADD
ADD
ADD

CDBG Compliance - Project 22-333

01 Project Performance (ADD)

CDBG Handbook: CH 1

Section 1: Project Progress

- 1.1 Is the project progressing such that it will be completed in accordance with the ending date in the Grant Agreement / Amendment? Yes No N/A
If no, what are the reasons provided?

If no, is a Program Amendment required? Yes No N/A

- 1.2 Comments regarding Project Progress:

Section 2: Project Budget

- 2.1 Is the current budget accurate? Yes No N/A
If no, what are the reasons provided?

- 2.2 Is a Budget Amendment necessary? Yes No N/A
2.3 Comments regarding Budget:

Section 3: Record Keeping System

- 3.1 Does the grantee maintain a record keeping system that includes all of the following:
- 3.1.1 Application? Yes No N/A
 - 3.1.2 Grant agreement? Yes No N/A
 - 3.1.3 Environmental Review Record? Yes No N/A
 - 3.1.4 Financial? Yes No N/A
 - 3.1.5 Fair Housing, Equal Opportunity and other Civil Rights? Yes No N/A
 - 3.1.6 Procurement? Yes No N/A
 - 3.1.7 Contracting? Yes No N/A
 - 3.1.8 Citizen Participation? Yes No N/A
 - 3.1.9 Monitoring? Yes No N/A

- 3.1.10 Close Out? Yes No N/A
- 3.1.11 Program/project being carried out (e.g. housing, public facilities)? Yes No N/A
- 3.2 Are records (not governed by privacy laws) accessible to the public upon request? Yes No N/A
- 3.3 Comments on record keeping system, including any deficiencies?

Section 4: Complaint and Grievance Procedures

- 4.1 Were there any citizen complaints regarding CDBG-funded project? Yes No N/A
If yes, were the complaints/comments responded to within an appropriate timeframe (i.e. within 15 days of receipt)? Yes No N/A
Is there documentation that the complaint was resolved? Yes No N/A
- 4.2 Comments on complaints and grievance procedures

Compliance Determination

Overall comments on checklist and sub-checklists:

Reviewed by: _____

Review Date: _____

SAVE

CDBG Compliance - Project 22-333

02 Environmental Review Checklist (ADD)

CDBG Handbook: CH 2

Section 1: Commitment of Funds and Clearance

- 1.1 Date of environmental clearance: _____
- 1.2 Earliest date of contract award of all activities: _____
- Administration: _____
- Engineering / Architect: _____
- Planning: _____
- Other: _____
- 1.3 Were funds obligated or expended for project activities (except for those costs relating to engineering and planning, as applicable) prior to DLG approval of the environmental clearance? Yes No N/A
- 1.4 Was project advertised for construction bids prior to receiving environmental clearance from DLG? Yes No N/A
- 1.5 Comments regarding the commitment of funds and environmental clearance: _____

Section 2: Environmental Review Record (ERR)

- 2.1 Is there an Environmental Review Record (ERR) on file for this project? Yes No N/A
- 2.2 Does the ERR contain comments from the State Clearinghouse? Yes No N/A

Select the appropriate level of environmental review:

- Exempt Categorically Excluded Not Subject to §58.5 Categorically Excluded Subject to §58.5 Environmental Assessment

Compliance Determination

Overall comments on checklist and sub-checklists:

Reviewed by: _____

Review Date: _____

CDBG Compliance - Project 22-333 02 Environmental Review Checklist: Exempt (EDIT)

CDBG Handbook: CH 2

Section 3: Exempt Activities

- 3.1 Does the ERR contain a Finding of Exemption that lists all the exempt activities? Yes No N/A
- 3.2 Is the Finding signed by the Certifying Officer? Yes No N/A
- 3.3 List any exempt activities not included: _____
- 3.4 Insert any comments regarding the exempt activity determination or documentation: _____

Compliance Determination

- a. Number of potential Issues: 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by: _____

Review Date: _____

Submit

CDBG Compliance - Project 22-333 02 Environmental Review Checklist (EDIT)

CDBG Handbook: CH 2

Section 1: Commitment of Funds and Clearance

- 1.1 Date of environmental clearance: _____
- 1.2 Earliest date of contract award of all activities: _____
 Administration: _____
 Engineering / Architect: _____
 Planning: _____
 Other: _____
- 1.3 Were funds obligated or expended for project activities (except for those costs relating to engineering and planning, as applicable) prior to DLG approval of the environmental clearance? Yes No N/A
- 1.4 Was project advertised for construction bids prior to receiving environmental clearance from DLG? Yes No N/A
- 1.5 Comments regarding the commitment of funds and environmental clearance: _____

Section 2: Environmental Review Record (ERR)

- 2.1 Is there an Environmental Review Record (ERR) on file for this project? Yes No N/A
- 2.2 Does the ERR contain comments from the State Clearinghouse? Yes No N/A

Select the appropriate level of environmental review:

- | | | | |
|---------------------------------|---|---|--|
| Exempt
<input type="radio"/> | Categorically Excluded
Not Subject to §58.5
<input type="radio"/> | Categorically Excluded
Subject to §58.5
<input type="radio"/> | Environmental Assessment
<input checked="" type="radio"/> |
|---------------------------------|---|---|--|

Compliance Determination

- a. Number of potential Issues: 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by: _____ Review Date: _____

Submit

CDBG Compliance - Project 22-333 02 Environmental Review Checklist (EDIT)

CDBG Handbook: CH 2

Section 1: Commitment of Funds and Clearance

- 1.1 Date of environmental clearance: _____
- 1.2 Earliest date of contract award of all activities: _____
 Administration: _____
 Engineering / Architect: _____
 Planning: _____
 Other: _____
- 1.3 Were funds obligated or expended for project activities (except for those costs relating to engineering and planning, as applicable) prior to DLG approval of the environmental clearance? Yes No N/A
- 1.4 Was project advertised for construction bids prior to receiving environmental clearance from DLG? Yes No N/A
- 1.5 Comments regarding the commitment of funds and environmental clearance: _____

Section 2: Environmental Review Record (ERR)

- 2.1 Is there an Environmental Review Record (ERR) on file for this project? Yes No N/A
- 2.2 Does the ERR contain comments from the State Clearinghouse? Yes No N/A

Select the appropriate level of environmental review:

- Exempt
- Categorically Excluded
Not Subject to §58.5
- Categorically Excluded
Subject to §58.5
- Environmental Assessment

Compliance Determination

- a. Number of potential Issues: 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by: _____

Review Date: _____

Submit

CDBG Compliance - Project 22-333

02 Environmental Review Checklist (EDIT)

CDBG Handbook: CH 2

Section 1: Commitment of Funds and Clearance

- 1.1 Date of environmental clearance: _____
- 1.2 Earliest date of contract award of all activities: _____
 Administration: _____
 Engineering / Architect: _____
 Planning: _____
 Other: _____
- 1.3 Were funds obligated or expended for project activities (except for those costs relating to engineering and planning, as applicable) prior to DLG approval of the environmental clearance? Yes No N/A
- 1.4 Was project advertised for construction bids prior to receiving environmental clearance from DLG? Yes No N/A
- 1.5 Comments regarding the commitment of funds and environmental clearance: _____

Section 2: Environmental Review Record (ERR)

- 2.1 Is there an Environmental Review Record (ERR) on file for this project? Yes No N/A
- 2.2 Does the ERR contain comments from the State Clearinghouse? Yes No N/A

Select the appropriate level of environmental review:

- Exempt
- Categorically Excluded
Not Subject to §58.5
- Categorically Excluded
Subject to §58.5
- Environmental Assessment

Compliance Determination

- a. Number of potential Issues: 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by: _____

Review Date: _____

Submit

CDBG Compliance - Project 22-333

03 Financial Management Checklist (ADD)

CDBG Handbook: CH 3

Section 1: Cash Receipts

1.1 If the grantee has more than one (1) CDBG grant:

Are CDBG cash receipts accounted for separately by grant?

Yes No N/A

Are all cash receipts accounted for separately by funding source?

Yes No N/A

1.2 Do recorded cash receipts agree with draw requests received by DLG?

Yes No N/A

1.3 Comments regarding Cash Receipts:

Section 2: Cash Disbursements

2.1 Does the grantee's financial records account for CDBG expenditures by:

Funding Source?

Yes No N/A

Grant Activity?

Yes No N/A

Contract?

Yes No N/A

2.2 Do the grantee's financial records compare amounts received and expended to an approved current project budget?

Yes No N/A

2.3 Are the grantee's records adequate to track disbursements back to source documentation (e.g., invoices, timesheets, etc.)?

Yes No N/A

2.4 Does the amount of expenditures reported on Requests for Payments agree with the grantee's recorded cash disbursements?

Yes No N/A

2.5 Answer the following questions regarding expenditures paid with CDBG funds:

Were the expenditures being charged to the proper activities?

Yes No N/A

Were they eligible CDBG costs?

Yes No N/A

Were expenditures traced to source documents?

Yes No N/A

Were the costs budgeted?

Yes No N/A

Were they approved by authorized individual/governing body prior to payment?

Yes No N/A

2.6 If CDBG administrative expenditures were incurred by the grantee, were only direct costs claimed?

Yes No N/A

Were salaries and wages supported by signed timesheets?

Yes No N/A

Were wages verified to personnel records?

Yes No N/A

Did invoices show a direct link to CDBG activities?

Yes No N/A

Were CDBG procurement procedures followed?

Yes No N/A

2.7 Comments regarding Cash Disbursements:

Section 3: Budgeting, Cash Management, and Internal Controls

3.0 Are CDBG funds in the grantee's current budget?

Yes No N/A

3.1 Does the grantee maintain a non-interest-bearing bank account that is FDIC insured?

Yes No N/A

3.2 Has the grantee complied with the five-day rule (amounts in excess of \$5,000 must be disbursed within five business days)?

Yes No N/A

List dates and amounts:

3.3 Are bank statements reviewed and reconciled?

Yes No N/A

3.4 Has the review revealed any weaknesses in the grantee's separation of duties?

Yes No N/A

Please describe payment review process:

3.5 Comments regarding Cash Management and Internal Controls:

Section 4: Asset Management

4.1 If the grantee/subgrantee has any CDBG-funded assets such as real property or equipment:

Provide a description of the asset (property, equipment, etc.):

Provide identifying information (address, tax map/parcel number, serial no., etc.):

- 4.2 Does the grantee maintain a fixed assets ledger? Yes No N/A
- 4.3 Are there sufficient records to document the acquisition of the asset? Yes No N/A
- 4.4 Is there a current property inventory? Yes No N/A
- 4.5 Are there sufficient records to document the disposition of properties? Yes No N/A
- 4.6 If the property has not been disposed of, what is the intended reuse and timeframe for meeting a national objective?

- 4.7 Comments on Asset Management

Section 5: Program Income

- 5.1 Is CDBG-generated program income properly accounted for in the grantee's budget? Yes No N/A
- 5.2 Is separate accounting for the program income maintained by the grantee? Yes No N/A
- 5.3 Was program income used before requesting additional CDBG funds? Yes No N/A
- 5.4 Is the use of program income documented by source documentation? Yes No N/A
- 5.5 Are the semi-annual Program Income reports up to date and submitted to DLG? Yes No N/A
- 5.6 Comments on Program Income

Section 6: Revolving Fund

- 6.1 Is there an agreement for the Revolving Fund that includes all required sections and was it approved by all relevant parties (as per the sample in the Handbook)? Yes No N/A
- 6.2 Are the revolving funds utilized as outlined in its revolving fund guidelines? Yes No N/A
- 6.3 Is separate accounting for the revolving fund maintained? Yes No N/A
- 6.5 Comments on Revolving Fund _____

Section 7: Audits

- 7.1 Did expenditures of all federal funds exceed \$500,000 in one or more of the fiscal years? Yes No N/A
- 7.2 Have all required A-133 audits been submitted to DLG's Office of Federal Grants for review? Yes No N/A
- 7.3 Comments on Audits _____

Compliance Determination

Overall comments on checklist and sub-checklists: _____

Reviewed by: _____

Review Date: _____



- 7.1 Did expenditures of all federal funds exceed \$500,000 in one or more of the fiscal years? N/A
- 7.2 Have all required A-133 audits been submitted to DLG's Office of Federal Grants for review? N/A
- 7.3 Comments on Audits

Section 8: Other Funds

Source	Amount Required	Amount Recorded	Comments	<u>ADD</u>
	\$0.00	\$0.00		<u>EDIT</u>
	\$0.00	\$0.00		<u>EDIT</u>
	\$0.00	\$0.00		<u>EDIT</u>
TOTALS:	\$0.00	\$0.00		

Compliance Determination

- a. Number of potential Issues: 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by: Review Date:
VIEW PROJECT EDIT

CDBG Compliance - Project 22-333

04 Fair Housing / Equal Opportunity (EDIT)

CDBG Handbook: CH 9

Section 1: Fair Housing

- | | | |
|-----|---|--|
| 1.1 | Does the grantee have a copy of the most current Analysis of Impediments of Fair Housing? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 1.2 | Enact or strengthen the Fair Housing Resolution or Ordinance and publish in a local newspaper or prominent location?

Require the use of affirmative marketing and advertising practices by private developers as a condition of obtaining local licenses and permits?

Develop public awareness of fair housing during April?

Sponsor a poster contest with a fair housing theme in their local schools?

Disseminate information concerning housing services and activities through agencies and organizations that routinely provide services to protected groups?

Evaluate criteria for selecting recipients of housing services or assistance for any discriminatory effect?

Initiate a public education program on fair housing such as representatives of fair housing groups, human relations and minority organizations, members of the real estate industry, local government and media?

Provide information and positive assistance to minority group persons in locating housing in non-minority areas of the community?

Improve community facilities and public services in racially integrated neighborhoods to help preserve their mixed character? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 1.3 | Has the grantee undertaken one or more activities to affirmatively further fair housing?

Other: _____ | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 1.4 | Does the grantee maintain the proper demographic records for their jurisdiction?

Do the demographics include the following:

Population?

Minority Population? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 1.5 | For target area projects, does the demographic data include:

Minority Population?

Number of disabled, elderly households and female-headed households? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |

- 1.6 Does the grantee prominently display a Fair Housing poster in their offices? Yes No N/A
- 1.7 Have any complaints been filed in the community over the past two years?
If yes, have the complaints been addressed/resolved? Yes No N/A
- 1.8 Comments regarding Fair Housing:

Section 2: Equal Opportunity

- 2.1 Does the grantee have a responsible official assigned for Fair Housing and Equal Opportunity duties? Yes No N/A
- 2.2 Does the grantee have an "Equal Employment Opportunity" poster displayed in a prominent place? Yes No N/A
- 2.3 Has the grantee taken affirmative steps to encourage contracting with small, minority and female-owned business enterprises when possible as sources of supplies, equipment, construction and services (i.e. provided bidding opportunities or conducted outreach to minority and woman-owned businesses)? Yes No N/A
- 2.4 Does the grantee maintain employment records and local government workforce information including:
 - Race? Yes No N/A
 - Gender? Yes No N/A
 - Job Title? Yes No N/A
 - Salary? Yes No N/A
 - Hire Date? Yes No N/A
 - Number of project area residents employed with KCDBG funds? Yes No N/A
- 2.5 Does the grantee have an Affirmative Action Plan? (optional) Yes No N/A
- 2.6 If required by court order or compliance review, has the grantee documented proof of affirmative actions to overcome the effects of prior discrimination? Yes No N/A
- 2.7 Comments regarding Equal Opportunity:

Section 3: Section 504

- 3.1 Does the grantee have a TDD installed or does the community have access to a TDD # and is it readily available to the public? Yes No N/A
- 3.2 Is there documentation of a Section 504 self-evaluation of programs, services and activities to determine if the grantee is programmatically and physically accessible to persons with disabilities? Yes No N/A
- If structural barriers were identified during the self-evaluation, did the grantee develop and implement a transition plan? Yes No N/A
- If yes, what steps are being made?
- Does the grantee maintain a list of persons consulted for information regarding the transition plan? Yes No N/A
- 3.3 For non-housing-related activities, are facilities accessible so people with disabilities can enter and use the building? Yes No N/A
- 3.4 Does the project involve newly constructed rental housing containing more than 4 units or substantial rehabilitation of rental housing with 15 or more units? Yes No N/A
- If yes, will the project have the following attributes:
- A minimum of five percent of total dwellings (but not less than one unit) accessible for individuals with mobility impairments? Yes No N/A
- An additional two percent of dwelling units (but not less than one) accessible for persons with hearing or vision impairments? Yes No N/A
- All units made adaptable that are on ground level or can be reached by an elevator? Yes No N/A
- 3.5 Does the grantee have 15 or more employees? Yes No N/A
- If yes, is there someone designated to coordinate 504 compliance efforts? Yes No N/A
- If yes, did the grantee adopt a grievance procedure? Yes No N/A
- Does the grievance procedure include the following:
- Due process standards? Yes No N/A
- Strategy for dealing with resolution of complaints? Yes No N/A
- Did the grantee notify the public by publishing the notice "Policy of Non-discrimination on the Basis of Disability Status?" Yes No N/A
- Were actions taken, such as Radio and TV ads, so that the policy reaches visually- and mobility-impaired persons? (optional) Yes No N/A
- 3.6 Comments on Section 504 compliance

Section 4: Title VI of the Civil Rights Act of 1964

- 4.1 Did the grantee adopt the State Agency plan? Yes No N/A
- Did the grantee develop an agency district Title VI Implementation Plan and send to DLG for approval? Yes No N/A
- If yes, did the grantee send an annual update to DLG by June? Yes No N/A
- 4.2 Did the grantee complete a Title VI self survey? Yes No N/A
- 4.3 Comments on Title VI compliance

Section 6: Drug-Free Workplace

- 6.1 Has the grantee adopted a drug-free workplace statement that states:
 - (1) that the unlawful manufacture, distribution, dispensing possession or use of controlled substances is prohibited in the workplace? Yes No N/A
 - (2) the actions that will be taken against employees for violating that prohibition? Yes No N/A
 - (3) as a condition of employment, the employee will abide by this statement and notify the employer if he/she is convicted for a violation of a criminal drug statute no more than five calendar days after the conviction? Yes No N/A
- 6.2 Has the grantee provided a copy of this statement to each employee engaged in the performance of any CDBG award? Yes No N/A
- 6.3 Has the grantee identified all known workplaces under the HUD award (in documents to DLG or on file in the grantee's office)? Yes No N/A
- 6.4 Has the grantee established a drug-free awareness program as outlined in 24 CFR 21.215? Yes No N/A
- 6.5 Has an employee been convicted of drug violation in the workplace? Yes No N/A
 - If yes, did the grantee:
 - (1) notify DLG and HUD in writing within 10 days of learning of the conviction? Yes No N/A
 - and (2) within 30 days, take appropriate personnel action OR require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program? Yes No N/A
- 6.6 Comments on drug-free workplace:

Compliance Determination

Overall comments on checklist and sub-checklists:

Reviewed by: _____

Review Date: _____



CDBG Compliance - Project 22-333

05 Housing Projects Checklist - Voluntary (ADD)

CDBG Handbook: CH 8, CH 10

Section 1: Project Progress

- 1.1 Number of units initially proposed: _____
- 1.2 Number of units currently proposed: _____
If the current is less than initial proposal, did the grantee obtain an amendment? Yes No N/A
- 1.3 Number of units in progress: _____
- 1.4 Number of units completed: _____
- 1.5 Comments on project's progress _____

Section 2: Program Guidelines

- 2.1 Is there a copy of the Program Guidelines on file? Yes No N/A
Are the Program Guidelines dated? Yes No N/A
Date of Program Guidelines: _____
Is there evidence of an amendment/addendum to the Program Guidelines? Yes No N/A
If so, are the amendments dated? Yes No N/A
Date of Amendments/Addenda to Program Guidelines: _____
- 2.2 Were temporary relocation payments made in accordance with a DLG-approved Temporary Relocation Plan (if applicable)? Yes No N/A
If no, explain any issues here: _____

- 2.3 Were there any complaints covered by the Program Guidelines? Yes No N/A
Were the Program Guidelines followed with regard to any complaints received? Yes No N/A
If Program Guidelines were not followed, explain any issues here: _____

Does the grantee maintain a complaint file? Yes No N/A
Comments regarding complaints: _____

- 2.4 Did the grantee use some form of a bidding process? Yes No N/A
- 2.5 Does the grantee have an existing list of contractors? Yes No N/A
- 2.6 Does the grantee advertise for bids? Yes No N/A
- 2.7 Are there minutes from bid openings? Yes No N/A
- 2.8 Overall Comments regarding Program Guidelines: _____

Compliance Determination

Overall comments on checklist and sub-checklists:

Reviewed by:

Review Date:

SAVE

CDBG Compliance - Project 22-333 05 Owner Rehab Case File Checklist (Voluntary) - (EDIT)

Case File Information

Property Owner Name: _____
 Property Street Address: _____ City: _____
 Amount of CDBG Assistance: _____ Date Completed: _____

Section 1: Owner Information

- | | |
|---|--|
| 1.1 Was a title search performed to verify that the property owner (landlord) was the rightful owner of the property? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| 1.2 Did the grantee verify that the household is current with property taxes and existing debt on the property? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| 1.3 What form of assistance was provided? | <input type="radio"/> Grant <input type="radio"/> Loan |
| If a grant, did the grantee have approval from DLG to provide grants? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Is there an executed mortgage and promissory note with the property owner? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| If a loan, was a mortgage executed? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| 1.4 Does the mortgage/promissory note contain: | |
| Owner of the property? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Type and terms of assistance? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Maximum rent levels (No more than HUD FMRs by bedroom size for five years)? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Maintenance requirements? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Five year or longer principal residency requirement? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Is there documentation in the files regarding the current balance of loan? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| 1.5 Did the property owner provide proof of property (hazard) insurance, including flood insurance if required? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| 1.6 Did the homeowner receive a copy of the program guidelines? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Was each page initialed and back page signed by the homeowner? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| If applicable, did the homeowner receive a copy of amended guidelines? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |

1.7 Comments regarding this section:

Section 2: Property Information

- | | |
|--|--|
| <p>2.1 Based on the information in the project application, is the property located in the grantee's jurisdictional limits?
Is there documentation of a map and picture of the unit?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> |
| <p>2.2 Does the file indicate the property as a single family home?
Insert the year that the unit was built:
Is there appropriate documentation regarding the age of the property?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> <hr style="width: 100%;"/> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> |
| <p>2.3 If the unit was built before 1978, did the family receive the "Protect Your Family from Lead in Your Home" pamphlet prior to rehabilitation?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> |
| <p>2.4 Does the property meet an allowable exemption?
Is there acceptable documentation that the property qualifies for exemption?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> |
| <p>2.5 The lead safe housing rule applies.
Level of Rehabilitation Assistance per unit:
Was the Level of Rehabilitation Assistance calculated and documented properly?</p> | <hr style="width: 100%;"/> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> |
| <p>2.6 Did the tenants receive a disclosure notice regarding the presence of lead in the unit?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> |
| <p>2.7 Comments regarding the property:</p> | |

Section 3: LMI Qualifications

- | | |
|--|---|
| <p>3.0 Was the project qualified/approved as as Low-Mod benefit (LMI household)?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> |
| <p>3.1 Was the total household income of the LMI tenant occupants properly verified to document that applicant is LMI?
Did the determination include all adult household members?
Does the file contain source documentation consistent with the determination?
Was the total household income correctly compared to the applicable HUD income limit for the household size?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> |
| <p>3.2 Is there documentation in the file to indicate that 51% of the units in the property were occupied by low/mod households?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> |
| <p>3.3 Is there documentation in the file that the rents for the LMI units do not exceed the applicable HUD FMR for the area (by bedroom size)?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p> |
| <p>3.4 Did the tenant receive the following documents:</p> | |

- The "Protect Your Family" pamphlet prior to occupancy? Yes No N/A
- A Disclosure Notice about the presence of lead in the unit? Yes No N/A
- 3.5 Was assistance provided to a non-LMI household? Yes No N/A
- If yes, was the scope of the rehabilitation limited to health and safety issues? Yes No N/A
- 3.6 Comments regarding LMI qualifications:

Section 5: Work Write-ups and Cost Estimates

- 5.1 Was an inspection performed on the property prior to the preparation of the work write-up and cost estimate? Yes No N/A
- Date of inspection:
- 5.2 Was a work write-up and cost estimate prepared for the property? Yes No N/A
- Did the work write-up include sufficient detail of the work to be performed? Yes No N/A
- Did the work write-up meet applicable housing codes and standards? Yes No N/A
- Did the work write-up include new/replacement appliances? Yes No N/A
- Was the work write-up approved by the owner? Yes No N/A
- Were any of the items in the work write-up/cost estimate ineligible? Yes No N/A
- If the write-up included ineligible items, please explain below:
- If the project qualified as Slum/Blight, was the work to be paid with CDBG limited to health and safety items? Yes No N/A
- 5.3 If the property is considered historic, was SHPO's approval in the file? Yes No N/A
- If yes, were Section 106 requirements incorporated into the work write-up and cost estimate? Yes No N/A
- If approved specifications changed during course of rehabilitation, was the SHPO consulted? Yes No N/A
- Comments on Historic Preservation:
- 5.4 If the property is considered historic, was SHPO's approval in the file? Yes No N/A
- Based on the level of assistance (at right), answer the following questions: \$0.00
- Were the use of safe work practices and occupant protection (including relocation if necessary) incorporated into the work write-up? Yes No N/A

- Was a risk assessment conducted? Yes No N/A
- Were the recommendations of the risk assessment (interim controls) incorporated into the work write-up? Yes No N/A
- Were standard treatments of all applicable surfaces incorporated into the work write-up? Yes No N/A
- Did the grantee verify that the contractor was trained in lead safe work practices or was supervised by a lead-abatement supervisor? Yes No N/A
- 5.5 Was a Notice of Presumption sent to residents within 15 calendar days of the presumption? Yes No N/A
- 5.6 Comments regarding work write-ups and cost estimates:

Section 6: Contracting

- 6.1 Is there a signed authorization on file indicating the owner/occupant approved the grantee to act on its behalf with regard to bidding and contract oversight? Yes No N/A
- 6.2 Did the owner accept the lowest bid? Yes No N/A
- Amount of bid accepted:
- If no, did the selected contractor agree to perform work at lowest bid price? Yes No N/A
- If no, is there evidence that the bid chosen for award was within a reasonable percentage (i.e., 15%) of the cost estimate? Yes No N/A
- 6.3 Is there a certification from the contractor and subcontractors that they had not been suspended or debarred from Federal contract work? Yes No N/A
- 6.4 Did the grantee verify that the contractor had not been suspended or debarred from Federal contract work? Yes No N/A
- 6.5 Is there a signed contract between the selected contractor and the homeowner? Yes No N/A
- 6.6 Does the contract contain the following:
 - Requirement that all work be in conformance with the ICC Property Maintenance Code? Yes No N/A
 - Requirement that the contractor and subcontractors complied with all required lead-safe housing practices? Yes No N/A
- 6.7 Did the contractor provide proof of a reasonable amount of liability insurance for the life of the contract? Yes No N/A
- Did the grantee verify that the contractor was trained in lead-safe work practices or was supervised by a lead-abatement supervisor? Yes No N/A
- 6.8 Did the contractor and subcontractors provide proof of workers compensation insurance? Yes No N/A
- 6.9 Is there documentation from contractor providing warranty of work for one year after the final acceptance? Yes No N/A
- 6.10 Comments regarding Contracting:

Section 7: Contract Monitoring

- 7.0 Was the rehabilitation work completed according to the work write-up? Yes No N/A
 Was the quality and scope of the rehab work consistent with the cost of the work? Yes No N/A
- 7.1 Was a Notice to Proceed issued to the selected contractor prior to the start of work? Yes No N/A
- 7.2 Do the files contain evidence of systematic and thorough inspections made? Yes No N/A
 Are there notes from each inspection noted in the file? Yes No N/A
 Were inspections made prior to making payments? Yes No N/A
 Is the amount of request and date of inspection noted in the file? Yes No N/A
 Is there a Notice of Acceptance of Work signed by the owner for each payment? Yes No N/A
- 7.3 Were there any adjustments made to the scope of work? Yes No N/A
 If adjustments were made, answer the following:
 Were these adjustments properly documented through a change order? Yes No N/A
 Are the changes eligible and reasonable costs? Yes No N/A
 Were the costs unforeseen at project initiation? Yes No N/A
 Does the file contain evidence that the homeowner, rehab inspector and grantee approved the change orders? Yes No N/A
- 7.4 Is there documentation that safe work practices and occupant protection (including relocation if necessary) were used (vis a vis a checklist or inspection form)? Yes No N/A
 If relocation of a resident was not required because of the presence of lead or lead-related work, is there documentation showing the exemptions? Yes No N/A
- 7.5 Was a final inspection performed to verify that the project is complete, as evidenced by a Certification of Inspection? Yes No N/A
 Insert Date of Final Inspection:
- 7.6 Was a clearance test conducted by a certified Risk Assessor or Paint Inspector? Yes No N/A
 Insert Date of Clearance Test:
- 7.7 Was a clearance test conducted by a certified Risk Assessor or Paint Inspector? Yes No N/A
- 7.8 Was a copy of the Notice of Lead Hazard Reduction Activities and clearance results sent to resident within 15 calendar days of completion? Yes No N/A
- 7.9 Does the file contain a Release of Liens Form signed by the contractor and any subcontractors? Yes No N/A
- 7.10 Did the contractor provide the owner with all warranty documents? Yes No N/A
- 7.11 Did the grantee provide a follow-up inspection approximately 60 days after job completion? Yes No N/A
 Insert Date of Follow-up Inspection:
- 7.12 If the follow-up inspection revealed any problems, please describe in the space below:

- 7.13 Was a resolution obtained to any problems? Yes No N/A
- 7.14 Comments regarding Contract Monitoring:

Section 8: On-Site DLG Property Inspection

8.1 Was there an interior inspection conducted of the unit? Yes No N/A

Insert Date of Interior Inspection:

Was there an exterior inspection conducted of the unit? Yes No N/A

Insert Date of Exterior Inspection:

8.2 Are there visible signs of poor workmanship or other project construction-related issues? Yes No N/A

8.3 If an interview with the homeowner was conducted, was the owner satisfied with the work performed? Yes No N/A

Comments, including owner dissatisfaction and/or complaints:

SAVE

CDBG Compliance - Project 22-333 05 Owner Rehab Case File Checklist (Voluntary) - (VIEW)

Case File Information

Property Owner Name: _____ City: _____
 Property Street Address: _____
 Amount of CDBG Assistance: \$0.00 Date Completed: _____
 Other Funding Sources:

Fund Source Name:	Amount:	
	\$0.00	ADD
	\$0.00	EDIT
TOTAL:	\$0.00	

Section 1: Owner Information

- 1.1 Was a title search performed to verify that the property owner (landlord) was the rightful owner of the property? N/A
- 1.2 Did the grantee verify that the household is current with property taxes and existing debt on the property? N/A
- 1.3 What form of assistance was provided? Loan
 If a grant, did the grantee have approval from DLG to provide grants? N/A
 Is there an executed mortgage and promissory note with the property owner? N/A
 If a loan, was a mortgage executed? N/A
- 1.4 Does the mortgage/promissory note contain: N/A
 Owner of the property? N/A
 Type and terms of assistance? N/A
 Maximum rent levels (No more than HUD FMRs by bedroom size for five years)? N/A
 Maintenance requirements? N/A
 Five year or longer principal residency requirement? N/A
 Is there documentation in the files regarding the current balance of loan? N/A
- 1.5 Did the property owner provide proof of property (hazard) insurance, including flood insurance if required? N/A
- 1.6 Did the homeowner receive a copy of the program guidelines? N/A
 Was each page initialed and back page signed by the homeowner? N/A
 If applicable, did the homeowner receive a copy of amended guidelines? N/A
- 1.7 Comments regarding this section:

Section 2: Property Information

- 2.1 Based on the information in the project application, is the property located in the grantee's jurisdictional limits? N/A
 Is there documentation of a map and picture of the unit? N/A
- 2.2 Does the file indicate the property as a single family home? N/A

	Insert the year that the unit was built:	
	Is there appropriate documentation regarding the age of the property?	N/A
2.3	If the unit was built before 1978, did the family receive the "Protect Your Family from Lead in Your Home" pamphlet prior to rehabilitation?	N/A
2.4	Does the property meet an allowable exemption?	N/A
	Is there acceptable documentation that the property qualifies for exemption?	N/A
2.5	The lead safe housing rule applies.	
	Level of Rehabilitation Assistance per unit:	\$0.00
	Was the Level of Rehabilitation Assistance calculated and documented properly?	N/A
2.6	Did the tenants receive a disclosure notice regarding the presence of lead in the unit?	N/A
2.7	Comments regarding the property:	

Section 3: LMI Qualifications

3.0	Was the project qualified/approved as as Low-Mod benefit (LMI household)?	N/A
3.1	Was the total household income of the LMI tenant occupants properly verified to document that applicant is LMI?	N/A
	Did the determination include all adult household members?	N/A
	Does the file contain source documentation consistent with the determination?	N/A
	Was the total household income correctly compared to the applicable HUD income limit for the household size?	N/A
3.2	Is there documentation in the file to indicate that 51% of the units in the property were occupied by low/mod households?	N/A
3.3	Is there documentation in the file that the rents for the LMI units do not exceed the applicable HUD FMR for the area (by bedroom size)?	N/A
3.4	Did the tenant receive the following documents:	
	The "Protect Your Family" pamphlet prior to occupancy?	N/A
	A Disclosure Notice about the presence of lead in the unit?	N/A
3.5	Was assistance provided to a non-LMI household?	N/A
	If yes, was the scope of the rehabilitation limited to health and safety issues?	N/A
3.6	Comments regarding LMI qualifications:	

Section 5: Work Write-ups and Cost Estimates

5.1	Was an inspection performed on the property prior to the preparation of the work write-up and cost estimate?	N/A
	Date of inspection:	
5.2	Was a work write-up and cost estimate prepared for the property?	N/A
	Did the work write-up include sufficient detail of the work to be performed?	N/A
	Did the work write-up meet applicable housing codes and standards?	N/A
	Did the work write-up include new/replacement appliances?	N/A
	Was the work write-up approved by the owner?	N/A
	Were any of the items in the work write-up/cost estimate ineligible?	N/A
	If the write-up included ineligible items, please explain below:	
	If the project qualified as Slum/Blight, was the work to be paid with CDBG limited to health and safety items?	N/A

- 5.3 If the property is considered historic, was SHPO's approval in the file? N/A
 If yes, were Section 106 requirements incorporated into the work write-up and cost estimate? N/A
 If approved specifications changed during course of rehabilitation, was the SHPO consulted? N/A
 Comments on Historic Preservation:

- 5.4 If the property is considered historic, was SHPO's approval in the file? N/A
 Based on the level of assistance (at right), answer the following questions: \$0.00
 Were the use of safe work practices and occupant protection (including relocation if necessary) incorporated into the work write-up? N/A
 Was a risk assessment conducted? N/A
 Were the recommendations of the risk assessment (interim controls) incorporated into the work write-up? N/A
 Were standard treatments of all applicable surfaces incorporated into the work write-up? N/A
 Did the grantee verify that the contractor was trained in lead safe work practices or was supervised by a lead-abatement supervisor? N/A
- 5.5 Was a Notice of Presumption sent to residents within 15 calendar days of the presumption? N/A
- 5.6 Comments regarding work write-ups and cost estimates:

Section 6: Contracting

- 6.1 Is there a signed authorization on file indicating the owner/occupant approved the grantee to act on its behalf with regard to bidding and contract oversight? N/A
- 6.2 Did the owner accept the lowest bid? N/A
 Amount of bid accepted: \$0.00
 If no, did the selected contractor agree to perform work at lowest bid price? N/A
 If no, is there evidence that the bid chosen for award was within a reasonable percentage (i.e., 15%) of the cost estimate? N/A
- 6.3 Is there a certification from the contractor and subcontractors that they had not been suspended or debarred from Federal contract work? N/A
- 6.4 Did the grantee verify that the contractor had not been suspended or debarred from Federal contract work? N/A
- 6.5 Is there a signed contract between the selected contractor and the homeowner? N/A
- 6.6 Does the contract contain the following: N/A
 Requirement that all work be in conformance with the ICC Property Maintenance Code? N/A
 Requirement that the contractor and subcontractors complied with all required lead-safe housing practices? N/A
- 6.7 Did the contractor provide proof of a reasonable amount of liability insurance for the life of the contract? N/A
 Did the grantee verify that the contractor was trained in lead-safe work practices or was supervised by a lead-abatement supervisor? N/A
- 6.8 Did the contractor and subcontractors provide proof of workers compensation insurance? N/A
- 6.9 Is there documentation from contractor providing warranty of work for one year after the final acceptance? N/A
- 6.10 Comments regarding Contracting:

Section 7: Contract Monitoring

- 7.0 Was the rehabilitation work completed according to the work write-up? N/A
 Was the quality and scope of the rehab work consistent with the cost of the work? N/A
- 7.1 Was a Notice to Proceed issued to the selected contractor prior to the start of work? N/A
- 7.2 Do the files contain evidence of systematic and thorough inspections made? N/A
 Are there notes from each inspection noted in the file? N/A
 Were inspections made prior to making payments? N/A
 Is the amount of request and date of inspection noted in the file? N/A
 Is there a Notice of Acceptance of Work signed by the owner for each payment? N/A
 List the date of each inspection and the amount of the payment request:
- | | | |
|--------|---------|-------------|
| Date: | Amount: | <u>ADD</u> |
| | \$0.00 | <u>EDIT</u> |
| | \$0.00 | <u>EDIT</u> |
| | \$0.00 | <u>EDIT</u> |
| TOTAL: | \$0.00 | |
- 7.3 Were there any adjustments made to the scope of work? N/A
 If adjustments were made, answer the following:
 Were these adjustments properly documented through a change order? N/A
 Are the changes eligible and reasonable costs? N/A
 Were the costs unforeseen at project initiation? N/A
 Does the file contain evidence that the homeowner, rehab inspector and grantee approved the change orders? N/A
 List all change orders:
- | | | | | |
|-----|--------|---------|---------------------------------------|-------------|
| No: | Date: | Amount: | Description (100 characters or less): | <u>ADD</u> |
| | | \$0.00 | | <u>EDIT</u> |
| | | \$0.00 | | <u>EDIT</u> |
| | | \$0.00 | | <u>EDIT</u> |
| | TOTAL: | \$0.00 | | |
- 7.4 Is there documentation that safe work practices and occupant protection (including relocation if necessary) were used (vis a vis a checklist or inspection form)? N/A
 If relocation of a resident was not required because of the presence of lead or lead-related work, is there documentation showing the exemptions? N/A
- 7.5 Was a final inspection performed to verify that the project is complete, as evidenced by a Certification of Inspection? N/A
 Insert Date of Final Inspection:
- 7.6 Was a clearance test conducted by a certified Risk Assessor or Paint Inspector? N/A
 Insert Date of Clearance Test:
- 7.7 Was a clearance test conducted by a certified Risk Assessor or Paint Inspector? N/A
- 7.8 Was a copy of the Notice of Lead Hazard Reduction Activities and clearance results sent to resident within 15 calendar days of completion? N/A
- 7.9 Does the file contain a Release of Liens Form signed by the contractor and any subcontractors? N/A
- 7.10 Did the contractor provide the owner with all warranty documents? N/A
- 7.11 Did the grantee provide a follow-up inspection approximately 60 days after job completion? N/A
 Insert Date of Follow-up Inspection:

7.12 If the follow-up inspection revealed any problems, please describe in the space below:

7.13 Was a resolution obtained to any problems?

N/A

7.14 Comments regarding Contract Monitoring:

Section 8: On-Site DLG Property Inspection

8.1 Was there an interior inspection conducted of the unit?

N/A

Insert Date of Interior Inspection:

Was there an exterior inspection conducted of the unit?

N/A

Insert Date of Exterior Inspection:

8.2 Are there visible signs of poor workmanship or other project construction-related issues?

N/A

8.3 If an interview with the homeowner was conducted, was the owner satisfied with the work performed?

N/A

Comments, including owner dissatisfaction and/or complaints:

[VIEW PROJECT](#)

[EDIT](#)

CDBG Compliance - Project 22-333

05 Rental Rehab Case File Checklist (Voluntary) - (ADD)

Case File Information

Property Owner Name: _____

Property Street Address: _____

City: _____

Amount of CDBG
Assistance: _____

Date Completed: _____

Section 1: Owner Information

- 1.1 Was a title search performed to verify that the property owner (landlord) was the rightful owner of the property? Yes No N/A
- 1.2 Did the grantee verify that the household is current with property taxes and existing debt on the property? Yes No N/A
- 1.3 What form of assistance was provided? Grant Loan
- If a grant, did the grantee have approval from DLG to provide grants? Yes No N/A
- Is there an executed mortgage and promissory note with the property owner? Yes No N/A
- If a loan, was a mortgage executed? Yes No N/A
- 1.4 Does the mortgage/promissory note contain:
- Owner of the property? Yes No N/A
- Type and terms of assistance? Yes No N/A
- Maximum rent levels (No more than HUD FMRs by bedroom size for five years)? Yes No N/A
- Maintenance requirements? Yes No N/A
- Five year or longer principal residency requirement? Yes No N/A
- Is there documentation in the files regarding the current balance of loan? Yes No N/A
- 1.5 Did the property owner provide proof of property (hazard) insurance, including flood insurance if required? Yes No N/A
- 1.6 Did the homeowner receive a copy of the program guidelines? Yes No N/A
- Was each page initialed and back page signed by the homeowner? Yes No N/A
- If applicable, did the homeowner receive a copy of amended guidelines? Yes No N/A

1.7 Comments regarding this section:

Section 2: Property Information

- 2.1 Based on the information in the project application, is the property located in the grantee's jurisdictional limits? Yes No N/A
 Is there documentation of a map and picture of the unit? Yes No N/A
- 2.2 Does the file indicate the property as a single family home? Yes No N/A
 Insert the year that the unit was built:
 Is there appropriate documentation regarding the age of the property? Yes No N/A
- 2.3 If the unit was built before 1978, did the family receive the "Protect Your Family from Lead in Your Home" pamphlet prior to rehabilitation? Yes No N/A
- 2.4 Does the property meet an allowable exemption? Yes No N/A
 Is there acceptable documentation that the property qualifies for exemption? Yes No N/A
- 2.5 The lead safe housing rule applies.
 Level of Rehabilitation Assistance per unit:
 Was the Level of Rehabilitation Assistance calculated and documented properly? Yes No N/A
- 2.6 Did the tenants receive a disclosure notice regarding the presence of lead in the unit? Yes No N/A
- 2.7 Comments regarding the property:

Section 3: LMI Qualifications

- 3.0 Was the project qualified/approved as as Low-Mod benefit (LMI household)? Yes No N/A
- 3.1 Was the total household income of the LMI tenant occupants properly verified to document that applicant is LMI? Yes No N/A
 Did the determination include all adult household members? Yes No N/A
 Does the file contain source documentation consistent with the determination? Yes No N/A
 Was the total household income correctly compared to the applicable HUD income limit for the household size? Yes No N/A
- 3.2 Is there documentation in the file to indicate that 51% of the units in the property were occupied by low/mod households? Yes No N/A
- 3.3 Is there documentation in the file that the rents for the LMI units do not exceed the applicable HUD FMR for the area (by bedroom size)? Yes No N/A
- 3.4 Did the tenant receive the following documents:

- The "Protect Your Family" pamphlet prior to occupancy? Yes No N/A
- A Disclosure Notice about the presence of lead in the unit? Yes No N/A
- 3.5 Was assistance provided to a non-LMI household? Yes No N/A
- If yes, was the scope of the rehabilitation limited to health and safety issues? Yes No N/A
- 3.6 Comments regarding LMI qualifications:

Section 5: Work Write-ups and Cost Estimates

- 5.1 Was an inspection performed on the property prior to the preparation of the work write-up and cost estimate? Yes No N/A
Date of inspection: _____
- 5.2 Was a work write-up and cost estimate prepared for the property? Yes No N/A
 - Did the work write-up include sufficient detail of the work to be performed? Yes No N/A
 - Did the work write-up meet applicable housing codes and standards? Yes No N/A
 - Did the work write-up include new/replacement appliances? Yes No N/A
 - Was the work write-up approved by the owner? Yes No N/A
 - Were any of the items in the work write-up/cost estimate ineligible? Yes No N/A
 - If the write-up included ineligible items, please explain below: _____
- If the project qualified as Slum/Blight, was the work to be paid with CDBG limited to health and safety items? Yes No N/A
- 5.3 If the property is considered historic, was SHPO's approval in the file? Yes No N/A
 - If yes, were Section 106 requirements incorporated into the work write-up and cost estimate? Yes No N/A
 - If approved specifications changed during course of rehabilitation, was the SHPO consulted? Yes No N/A
 - Comments on Historic Preservation: _____
- 5.4 If the property is considered historic, was SHPO's approval in the file? Yes No N/A
 - Based on the level of assistance, answer the following questions:
 - Were the use of safe work practices and occupant protection (including relocation if necessary) incorporated into the work write-up? Yes No N/A

- Was a risk assessment conducted? Yes No N/A
- Were the recommendations of the risk assessment (interim controls) incorporated into the work write-up? Yes No N/A
- Were standard treatments of all applicable surfaces incorporated into the work write-up? Yes No N/A
- Did the grantee verify that the contractor was trained in lead safe work practices or was supervised by a lead-abatement supervisor? Yes No N/A
- 5.5 Was a Notice of Presumption sent to residents within 15 calendar days of the presumption? Yes No N/A
- 5.6 Comments regarding work write-ups and cost estimates:

Section 6: Contracting

- 6.1 Is there a signed authorization on file indicating the owner/occupant approved the grantee to act on its behalf with regard to bidding and contract oversight? Yes No N/A
- 6.2 Did the owner accept the lowest bid? Yes No N/A
 - Amount of bid accepted:
 - If no, did the selected contractor agree to perform work at lowest bid price? Yes No N/A
 - If no, is there evidence that the bid chosen for award was within a reasonable percentage (i.e., 15%) of the cost estimate? Yes No N/A
- 6.3 Is there a certification from the contractor and subcontractors that they had not been suspended or debarred from Federal contract work? Yes No N/A
- 6.4 Did the grantee verify that the contractor had not been suspended or debarred from Federal contract work? Yes No N/A
- 6.5 Is there a signed contract between the selected contractor and the homeowner? Yes No N/A
- 6.6 Does the contract contain the following:
 - Requirement that all work be in conformance with the ICC Property Maintenance Code? Yes No N/A
 - Requirement that the contractor and subcontractors complied with all required lead-safe housing practices? Yes No N/A
- 6.7 Did the contractor provide proof of a reasonable amount of liability insurance for the life of the contract? Yes No N/A
 - Did the grantee verify that the contractor was trained in lead-safe work practices or was supervised by a lead-abatement supervisor? Yes No N/A
- 6.8 Did the contractor and subcontractors provide proof of workers compensation insurance? Yes No N/A
- 6.9 Is there documentation from contractor providing warranty of work for one year after the final acceptance? Yes No N/A
- 6.10 Comments regarding Contracting:

Section 7: Contract Monitoring

- 7.0 Was the rehabilitation work completed according to the work write-up? Yes No N/A
 Was the quality and scope of the rehab work consistent with the cost of the work? Yes No N/A
- 7.1 Was a Notice to Proceed issued to the selected contractor prior to the start of work? Yes No N/A
- 7.2 Do the files contain evidence of systematic and thorough inspections made? Yes No N/A
 Are there notes from each inspection noted in the file? Yes No N/A
 Were inspections made prior to making payments? Yes No N/A
 Is the amount of request and date of inspection noted in the file? Yes No N/A
 Is there a Notice of Acceptance of Work signed by the owner for each payment? Yes No N/A
- 7.3 Were there any adjustments made to the scope of work? Yes No N/A
 If adjustments were made, answer the following:
 Were these adjustments properly documented through a change order? Yes No N/A
 Are the changes eligible and reasonable costs? Yes No N/A
 Were the costs unforeseen at project initiation? Yes No N/A
 Does the file contain evidence that the homeowner, rehab inspector and grantee approved the change orders? Yes No N/A
- 7.4 Is there documentation that safe work practices and occupant protection (including relocation if necessary) were used (vis a vis a checklist or inspection form)? Yes No N/A
 If relocation of a resident was not required because of the presence of lead or lead-related work, is there documentation showing the exemptions? Yes No N/A
- 7.5 Was a final inspection performed to verify that the project is complete, as evidenced by a Certification of Inspection? Yes No N/A
 Insert Date of Final Inspection: _____
- 7.6 Was a clearance test conducted by a certified Risk Assessor or Paint Inspector? Yes No N/A
 Insert Date of Clearance Test: _____
- 7.7 Was a clearance test conducted by a certified Risk Assessor or Paint Inspector? Yes No N/A
- 7.8 Was a copy of the Notice of Lead Hazard Reduction Activities and clearance results sent to resident within 15 calendar days of completion? Yes No N/A
- 7.9 Does the file contain a Release of Liens Form signed by the contractor and any subcontractors? Yes No N/A
- 7.10 Did the contractor provide the owner with all warranty documents? Yes No N/A
- 7.11 Did the grantee provide a follow-up inspection approximately 60 days after job completion? Yes No N/A
 Insert Date of Follow-up Inspection: _____
- 7.12 If the follow-up inspection revealed any problems, please describe in the space below:
- 7.13 Was a resolution obtained to any problems? Yes No N/A
- 7.14 Comments regarding Contract Monitoring:

Section 8: On-Site DLG Property Inspection

8.1 Was there an interior inspection conducted of the unit? Yes No N/A

Insert Date of Interior Inspection:

Was there an exterior inspection conducted of the unit?

Yes No N/A

Insert Date of Exterior Inspection:

8.2 Are there visible signs of poor workmanship or other project construction-related issues? Yes No N/A

8.3 If an interview with the homeowner was conducted, was the owner satisfied with the work performed? Yes No N/A

Comments, including owner dissatisfaction and/or complaints:

SAVE

CDBG Compliance - Project 22-333 05 Rental Rehab Case File Checklist (Voluntary) - (VIEW)

Case File Information

Property Owner Name:
 Property Street Address: City:
 Amount of CDBG Assistance: \$0.00 Date Completed:
 Other Funding Sources:

Fund Source Name:	Amount:	<u>ADD</u>
	\$0.00	<u>EDIT</u>
	\$0.00	<u>EDIT</u>
	\$0.00	<u>EDIT</u>
TOTAL:	\$0.00	

Section 1: Owner Information

- | | |
|---|------|
| 1.1 Was a title search performed to verify that the property owner (landlord) was the rightful owner of the property? | N/A |
| 1.2 Did the grantee verify that the household is current with property taxes and existing debt on the property? | N/A |
| 1.3 What form of assistance was provided? | Loan |
| If a grant, did the grantee have approval from DLG to provide grants? | N/A |
| Is there an executed mortgage and promissory note with the property owner? | N/A |
| If a loan, was a mortgage executed? | N/A |
| 1.4 Does the mortgage/promissory note contain: | |
| Owner of the property? | N/A |
| Type and terms of assistance? | N/A |
| Maximum rent levels (No more than HUD FMRs by bedroom size for five years)? | N/A |
| Maintenance requirements? | N/A |
| Five year or longer principal residency requirement? | N/A |
| Is there documentation in the files regarding the current balance of loan? | N/A |
| 1.5 Did the property owner provide proof of property (hazard) insurance, including flood insurance if required? | N/A |
| 1.6 Did the homeowner receive a copy of the program guidelines? | N/A |
| Was each page initialed and back page signed by the homeowner? | N/A |
| If applicable, did the homeowner receive a copy of amended guidelines? | N/A |
| 1.7 Comments regarding this section: | |

Section 2: Property Information

- | | |
|--|-----|
| 2.1 Based on the information in the project application, is the property located in the grantee's jurisdictional limits? | N/A |
| Is there documentation of a map and picture of the unit? | N/A |

- 2.2 Does the file indicate the property as a single family home? N/A
 Insert the year that the unit was built: N/A
 Is there appropriate documentation regarding the age of the property? N/A
- 2.3 If the unit was built before 1978, did the family receive the "Protect Your Family from Lead in Your Home" pamphlet prior to rehabilitation? N/A
- 2.4 Does the property meet an allowable exemption? N/A
 Is there acceptable documentation that the property qualifies for exemption? N/A
- 2.5 The lead safe housing rule applies. \$0.00
 Level of Rehabilitation Assistance per unit: N/A
 Was the Level of Rehabilitation Assistance calculated and documented properly? N/A
- 2.6 Did the tenants receive a disclosure notice regarding the presence of lead in the unit? N/A
- 2.7 Comments regarding the property:

Section 3: LMI Qualifications

- 3.0 Was the project qualified/approved as as Low-Mod benefit (LMI household)? N/A
- 3.1 Was the total household income of the LMI tenant occupants properly verified to document that applicant is LMI? N/A
 Did the determination include all adult household members? N/A
 Does the file contain source documentation consistent with the determination? N/A
 Was the total household income correctly compared to the applicable HUD income limit for the household size? N/A
- 3.2 Is there documentation in the file to indicate that 51% of the units in the property were occupied by low/mod households? N/A
- 3.3 Is there documentation in the file that the rents for the LMI units do not exceed the applicable HUD FMR for the area (by bedroom size)? N/A
- 3.4 Did the tenant receive the following documents: N/A
 The "Protect Your Family" pamphlet prior to occupancy? N/A
 A Disclosure Notice about the presence of lead in the unit? N/A
- 3.5 Was assistance provided to a non-LMI household? N/A
 If yes, was the scope of the rehabilitation limited to health and safety issues? N/A
- 3.6 Comments regarding LMI qualifications:

Section 5: Work Write-ups and Cost Estimates

- 5.1 Was an inspection performed on the property prior to the preparation of the work write-up and cost estimate? N/A
 Date of inspection: N/A
- 5.2 Was a work write-up and cost estimate prepared for the property? N/A
 Did the work write-up include sufficient detail of the work to be performed? N/A
 Did the work write-up meet applicable housing codes and standards? N/A
 Did the work write-up include new/replacement appliances? N/A
 Was the work write-up approved by the owner? N/A
 Were any of the items in the work write-up/cost estimate ineligible? N/A
 If the write-up included ineligible items, please explain below:

	If the project qualified as Slum/Blight, was the work to be paid with CDBG limited to health and safety items?	N/A
5.3	If the property is considered historic, was SHPO's approval in the file?	N/A
	If yes, were Section 106 requirements incorporated into the work write-up and cost estimate?	N/A
	If approved specifications changed during course of rehabilitation, was the SHPO consulted?	N/A
	Comments on Historic Preservation:	
5.4	If the property is considered historic, was SHPO's approval in the file?	N/A
	Based on the level of assistance (at right), answer the following questions:	\$0.00
	Were the use of safe work practices and occupant protection (including relocation if necessary) incorporated into the work write-up?	N/A
	Was a risk assessment conducted?	N/A
	Were the recommendations of the risk assessment (interim controls) incorporated into the work write-up?	N/A
	Were standard treatments of all applicable surfaces incorporated into the work write-up?	N/A
	Did the grantee verify that the contractor was trained in lead safe work practices or was supervised by a lead-abatement supervisor?	N/A
5.5	Was a Notice of Presumption sent to residents within 15 calendar days of the presumption?	N/A
5.6	Comments regarding work write-ups and cost estimates:	

Section 6: Contracting

6.1	Is there a signed authorization on file indicating the owner/occupant approved the grantee to act on its behalf with regard to bidding and contract oversight?	N/A
6.2	Did the owner accept the lowest bid?	N/A
	Amount of bid accepted:	\$0.00
	If no, did the selected contractor agree to perform work at lowest bid price?	N/A
	If no, is there evidence that the bid chosen for award was within a reasonable percentage (i.e., 15%) of the cost estimate?	N/A
6.3	Is there a certification from the contractor and subcontractors that they had not been suspended or debarred from Federal contract work?	N/A
6.4	Did the grantee verify that the contractor had not been suspended or debarred from Federal contract work?	N/A
6.5	Is there a signed contract between the selected contractor and the homeowner?	N/A
6.6	Does the contract contain the following:	
	Requirement that all work be in conformance with the ICC Property Maintenance Code?	N/A
	Requirement that the contractor and subcontractors complied with all required lead-safe housing practices?	N/A
6.7	Did the contractor provide proof of a reasonable amount of liability insurance for the life of the contract?	N/A
	Did the grantee verify that the contractor was trained in lead-safe work practices or was supervised by a lead-abatement supervisor?	N/A
6.8	Did the contractor and subcontractors provide proof of workers compensation insurance?	N/A

- 6.9 Is there documentation from contractor providing warranty of work for one year after the final acceptance? N/A
- 6.10 Comments regarding Contracting:

Section 7: Contract Monitoring

- 7.0 Was the rehabilitation work completed according to the work write-up? N/A
Was the quality and scope of the rehab work consistent with the cost of the work? N/A
- 7.1 Was a Notice to Proceed issued to the selected contractor prior to the start of work? N/A
- 7.2 Do the files contain evidence of systematic and thorough inspections made? N/A
Are there notes from each inspection noted in the file? N/A
Were inspections made prior to making payments? N/A
Is the amount of request and date of inspection noted in the file? N/A
Is there a Notice of Acceptance of Work signed by the owner for each payment? N/A
List the date of each inspection and the amount of the payment request:

Date:	Amount:	<u>ADD</u>
	\$0.00	<u>EDIT</u>
	\$0.00	<u>EDIT</u>
	\$0.00	<u>EDIT</u>
TOTAL:	\$0.00	

- 7.3 Were there any adjustments made to the scope of work? N/A
If adjustments were made, answer the following:
Were these adjustments properly documented through a change order? N/A
Are the changes eligible and reasonable costs? N/A
Were the costs unforeseen at project initiation? N/A
Does the file contain evidence that the homeowner, rehab inspector and grantee approved the change orders? N/A
List all change orders:

No:	Date:	Amount:	Description (100 characters or less):	<u>ADD</u>
		\$0.00		<u>EDIT</u>
		\$0.00		<u>EDIT</u>
		\$0.00		<u>EDIT</u>
	TOTAL:	\$0.00		

- 7.4 Is there documentation that safe work practices and occupant protection (including relocation if necessary) were used (vis a vis a checklist or inspection form)? N/A
If relocation of a resident was not required because of the presence of lead or lead-related work, is there documentation showing the exemptions? N/A
- 7.5 Was a final inspection performed to verify that the project is complete, as evidenced by a Certification of Inspection? N/A
Insert Date of Final Inspection:
- 7.6 Was a clearance test conducted by a certified Risk Assessor or Paint Inspector? N/A
Insert Date of Clearance Test:
- 7.7 Was a clearance test conducted by a certified Risk Assessor or Paint Inspector? N/A
- 7.8 Was a copy of the Notice of Lead Hazard Reduction Activities and clearance results sent to resident within 15 calendar days of completion? N/A
- 7.9 Does the file contain a Release of Liens Form signed by the contractor and any subcontractors? N/A
- 7.10 Did the contractor provide the owner with all warranty documents? N/A

- 7.11 Did the grantee provide a follow-up inspection approximately 60 days after job completion? N/A
Insert Date of Follow-up Inspection:
- 7.12 If the follow-up inspection revealed any problems, please describe in the space below:
- 7.13 Was a resolution obtained to any problems? N/A
- 7.14 Comments regarding Contract Monitoring:

Section 8: On-Site DLG Property Inspection

- 8.1 Was there an interior inspection conducted of the unit? N/A
Insert Date of Interior Inspection:
Was there an exterior inspection conducted of the unit? N/A
Insert Date of Exterior Inspection:
- 8.2 Are there visible signs of poor workmanship or other project construction-related issues? N/A
- 8.3 If an interview with the homeowner was conducted, was the owner satisfied with the work performed? N/A
Comments, including owner dissatisfaction and/or complaints:

[VIEW PROJECT](#)

[EDIT](#)

CDBG Compliance - Project 22-333 06 Homeownership Checklist (ADD)

CDBG Handbook: CH 10

Section 1: Fair Housing

- 1.1 Number of units initially proposed: _____
- 1.2 Number of units currently proposed: _____
If the current is less than initial proposal. Did the grantee obtain an amendment? Yes No N/A
- 1.3 Number of units in progress: _____
- 1.4 Number of units completed: _____
- 1.5 Comments on project's progress _____

Section 2: Program Guidelines

- 2.1 Is there a copy of the Program Guidelines on file? Yes No N/A
- Are the Program Guidelines dated? Yes No N/A
- Is there evidence of an amendment to the Program Guidelines? Yes No N/A
- If so, are the amendments dated? Yes No N/A
- 2.2 Were the guidelines approved by a governing body? Yes No N/A
- 2.3 Do the guidelines adequately describe procedures with respect to:
 - a. Marketing procedures, including the inclusion of equal opportunity information and the fair housing logo in all advertisements/literature? Yes No N/A
 - b. The structure of financial assistance? Yes No N/A
 - c. Applicant eligibility? Yes No N/A
 - d. Determination of assistance levels/terms? Yes No N/A
 - e. Property eligibility? Yes No N/A
 - f. Property standards (at least equal to KY Residential Code) Yes No N/A
 - g. Relocation requirements? Yes No N/A
 - h. Grievance procedures? Yes No N/A

i. Maintenance agreements?

Yes No
N/A

2.4 Does the grantee maintain a complaint file?

Yes No
N/A

Were there any complaints covered by program guidelines?

Yes No
N/A

If so, were the program guidelines followed with regard to any complaints received?

Yes No
N/A

2.5 Comments on Program Guidelines: _____

Compliance Determination

Overall comments on checklist and sub-checklists: _____

Reviewed by: _____

Review Date: _____

SAVE

CDBG Compliance - Project 22-333 06 Homeownership Checklist (VIEW)

CDBG Handbook: CH 10

Section 1: Fair Housing

- | | |
|---|---|
| 1.1 Number of units initially proposed: | 0 |
| 1.2 Number of units currently proposed: | 0 |
| 1.3 Number of units in progress: | 0 |
| 1.4 Number of units completed: | 0 |
| 1.5 Comments on project's progress | |

Section 2: Program Guidelines

- | | |
|---|-----|
| 2.1 Is there a copy of the Program Guidelines on file? | N/A |
| Are the Program Guidelines dated? | N/A |
| Is there evidence of an amendment to the Program Guidelines? | N/A |
| If so, are the amendments dated? | N/A |
| 2.2 Were the guidelines approved by a governing body? | |
| 2.3 Do the guidelines adequately describe procedures with respect to: | |
| a. Marketing procedures, including the inclusion of equal opportunity information and the fair housing logo in all advertisements/literature? | N/A |
| b. The structure of financial assistance? | N/A |
| c. Applicant eligibility? | N/A |
| d. Determination of assistance levels/terms? | N/A |
| e. Property eligibility? | N/A |
| f. Property standards (at least equal to KY Residential Code) | N/A |
| g. Relocation requirements? | N/A |
| h. Grievance procedures? | N/A |
| i. Maintenance agreements? | N/A |
| 2.4 Does the grantee maintain a complaint file? | N/A |
| Were there any complaints covered by program guidelines? | N/A |
| If so, were the program guidelines followed with regard to any complaints received? | N/A |
| 2.5 Comments on Program Guidelines: | |

Case File Review

Owner's Name	Property Address	City	CDBG Funds	<u>ADD</u>
			\$0.00	<u>VIEW</u>
			\$0.00	<u>VIEW</u>
			\$0.00	<u>VIEW</u>

Compliance Determination

- | | |
|--------------------------------|-------|
| a. Number of potential Issues: | 0 + 0 |
|--------------------------------|-------|

- b. Based on the information reviewed:
- c. Overall comments on checklist and sub-checklists:

In Compliance

d. Reviewed by:

Review Date:

[VIEW PROJECT](#)

[EDIT](#)

CDBG Compliance - Project 22-333 06 Homeownership Checklist (EDIT)

CDBG Handbook: CH 10

Section 1: Fair Housing

- 1.1 Number of units initially proposed: _____
- 1.2 Number of units currently proposed: _____
- 1.3 Number of units in progress: _____
- 1.4 Number of units completed: _____
- 1.5 Comments on project's progress _____

Section 2: Program Guidelines

- 2.1 Is there a copy of the Program Guidelines on file? Yes No N/A
- Are the Program Guidelines dated? Yes No N/A
- Is there evidence of an amendment to the Program Guidelines? Yes No N/A
- If so, are the amendments dated? Yes No N/A
- 2.2 Were the guidelines approved by a governing body? Yes No N/A
- 2.3 Do the guidelines adequately describe procedures with respect to:
 - a. Marketing procedures, including the inclusion of equal opportunity information and the fair housing logo in all advertisements/literature? Yes No N/A
 - b. The structure of financial assistance? Yes No N/A
 - c. Applicant eligibility? Yes No N/A
 - d. Determination of assistance levels/terms? Yes No N/A
 - e. Property eligibility? Yes No N/A
 - f. Property standards (at least equal to KY Residential Code) Yes No N/A
 - g. Relocation requirements? Yes No N/A
 - h. Grievance procedures? Yes No N/A

i. Maintenance agreements?

Yes No N/A

2.4 Does the grantee maintain a complaint file?

Yes No N/A

Were there any complaints covered by program guidelines?

Yes No N/A

If so, were the program guidelines followed with regard to any complaints received?

Yes No N/A

2.5 Comments on Program Guidelines: _____

Compliance Determination

- a. Number of potential Issues: 0 + 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by: _____

Review Date: _____

SAVE

CDBG Compliance - Project 22-333 06 Case File (EDIT)

Section 1: Beneficiary

Homeowner Name:

Address of Assisted Property:

City of Assisted Property:

Amount of Assistance:

- 1.1 Was the total household income of the owner/occupant properly verified to document that applicant is LMI? Yes No N/A
- Did the determination include all adult household members? Yes No N/A
- Does the file contain source documentation consistent with the determination? Yes No N/A
- Was the total household income correctly compared to the applicable HUD income limit for the household size? Yes No N/A
- 1.2 Were the program guidelines followed in determining the eligibility of the household to receive assistance? Yes No N/A
- 1.3 Did the applicant receive a copy of the program guidelines? Yes No N/A
- Was each page initialed by the applicant? Yes No N/A
- If guidelines were amended, did the applicant receive a copy of amended guidelines? Yes No N/A
- 1.4 Is there certification of homebuyer counseling? Yes No N/A
- 1.5 Comments regarding the beneficiary:

Section 2: Financial Assistance

- 2.1 What type of assistance was provided? Grant Loan
- 2.2 If a grant, did the grantee have approval from DLG to provide grants? Yes No N/A
- 2.3 Is there an executed written agreement/mortgage and promissory note with the homebuyer? Yes No N/A
- 2.4 Do the documents include:
- Owner of the property? Yes No N/A
- Type and terms of assistance? Yes No N/A
- Principal residency requirement? (5+ years based on program guidelines) Yes No N/A
- Maintenance requirements? Yes No N/A

- 2.5 Is there documentation in the files regarding the current balance of the DPL? Yes No N/A
- 2.6 Did the applicant provide proof of property (hazard) insurance, including flood insurance if required? Yes No N/A
- 2.7 Comments on financial assistance: _____

Section 3: Seller Forms

- 3.1 Did the grantee provide the seller the "Disclosure to Sellers with Voluntary, Arm's-Length Purchase Offer?" Yes No N/A

Section 4: Property

- 4.1 Does the application list the property as an acceptable single-family occupied home (1-4 units)? Yes No N/A
- 4.2 Is there an inspection in the file that documents property eligibility? Yes No N/A
- 4.3 Based on the information in the project application, is the property located in the grantee's jurisdictional limits? Yes No N/A
- Is there documentation of a map and picture of the unit? Yes No N/A
- 4.4 Insert the year that the unit was built: (if new, use current year)
- 4.5 If the unit was built before 1978. Did the family receive the "Protect Your Family from Lead in Your Home" pamphlet prior to rehabilitation? Yes No N/A
- 4.6 Did the project involve rehabilitation? Yes No N/A
- Does the property meet an allowable exemption? Yes No N/A
- Is there acceptable documentation that the property qualifies for exemption? Yes No N/A
- 4.7 Level of rehabilitation assistance:
- Was the Level of Rehabilitation Assistance calculated and documented properly? Yes No N/A
- Did the grantee test for lead-based paint or presume the presence of lead-based paint in the project? Test Presume
- Were the use of safe-work practices and occupant-protection (including relocation if necessary) incorporated into the work write-up? Yes No N/A
- Was a risk assessment conducted? Yes No N/A
- Were the recommendations of the risk assessment (interim controls) incorporated into the work write-up? Yes No N/A
- Were standard treatments of all applicable surfaces incorporated into the work write-up? Yes No N/A
- Did the grantee verify that the contractor was trained in lead-safe work practices or was supervised by a lead-abatement supervisor? Yes No N/A
- 4.8 Was a Notice of Presumption sent to residents within 15 calendar days of the presumption? Yes No N/A
- 4.9 Is there documentation that safe-work practices and occupant-protection (including relocation if necessary) were used (checklist or inspection form)? Yes No N/A
- 4.10 Was a clearance test conducted by a certified Risk Assessor or Paint Inspector? Yes No N/A
- Date of Clearance Test:

- 4.11 Does the file contain a Lead Hazard Clearance Report (for projects with less than \$25,000 of assistance) or an Abatement Report (for projects with more than \$25,000 of assistance)? Yes No N/A
- 4.12 Was a copy of the Notice of Lead Hazard Reduction Activities and clearance results sent to resident within 15 calendar days of completion? Yes No N/A
- 4.13 Comments on property:

SAVE

- 7.3 Is a copy of the legally-binding agreement and any amendments on file at the business? Yes No N/A
- 7.4 Does the business representative understand the job documentation and reporting requirements? Yes No N/A
- 7.5 If the project involved the purchase or lease of equipment, does the equipment on site match the equipment inventory reviewed in Section 3? Yes No N/A
- 7.6 Comments regarding Service Facilities in Support of Economic Development:

Compliance Determination

Overall comments on checklist:

Reviewed by:

Review Date:

SAVE

CDBG Compliance - Project 22-333 07 Economic Development (ADD)

CDBG Handbook: CH 11

Section 1: National Objective

- Job Creation
 - Job Retention
 - Limited Clientele
 - Area Benefit
- Is there documentation that jobs would have been lost without the CDBG assistance? Yes No N/A
- Number of persons who received a direct benefit: 0
- Number of low- or moderate-income beneficiaries: 0
- Percent of beneficiaries who are LM-income: 0
- If the percentage of total beneficiaries who are LM-income is less than 51%,
- A. Is the service an integral part of a larger economic development project? Yes No N/A
- B. Is the percentage of total project costs paid for by CDBG funds LESS than the percentage of total beneficiaries who are considered to be low- or moderate-income? Yes No N/A
- Does the percentage of low- and moderate-income households in the service areas exceed 51%? Yes No N/A
- Was the service area properly determined? Yes No N/A

Select the Project Type:

- Infrastructure
 Non-Profit Administered
 Direct Assistance to Business
 Microenterprise
 Service Facility in Support of ED

Section 3: Non-profit Administered Economic Development Activities

- 3.1 What is the name of the non-profit?
- 3.2 What is the role of the non-profit? _____
- 3.3 Were there legally binding agreements between the local government, the subrecipient, and /or the assisted business? Yes No N/A
- 3.4 If yes, did these agreements adequately convey the requirements of the grant agreement between the local government and DLG? Yes No N/A
- 3.5 Are all costs eligible, adequately documented and in keeping with the grant agreement? Yes No N/A
- 3.6 Is there evidence that the nonprofit has conducted and on-site inventory of equipment purchased or leased with grant funds? Yes No N/A

- 3.7 Does this equipment inventory match the grant agreement? Yes No N/A
- 3.8 If applicable, were liens obtained on purchased equipment? Yes No N/A
- 3.9 Loan Servicing (Note that Program Income is included in the Financial Management Checklist)
 - Is the repayment/amortization schedule on file? Yes No N/A
 - Has the borrower been timely in payments? Yes No N/A
 - Has the servicer taken appropriate action to resolve delinquencies? Yes No N/A
- 3.10 Comments regarding Non-Profit Administered Economic Development Activities

Section 7: Onsite Visit to Assisted Businesses

- 7.1 Business Name:
- 7.3 Is a copy of the legally-binding agreement and any amendments on file at the business? Yes No N/A
- 7.4 Does the business representative understand the job documentation and reporting requirements? Yes No N/A
- 7.5 If the project involved the purchase or lease of equipment, does the equipment on site match the equipment inventory reviewed in Section 3? Yes No N/A
- 7.6 Comments regarding Service Facilities in Support of Economic Development:

Compliance Determination

Overall comments on checklist:

Reviewed by:

Review Date:

SAVE

CDBG Compliance - Project 22-333

07 Economic Development (ADD)

CDBG Handbook: CH 11

Section 1: National Objective

- Job Creation
- Job Retention
 - Is there documentation that jobs would have been lost without the CDBG assistance? Yes No N/A
- Limited Clientele
 - Number of persons who received a direct benefit: 0
 - Number of low- or moderate-income beneficiaries: 0
 - Percent of beneficiaries who are LM-income: 0
 - If the percentage of total beneficiaries who are LM-income is less than 51%,
 - A. Is the service an integral part of a larger economic development project? Yes No N/A
 - B. Is the percentage of total project costs paid for by CDBG funds LESS than the percentage of total beneficiaries who are considered to be low- or moderate-income? Yes No N/A
- Area Benefit
 - Does the percentage of low- and moderate-income households in the service areas exceed 51%? Yes No N/A
 - Was the service area properly determined? Yes No N/A

Select the Project Type:

- Infrastructure
- Non-Profit Administered
- Direct Assistance to Business
- Microenterprise
- Service Facility in Support of ED

Section 4: Direct Assistance to Businesses

- 4.1 Do loan/grant documents with the assisted business adequately convey grant requirements? Yes No N/A
- 4.2 Was assistance provided in the form of loans or grants? Loan Grant
- 4.3 If assistance was a loan, answer the following:
 - Was the collateral pledged by the borrower properly secured (e.g., UCC filing)? Yes No N/A
 - Is there evidence that the grantee has conducted an on-site inventory of equipment purchased with grant funds? Yes No N/A
 - Does this equipment inventory match the grant agreement? Yes No N/A
 - Is the repayment/amortization schedule on file? Yes No N/A
 - Has the borrower been timely in payments? Yes No N/A
 - Has the servicer taken appropriate action to resolve delinquencies? Yes No N/A
- 4.4 Comments on Direct Assistance to Businesses:

Section 7: Onsite Visit to Assisted Businesses

- 7.1 Business Name: _____
- 7.3 Is a copy of the legally-binding agreement and any amendments on file at the business? Yes No N/A
- 7.4 Does the business representative understand the job documentation and reporting requirements? Yes No N/A
- 7.5 If the project involved the purchase or lease of equipment, does the equipment on site match the equipment inventory reviewed in Section 3? Yes No N/A
- 7.6 Comments regarding Service Facilities in Support of Economic Development: _____

Compliance Determination

Overall comments on checklist: _____

Reviewed by: _____

Review Date: _____

SAVE

CDBG Compliance - Project 22-333 07 Economic Development (ADD)

CDBG Handbook: CH 11

Section 1: National Objective

Job Creation

- | | | |
|--|--|---|
| <input type="radio"/> Job Retention | Is there documentation that jobs would have been lost without the CDBG assistance? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| <input checked="" type="radio"/> Limited Clientele | Number of persons who received a direct benefit: | 0 |
| | Number of low- or moderate-income beneficiaries: | 0 |
| | Percent of beneficiaries who are LM-income: | 0 |
| | If the percentage of total beneficiaries who are LM-income is less than 51%, | |
| | A. Is the service an integral part of a larger economic development project? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| | B. Is the percentage of total project costs paid for by CDBG funds LESS than the percentage of total beneficiaries who are considered to be low- or moderate-income? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| <input type="radio"/> Area Benefit | Does the percentage of low- and moderate-income households in the service areas exceed 51%? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| | Was the service area properly determined? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |

Select the Project Type:

- | | | | | |
|-----------------------|-------------------------|-------------------------------|----------------------------------|-----------------------------------|
| Infrastructure | Non-Profit Administered | Direct Assistance to Business | Microenterprise | Service Facility in Support of ED |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

Section 5: Microenterprise Assistance

- | | | |
|-----|--|---|
| 5.1 | Does the entity providing training to microenterprises utilize both classroom and one-on-one technical assistance? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 5.2 | Does the entity providing training have written agreements with owners outlining their responsibilities? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 5.3 | Is the entity providing the training able to demonstrate performance-based measures to determine the effectiveness of their program? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 5.4 | Do project files adequately document costs of providing the training? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 5.5 | Are all costs eligible? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 5.6 | Comments regarding Microenterprise Assistance: | |

Section 7: Onsite Visit to Assisted Businesses

- 7.1 Business Name: _____
- 7.3 Is a copy of the legally-binding agreement and any amendments on file at the business? Yes No N/A
- 7.4 Does the business representative understand the job documentation and reporting requirements? Yes No N/A
- 7.5 If the project involved the purchase or lease of equipment, does the equipment on site match the equipment inventory reviewed in Section 3? Yes No N/A
- 7.6 Comments regarding Service Facilities in Support of Economic Development: _____

Compliance Determination

Overall comments on checklist:

Reviewed by: _____

Review Date: _____

SAVE

CDBG Compliance - Project 22-333 07 Economic Development (ADD)

CDBG Handbook: CH 11

Section 1: National Objective

Job Creation

- | | | |
|---|--|---|
| <input type="radio"/> Job Retention | Is there documentation that jobs would have been lost without the CDBG assistance? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| <input type="radio"/> Limited Clientele | Number of persons who received a direct benefit: | 0 |
| | Number of low- or moderate-income beneficiaries: | 0 |
| | Percent of beneficiaries who are LM-income: | 0 |
| | If the percentage of total beneficiaries who are LM-income is less than 51%, | |
| | A. Is the service an integral part of a larger economic development project? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| | B. Is the percentage of total project costs paid for by CDBG funds LESS than the percentage of total beneficiaries who are considered to be low- or moderate-income? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| <input type="radio"/> Area Benefit | Does the percentage of low- and moderate-income households in the service areas exceed 51%? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| | Was the service area properly determined? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |

Select the Project Type:

- | | | | | |
|-----------------------|-------------------------|-------------------------------|-----------------------|-----------------------------------|
| Infrastructure | Non-Profit Administered | Direct Assistance to Business | Microenterprise | Service Facility in Support of ED |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

Section 6: Service Facilities in Support of Economic Development

- | | | |
|-----|---|---|
| 6.1 | Is there a legally binding agreement with the assisted business? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 6.2 | Are all costs eligible, adequately documented and in keeping with the grant agreement? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 6.3 | Does the service provider keep adequate records to document the provision of services (e.g., attendance rolls)? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 6.4 | Comments regarding Service Facilities in Support of Economic Development: | |

Section 7: Onsite Visit to Assisted Businesses

7.1 Business Name: _____

- 7.3 Is a copy of the legally-binding agreement and any amendments on file at the business? Yes No N/A
- 7.4 Does the business representative understand the job documentation and reporting requirements? Yes No N/A
- 7.5 If the project involved the purchase or lease of equipment, does the equipment on site match the equipment inventory reviewed in Section 3? Yes No N/A
- 7.6 Comments regarding Service Facilities in Support of Economic Development:

Compliance Determination

Overall comments on checklist:

Reviewed by:

Review Date:

SAVE

CDBG Compliance - Project 22-333 07 Economic Development (VIEW)

CDBG Handbook: CH 11

Section 1: National Objective

Job Creation	Business Name	# Jobs Required	# Jobs Created	# Low Mod Jobs Created	Percent Low Mod Jobs	<u>ADD</u>
--------------	---------------	-----------------	----------------	------------------------	----------------------	------------

Project Type:

Infrastructure	Non-Profit Administered	Direct Assistance to Business	Microenterprise	Service Facility in Support of ED
----------------	-------------------------	-------------------------------	-----------------	-----------------------------------

Section 6: Service Facilities in Support of Economic Development

- 6.1 Is there a legally binding agreement with the assisted business? N/A
- 6.2 Are all costs eligible, adequately documented and in keeping with the grant agreement? N/A
- 6.3 Does the service provider keep adequate records to document the provision of services (e.g., attendance rolls)? N/A
- 6.4 Comments regarding Service Facilities in Support of Economic Development:

Section 7: Onsite Visit to Assisted Businesses

- 7.1 Business Name:
- 7.3 Is a copy of the legally-binding agreement and any amendments on file at the business? N/A
- 7.4 Does the business representative understand the job documentation and reporting requirements? N/A
- 7.5 If the project involved the purchase or lease of equipment, does the equipment on site match the equipment inventory reviewed in Section 3? N/A
- 7.6 Comments regarding Service Facilities in Support of Economic Development:

Compliance Determination

- a. Number of potential Issues: 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by: Review Date:
VIEW PROJECT EDIT

CDBG Compliance - Project 22-333 08 Slum Blight (ADD)

Section 1: National Objective Compliance

- 1.1 Select the national objective used:
 - Slum Blight AREA Basis
 - Slum Blight SPOT Basis

- 1.2 Did the project take place within the project boundaries specified in the grant agreement? Yes No N/A
If No, explain whether the activity took place outside of an area designated as blighted:

- 1.3 If the activity involved the rehabilitation of buildings, was the activity limited to the elimination of specific conditions detrimental to public health and safety? Yes No N/A
- 1.4 For historic preservation activities, were the activities completed in agreement with the activities approved by SHPO and as stated in the grant agreement and application? Yes No N/A
- 1.5 Did the project involve activities other than acquisition, clearance, relocation, historic preservation, rehabilitation of buildings, planning or administration? Yes No N/A
- 1.6 Comments on National Objective

Compliance Determination

Overall comments on checklist and sub-checklists:

Reviewed by:

Review Date:



CDBG Compliance - Project 22-333 09 Public Services (ADD)

Section 1: National Objective Compliance

1.1 Does the project provide services exclusively to homeless persons?

Yes No N/A

If No, do project files contain information on family size and income so that it is evident that at least 51 percent of the clientele are persons whose family income does not exceed the L/M income limit?

Yes No N/A

Compliance Determination

Overall comments on checklist and sub-checklists:

Reviewed by: _____

Review Date: _____

SAVE

CDBG Compliance - Project 22-333 10 Procurement (ADD)

Compliance Determination

Overall comments on checklist and sub-checklists:

[Empty dashed box for overall comments]

Reviewed by:

Review Date:

SAVE

CDBG Compliance - Project 22-333 10 Procurement (ADD)

CDBG Handbook: CH 4

Contractor:

Amount:

Section 1: Procurement Files

1.1 Does the grantee have a procurement file for each contract?

Yes No N/A

1.2 Comments regarding procurement files:

Section 2: Minority/Women-Owned Business

2.1 Is there evidence that the grantee sent a copy of the bid advertisement to the Small and Minority Business Division, Cabinet for Economic Development?

Yes No N/A

2.2 Does the grantee maintain MBE and WBE firms on their solicitation lists?

Yes No N/A

2.3 Are these firms regularly sent invitations to bid?

Yes No N/A

2.4 Comments regarding Minority/Women-Owned Businesses:

Section 3: Section 3 Requirements

3.1 Does the **grantee** have a Section 3 Action Plan if over \$200,000?

Yes No N/A

3.2 Does the **grantee** maintain a Section 3 "good faith" file documenting memos, correspondences and advertisements illustrating attempts to reach eligible persons and businesses?

Yes No N/A

3.3 Comments regarding Section 3 Requirements:

What type of Procurement was used?

Small Purchase

Competitive

Competitive

Sole Source

Sealed Bids

Negotiations

Section 4: Small Purchase Procurement

- 4.1 Is there evidence in the file that the grantee documented a price or rate quotation by phone or in writing from at least three sources? Yes No N/A
- 4.2 Did the grantee award to the lowest cost responsive and responsible source? Yes No N/A
- 4.3 Comments regarding Small Purchase Procurement:

Section 5: Competitive Sealed Bids

- 5.1 Did the grantee publish an invitation for bid? Yes No N/A
- 5.2 Was the invitation for bid advertised in the **local** newspaper of largest circulation at least one time for not less than 7 days nor more than 21 days before the date set for the opening of the bids (copy of the tearsheet)? Yes No N/A
- 5.3 Does the invitation for bid include the required federal language? Yes No N/A
- 5.4 Was the invitation for bid distributed to a list of contractors? Yes No N/A
- 5.5 Is there evidence the bids were opened publicly at the time and date stated in the invitation for bid? Yes No N/A
- 5.6 Were the bids tabulated, certified by the professional Engineer/Architect and reviewed by the grantee? Yes No N/A
- 5.7 Was the awarded contract a firm-fixed price (lump sum or unit price with a maximum amount identified)? Yes No N/A
- 5.8 Is there a copy of the signed contract with a scope of work in the file? Yes No N/A
- 5.9 Comments regarding Competitive Sealed Bid Procurement:

Section 6: Competitive Negotiations

- 6.1 Is the awarded contract fixed-price or hourly with a not-to-exceed amount? Yes No N/A
- 6.2 Did the grantee issue an RFP or RFQ? Yes No N/A
- 6.3 Was the RFP or RFQ advertised in the **local** newspaper of largest circulation at least one time for not less than 7 days nor more than 21 days before the date set for the proposal opening? Yes No N/A

- 6.4 Did the RFP contain the following:
- Anticipated start and completion dates? Yes No N/A
- Evaluation criteria to be used in the ranking of proposals? Yes No N/A
- Required federal language? Yes No N/A
- 6.5 Were all proposals reviewed and ranked according to the selection criteria? Yes No N/A
- 6.6 Was award based on the most responsible offer or price that met the qualifying criteria? Yes No N/A
- 6.7 Did the grantee document and maintain a cost reasonableness analysis? Yes No N/A
- 6.8 Is there a copy of the signed contract with a scope of work in the file? Yes No N/A
- 6.9 Comments regarding Competitive Negotiation Procurement:

Section 7: Non-competitive Negotiations (Sole Source)

- 7.1 Did the grantee obtain authorization from DLG to use the method of non-competitive negotiations? Yes No N/A
- 7.2 Is there evidence in the file that the scope of work and price were negotiated? Yes No N/A
- 7.3 Is there a copy of the signed contract with a scope of work in the file? Yes No N/A
- Is the required federal language included in the contract? Yes No N/A
- 7.4 Comments regarding Non-competitive Negotiations Procurement:

Section 9: Grantees using Area Development Districts (ADDs)

- 9.1 Is the grantee using an ADD? Yes No N/A
- 9.2 Does the grantee maintain documentation regarding reasonableness of cost? Yes No N/A
- 9.3 Is there a copy of the signed contract with a scope of work in the file? Yes No N/A
- 9.4 Comments regarding Area Development Districts:

Section 10: Procuring Professional Services

- 10.1 Does the file contain tear sheets of advertisements requesting proposals or qualifications that ran at least one time for not less than seven days but no more than 21 days before the date set for opening of proposals? Yes No N/A
- 10.2 Does the file contain a list of firms that were sent the RFP/RFQ directly? Yes No N/A
- 10.3 Does the file contain a copy of the RFP/RFQ? Yes No N/A
- 10.4 Does the file contain a description of the selection criteria used to select the professional service? Yes No N/A
- 10.5 Are there copies of all responses received in the file? Yes No N/A
- 10.6 Are there written evaluations of the responses received? Yes No N/A
- 10.7 Is there a written statement explaining a basis for selection? Yes No N/A
- 10.8 Is there written evidence that the proposals/costs were reasonable? Yes No N/A
- 10.9 Is there a copy of the signed contract with a scope of work in the file? Yes No N/A
- 10.10 Comments regarding Procuring Professional Services:

Section 11: Procuring Construction Services

- 11.1 Were there any addenda to the bid document? Yes No N/A
- Are there copies of all addenda sent out to firms? Yes No N/A
- Is there evidence that all bidders received notice of the addenda more than 72 hours prior to the bid opening? Yes No N/A
- 11.3 Are there copies of all bids received? Yes No N/A
- 11.4 Are there bid tabulations and evaluation of bids in the file? Yes No N/A
- 11.5 Are there signed minutes from the bid opening meeting? Yes No N/A
- 11.6 Was the most responsible lowest bidder identified? Yes No N/A

11.7 Comments regarding Area Development Districts:

Section 12: Bid Award

- 12.1 Is there evidence in the file that the administrator checked to ensure the contractor was not on the 'Eliminated Parties List'? Yes No N/A
- 12.2 Was the contract awarded within 90 days of the bid opening? Yes No N/A
- 12.3 If more than 90 days, is there evidence of a wage rate modification being obtained from DLG and communicated to the bidder (if Davis-Bacon is applicable)? Yes No N/A
- 12.4 Did the grantee award the contract to the lowest reasonable and responsive bidder? Yes No N/A
- 12.5 Is there a written statement of justification explaining why the low bidder was deemed non-responsible or non-responsive? Yes No N/A
- 12.6 Did a bid overage occur?
If yes, did one of the following occur?
 - Did the grantee reject all bids? Yes No N/A
 - Did the grantee secure additional funds to finance the overage? Yes No N/A
 - Did the grantee use deductive alternates to lower cost? Yes No N/A
 - Did the grantee negotiate with the three lowest bidders on price only? Yes No N/A
 - Did the grantee re-issue an RFP with changes to materials and/or activities that was open to all bidders? Yes No N/A
- 12.7 Comments regarding Bid Award:

Compliance Determination

Overall comments on Contractors:

Reviewed by: _____

Review Date: _____

SAVE

CDBG Compliance - Project 22-333 11 Contracting (VIEW)

List of Contractors

Prime Contractor Name	Contract Type	Contract Value	Issues	ADD
	Construction	\$0.00	0	VIEW
		\$0.00	0	VIEW

Compliance Determination

- a. Number of potential Issues: 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by:

Review Date:

[VIEW PROJECT](#)

[EDIT](#)

CDBG Compliance - Project 22-333 11 Contractors (VIEW)

CDBG Handbook: CH 5
Type:

Contractor:

Amount: \$0.00

Section 1: Professional Services

- 1.3 Does the contract include the following items:
- Effective date
 - Names / addresses of parties
 - Extent and character of work
 - Specifications of materials or services
 - Amount of contract
 - Provisions for compensation / payment schedules
- 1.4 Does the contract include the State / Federal Standard Provisions (if under \$2,000 the contract must reference standards; if over \$2,000 they must be contained in contract)
- Equal Opportunity Provisions (if under \$10,000)
 - Executive Order 11246: Equal Opportunity (if over \$10,000)
 - Title VI Clause: Civil Rights Act of 1964
 - Access to Records
 - Conflict of Interest Clause
 - Section 3 Clause: Training and Employment (if < \$10,000)
 - Section 3 Plan: Training and Employment (if > \$10,000)
 - Section 109: Discrimination
 - Section 504 Clause: Handicapped (if > \$2,500)
 - Age Discrimination Act of 1975
- 1.5 Do project files contain adequate documentation of services provided (copies of deliverables and invoices)?
- 1.6 Comments regarding professional services:

1.7 List of Subcontractors	Subcontractor Name	Contract Value	Contract on File?	<u>ADD</u>
		\$0.00	Yes	<u>EDIT</u>
		\$0.00	No	<u>EDIT</u>
		\$0.00	No	<u>EDIT</u>
	TOTAL	\$0.00		

Section 2: Construction Contract Requirements

- 2.1 Does the contract include the following items:
- Contract Award date
 - Effective date
 - Names / addresses of parties
 - Amount of contract
 - Specifications within the scope of the grant agreement
 - Bonding / Insurance provisions (if over \$100,000)

- Certificate of owner's attorney
- Copy of applicable Federal wage decision
- State prevailing wage scale (if over \$250,000)
- Method of payment / schedule
- 2.2 Was the standard CDBG contract format used?
- 2.3 If yes, were all blanks in the standard contract completed? (pg 40,41,62,63,64,66 of the CDBG Contract Documents Guide)
- 2.4 Clause (if under \$100,000)
 - Written plan (if over \$100,000)
 - Contractor and Subcontractor Certifications:
 - Certification of Bidder Regarding Equal Employment Opportunity
 - Certification of Bidder Regarding Section 3 and Segregated Facilities
 - Contractor Section 3 Plan Format
 - Certification by Proposed Subcontractor Regarding Equal Employment Opportunity
 - Certification of Proposed Subcontractor Regarding Section 3 and Segregated Facilities
 - Contractor's Certification Concerning Labor Standards and Prevailing Wage Requirements
- 2.5 Does the contract include the following State / Federal Standard Provisions:
 - Right of Owner to Terminate Contract General Guidelines (GC 23)
 - Provisions for Compensation / Payment Schedules (Payment to Contractor GC 25)
 - Insurance Requirements (GC 28)
 - Subcontract Provision (GC 45)
 - Access to and Maintenance of Records (GC 14.15.51)
- 2.6 E.O. 11246 (Supplemental General Conditions)
 - Equal Opportunity (if over \$10,000)
 - Equal Opportunity Provisions (if under \$10,000)
 - Notice of Requirement for Affirmative Action
 - Goals for Minority and Female Participation (if over \$10,000)
 - Standard Construction Contract Specifications
 - Non-segregated Facilities (if over \$10,000)
 - Title VI Clause
 - Section 109 Clause
- 2.7 Federal Labor Standards: (GC 52) (if over \$2,000)
 - Davis-Bacon provisions
 - Copeland Anti-Kickback Act
 - Contract Work Hours and Safety Standards Act
- 2.8 Other Requirements
 - Section 504 Handicapped
 - Age Discrimination Act of 1975
 - Air and Water Acts
 - Conflict of Interests
 - Energy Efficiency
 - Special conditions pertaining to Hazards
- 2.9 Comments regarding Construction Contract:

Section 3: Pre-Construction Activities

- 3.1 Do project files contain documentation of:
 Council / Fiscal Court authorization of contract award
 Notice of Contract Award
 Notice to Proceed issued to contractor and copy sent to DLG
- 3.2 Comments regarding Pre-Construction Activities:

Section 4: Change Orders and Construction Management

4.1 List change orders (dates, amounts and reasons):

#	Date	Amount	Change Order Description (limited to 100 characters)	<u>ADD</u>
		\$0.00		<u>EDIT</u>
		\$0.00		<u>EDIT</u>
		\$0.00		<u>EDIT</u>
	TOTAL	\$0.00		

- 4.2 Were change orders recommended by the project Engineer/Architect before being issued?
- 4.3 Were change orders approved by the grantee?
- 4.4 Were change orders within the scope of the Grant Agreement?
- 4.5 Did change orders, in total, exceed 20% of the original contract amount?
 If yes, did grantee receive approval from DLG prior to execution?
- 4.6 Do project files contain evidence (e.g., photos) that the job site was checked by the grantee for the following:
 Notice to Employees (W.H. 1321)
 Safety and Health Protection on the job
 Posting of EEO Requirements (EO 11246)
- 4.7 Do project files contain documentation of construction inspections prior to making payment?
- 4.8 Do project files contain a Notice of Completion / Final Inspection?
- 4.9 Was final payment made?
 If yes, was a copy of the As-Built Plans filed?
- 4.10 Is there any correspondence or other evidence of efforts toward female / minority hiring?
- 4.11 If a Section 3 plan was required, is there documentation that it was carried out?
- 4.12 Were the following reports filed with DLG?
 Contractor and Subcontractor Activity Report (HUD 2516) by Sept. 15
 Semi-Annual Labor Standards Enforcement Report (HUD 4710 & 4710i) by Sept. 15 and March 15
 Section 3 Report (HUD 60002) by Sept. 15
- 4.13 Comments regarding Change Orders and Construction Management:

Compliance Determination

- a. Number of potential Issues: 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by:
VIEW CONTRACTORS

Review Date:
EDIT

CDBG Compliance - Project 22-333 11 Contractors (EDIT)

CDBG Handbook: CH 5

Contractor: _____ Amount: _____

Type: Service
 Construction

Section 1: Professional Services

- 1.3 Does the contract include the following items:
 - Effective date Yes No N/A
 - Names / addresses of parties Yes No N/A
 - Extent and character of work Yes No N/A
 - Specifications of materials or services Yes No N/A
 - Amount of contract Yes No N/A
 - Provisions for compensation / payment schedules Yes No N/A
- 1.4 Does the contract include the State / Federal Standard Provisions (if under \$2,000 the contract must reference standards; if over \$2,000 they must be contained in contract)
 - Equal Opportunity Provisions (if under \$10,000) Yes No N/A
 - Executive Order 11246: Equal Opportunity (if over \$10,000) Yes No N/A
 - Title VI Clause: Civil Rights Act of 1964 Yes No N/A
 - Access to Records Yes No N/A
 - Conflict of Interest Clause Yes No N/A
 - Section 3 Clause: Training and Employment (if < \$10,000) Yes No N/A
 - Section 3 Plan: Training and Employment (if > \$10,000) Yes No N/A
 - Section 109: Discrimination Yes No N/A
 - Section 504 Clause: Handicapped (if > \$2,500) Yes No N/A
 - Age Discrimination Act of 1975 Yes No N/A
- 1.5 Do project files contain adequate documentation of services provided (copies of deliverables and invoices)? Yes No N/A

1.6 Comments regarding professional services:

Section 2: Construction Contract Requirements

2.1 Does the contract include the following items:

- Contract Award date Yes No N/A
- Effective date Yes No N/A
- Names / addresses of parties Yes No N/A
- Amount of contract Yes No N/A
- Specifications within the scope of the grant agreement Yes No N/A
- Bonding / Insurance provisions (if over \$100,000) Yes No N/A
- Certificate of owner's attorney Yes No N/A
- Copy of applicable Federal wage decision Yes No N/A
- State prevailing wage scale (if over \$250,000) Yes No N/A
- Method of payment / schedule Yes No N/A

2.2 Was the standard CDBG contract format used? Yes No N/A

2.3 If yes, were all blanks in the standard contract completed? (pg 40,41,62,63,64,66 of the CDBG Contract Documents Guide) Yes No N/A

2.4 Clause (if under \$100,000) Yes No N/A

Written plan (if over \$100,000) Yes No N/A

- Contractor and Subcontractor Certifications:
- Certification of Bidder Regarding Equal Employment Opportunity Yes No N/A
 - Certification of Bidder Regarding Section 3 and Segregated Facilities Yes No N/A
 - Contractor Section 3 Plan Format Yes No N/A
 - Certification by Proposed Subcontractor Regarding Equal Employment Opportunity Yes No N/A
 - Certification of Proposed Subcontractor Regarding Section 3 and Segregated Facilities Yes No N/A

- Contractor's Certification Concerning Labor Standards and Prevailing Wage Requirements Yes No N/A
- 2.5 Does the contract include the following State / Federal Standard Provisions:
 - Right of Owner to Terminate Contract General Guidelines (GC 23) Yes No N/A
 - Provisions for Compensation / Payment Schedules (Payment to Contractor GC 25) Yes No N/A
 - Insurance Requirements (GC 28) Yes No N/A
 - Subcontract Provision (GC 45) Yes No N/A
 - Access to and Maintenance of Records (GC 14.15.51) Yes No N/A
 - 2.6 E.O. 11246 (Supplemental General Conditions)
 - Equal Opportunity (if over \$10,000) Yes No N/A
 - Equal Opportunity Provisions (if under \$10,000) Yes No N/A
 - Notice of Requirement for Affirmative Action Yes No N/A
 - Goals for Minority and Female Participation (if over \$10,000) Yes No N/A
 - Standard Construction Contract Specifications Yes No N/A
 - Non-segregated Facilities (if over \$10,000) Yes No N/A
 - Title VI Clause Yes No N/A
 - Section 109 Clause Yes No N/A
 - 2.7 Federal Labor Standards: (GC 52) (if over \$2,000)
 - Davis-Bacon provisions Yes No N/A
 - Copeland Anti-Kickback Act Yes No N/A
 - Contract Work Hours and Safety Standards Act Yes No N/A
 - 2.8 Other Requirements
 - Section 504 Handicapped Yes No N/A
 - Age Discrimination Act of 1975 Yes No N/A
 - Air and Water Acts Yes No N/A
 - Conflict of Interests Yes No N/A
 - Energy Efficiency Yes No N/A

Special conditions pertaining to Hazards

Yes No
N/A

2.9 Comments regarding Construction Contract:

Section 3: Pre-Construction Activities

3.1 Do project files contain documentation of:

Council / Fiscal Court authorization of contract award

Yes No
N/A

Notice of Contract Award

Yes No
N/A

Notice to Proceed issued to contractor and copy sent to DLG

Yes No
N/A

3.2 Comments regarding Pre-Construction Activities:

Section 4: Change Orders and Construction Management

4.2. Were change orders recommended by the project Engineer/Architect before being issued?

Yes No
N/A

4.3 Were change orders approved by the grantee?

Yes No
N/A

4.4 Were change orders within the scope of the Grant Agreement?

Yes No
N/A

4.5 Did change orders, in total, exceed 20% of the original contract amount?

Yes No
N/A

If yes, did grantee receive approval from DLG prior to execution?

Yes No
N/A

4.6 Do project files contain evidence (e.g., photos) that the job site was checked by the grantee for the following:

Notice to Employees (W.H. 1321)

Yes No
N/A

Safety and Health Protection on the job

Yes No
N/A

Posting of EEO Requirements (EO 11246)

Yes No
N/A

4.7 Do project files contain documentation of construction inspections prior to making payment?

Yes No
N/A

4.8 Do project files contain a Notice of Completion / Final Inspection?

Yes No
N/A

- 4.9 Was final payment made?
If yes, was a copy of the As-Built Plans filed?
 Yes No N/A
- 4.10 Is there any correspondence or other evidence of efforts toward female / minority hiring?
 Yes No N/A
- 4.11 If a Section 3 plan was required, is there documentation that it was carried out?
 Yes No N/A
- 4.12 Were the following reports filed with DLG?
Contractor and Subcontractor Activity Report (HUD 2516) by Sept. 15
Semi-Annual Labor Standards Enforcement Report (HUD 4710 & 4710i) by Sept. 15 and March 15
Section 3 Report (HUD 60002) by Sept. 15
 Yes No N/A
- 4.13 Comments regarding Change Orders and Construction Management:

Compliance Determination

- a. Number of potential Issues: 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by:

Review Date:

SAVE

CDBG Compliance - Project 22-333 12 Labor (ADD)

Compliance Determination

Overall comments on checklist and sub-checklists:

[Empty text box for overall comments]

Reviewed by:

Review Date:

SAVE

CDBG Compliance - Project 22-333 12 Labor (VIEW)

List of Contractors

Prime Contractor Name	Contract Type	Contract Value	Issues	ADD
	Construction	\$0.00	0	VIEW
		\$0.00	0	VIEW

Compliance Determination

- a. Number of potential Issues: 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by:
[VIEW PROJECT](#)

Review Date:

[EDIT](#)

CDBG Compliance - Project 22-333

12 Labor Standards (EDIT)

CDBG Handbook: CH 6

Contractor:

Amount:

Section 1: Pre-Bid

- 1.1 Did the grantee obtain the applicable and current Federal wage decision? Yes No N/A
- 1.2 Did the wage decision identify the appropriate wage rates for the classifications of workers on the project? Yes No N/A
 - If no, did the grantee require additional classifications? Yes No N/A
 - If required, did the grantee obtain approved additional classifications? Yes No N/A
- Additional classifications:
- 1.3 For contracts over \$250,000, did the grantee obtain the applicable state prevailing wage from the Kentucky Department of Labor? Yes No N/A
- 1.4 Did the grantee conduct the 'Nine Day Call' to ensure that the wage decision was current prior to bidding? Yes No N/A
- 1.5 If both State and Federal wage laws applied, did the contractor pay the higher of the two wage rate decisions by job classification? Yes No N/A
- 1.6 Were the following labor provisions added to the bid package?
 - a. Davis Bacon provisions Yes No N/A
 - b. Contract Work Hours and Safety Standards Clause Yes No N/A
 - c. Copeland Anti-Kickback clause Yes No N/A
 - d. Employment of Apprentices / Trainee clause Yes No N/A
 - e. Application wage rate determinations Yes No N/A
- 1.7 Comments regarding Pre-Bid

Section 2: Payroll and Job Site Review

- 2.1 Were weekly payrolls submitted within a timely manner? Yes No N/A
- 2.2 Did the weekly payrolls contain the following elements?
 - Name and Employee Identification Number Yes No N/A
 - Correct classification of worker (including group #) Yes No N/A

- Correct wage paid Yes No N/A
- Was overtime properly paid per State Prevailing Wage Law for any hours over eight per day (or, if authorized by the employee in writing, four 10-hour days)? Yes No N/A
- If the construction contract was \$100,000 or more, was overtime properly paid per the Federal requirements for any time over 40 hours in a week? Yes No N/A
- Unauthorized / impermissible payroll deductions Yes No N/A
- Statement of compliance signed by owner, officer or authorized designee of the firm Yes No N/A
- If apprentices were used, a copy of recognition of contractor's apprentice program from State Bureau of Apprenticeship and Training (SBAT)? Yes No N/A
- If trainees were used, a copy of contractor's trainee program recognition from SBAT? Yes No N/A
- 2.3 Were any discrepancies noted? Yes No N/A
- Were all discrepancies corrected and restitution made? Yes No N/A
- 2.4 Answer the following regarding employee interviews: Yes No N/A
- Did payrolls match information gathered from site interviews? Yes No N/A
- Were employee interviews conducted for at least 10% of workforce? Yes No N/A
- Were employee interviews conducted for each job classification? Yes No N/A
- Were interviews signed by interviewer? Yes No N/A
- Were interviews signed by Payroll Examiner? Yes No N/A
- Were interview forms fully completed? Yes No N/A
- 2.5 Wage rate and posters on job site? Yes No N/A
- 2.6 Comments regarding Payroll and Job Site Review

Compliance Determination

- a. Number of potential Issues: 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

- d. Reviewed by: -----
- Review Date: -----

SAVE

CDBG Compliance - Project 22-333 13 Acquisition (ADD)

CDBG Handbook: CH 7, CH 8

Section 1: Project Information

1.1 Amount of CDBG funds used for acquisition:

1.2 Number of Acquisitions to be obtained:

Proposed:

Underway:

Completed:

1.3 Is there a file established for each property to be acquired?

Yes No N/A

Section 6: One-for-One Replacement

6.1 Did the program/project result in:

Units being torn down?

Yes No
N/A

Units changing to a non-housing use?

Yes No
N/A

Units renting above the Fair Market Rent (FMR)?

Yes No
N/A

6.2 If yes to any of the above questions:

Did the grantee submit a plan to DLG describing the proposed activity that would create the need for one-for-one replacement?

Yes No
N/A

Was the plan current and made public or posted in a public location?

Yes No
N/A

Did the grantee have a plan to develop the necessary replacement units and is the grantee following the stated timeline for replacing the units?

Yes No
N/A

6.3 Have replacement units been developed?

Yes No
N/A

If yes, was the number of replacement bedrooms at least equal to the number of bedrooms removed?

Yes No
N/A

If yes, were the replacement bedrooms/units within the same neighborhood?

Yes No
N/A

If the replacement bedrooms did not at least equal the number of removed bedrooms, did the grantee follow its DLG-approved reduction?

Yes No
N/A

If No, did the grantee get an amendment approved by DLG?

Yes No
N/A

6.4 Was approval of an exception of the one-for-one replacement requirement received from DLG?

Yes No
N/A

6.5 Comments regarding One-for-One Replacement:

Compliance Determination

Overall comments on checklist and sub-checklists:

Reviewed by:

Review Date:

CDBG Compliance - Project 22-333 13 Acquisition (VIEW)

CDBG Handbook: CH 7, CH 8

Section 1: Project Information

- 1.1 Amount of CDBG funds used for acquisition: \$0.00
- 1.2 Number of Acquisitions to be obtained:
 - Proposed:
 - Underway:
 - Completed: N/A
- 1.3 Is there a file established for each property to be acquired? N/A

Section 2: Case File Reviews

Property Address	Acquisition Type Involuntary	<u>ADD</u> <u>EDIT</u>
------------------	---------------------------------	---------------------------

Section 6: One-for-One Replacement

- 6.1 Did the program/project result in:
 - Units being torn down? N/A
 - Units changing to a non-housing use? N/A
 - Units renting above the Fair Market Rent (FMR)? N/A
- 6.2 If yes to any of the above questions:
 - Did the grantee submit a plan to DLG describing the proposed activity that would create the need for one-for-one replacement? N/A
 - Was the plan current and made public or posted in a public location? N/A
 - Did the grantee have a plan to develop the necessary replacement units and is the grantee following the stated timeline for replacing the units? N/A
- 6.3 Have replacement units been developed? N/A
 - If yes, was the number of replacement bedrooms at least equal to the number of bedrooms removed? N/A
 - If yes, were the replacement bedrooms/units within the same neighborhood? N/A
 - If the replacement bedrooms did not at least equal the number of removed bedrooms, did the grantee follow its DLG-approved reduction? N/A
 - If No, did the grantee get an amendment approved by DLG? N/A
- 6.4 Was approval of an exception of the one-for-one replacement requirement received from DLG? N/A
- 6.5 Comments regarding One-for-One Replacement: N/A

Compliance Determination

- a. Number of potential Issues: 0+0
 - b. Based on the information reviewed: In Compliance
 - c. Overall comments on checklist and sub-checklists:
 - d. Reviewed by: Review Date:
- VIEW PROJECT EDIT

CDBG Compliance - Project 22-333 13 Acquisition Checklist (ADD)

Section 1: Property Information

- 1.1 Address: _____
- 1.2 Type of Acquisition: Voluntary Involuntary

Section 2: Title and Type

- 2.1 Was there a title search to determine the legal owner of the property? Yes No N/A
- 2.2 Type of acquisition:
- | | | | | | |
|----------------------------------|--|-----------------------|-------------------------------------|------------------------------------|----------------------------|
| Donated
Easement | Non-Donated
Easement
(Involuntary) | Parcel only | Lot and
residential
structure | Lot and
commercial
structure | Other type of
structure |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section 3: Voluntary Acquisition

- 3.1 Is there evidence that the grantee intended to acquire the specific site or property for the project (vs. other options in the community) or that the site/property is part of an intended, planned or designated project where all or substantially all of the property within an area was/will be acquired within a certain time frame? Yes No N/A
- 3.2 If someone else, such as a private developer or realtor, was authorized to act on the grantee's behalf in negotiating the purchase, was the grantee prepared to intervene and use condemnation if the property negotiations were unsuccessful? Yes No N/A
- 3.3 Did the grantee notify the seller in writing that the grantee will not use its power of eminent domain and will not acquire the property if the negotiations fail to result in an amicable agreement? Yes No N/A
- 3.4 Did the grantee notify the seller in writing of the grantee's estimate of market value of the property? Yes No N/A
- 3.5 Was notification provided prior to the signing of a purchase offer? Yes No N/A
- 3.6 If the purchaser was an organization without the power of eminent domain and if the notification was not provided prior to the signing of a purchase offer, was the seller allowed to withdraw from the purchase agreement once notified of the market value of the property? Yes No N/A
- 3.7 If the property was donated, did the grantee fully inform the owner of his or her rights under the Uniform Relocation Act (URA), including the right to be paid market value of the property? Yes No N/A
- 3.8 Is there a written statement from the owner on file documenting his or her decision to voluntarily donate their property under the URA? Yes No N/A
- 3.9 Comments regarding Voluntary Acquisition: _____

Section 4: Involuntary Acquisition - Property Owner

- 4.1 Did the grantee send a Notice of Interest or Notice of Intent to Acquire either by certified return receipt mail or hand delivery? Yes No N/A
 Date Received:
- 4.2 Did the grantee send a copy of the brochure "When a Public Agency Acquires Your Property"? Yes No N/A
 Date Received:
- 4.3 Did the grantee provide the owner with the Invitation to Accompany an Appraiser? Yes No N/A
 Date Received:
- 4.4 Did the grantee provide the owner with the Statement of the Basis for the Determination of Just Compensation that includes:
 An amount no less than the Review Appraiser's recommended fair market value? Yes No N/A
 Appraiser's recommended fair market value
 The location and identification of all interests in the real property? Yes No N/A
 The identification of all buildings, structures, and other improvements considered as part of the real property? Yes No N/A
- 4.5 Did the grantee provide the property owner with a Written Offer to Purchase for each acquisition taking into account the value of allowable damages or benefits regarding any remaining property? Yes No N/A
- 4.6 Was the written offer provided along with the Statement of the Basis for the Determination of Just Compensation? Yes No N/A
 Date of Offer:
- 4.7 Was a summary statement issued with the Written Offer? Yes No N/A
- 4.8 If the acquisition was terminated, was a Notice of Intent Not to Acquire issued to the owner? Yes No N/A
- 4.9 Does the timeframe for the issuance of the notice regarding the decision not to acquire appear to be reasonable? Yes No N/A
- 4.10 Does the grantee have copies of signed claim forms in the file to show whether the owner received:
 A fixed payment for moving expenses? Yes No N/A
 If a fixed payment, did the grantee use the correct amount from the DOT Fixed Payment Schedule? Yes No N/A
 Reimbursement for actual moving expenses? Yes No N/A
 Services of a professional mover? Yes No N/A
 If professional mover, is there a copy of the contract with the moving company or receipts in the file? Yes No N/A
- 4.11 If moving expenses were paid to the owner, does the grantee have receipts in the file to document that the costs were reasonable? Yes No N/A
- 4.12 Does the grantee have a signed copy of Form HUD-40061, "Selection of Most Representative Comparable Replacement Dwelling", in the file that shows decent, safe and sanitary housing that is comparable was found for the displaced household? Yes No N/A

- Were there at least three referrals of replacement housing units provided to the displaced household? Yes No N/A
- Is there a copy of the inspection report for each replacement or referral unit in the file? Yes No N/A
- 4.13 Does the grantee have a signed copy of HUD Form-40051, "Claim for Replacement Housing Payment for 180-Day Homeowner-Occupant", in the file? Yes No N/A
- Was the claim filed by the owner within 18 months of the move date? Yes No N/A
- Was the claim paid by the grantee within one month of receiving the claim? Yes No N/A
- 4.14 Were there any unresolved appeals or claims for benefits? Yes No N/A
- 4.15 Was the property occupied by a tenant? If yes, complete the Residential Relocation Checklist. Yes No N/A
- 4.16 Comments regarding Involuntary Acquisition - Property Owner:

Section 5: Involuntary Acquisition - Property

- 5.1 Was the property appraised by a Kentucky Certified appraiser prior to the initiation of negotiations? Yes No N/A
- Date of appraisal: _____
- Were appraisal standards followed? Yes No N/A
- Final determination of value: _____
- 5.2 Was the appraisal reviewed by a Kentucky Certified review appraiser? Yes No N/A
- 5.3 If an appraisal was not required and the property was valued at less than \$10,000 (known as a waiver valuation): Yes No N/A
- Determined value of the property: _____
- Did the person who conducted the waiver valuation have documented skills and experience in the local real estate market to assess the property value? Yes No N/A
- Did the waiver valuation use appropriate techniques such as a review of comparable sales or recent tax assessments (if assessed at 100% of value)? Yes No N/A
- Did the grantee document in its files how it arrived at the waiver valuation? Yes No N/A
- 5.4 Was the written offer equal to the appraised fair market value? Yes No N/A
- 5.5 If the written offer was greater than the appraised fair market value, what was the value of the offer? _____
- Did the grantee's files contain written justification such as a letter from an attorney that it was less expensive to offer the property owner an administrative settlement than to go to court to acquire the property? Yes No N/A
- 5.6 Was a contract of sale entered into, and is a copy in the file? Yes No N/A
- 5.7 Did the grantee exercise its power of eminent domain to acquire the property? Yes No N/A
- If eminent domain was used, does the file contain: Yes No N/A
- Legislative body authorizing resolution? Yes No N/A
- Copy of petition to Circuit Court? Yes No N/A
- Copy of Circuit Court judgment? Yes No N/A
- If exception filed, copy of jury judgment? Yes No N/A

- If appeal filed, copy of Appeals Court judgment? Yes No N/A
- 5.8 Was the purchase payment made prior to the property owner transferring the property to the agency? Yes No N/A
Date of payment: _____
Date of property transfer: _____
- 5.9 Is there a final (signed and dated) Statement of Settlement Costs showing the grantee reimbursed the property owner for:
Acquisition price? Yes No N/A
Recording fees, transfer taxes, title options, etc.? Yes No N/A
Prepayment penalty on a mortgage? Yes No N/A
The pro rata share of property taxes? Yes No N/A
- 5.10 Does the grantee have a receipt for the purchase price and a copy of the cancelled check in the file? Yes No N/A
- 5.11 Does the grantee have a copy of the recorded deed on file? Yes No N/A
- 5.12 Comments regarding Involuntary Acquisition - Property:

SAVE

CDBG Compliance - Project 22-333 14 Relocation (ADD) Compliance Determination

Overall comments on checklist and sub-checklists:

[Empty dashed box for overall comments]

Reviewed by:

Review Date:

SAVE

CDBG Compliance - Project 22-333 14 Relocation (VIEW)

Case Files

Resident Name	Address	Type of Relocation	ADD
		Temporary	VIEW
		Permanent	VIEW

Compliance Determination

- a. Number of potential Issues: 0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by: [VIEW PROJECT](#) Review Date: [EDIT](#)

CDBG Compliance - Project 22-333 14 Residential Relocation Checklist (ADD)

CDBG Handbook: CH 7, CH 8

Property Information

Name: _____

Address: _____

Permanence: Temporary Permanent

Section 1: Relocation Notices and Advisory Services

- 1.1 Does the grantee have documentation that the appropriate notices were delivered to each occupant in a timely manner as required by the URA by either certified return receipt mail or hand delivery? Yes No N/A
- 1.2 Does the grantee have copies of all appropriate notices and brochures in the file including:
The General Information Notice (GIN) that informs occupants of a possible project and urges them not to move? Yes No N/A
Date of General Information Notice:
The Notice of Non-Displacement that informs occupants who will remain in the project of their rights and the terms and conditions of their remaining in the property, and provides the offer of a suitable replacement unit? Yes No N/A
Date of Notice of Non-Displacement:
The Notice of Eligibility that informs occupants who will be displaced of their rights and levels of assistance under the URA? Yes No N/A
Date of Notice of Eligibility:
The 90- and/or 30-Day Notices that inform displaced occupants of the day by which they must vacate the property? Yes No N/A
Date of Notice:
HUD Information Booklet 1042-CPD, "Relocation Assistance to Tenants Displaced From Their Homes"? Yes No N/A
Date of Notice:
- 1.3 Does the grantee have documentation that residents received the minimum advisory services required by the URA including an explanation of assistance, referrals to comparable housing, and referrals to social services or other counseling? Yes No N/A
- 1.4 Does the grantee have an analysis in the file of whether the occupant will be "economically displaced" if the replacement unit cannot be rented for an affordable price? Yes No N/A
- 1.5 Is there evidence that the grantee did not follow the Fair Housing rules or failed to provide the displaced household with a variety of housing options? Yes No N/A
- 1.6 Comments regarding relocation notices and advisory services:

Section 2: Temporary Relocation

- 2.1 Did the program/project result in the temporary relocation of any occupants? Yes No N/A
 If yes, did the period of temporary relocation equal to or exceed 12 months? Yes No N/A
- 2.2 Does the grantee have a locally adopted policy for temporary relocation (could be included with general Relocation Plan and/or as part of Program Guidelines or Urban Renewal Plan)? Yes No N/A
- 2.3 Does the grantee have a copy of the Temporary Relocation Notice that informs temporarily relocated households of their rights and the conditions of their temporary move? Yes No N/A
 Date of Notice:
- 2.4 Does the grantee have copies of receipts in the file that show temporarily relocated households received reimbursement for out-of-pocket expenses such as the cost of moving, of changing utilities, of storage and increased rent? Yes No N/A
- 2.5 Does the grantee have a copy of the inspection report in the file to document that tenants were relocated to suitable, decent, safe and sanitary units? Yes No N/A
- 2.6 Did the tenants return to the property? Yes No N/A
 If no, does the grantee have a note in the file from the tenant documenting their choice not to return? Yes No N/A
- 2.7 Are there any unresolved appeals or claims regarding temporary relocation? Yes No N/A
- 2.8 Comments regarding Temporary Relocation: _____

Section 3: Relocation Benefits

- 3.1 Does the grantee have copies of signed claim forms to show whether the displaced household received: Yes No N/A
 A fixed payment for moving expenses? Yes No N/A
 If yes, did the grantee use the correct amount from the DOT Fixed Payment Schedule? Yes No N/A
 Reimbursement for actual moving costs? Yes No N/A
 Services of a professional mover? Yes No N/A
 If yes, is there a copy of the contract with the moving company / receipts in the file? Yes No N/A
- 3.2 If moving expenses were paid to the displaced household, does the grantee have receipts in the file to document that the costs were reasonable? Yes No N/A
- 3.3 Does the grantee have a signed copy of Form HUD-40061, "Selection of Most Representative Comparable Replacement Dwelling", in the file that shows decent, safe and sanitary housing that is comparable was found for the displaced household? Yes No N/A
 Were there at least three referrals of replacement housing units provided to the displaced household? Yes No N/A
 Is there a copy of the inspection report for each comparable unit in the file? Yes No N/A
- 3.4 Does the grantee have a signed copy of Form HUD-40058, "Claim for Rental Assistance or Downpayment Assistance", in the file? Yes No N/A

Was the claim filed by the displaced household within 18 months of the move date? Yes No N/A

Move Date:

Claim Date:
Was the claim paid by the grantee no more than one month after receiving the claim? Yes No N/A

Paid Date:

3.5 Does the grantee have a copy of the inspection report in the file to show that the replacement unit was inspected and to verify that it was decent, safe and sanitary? Yes No N/A

3.6 If the displaced household chose to move to a substandard unit, does the grantee have a copy of the notice explaining that replacement housing assistance cannot be paid? Yes No N/A

3.7 Did the household elect to use the relocation benefits to purchase a home? Yes No N/A

3.8 Did the grantee determine that the displaced household was eligible for relocation assistance under Section 104(d)? Yes No N/A

If yes, is a copy of the Notice of Eligibility for Section 104(d) Relocation Assistance in the file? Yes No N/A

Date of Notice:

If yes, is a signed copy of Form HUD-40072, "Claim for Rental or Purchase Assistance under Section 104(d)", in the file? Yes No N/A

3.9 Were there any unresolved appeals or claims for benefits? Yes No N/A

3.10 Comments regarding Relocation Benefits:

SAVE

CDBG Compliance - Project 22-333 15 Business Relocation (ADD)

Section 1: Relocation Planning

- 1.1 Does the grantee have documentation of the number, types and sizes of businesses that may be displaced due to the CDBG-funded activities?
- 1.2 Does the grantee have a separate file for each business relocated?

- Yes No N/A
- Yes No N/A

Compliance Determination

Overall comments on checklist and sub-checklists:

Reviewed by:

Review Date:

SAVE

CDBG Compliance - Project 22-333 15 Business Relocation (VIEW)

Section 1: Relocation Planning

- 1.1 Does the grantee have documentation of the number, types and sizes of businesses that may be displaced due to the CDBG-funded activities? N/A
- 1.2 Does the grantee have a separate file for each business relocated? N/A

Section 2: Case Files

Business Name	Address	Owner Name	ADD VIEW VIEW
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Compliance Determination

- a. Number of potential Issues: 0+0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:

d. Reviewed by:
[VIEW PROJECT](#)

Review Date:

[EDIT](#)

CDBG Compliance - Project 22-333

15 Business Relocation Checklist (ADD)

CDBG Handbook: CH 7, CH 8

Section 1: Property Information

Business Name:

Address:

Owner:

Section 2: Notices and Advisory Services

- 2.1 Does the grantee have copies of all appropriate notices and brochures in the file including:
- The General Information Notice (GIN) that explains the project being proposed and cautioning the business not to move? Yes No N/A
 - The HUD Information Booklet "Relocation Assistance to Displaced Businesses, Nonprofit Organizations and Farms" (HUD 1043-CPD) that includes a general description of relocation assistance and payments that the business could receive? Yes No N/A
 - The Notice of Eligibility for Relocation Assistance tailored to the nature of the business that describes the assistance available and the procedures for receiving the assistance? Yes No N/A
- 2.2 Does the grantee have documentation in the file that the business received the notices and brochures within the appropriate time required by the Uniform Relocation Act as follows:
- The GIN and HUD 1043-CPD Information Booklet after application for KCDBG? Yes No N/A
 - Date received: Yes No N/A
 - The Notice of Eligibility at the time of initiation of negotiations? Yes No N/A
 - Date received: Yes No N/A
- 2.3 Does the grantee have a copy of the notice from the business owner in the file that provides advance notice of the approximate date of the start of the move? Yes No N/A
- 2.4 Does the grantee have notes in the file that document a meeting occurred with the business to inform the business of relocation payments and other assistance for which the business may be eligible, and the procedures for obtaining relocation assistance? Yes No N/A
- 2.5 Does the grantee have notes in the file that document a personal interview was conducted with each business that covered the following items:
- The business' replacement site requirements, current lease terms and other contractual obligations and the financial capacity of the business to accomplish the move? Yes No N/A
 - Determination of the need for outside specialists that will be required to assist in planning the move, assistance in the actual move, and in the reinstallation of machinery and/or other personal property? Yes No N/A
 - An identification and resolution of personalty/realty issues? Yes No N/A
 - An estimate of the time required for the business to vacate the site? Yes No N/A
 - An identification of any advance relocation payments required for the move? Yes No N/A
- 2.6 Does the grantee have a copy of the inspection report in the file that inventories all personal and real property at the business site? Yes No N/A

- 2.7 Does the grantee have a copy of final inspection or progress reports to document the actual move date and to document the transfer of ownership to the grantee of any personal property not sold, traded-in or moved by the business? Yes No N/A
- 2.8 Comments on Notices and Advisory Services:

Section 3. Business Relocation Benefits

- 3.1 Did the business choose a payment for actual, reasonable moving and related expenses? Yes No N/A
- Did the business move its personal property through a commercial move? Yes No N/A
- Did the business move its personal property through a self-move? Yes No N/A
- Is there a signed copy of Form HUD-40055, "Claim for Actual Reasonable Moving and Related Expenses - Nonresidential" in the file? Yes No N/A
- Is the claim supported by documentation of eligible expenses including bids, estimates, bills, certified prices, receipts or appraisals? Yes No N/A
- 3.2 For small businesses only, did the business receive a re-establishment payment for eligible expenses actually incurred in relocating and re-establishing the business at a replacement site? Yes No N/A
- 3.3 Was the business eligible for a fixed payment in lieu of receiving a payment for actual, reasonable moving and related expenses and a payment for re-establishment expenses? Yes No N/A
- Is there a signed copy of Form HUD-40056, "Claim for Fixed Payment In Lieu of Payment for Actual Nonresidential Moving and Related Expenses" in the file? Yes No N/A
- Is the claim supported by documentation of income to justify a fixed payment including income tax returns, certified or audited financial statements or W-2 forms? Yes No N/A
- 3.4 Is there a business tenant also at the site? Yes No N/A
- Did the grantee follow all the steps above for the business tenant? Yes No N/A
- 3.5 Were there any appeals of benefits? Yes No N/A
- 3.6 Are there any unresolved appeals or relocation claims? Yes No N/A
- 3.7 Comments on Benefits:

SAVE

CDBG Compliance - Project 22-333 16 Clearance/Disposition (ADD)

Section 1: Relocation Planning

1.1 What is to be cleared as part of CDBG-funded activities? Describe:

1.2 If structures are being cleared, indicate the numbers:

Proposed: _____ Underway: _____ Completed: _____

1.3 State the number of occupied/occupiable housing units to be demolished:

1.4 Outline the contractual arrangements for clearance:

1.5 Were materials properly disposed of?

Yes No N/A

1.6 Were there asbestos inspection/abatement activities? If yes, describe below.

Yes No N/A

1.7 Do the files contain copies of trip tickets from a certified landfill for disposal of cleared materials?

Yes No N/A

1.8 Comments regarding Clearance:

Section 2: Disposition

2.1 State number of parcels planned to be sold for re-use:

2.2 State number sold for re-use to date:

2.3 Were re-use appraisals obtained for all parcels sold?

Yes No N/A

2.4 Is there verification of a clear title for each parcel retained by the grantee?

Yes No N/A

2.5 Were these parcels included on the grantee's property management ledger?

Yes No N/A

2.6 Does the grantee maintain a list of all parcels sold by address, appraised value and re-use value?

Yes No N/A

2.8 Comments regarding Disposition:

Compliance Determination

Overall comments on checklist and sub-checklists:

Reviewed by: _____

Review Date: _____

SAVE

CDBG Compliance - Project 22-333 16 Clearance/Disposition (VIEW)

Section 1: Relocation Planning

- 1.1 What is to be cleared as part of CDBG-funded activities? Describe:
- 1.2 If structures are being cleared, indicate the numbers:
Proposed: Underway: Completed:
- 1.3 State the number of occupied/occupiable housing units to be demolished:
- 1.4 Outline the contractual arrangements for clearance:
- 1.5 Were materials properly disposed of? N/A
- 1.6 Were there asbestos inspection/abatement activities? If yes, describe below. N/A
- 1.7 Do the files contain copies of trip tickets from a certified landfill for disposal of cleared materials? N/A
- 1.8 Comments regarding Clearance:

Section 2: Disposition

- 2.1 State number of parcels planned to be sold for re-use:
- 2.2 State number sold for re-use to date:
- 2.3 Were re-use appraisals obtained for all parcels sold? N/A
- 2.4 Is there verification of a clear title for each parcel retained by the grantee? N/A
- 2.5 Were these parcels included on the grantee's property management ledger? N/A
- 2.6 Does the grantee maintain a list of all parcels sold by address, appraised value and re-use value? N/A
- 2.7 Address Appraised Value [ADD](#)
\$0.00 [VIEW](#)
\$0.00 [VIEW](#)
- 2.8 Comments regarding Disposition:

Compliance Determination

- a. Number of potential Issues: 0+0
- b. Based on the information reviewed: In Compliance
- c. Overall comments on checklist and sub-checklists:
- d. Reviewed by: [VIEW PROJECT](#) Review Date: [EDIT](#)

CDBG Compliance - Project 22-333

16 Property Disposition Case File Checklist (ADD)

Property Disposition Checklist

1.0 Property Address: _____

2.0 Appraised Value: _____

3.0 Was the parcel retained by the grantee? If yes, explain why below:

Yes No N/A

Describe status of retained property:

4.0 If purchased and cleared using Slum/Blight criteria, were deed restrictions placed on the parcel? If yes, list deed restrictions below:

Yes No N/A

5.0 Has the grantee disposed of the property?

Yes No N/A

If yes, has the grantee designated the reuse and timeframe for meeting a national objective?

Yes No N/A

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