

**STATE OF OKLAHOMA  
Community Development Block Grant  
Disaster Recovery Program**

**Monitoring Handbook  
And  
Checklist Template**

**Oklahoma Department of Commerce  
Community Development Services**

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## Oklahoma Disaster Funds

### Compliance Monitoring Handbook

#### Introduction

As part of the State's ongoing responsibilities for the administration of U.S. Department of Housing and Urban Development (HUD) federally funded programs, the Oklahoma Department of Commerce (ODOC) will conduct comprehensive monitoring reviews for all programs and activities that fall under the Federal Register Notice, Vol. 78, No. 241, December 16, 2013. The Federal Register Notice provides the regulatory framework established by HUD's State of Oklahoma's Disaster Recovery Program. The State of Oklahoma and its sub-recipients that receive CDBG-DR funds are required to comply with all HUD's rules and regulations concerning program performance and any rules and regulations unique to the Disaster Recovery legislation.

Oklahoma's Department of Commerce monitoring and compliance handbook and checklist provides a guide for areas of programmatic review and responsibilities relating to compliance, which will enable the funding sub-recipients and the general public to understand the program, its objectives and methods to ensure success of the program. ODOC understands the importance and need for a compliance program that insures that all participants in the CDBG-DR program are adequately and responsibly carrying out their various ethical, legal, and fiduciary responsibilities in the administration of its programs and activities.

The State of Oklahoma as recipient of CDBG-DR funds is responsible for ensuring that the funds are used in accordance with all applicable program requirements. ODOC understands that the use of sub-recipients does not relieve the State of compliance responsibilities. The policies and procedures are consistent with those used by HUD to monitor state-administered and entitlement programs and are modified as appropriate to monitor specifics of the Disaster Recovery program. Reimbursement of expenditures will be disallowed if local governments cannot properly document the use of funds that do not address disaster-related needs or are clearly not for the greatest need. In such case, the local government receiving the funding would be required to refund the amount of the grant disallowed.

## **Applicability**

The ODOC will be contracting out with Sub recipients to carry out project delivery activities. Due to the limited number of contracts, the ODOC staff and a contracted monitoring service will monitor all CDBG-DR contracts by performing daily desk monitoring and on-site monitoring review visits. This compliance manual applies to all federal and state requirements including but not limited to:

1. Citizen Participation
2. National Objectives
3. Eligible Activity
4. Procurement
5. Financial Management
6. Labor Standards
7. Acquisition and Relocation
8. Fair Housing and Equal Opportunity
9. Property Management/Lead Based Paint
10. Duplication of Benefits
11. Environmental Reviews

## **Objectives**

HUD describes monitoring as integral management control techniques and a Government Accounting Office (“GAO”) standard. It is an on-going process that assesses the quality of a program over a period of time. Accordingly, the monitoring process shall provide ODOC information about sub-recipients that will be critical for making informed judgments about CDBG-DR program effectiveness and management efficiency. Monitoring is helpful in identifying occurrences of fraud, waste and abuse. ODOC will use monitoring to accomplish the following objectives:

- Provide that all CDBG-DR activities and projects are carried out efficiently, effectively, and in compliance with applicable laws and regulations.
- Assist sub recipients to improve their performance, develop or increase capacity, and augment management and technical skills.
- Ensure that sub recipients with project delivery responsibilities will be monitored through regular reviews and recommend appropriate compliance/management steps are taken to reduce compliance problems and fraud, waste and abuse.
- Ensure compliance roles and responsibilities are clearly established across ODOC and the sub recipient and that care is given to delegating authority to the sub recipient.
- Ensure that sub recipients have written policies and procedures and internal control systems capable of ensuring compliance.
- Individual’s responsible DRGR compliance and ethics programs have adequate resources authority and competencies to carry out their responsibilities.

- Ensure that sub recipients maintain an effective mechanism to report any wrongdoing, including mechanisms to allow for anonymous reporting, and protect against retaliation.
- Enable the State to submit appropriate and documented quarterly reports in HUD's Disaster Recovery Grant Reporting (DRGR) System.
- Enable the State to submit annually financial summary reports in HUD's DRGR system.

## **Managing the Monitoring Process**

Monitoring services will be performed by a Contractor to be selected by the State through a Request for Proposal process administered by the Oklahoma Office of Management and Enterprises Services (OMES). The Contractor, under the direction and oversight of ODOC Community Development staff will conduct on-site compliance monitoring of the State's sub-recipient contracts under the State's CDBG-DR Program.

The Oklahoma Department of Commerce (ODOC) is solely responsible for any and all management decisions, management functions, and management responsibilities. No other entity will be assigned nor will they assume management functions.

Upon awarding the monitoring services contract, the Community Development Monitoring Team will provide up to 3 days of technical assistance and training to the Contractor. Additional T/TA will be provided upon request by Contractor. The Contractor will be given the spreadsheet of each CDBG-DR grantees contract to be monitored and will be given access to view each grantee in the OKGrants System. ODOC and the Contractor will develop a monitoring schedule based on the anticipated closing date of the grantee projects. ODOC will require that 100% of contracts will be monitored regardless of how they scored on their individual Risk Assessment.

Upon completion of the TA/Training the Contractor will be required to meet with the ODOC monitoring staff at the end of the first full week of monitoring to discuss any issues that might need clarification and to provide a general update to the ODOC monitoring staff.

The Contractor will be required to provide to ODOC monitoring staff a weekly progress report which shall be due by the end of business each Friday. The Contractor will be required to meet with ODOC monitoring staff at a minimum of one time each month for an overall progress of the monitoring duties.

The Contractor shall submit to ODOC monitoring staff completed monitoring tools and supporting documentation with recommendations, no later than one week after each DR grantee monitoring has ended. ODOC monitoring staff will review the completed monitoring tool, documentation and recommendations and send a Monitoring Letter and Report to the

DR Grantee within two weeks of reviewing previously mentioned information. The monitoring of the DR Grantees will not be considered closed until all monitoring findings have been addressed by the DR Grantee and submitted to ODOC monitoring staff for their approval.

The program is managed by ODOC's Community Development Services Division. Staff positions and responsibilities are as follows for oversight management of the Contractor:

#### Director of Community Development

- Signs all contracts with CDBG-DR sub-grantees
- Signs all agreements with CDBG-DR Contractors/Consultants
- Signs all CDBG-DR monitoring reports

#### Deputy Director of Community Development

- Supervises both the Director of Program Planning and Director of Program Monitoring
- Reviews all CDBG-DR monitoring letters
- Alternate Member of the RFP review team for selection of CDBG-DR Monitoring

#### Director of Program Planning

- Supervises CDBG/CDBG-DR Program Planners
- Assists with Request For Proposal (RFP) design for selection of qualified CDBG-DR Contractors to provide monitoring services
- Member of the RFP review team for selection of CDBG-DR Monitoring Contractor

#### Senior Planner CDBG/CDBG-DR Program

- Main author of the CDBG-DR Action Plan
- Assists with Request For Proposal design for selection of qualified CDBG-DR Contractors to provide monitoring services
- Member of the RFP review team for selection of CDBG-DR Monitoring Contractor
- Responsible for State Consolidated Plan/Annual Action Plan

#### Monitoring Team

##### Director of Program Monitoring

- Supervises CDBG/CDBG-DR Program Monitors
- Assigns and oversees responsibilities of Monitoring Team
- Oversees and assists the CDBG/CDBG-DR Program Monitors in the preparation and updates to the CDBG/CDBG-DR Project Management Guides
- Member of the RFP review team for selection of CDBG-DR Monitoring Contractor
- Assists the Senior Monitor and Contractor with the development of a CDBG-DR monitoring plan and workflow schedule

- Receives and reviews all monitoring reports, back-up documentation, and recommendations from the Contractor and Senior Monitor as oversight review for program compliance before approval in the OK-Grant system. Assists and serves as CDBG-DR back-up to Senior Monitor with all duties as needed including on-site monitoring to resolve any issues, concerns/findings by the Contractor

### *CDBG/CDBG-DR Program Representative and Senior Monitor*

- Performs daily grant management and compliance of CDBG-DR sub-recipients program activities and desk monitoring of submittals to the OK-Grants system
- Performs DRGR Quarterly Reporting for CDBG-DR Activities
- Communicates and assists all CDBG-DR sub-recipients and/or grant administrators in all aspects of program requirements by providing technical assistance with the program implementation, policies and procedures
- Member of the RFP review team for selection of CDBG-DR Monitoring Contractor
- Point of Contact for CDBG-DR Monitoring Contractor
- Conduct onboarding with the Contractor, Contractor's staff, to discuss and provide an overview of the State's CDBG-DR Program and the status of all CDBG-DR sub-recipient contracts, risk assessments, and project activities
- Provide Contractor with access and training of the OK-Grants system
- Assist the Contractor with the development of a monitoring plan *and* workflow schedule
- Schedule and conduct meetings with the Contractor and Management Team on a bi-weekly basis to review progress of CDBG-DR monitoring efforts, workflow and discuss/resolve any monitoring issues raised by the Monitoring Contractor and/or staff
- Receives and reviews all monitoring reports, back-up documentation, and recommendations from the Contractor for oversight review for program compliance before submission to management review and approval in the OK-Grant system.

### *CDBG/CDBG-DR Program Representative/Monitor/Reporting Officer*

- Performs daily grant management and compliance of CDBG sub-recipient contracts
- Provides assistance in the CDBG-DR program with Desk Monitoring reviews of sub-recipient documentation submittals in OK-Grants
- Prepares the Performance Evaluation Report (PER)
- Prepares the Consolidated Annual Performance and Evaluation Report (CAPER)
- Prepares and submits the Labor Standards Enforcement Report and MBE Report
- Conducts Grant Administrator Training Workshops
- Provides technical assistance to sub-recipients with CDBG program implementation, policies and procedures
- Alternate Member of the RFP review team for selection of CDBG-DR Monitoring Contractor

### CDBG/CDBG-DR Program Representative/Monitor/Reporting Officer

- Assists the CDBG-DR program with Desk Monitoring reviews of sub-recipient documentation submittals in OK-Grants
- Compliance officer for the SAM.gov and DUN's for all sub-recipient contracts
- FFATA Reporting
- Assisted with finalizing the Request for Proposal (RFP) designed for the selection of qualified CDBG-DR Contractors to provide program monitoring services
- Member of the RFP review team for selection of CDBG-DR Monitoring Contractor
- Oversees and assists the preparation and updates to the CDBG/CDBG-DR Project Management Guides
- Assists with finalizing the monitoring plan and workflow schedule with the CDBG-DR Contractor and Senior Monitor
- Reviews all CDBG-DR monitoring reports submitted by the Senior Monitor from the Contractor

The following ODOC Management Personnel also provide the Community Development Division with oversight and assistance to CDBG/CDBG-DR programs:

### ODOC Deputy Director/General Counsel

- Reviews all CDBG/CDBG-DR sub-recipient contracts for compliance
- Reviews all service contracts for compliance
- Assists the CDBG/CDBG-DR Monitoring Team with resolving issues to monitoring findings
- Supervises ODOC Procurement staff

### ODOC Chief Financial Officer

- Reviews all CDBG/CDBG-DR financial transactions submitted to Staff Accountants for accuracy and compliance
- Assists the Community Development Team in any financial monitoring issues or concerns

### ODOC Audit Manager

- Reviews all audits submitted by CDBG/CDBG-DR sub-recipients and provides any concerns to the Monitoring Team for Risk Assessment

### Procurement

- Assists the Community Development Division with CDBG/CDBG-DR program with procurement of service contracts for compliance with State procurement policies and procedures
- Serves as ODOC Liaison to Oklahoma Office of Management and Enterprise Services



ODOC staff shall perform “desk monitoring” on a daily basis by review of submittals in the OK-Grants system for all sub-recipients. “On-site monitoring” is a structured review conducted by the Contractor at locations where project activities are being carried out and project records are being maintained. An on-site monitoring can be conducted during the course of a project as necessary but definitely a final visit will be conducted. The monitoring review considers all available evidence of conforming to the approved Action Plan and all other federal and state requirements. The attached Checklist Template is utilized to ensure that all requirements are addressed.

After Technical Assistance and Training provided by ODOC, the Contractor will be thoroughly familiar with the Oklahoma Disaster Recovery program and knowledgeable of the entities to be monitored. Preparation for monitoring is critical and includes:

1. Understanding governing statutes, regulations and official guidance;
2. Reviewing and analyzing participant reports, available data, Field Office files, audits and financial information, previous monitoring reports and issues; and
3. Obtaining other relevant information from previous monitoring reports and issues

This preparatory work may result in revisions to the individual monitoring strategy, either with respect to areas to be covered, estimated time-frames, and or staff resources needed/participant staff to be consulted.

ODOC will be in constant communication with the Contractor and the sub recipients. These sub recipients will be provided guidance and the monitoring checklist regarding technical areas which will be carefully reviewed. These include:

- National Objectives
- Environmental Review
- Financial Management
- Procurement
- Fair Housing/Equal Opportunity
- Public Improvements
- Labor Standards
- Housing Rehabilitation
- Acquisitions/Buyouts/Relocation
- Duplication of Benefits
- Section 3
- Housing New Construction

## **Conducting the Monitoring**

All monitoring by ODOC will consist of the following elements:

### **A. Notification to the Sub-recipient.**

After the monitoring strategy has been developed, ODOC will communicate with the sub-recipient to establish a date. Once a date has been set, a formal written letter to the sub-recipient will be sent. Unless there are extenuating circumstances, the letter will be sent at least two weeks prior to the monitoring. The letter will discuss the monitoring schedule identify the areas to be reviewed, and the names and titles of the ODOC staff conducting the monitoring. It will also request that the necessary participant staff be available during the monitoring. For on-site monitoring, the letter will confirm the need for any required services (e.g., conference rooms, telephones, and computers).

### **B. Entrance Conference.** The purpose of the entrance conference is to:

1. Explain how the monitoring will be conducted;
2. Identify and confirm key program participant staff that will assist during the monitoring;
3. Set- up or confirm meeting or interview times (including any clients who may be interviewed) and, if applicable, schedule physical inspections;
4. Verify the programs/activities to be reviewed and how access to files and work areas will be granted (some programs files can be sensitive; some work areas can be hazardous).

### **C. The Assessment Process.**

Monitoring entails interviews and file reviews to verify and document compliance and performance (and can include physical inspections, if monitoring is conducted on-site). ODOC will utilize checklists designed to capture all appropriate information and guide the review of the monitoring. The Checklist can be found in Attachment 1 of this document.

#### **1. Evaluate!**

The monitoring checklist is designed to assess and document compliance with program requirements based upon:

- a. File reviews to determine the accuracy of the information, using both automated and manual data and reports submitted to ODOC by the sub-recipient; and

- b. Interviews with sub-recipient staff, contractors, and clients to clarify and determine the accuracy of the information, assess level of satisfaction with the provision of services or the “end products,” and document performance.

Specific responses to the Monitoring Checklist questions are required.

Although this approach can take more time up-front, it yields higher quality reviews that provide a better picture of the sub-recipient grant program for the Contractor, ODOC DR Monitoring staff, HUDs Local Office, and others who have a need to review performance. The responses to each question provide important documentation for ODOCs administrative record.

ODOC, as well as the Contractor, will use a common sense approach and engage in a thorough evaluation of data and other information to draw defensible and supportable conclusions. ODOC understands that the main objective of monitoring is to assist program participants in carrying out their program responsibilities. “Is the program purpose being accomplished? Are the program beneficiaries being served as intended?” Are program requirements being met?

2. Communicate!

Throughout the monitoring, ODOC will maintain an on-going dialogue with the program participant as well as the monitoring Contractor. This communication will keep the participant informed as to how the monitoring is progressing, enables discussions of any problem areas encountered, and provides the participant an opportunity to make “on-the-spot” adjustments or corrections or present additional information to help the Monitoring Contractor. It also minimizes the potential for surprises to the participant when the exit conference is held as well as when the monitoring results are formally communicated in writing.

3. Document!

The responses to the questions in the Monitoring Checklist form the basis for monitoring conclusions and are supplemented by program participant records copied or reviewed during the monitoring. All Checklist questions will be clearly answered (both the “Yes/No/N/A” box and the “Findings/Comments” text box). For example, an N/A response could indicate either that the question did not apply or the reviewer was unable to answer it (due to time constraints, unexpected problems in other areas, etc.). The “Finding/Comments” section needs to succinctly but explicitly explain this.

#### **D. Exit Conference.**

At the end of the monitoring review, the Contractor will conduct an exit conference with the appropriate participant officials or staff to discuss preliminary conclusions. In part, this serves to confirm the accuracy and completeness of the information used to form the basis for the monitoring conclusions. It may also highlight areas of disagreement

between ODOC and the participant. The Contractor is responsible for using the Checklist not only to prepare for the exit conference by clearly and concisely summarizing the conclusions, but also to document the issues discussed at the exit conference, the date and time of the meeting, and the names and titles of the attendees. To the extent that a program participant signifies disagreement, the basis for any objections should be noted. These summarizations are used by ODOC to develop the monitoring letter.

## **MONITORING CONCLUSIONS**

- A. Decision Categories. As a result of monitoring, ODOC will reach one or more conclusions that:
1. Performance was adequate or exemplary;
  2. There were significant achievements;
  3. There were concerns that need to be brought to the attention of the program participant;
  4. Technical assistance was provided or is needed; and/or
  5. There were findings that require corrective actions.

All conclusions – positive or negative - must be supportable, defensible, and adequately documented.

- B. Findings and Concerns. Where deficiencies are identified, the following procedures apply:
1. Findings. Where an identified deficiency results in a finding, the finding must include the **condition, criteria, cause, effect, and required corrective** action.
    - a. The **condition** describes what was wrong or what the problem was.
    - b. The **criteria** cite the regulatory or statutory requirements that were not met.
    - c. The **cause** explains why the condition occurred.
    - d. The **effect** describes what happened because of the condition.
    - e. The **corrective action** identifies the action(s) needed to resolve the problem and, unless inapplicable or there are extenuating circumstances, should include the time frame by which the participant is to respond to the finding.
  2. Concerns. Monitoring concerns brought to the program participant's attention should include the **condition, cause, and effect**. The ODOC DR monitoring staff will suggest or recommend actions that the program participant can take to

address a concern, based on sound management principles or other guidelines. However, corrective actions are not *required* for concerns.

## **SANCTIONS**

### A. The Process

Identify monitoring deficiencies that rise to the level of a “finding” require corrective action. Responsibility rests both with the ODOC monitoring staff and the entity being monitored. The ODOC monitoring staff must validate that there is sufficient documented information and/or evidence to support a finding of noncompliance. The entity being monitored has a responsibility to determine, or assist the ODOC monitoring staff in determining the reason why a requirement was violated or provide evidence of compliance.

A key ingredient of effective monitoring is the ability to identify the root cause(s) of any identified deficiencies, whether the problem is an isolated occurrence or systemic. Such knowledge leads to the development of optimal corrective actions. Keep in mind that there may be any number of acceptable solutions to resolve a deficiency. Ideally, the program participant should agree with ODOCs assessment of the cause and offer a workable solution. In some cases, the ODOC monitoring staff may need to determine appropriate action if compliance is not possible, i.e., do we want money recovered, a grant reduced, limited or terminated? Contemplation of those or other serious corrective actions triggers the need for ODOC to contact the local HUD Office. Additionally, suspected instances of fraud or misconduct should be referred to the HUD Office of the Inspector General for further investigation as appropriate.

## ***B. Attached Monitoring Checklist Template***

*The questions contained within the Monitoring Checklist Template provide a standardized format structure of the financial and programmatic monitoring compliance areas. The Checklist provides a tool, which allow for fair and consistent monitoring procedures. Use of the Checklist will assure completeness and thoroughness of the monitoring. The Checklist also provides the monitor the information needed to prepare the monitoring letter upon return to the ODOC home offices. The checklist also provides the documentation and information necessary to justify corrective action and further monitoring if necessary. Any findings or problems noted during monitoring will be first noted on the monitoring checklist either next to the questions or noted on the note page at the back of the checklist. These problems or findings will be discussed with appropriate grantee personnel during the Exit Conference.*

Understanding the cause serves to outline the action or actions needed to resolve the violation(s). To assist the ODOC monitoring staff in developing corrective actions for findings of noncompliance, ODOCs and HUDs discretion for resolving deficiencies lies within these parameters. An important and fundamental principle of the monitoring process is that ODOC is *required to make findings* when there is evidence that a statute, regulation or requirement has been violated but it retains *discretion in identifying appropriate corrective action(s)* to resolve deficiencies. An equally fundamental principle is that program participants have due process rights to contest findings.

## **C. Monitoring Letter**

Within 30 days after completion of monitoring, ODOC will send written correspondence to the sub-recipient describing the results – in sufficient detail to clearly describe the areas that were covered and the basis for the conclusions. Each monitoring letter is to include:

- A. the program, project or entity monitored;
- B. the dates of the monitoring;
- C. the name(s) and title(s) of the ODOC staff and/or the Contractor who performed the monitoring review.
- D. A listing of the program/project/activity areas reviewed (which, in most cases, will repeat the areas outlined in the notification letter to the participant);

- E. if applicable, a brief explanation of the reasons why an area specified in the notification letter was not monitored (e.g., time constraints, unanticipated problems arising in another area);
- F. monitoring conclusions;
- G. if applicable clearly labeled findings and concerns;
- H. if there are findings, an opportunity for the sub-recipient to demonstrate, within a time prescribed by ODOC, that the participant has, in fact, complied with the requirements;
- I. response time frames, if needed;
- J. an offer of technical assistance, if needed or a description of technical assistance provided during the monitoring.

Because ODOC works in partnership with the entities it funds, generally, the tone of the monitoring letter will be positive, in recognition of our common goal to responsibly and effectively implement Oklahoma Disaster program. ODOCs monitoring letter will not include general statements that the program participant “complied with all applicable rules and regulations.” Such broad general statements can negate ODOCs ability to apply sanctions, if deemed necessary at a later date. Monitoring conclusions, therefore, should be qualified, i.e., “based upon the materials reviewed and the staff interviews, the activity/area was found to be in compliance with (specify requirements).”

## **CLOSING FINDINGS**

- A. General. Follow-up by ODOC monitoring staff and the Contractor serves two purposes:
    - 1. It provides an opportunity to evaluate the effectiveness of monitoring efforts in maintaining or improving participant performance; and
    - 2. It enables to determine that required corrective actions are implemented.
- GAO considers the monitoring process to be completed only after an identified deficiency has been corrected, the corrective action produces improvements and it is determined that management action is not needed (see GAO/AIMD-00-21.3.1, *Standards for Internal Control in the Federal Government*, “Monitoring”).
- B. Follow-Up. All follow-up actions will be documented and communicated to program participants. Target dates are assigned when corrective actions are required and relayed to the participant in the monitoring letter.

1. In the event that a program participant fails to meet a target date - and has not alerted ODOC as to the reason for not meeting the date (and, if appropriate and agreed-upon, established a new date) - the ODOC monitoring staff and/or the Contractor will follow-up either by telephone or email, with a reminder. Either form of contact will be documented.
2. If the program participant has not responded within 30 days after the date of the ODOC Monitor's reminder, a letter will be sent to the program participant requesting the status of the corrective action(s) and warning the participant of the possible consequences (under the applicable program requirements) of a failure to comply. Where the program participant is unresponsive or uncooperative, the ODOC will contact the HUD Local Office for guidance on carrying out progressive sanctions.
3. When the program participant notifies ODOC that the corrective actions have been implemented, the appropriate Monitoring Staff will review the submitted information within 30 working days. Regardless of whether the response is acceptable (and/or sufficient to close a monitoring finding) or inadequate, a letter will be sent to the program participant within 45 calendar days of receipt of its submission. The correspondence will either inform the participant that a finding has been closed; acknowledge any interim actions that have been taken and reaffirm an existing date; or state that additional information/action is needed and establish a new target date to resolve the deficiency. When determining whether it is reasonable or appropriate to establish new target dates, ODOC will consider the program participant's good faith efforts as well as any extenuating circumstances beyond the participant's control that impact timely and effective resolution.

### **BUILDING THE ADMINISTRATIVE RECORD**

A. The Administrative Record will include all documents considered, either directly or indirectly, by ODOC in reaching a final decision on an issue. Documents can include contracts, forms, agreements, internal memoranda and notes, correspondence, email, electronic submissions, and any other document considered by the decision-maker or his staff in reaching the decision. It can be used by ODOC to take enforcement actions (e.g., to reduce or terminate a participant's grant) or to defend ODOCs decision if sued. Once the final decision is made, the Administrative Record cannot be supplemented with subsequent documents.

ODOC will ensure that it has a sufficient administrative record that supports its decisions so that ODOC can defend itself against appeals of the decision. In HUD-CPD programs that provide the participant an opportunity for a hearing before an administrative law judge



before ODOC can reduce or terminate the grant, ODOC must have the evidence to support the determination that the program participant failed to substantially comply with the program requirement. The administrative record provides the primary evidence.

B. All basic documents will be readily available. ODOC will write correspondence with the realization that it can be used effectively either for or against ODOC in litigation. Therefore, any written correspondence “stands on its own,” whether you initiate it or are replying to a submission from the participant (or outside of the ODOC). It should be understandable to a third party reading it for the first time months or years later.

Correspondence containing administrative decisions requires special attention. When ODOC makes a finding, a request for corrective action is being conveyed, or ODOC is saying “no” to a request, the letter conveying the decision or action needs will show an understanding of the nature of the issue and explain our reasons.

Adverse actions must cite the authority, e.g., the applicable regulation, OMB Circular, or statutory provision. ODOC will avoid characterizations or personal opinions in written correspondence, whether letters, emails, or internal memorandums. ODOC will answer all correspondence within a reasonable amount of time after received. Demands or requests that we make of our program participants must be reasonable and it must be possible to complete required actions within the time allotted. All attachments will be retained to incoming or outgoing correspondence. All dates, signatures, and concurrences will be clearly legible. These actions will help protect ODOC against allegations of arbitrary and capricious conduct.

C. Telephone calls will be returned promptly. Notes will be taken of such calls, including the date of the call, the names of the people who participated in the call, and the substance of the conversations. For non-documentary materials, such as pictures, videotapes, recordings of interviews, etc., identify each item as to date, place, and names or narrators (if applicable). Errors to Avoid. To the extent that compliance issues arise with a program participant that results in litigation, indefensible or incomplete administrative records can hurt ODOCs ability to prove our case. Some of these problems are fixable; some are not. However, any problems either have to be corrected before ODOC can go to court or a judgment made by the Local HUD Office that a problem is fatal to any enforcement effort. ODOC will be cognizant of the problems that are difficult to fix such as:

- Letters from ODOC that deny a request but do not explain the basis for the denial or cite the wrong authority;
- Letters from ODOC containing unreasonable requests, either in time or action;
- Unfulfilled promises by ODOC;
- Letters that demonstrate lack of understanding of what a participant was asking for or proposing;
- Actions taken by ODOC that do not follow our own procedures including inconsistencies in making findings;

- Letters that do not stand on their own (i.e., are not understandable to a third party reading them for the first time months or years later);
- Missing or illegible documents; and/or
- Letters that clear findings without stipulations or verification of compliance.

D. Potential Consequences. All ODOC files will be disclosed in litigation if the program participant requests it. Therefore, ODOC will create any kind of document, particularly internal memos, avoid conclusions, predictions, or inferences - they can harm the Department in litigation. Note that email messages are retained in back-up systems for up to three years after you delete them and, in most cases, must be disclosed in litigation. Voice mail messages are generally retained for up to three calendar days. All monitoring conclusions must be supported.

### **DUPLICATION OF BENEFITS POLICY**

Section 312 of the Robert T. Stafford Disaster Assistance and Emergency Relief Act (42 U.S.C. 5155) prohibits any person, business concern, or other entity from receiving Financial assistance with respect to any part of a loss resulting from a major disaster as to which he or she has received financial assistance under any other program or from insurance or any other source. In accordance with the Stafford Act, Disaster Recovery funds issued through the Department of Housing and Urban Developments Community Development Block Grant (CDBG-DR) program may not be used for any costs for which other disaster recovery assistance was previously provided for the same purpose.

A duplication of benefit occurs when a beneficiary receives assistance from multiple sources such as FEMA, NFIP, private insurance companies, non-profits, City State, etc., for cumulative amount that exceeds the total need for a particular recovery purpose. The amount of the duplication is the amount of assistance provided in excess of need. The State of Oklahoma (Oklahoma Department of Commerce) Duplication of Benefit (DOB) Policy adheres to the guidelines published in the Federal Register/Vol. 76, No. 221/Wednesday, November 16, 2011.

There are various programs identified in the State CDBG Disaster Recovery Program-Action Plan that is subject to the Duplication of Benefit Policy. The Sub-grantee must calculate the amount of funds previously received or made available to assist with disaster needs. The sub grantee, during the intake/application process, persons, business concerns, and other entities will be required to disclose all sources of disaster recovery assistance received, and the sub-grantee will verify the amount received.

The sub-grantee at a minimum will:

- Identify the total need of assistance
- Identify the total of all available assistance
- Identify the assistance determined to be not available for the same purpose/activity
- Perform calculation determining the total funds available from other sources.
- Perform calculation determining the maximum eligible award
- Require all applicants to sign a subrogation agreement to repay any assistance later received for the same purpose
- Recapture funds if necessary. If additional need is established, subsequent funds would not be considered a duplication. If additional need is not demonstrated, disaster recovery funds must be recaptured to the extent they are in excess of the need and duplicate other assistance received by the beneficiary for the same purpose.

The Oklahoma Department of Commerce will contract out Disaster Recovery Funds with Units of Local Government (sub-grantees) for the implementation of all project delivery and management activities. In performance of these activities the administrative function of the ODOC will be ensuring that all CDBG-DR requirements are met although the work is performed by the Sub-grantee. The Sub-grantee will perform the required analysis and determine any duplication of benefits (DOB). The Sub-grantee will work with all State, Federal, and private agencies, including FEMA, to obtain information about any assistance received from those agencies and their programs for each applicant. Project Manager Staff at ODOC will monitor the DOB process to ensure that Sub-grantees have conducted and complied with DOB analysis.

STATE OF OKLAHOMA  
Community Development Block Grant

Disaster Recovery Program  
Monitoring Checklist

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*Subgrantee Name:*

*Contract #:*

*Monitoring Date:*

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Oklahoma Department of Commerce  
Community Development Services

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## Entrance Conference

Under the CDBG regulations (24 CFR 570.501(b)), the State, Oklahoma Department of Commerce, is responsible for ensuring that CDBG CDBG-DR funds are used in accordance with all program requirements. The State is also responsible for determining the adequacy of performance under sub-recipient agreement and for taking appropriate action when performance problems arise.

Under 24 CFR Part 85 “Uniform Administrative Requirement for Grants to States”, Subpart J, the State is responsible for managing the day-to-day operation of grant and subgrant supported activities. The State must Monitor subgrant supported activities to assure compliance with applicable Federal requirements and that performance goals are being achieved. Grantee Monitoring must cover each program, function, or activity.

These Regulations make clear that the State’s primary mission is to:

- Make sure subrecipients comply with all regulations governing their administrative, financial, and programmatic operations; and
- Make sure subrecipients achieve their performance objectives on schedule and within budget.

### How Monitoring will be conducted:

ODOC Staff assigned to sub-recipient monitoring:

Set-up or confirm meetings or interview times:

Discuss/verify activities to be reviewed and work area to be provided:

Attendees:

## 1. National Objective

### SUBRECIPIENT INFORMATION

Contract Number	
Subrecipient Name	
Type of Organization	
Name of Program	
Grant Manager	
Date On-site	

### AREA-WIDE BENEFIT

1.

<b>SERVICE AREA:</b>  Do the Subrecipient’s records describe the boundaries of the service area? <a href="#">24 CFR 570.483(b)(1)</a> and <a href="#">24 CFR 570.506(b)(2)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you agree with the basis/approach the Subrecipient used in determining the service area of this activity? <a href="#">24 CFR 570. 483(b)(1)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the size of the service area appear reasonable given the nature and scope of the activity? <a href="#">24 CFR 570.483(b)(1)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the service area “primarily residential?” <a href="#">24 CFR 570.483(b)(1)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

2.

<b>LOW- AND MODERATE-INCOME COMPOSITION OF THE SERVICE AREA:</b>	_____%
What do the Subrecipient’s records show as the percent of low- and moderate-income residents in this service area?	
<b>Describe Basis for Conclusion:</b>	

**NATIONAL OBJECTIVE**

Page 2

AREA-WIDE BENEFIT Continued

3.

<b>LOW- AND MODERATE-INCOME COMPOSITION OF THE SERVICE AREA:</b>			
a. Is the percent of low- and moderate-income persons at least 51%? <a href="#">24 CFR 570.483(b)(1)(i), (ii), and (vii)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. Does the Subrecipient’s documentation show that the correct census data were used and the calculations correctly computed? <a href="#">24 CFR 570. 483(b)(1)(i),(i) and (ii)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. If the answer to “b” is “no,” was the Subrecipient authorized to use a survey to qualify the activity? (If the answer is “yes,” proceed to Data and Surveys section of this Checklist, <a href="#">24 CFR 570.483(b)(1)(i)</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			



**NATIONAL OBJECTIVE**

Page 3

AREA-WIDE BENEFIT Continued

4.

<p><b>DATA AND SURVEYS:</b></p> <p>If the Subrecipient used a survey rather than the HUD-supplied Census data to determine if a service area qualifies, answer the following:</p> <p>a. The period for which the income survey of residents of the service area was determined _____</p> <p>b. The year used for HUD income limits: _____</p> <p>c. Did the survey show the service area was at least 51 percent low- and moderate-income?</p> <p>d. If “no” to “c”, did the Subrecipient survey one or more whole block groups?</p> <p>e. If “yes” to “d”, did the Subrecipient survey all block groups and re-rank them to determine if there was a change in the exception percentage? (If “no,” use of the survey is not acceptable.)</p> <p>f. If “no” to “d”, did the survey show that the percentage of low- and moderate-income residents was at least equal to or greater than the Subrecipient’s exception percent, but less than 51% low- and moderate-income? (If “no”, the activity does not meet the National Objective.)</p> <p>If a survey was used to determine the percent of low- and moderate-income residents in the service area, did ODOC review the survey instrument and methodology and conclude “that the results meet the standards of statistical reliability that are comparable to that of the decennial census for areas of similar size?”</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
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Yes	No	N/A																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
Yes	No	N/A																													
<p><b>Describe Basis for Conclusion:</b></p>																															

**NATIONAL OBJECTIVE**

Page 4

AREA-WIDE BENEFIT Continued

5.

Does the activity appear to benefit the residents located within the service area, where at least 51% are low- and moderate-income persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. If the activity is a facility or service, are fees charged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. If “yes”, how much is charged to use the facility or service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. If fees are charged, do they appear excessive so as to preclude low- and moderate-income persons from using the facility or service? <a href="#">24 CFR 570.200(b)(2)</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

6.

Based upon an <b>on-site inspection</b> of the service area/activity location, is there substantial evidence that the activity fails to benefit low- and moderate-income persons in the identified area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

Area Wide Benefit Conclusion:

7.

Does the activity meet the national objective criteria for serving a low- and moderate-income area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

## 2. Environmental Review

### SUBRECIPIENT INFORMATION

Contract Number	
Subrecipient Name	
Type of Organization	
Name of Program	
Grant Manager	
Date On-site	

1.

Is there a copy of the State's Environmental Release of Funds on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

2.

What level of Environmental determination was made for the activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exempt?	Yes	No	N/A
Categorically Excluded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Assessment-Finding of No Significant Impact?	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**ENVIRONMENTAL REVIEW**

Page 2

If not exempt complete questions 3-6.

3.

Have there been any changes in the project’s description since the initial environmental review was completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

4.

If the answer to above is “yes”, were the changes significant enough to change the original level of environmental determination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

5.

If mitigating measures were required for projects/activities during the time period reviewed, were the measures included in the ERRs as part of the actions pertaining to the environmental review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

6.

For the records reviewed, do the Responsible Entities (RE) records show that no grant funds were obligated or spent [other than for activities under <a href="#">24 CFR 58.22(f)</a> , <a href="#">24 CFR 58.34</a> , or <a href="#">24 CFR 58.35(b)</a> ] prior to receipt of the Form HUD-7015.16, “Authority to Use Grant Funds” or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

### 3. Financial Management

#### SUBRECIPIENT INFORMATION

Contract Number	
Subrecipient Name	
Type of Organization	
Name of Program	
Grant Manager	
Date On-site	

#### BUDGET CONTROL

1.

Does the Subrecipient record amount budgeted for eligible activities as specified in <a href="#">24 CFR 570</a> , Subpart C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

2.

Does the Subrecipient record an encumbrance/obligation when contracts are executed, purchase orders issued, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

## FINANCIAL MANAGEMENT

Page 2

3.

Does the Subrecipient identify expenditures in its accounting records according to eligible activity classifications specified in the statute, regulations, or grant agreement that clearly identify the use of program funds for eligible activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

## ACCOUNTING RECORDS

### FINANCIAL MANAGEMENT SYSTEM

4.

Has the Subrecipient, if applicable, maintained a properly segregated account of CDBG-DR funds from other funds which document revenues and expenditures associated with the project or have an accounting system sufficient to account for commingling of funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

5.

Did the record review indicate any instances of ineligible expenditures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

**FINANCIAL MANAGEMENT**

Page 3

CASH MANAGEMENT

6.

If the Subrecipient requests funds in advance, does the participant minimize the time elapsed between the transfer of funds from the U.S. Treasury and disbursement by the participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

7.

If the Subrecipient advances grant funds to Subrecipients, does the participant have procedures to minimize the time elapsed between the transfer of funds to, and disbursement by, the Subrecipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

8.

If grant advances are deposited into an interest-bearing account, what provisions have been made for return of interest income to the State or HUD?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

## FINANCIAL MANAGEMENT

Page 4

### ALLOWABLE COSTS

#### Recipient Administration and Program Delivery Charges

9.

Are charges to the CDBG-DR program for salaries and wages, whether treated as direct or indirect costs, based on payrolls documented in accordance with the generally accepted practice of the governmental unit (or legal entity) and approved by a responsible official(s) of the governmental unit (or legal entity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

#### For Governmental Recipients:

10.

For employees working solely on the CDBG-DR program, are charges for their salaries and wages supported by periodic certifications that the employees worked solely on that program for the period covered by the certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

11.

Were the certifications prepared at least semi-annually and signed by the employee or a supervisory official having first-hand knowledge of the work performed by the employee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			



**FINANCIAL MANAGEMENT**

Page 5

For non-Governmental Subgrantee or Subrecipients or Governmental personnel not working full time on CDBG-DR:

12.

Do the personnel time records account for all the employees' time and activities and not just the CDBG-DR time charged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

Indirect Costs

13.

Are indirect costs charged to the program? If yes, what method is being used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Ten Percent de Minimis	<input type="checkbox"/>		
Cost Allocation Plan	<input type="checkbox"/>		
Indirect Cost Rate	<input type="checkbox"/>		
Direct Allocation Method	<input type="checkbox"/>		
<b>Describe Basis for Conclusion:</b>			

14.

Are indirect costs billed in accordance with an approved method?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

**FINANCIAL MANAGEMENT**

Page 6

Internal Controls

15.

Review Subgrantee's, and if applicable, the Subrecipient's system for pay authorizations, processing invoices for approval and payment to include who approves payment requests, who prepares checks, and who signs checks. Is the process adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

16.

Does the Subrecipient have an organization chart that sets forth the actual lines of responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

17.

Are duties for key employees of the Subrecipient defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

18.

Has the Subrecipient obtained fidelity bond coverage for responsible officials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**FINANCIAL MANAGEMENT**

Page 7

19.

Does the Subrecipient’s chart of accounts include a complete listing of the account numbers used to support the control needed to ensure that resources used do not exceed resources authorized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

20.

Do the Subrecipient’s approval controls provide reasonable assurance that appropriate individuals approve recorded transactions in accordance with management’s general or specific criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

21.

Do the Subrecipient’s controls over the design and use of documents and records provide reasonable assurance that transactions and events are properly documented, recorded, and auditable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

22.

Does the Subrecipient’s segregation of duties controls effectively reduce the opportunity for someone to perpetrate or conceal errors or irregularities in the normal course of duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**FINANCIAL MANAGEMENT**

Page 8

23.

Is it clear that all personnel are responsible for communicating upward the Subrecipient’s operating problems and noncompliance with laws and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

24.

Do the Subrecipient’s internal control procedures support its ability to prepare financial statements that are fairly presented in conformity with generally accepted or other relevant and appropriate accounting principles and regulatory requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

Source Documentation

25.

Does the Subgrantee, and if applicable, the Subrecipient’s file contain appropriate supporting documentation for CDBG-DR draw down requests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

26.

Does the Subrecipient maintain adequate source documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**FINANCIAL MANAGEMENT**

Page 9

27.

To determine compliance, select a sample of expenditures and determine whether they are supported by invoices, contracts, or purchase orders, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>  	

28. Provide four (4) examples of expenditures reviewed for this contract:

- Payee: \_\_\_\_\_

Date of Invoice \_\_\_\_\_

Amount: \_\_\_\_\_

Invoice #: \_\_\_\_\_

PO # \_\_\_\_\_

ODOC RFF #1: \_\_\_\_\_

Check #: \_\_\_\_\_ dated \_\_\_\_\_ check cleared on \_\_\_\_\_

- Payee: \_\_\_\_\_

Date of Invoice \_\_\_\_\_

Amount: \_\_\_\_\_

Invoice #: \_\_\_\_\_

PO # \_\_\_\_\_

ODOC RFF #2: \_\_\_\_\_

Check #: \_\_\_\_\_ dated \_\_\_\_\_ check cleared on \_\_\_\_\_

- Payee: \_\_\_\_\_

Date of Invoice \_\_\_\_\_

Amount: \_\_\_\_\_

Invoice #: \_\_\_\_\_

PO # \_\_\_\_\_

ODOC RFF #3: \_\_\_\_\_

Check #: \_\_\_\_\_ dated \_\_\_\_\_ check cleared on \_\_\_\_\_

## FINANCIAL MANAGEMENT

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• Payee: \_\_\_\_\_

Date of Invoice \_\_\_\_\_

Amount: \_\_\_\_\_

Invoice #: \_\_\_\_\_

PO # \_\_\_\_\_

ODOC RFF #4: \_\_\_\_\_

Check #: \_\_\_\_\_ dated \_\_\_\_\_ check cleared on \_\_\_\_\_

**FINANCIAL MANAGEMENT**

29.

Is the Subrecipient, and if applicable, subawards subject to the Single Audit Act? (\$750,000 Threshold per year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

30.

If an audit was required, were there any deficiencies/findings noted in the most recent audit completed? If yes, describe deficiency:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

31.

Does the Subrecipient’s audit report include an opinion on whether the financial statements are presented fairly in all material respects in conformity with generally accepted account principals (GAAP) and whether the schedule of expenditures is presented fairly in all material respects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

32.

Do the Subrecipient’s financial statements reflect its financial position, results of operations or changes in net assets and, where appropriate, cash flows for the fiscal year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

## FINANCIAL MANAGEMENT

Page 12

### Financial Review Notes:

CDBG-DR Monitor:

Financial Institution:

Interest Bearing?                      What %?                      Interest Earned \$

Review Bank Statements Date and Beginning Interest:

Review Bank Statements Date and Ending Interest:

(Any interest earned from the CDBG-DR funds must be returned to ODOC)

Beginning Balance of CDBG Account: (Date & amount)

Ending Balance of CDBG Account: (Date & amount)

Single Audit Required? (\$750,000 yr. threshold)

Program Income?



## 4. Procurement

### SUBRECIPIENT INFORMATION

Contract Number	
Subrecipient Name	
Type of Organization	
Name of Program	
Grant Manager	
Date On-site	

### CONTRACT ADMINISTRATION

1.

Can the Subrecipient document a system of contract administration for determining the adequacy of contractors' performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

2.

Does the Subrecipient have a written code of conduct governing employees, officers or agents engaged in the award and administration of contracts supported by grant funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**PROCUREMENT**

Page 2

3.

Does the Subrecipient use prequalified lists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are such lists current?	Yes	No	N/A
Developed through an open solicitation process without overly restrictive criteria and include an adequate number of qualified sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

4.

Has the Subrecipient made subawards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

5.

If subawards made, how does the Subrecipient show that its Subrecipients are required to follow applicable procurement policies and procedures in the administration of their contracts and purchase orders?
<b>Describe Basis for Conclusion:</b>

6.

For the procurement transactions selected for review, is there documentation showing compliance with <a href="#">2 CFR § 200.318(i)? (a-c below)?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**PROCUREMENT**

Page 3

a. What kind of contract(s) is being utilized?

i. Fixed Price:

Name of Contractor: \_\_\_\_\_

Type of purchase: \_\_\_\_\_

ii. Cost Reimbursement:

Name of Contractor: \_\_\_\_\_

Type of purchase: \_\_\_\_\_

iii. Time and Materials/Labor Hours

Prior approval from ODOC after it was determined that no other contract is suitable?

Name of Contractor: \_\_\_\_\_

Type of purchase: \_\_\_\_\_

b. Basis of contractor selection or rejection?

Qualifications

Lowest      Qualifications

Price/Cost      and Cost

Name of Contractor: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_


c. Basis for the cost or price of the contract?

Lump Sum      Unit Price

Payment Upon      Progress      Reimbursable

Completion      Payments      Costs

Name of Contractor: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_


**PROCUREMENT**

Page 4

CONTRACTOR AWARDS

7.

Is the Subrecipient ensuring that its awards are not made to any party excluded, disqualified "or otherwise ineligible (e.g., suspension, debarment, or limited denial of participation) for Federal procurement and non-procurement programs per <a href="#">24 CFR 570.609?</a> <a href="#">SAM.gov</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

8.

Is there any evidence to indicate that the Subrecipient awarded noncompetitive contracts to consultants that are on retainer contracts or any other arbitrary actions? <a href="#">2 CFR § 200.319 Competition (a) 4-7?</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

**PROCUREMENT**

Page 5

9.

Did the Subrecipient take any of the following steps to use small, minority-owned and women-owned businesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
a. including such businesses on solicitation lists whenever they are potential sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. ensuring that such businesses, when identified, are solicited whenever they are potential sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. dividing procurement requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by such businesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
d. requiring prime contractors when subcontracts are let, to take affirmative steps to select small, minority-owned and women-owned businesses in grant-funded contracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

10.

If the Subrecipient is not taking the steps identified in the question above, list the actions the Subrecipient is taking to meet <a href="#">2 CFR 200.321</a> requirements that affirmative steps be taken to assure use of small, minority-owned and women-owned businesses when possible?

11.

Were any contracts based on a cost-plus-a-percentage-of-cost method? <a href="#">2 CFR § 200.323(d)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**PROCUREMENT**

Page 6

12.

Was a cost or price analysis performed in connection with every procurement action, including contract modifications? <a href="#">2 CFR § 200.323(a)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

13.

Is profit negotiated as a separate element of price where price competition is lacking or a cost analysis is performed? <a href="#">2 CFR § 200.323(b)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

METHODS OF PROCUREMENT UTILIZED

What purchases did the Subrecipient conduct with grant funds?

Types of Purchases

Appropriate Methods

Construction  
Supplies  
Equipment  
Professional Services  
Other Services


Sealed Bid  
Small Purchase, Sealed Bid  
Small Purchase, Seal Bid, Competitive Proposals  
Competitive Proposals  
Small Purchase, Competitive Proposals, Sealed Bid

**PROCUREMENT**

Page 7

Small Purchases 2 CFR § 200.320 (b)

14.

Can the Subrecipient document receipt of an adequate number of price or rate quotations from qualified sources for procurements of \$50,000 or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe types of purchases and price or rate quotes received.			
<b>Describe Basis for Conclusion:</b>			

Sealed Bids 2 CFR § 200.320 (c)

15.

Summarize the Subrecipient’s formal seal bid process:
Following the State Competitive Bidding Act.

a. Does the Subrecipient receive at least two or more responsible bids for each procurement transaction? <a href="#">2 CFR § 200.320 (c)</a> <a href="#">(1)(ii)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

b. If the answer to “a” above is “no,” is this a systemic failure (i.e., the Subrecipient’s system” failed to work properly) or does it appear to be isolated failures in some cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**PROCUREMENT**

Page 8

16.

Do the procurement transactions lend themselves to firm, fixed price contracts and can selection of known suppliers, be made principally on the basis of price? <a href="#">2 CFR § 200.320 (c) (1)(iii)</a>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>	

17.

Was the Invitation for Bids publicly advertised and were bids solicited from an adequate number providing them sufficient time before the date set for opening the bids? <a href="#">2 CFR § 200.320 (c) (1)(i)</a>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<i>Oklahoma State Competetive Bidding Act O.S. Title 61 Must publish 2 consectutive weekly issues of local paper for construction over 50,000.00 to be opened on 21<sup>st</sup> day from 1<sup>st</sup> advertisement or after. Under 50,000 publish 1 time for 10 days.</i>	
<b>Describe Basis for Conclusion:</b>	

18.

Do the IFBs, including specifications and pertinent attachments, clearly define the items or services? <a href="#">2 CFR § 200.320 (c) (2)(ii)</a>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>	

19.

Were all bids opened publicly at the time and place stated in the IFB? <a href="#">2 CFR § 200.320 (c) (2)(iii)</a>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>	



**PROCUREMENT**

Page 9

20.

Were the contracts awarded to the lowest responsive and responsible bidders? <a href="#">2 CFR § 200.320 (c) (2)(iv)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

Competitive Proposals 2 CFR § 200.320 (d)

21.

Is this procurement method used generally when conditions are not appropriate for the use of sealed bids? <a href="#">2 CFR § 200.320 (d)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

22.

Do the Requests for Proposals (RFPs) clearly and accurately state the technical requirements for the goods or services to be procured? <a href="#">2 CFR § 200.319(c)(1)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

23.

Are the proposals solicited from an adequate number of qualified sources, consistent with the nature and requirements of the procurement? <a href="#">2 CFR § 200.320(d)(2)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**PROCUREMENT**

Page 10

24.

Does the Subrecipient publicize the RFPs and honor reasonable requests by parties to compete to the maximum extent practicable? <a href="#">2 CFR § 200.320(d)(1)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

25.

Do the RFPs identify all significant evaluation factors, including price or cost where required, and their relative importance? <a href="#">2 CFR § 200.320(d)(1)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

26.

Does the Subrecipient: a. Conduct technical evaluations of submitted proposals? <a href="#">2 CFR § 200.320(d)(3)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			
b. Determine responsible bidders from such evaluations? <a href="#">2 CFR § 200.320(d)(4)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			
c. As necessary, conduct negotiations, written or oral, for final contract award?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

**PROCUREMENT**

Page 11

d. Make awards to the most responsive and responsible bidders whose proposals will be most advantageous to the Subrecipient after price and other factors are considered? <a href="#">2 CFR § 200.320 (d) (4)</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

27.

If proposals involving engineering/architectural professional services are evaluated with respect to factors other than price, can the Subrecipient document the basis for negotiation of fair and "reasonable compensation?" <a href="#">2 CFR § 200.320 (d) (5)</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

28.

For procurement of architectural and engineering professional services, does the Subrecipient maintain a list of qualified bidders who can respond to its RFPs? <a href="#">2 CFR § 200.319(d)</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

**PROCUREMENT**

Non-Competitive Proposals 2 CFR § 200.320 (f)

29.

<p>If noncompetitive proposals were used, can the Subrecipient show that other methods of procurement (small purchases, sealed bids, formal advertising, or competitive proposals) were infeasible because:</p> <p>a. the item was only available from a single source,</p> <p>b. a public exigency or emergency is of such urgency to not permit a delay resulting "from competitive solicitation,</p> <p>c. after solicitation of a number of sources, competition is determined inadequate, or</p> <p>d. ODOC granted approval?</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	 	 	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	 	 	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	 	 	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
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Yes	No	N/A																																
<p><b>Describe Basis for Conclusion:</b></p>																																		

CONTRACTOR AND PAYMENTS

30.

<p>Are purchase orders and contracts signed by an authorized program official?</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p><b>Describe Basis for Conclusion:</b></p>							

31.

<p>Are items delivered and paid for consistent with the items contained in the corresponding purchase order and/or contract?</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p><b>Describe Basis for Conclusion:</b></p>							

**PROCUREMENT**

32.

<p>If contracts have been awarded for construction or facility improvements under the grant program(s) for contracts or subcontracts valued at or <u>below</u> \$100,000, does the Subrecipient follow its own requirements relating to:</p> <p>a. for construction bid guarantees?</p> <p>b. performance bonds?</p> <p>c. payment bonds?</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
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Yes	No	N/A																	
<p><b>Describe Basis for Conclusion:</b></p>																			

33.

<p>For construction contracts or subcontracts valued <u>above</u> \$100,000, does the Subrecipient meet the minimum Federal requirements for:</p> <p>a. bid guarantees of at least 5%? <a href="#">2 CFR 200.325 (a)</a></p> <p>b. performance bonds? <a href="#">2 CFR 200.325(b)</a></p> <p>c. payment bonds <a href="#">2 CFR 200.325(c)</a></p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
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Yes	No	N/A																	
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Yes	No	N/A																	
<p><b>Describe Basis for Conclusion:</b></p>																			

**PROCUREMENT**

Page 14

34. Are the contract provisions listed in [2 CFR 200.326](#) appropriately included in the grant-assisted contracts?

Administrative, contractual, or legal remedies

Termination for cause and for convenience

Equal Employment Opportunity

Davis-Bacon Act

Copeland “Anti-Kickback” Act

Contract Work Hours and Safety Standards Act

Clean Air Act Federal Water Pollution Control Act

Energy efficiency

Debarment and Suspension

Byrd Anti-Lobbying Amendment

Procurement of recovered materials

Rights to Inventions Made Under a Contract


<b>Describe Basis for Conclusion:</b>

35. Subrecipient Procurement Policy [2 CFR 200.317](#)

Name of Subrecipient:

a. Does it contain a written code of ethics and/or conflict of interest provisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**PROCUREMENT**

b. Does it provide for a system or requirements for contract administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

c. Does it contain a set of principles for open and free competition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

d. Does it describe the different types of contracts comparable to the federal classifications [fixed price, cost reimbursement or time and materials]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

e. Does it describe methods of procurement comparable to the federal methods [at least: Small purchase, Sealed bid, Competitive proposals]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

f. Does it have a provision for conducting cost/price analysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

**PROCUREMENT**

g. Does it have a provision for conducting or developing independent cost estimates before receipt of bids or proposals?  <a href="#">24 CFR 85.36(f)(1)</a> or <a href="#">2 CFR 200.323(a)</a>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>	

h. Does it have a provision for negotiating profit?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>	

i. Does it set forth bonding and insurance requirements?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>	

j. Does it have a provision for Small, Minority, and Women owned enterprises contract opportunities?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>	

k. Does it have a provision for the mandated contract provisions?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>	



## 5. Fair Housing/Equal Opportunity

### SUBRECIPIENT INFORMATION

Contract Number	
Subrecipient Name	
Type of Organization	
Name of Program	
Grant Manager	
Date On-site	

### AFFIRMATIVELY FURTHERING FAIR HOUSING (For Local Government recipients)

1.

What actions to affirmatively further fair housing have been taken?

### TITLE VI, SECTION 109 DATA (For all grantees, Subgrantees and Subrecipients and any entity that collects applicant and beneficiary data from program applications)

2.

Did the Subrecipient maintain summary data by activity on beneficiaries of, individuals participating in, and/or applicants for the program, broken out by:	
a. race and ethnicity; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. gender characteristics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>	

**FAIR HOUSING AND EQUAL OPPORTUNITY**

Page 2

TITLE VI, SECTION 109 DATA Continued

3.

For race and ethnicity, is the Subrecipient including all the HUD required classes?	Yes	No
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native <b>and</b> White	<input type="checkbox"/>	<input type="checkbox"/>
Asian <b>and</b> White	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American <b>and</b> White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native <b>and</b> Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
Other multiple race combinations greater than one percent	<input type="checkbox"/>	<input type="checkbox"/>
Balance of individuals reporting more than one race	<input type="checkbox"/>	<input type="checkbox"/>
<b>Describe Basis for Conclusion:</b>		

**FAIR HOUSING AND EQUAL OPPORTUNITY**

Page 3

DISPLACEMENT AND RELOCATION

4.

<p>Did the Subrecipient conduct displacement and/or relocation activities?</p>	<input type="checkbox"/> <input type="checkbox"/> Yes No
<p>If yes,</p>	
<p>Were there records maintained on households displaced by CDBG-DR-funded activities, which included?</p>	
<p>a. race and ethnicity;</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>b. gender and single heads of households; and</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>c. addresses and census tracts of the housing units to which each displaced household relocated?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p><b>Describe Basis for Conclusion:</b></p>	

***SECTION 504 (Since 1973 All federal grant recipients had to comply with Section 504 in the operation of their federal program; For state and local governments the three policy items [below] are also now mandatory provisions of Title II of the Americans with Disabilities Act [1991])***

5.

<p>For Subrecipients with 15 or more employees, is there a formal, written grievance procedure for resolution of complaints alleging discrimination based on disability?</p> <p><a href="#">24 CFR 8.53(b)</a></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p><b>Describe Basis for Conclusion:</b></p>	

**FAIR HOUSING AND EQUAL OPPORTUNITY**

Page 4

SECTION 504 Continued

6.

For Subrecipients with 15 or more employees, is there a designated coordinator of the Section 504 responsibilities?  <a href="#">24 CFR 8.53(a)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

7.

For Subrecipients with 15 or more employees, has it taken appropriate initial and continuing steps to notify participants, beneficiaries, applicants, and employees, including those with impaired vision or hearing, that it does not discriminate on the basis of handicap in violation of this part.  <a href="#">24 CFR 8.54</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

**ACCESSIBILITY OF NON-HOUSING FACILITIES (As applicable to the grant program, grantees, Subgrantees and Subrecipients)**

8.

Were CDBG-DR funds used to design and construct new non-housing facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

**FAIR HOUSING AND EQUAL OPPORTUNITY**

Page 5

9.

<p>If yes to #8, are the new non-housing facilities being designed and constructed to be readily accessible to, and usable by, persons with disabilities in conformance with accessibility requirements?</p> <p><a href="#">24 CFR 8.21 (a)</a></p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p><b>Describe Basis for Conclusion:</b></p>							

10.

<p>Were CDBG-DR funds used to make alterations to existing non-housing facilities?</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>If yes, did such alterations make these facilities usable by, and accessible to, persons with disabilities?</p> <p><a href="#">24 CFR 8.21 (c)</a></p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p><b>Describe Basis for Conclusion:</b></p>							

**HOUSING (As applicable to the program for all grantees, Subgrantees and Subrecipients)**

11.

<p>Did the program involve new housing construction or alteration to existing housing?</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Are programs or activities readily accessible to, and usable by, persons with disabilities? (NOTE: A lack of records beyond 3 years is not a basis for a finding.)</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p><b>Describe Basis for Conclusion:</b></p>							

**FAIR HOUSING AND EQUAL OPPORTUNITY**

Page 6

**COMMUNICATIONS** (Available upon request and as needed to provide access to the program application process and benefits to the program)

12.

Has the Subrecipient taken steps to ensure effective communication with applicants, beneficiaries, and members of the public who have hearing, vision, or speech impairments using:			
	Yes	No	N/A
a. Qualified sign language and oral interpreters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Readers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Use of tapes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Braille materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. TTD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (describe below)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">24 CFR 8.6</a>			
<b>Describe Basis for Conclusion:</b>			

13.

If the answer to all the items above is “no”, describe the method(s) used by the Subrecipient to facilitate effective communication:

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14.

(As applicable to the program)

Has the Subrecipient adopted and implemented procedures to ensure that interested persons (including those with impaired vision or hearing) can obtain information concerning the existence and location of accessible services, activities and facilities?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Is there documentation to show steps that the Subrecipient has undertaken to attract persons with disabilities, such as?	
making buildings more accessible to persons with physical disabilities?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
home visits to assist applicants for program benefits in filling out applications?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
supplying sign language interpreters for public meetings on issues relating to the participant’s programs?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>  	

**RECORD KEEPING (As applicable to the program)**

15.

Does the Subrecipient maintain data for compliance purposes showing the extent to which persons with disabilities are beneficiaries of the program(s) being reviewed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>  	

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16.

(If they were done within 3 years, see Question 11 above)

Are copies of the Section 504 Self-Evaluation Form and Transition Plan available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

17.

(As applicable to the program)

Is a copy of the “Reasonable Accommodation Policy” available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**SUBRECIPIENTS (As applicable to the program)**

18.

Did the Subrecipient make any sub-awards to Subrecipients?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Is there documentation that the Subrecipients monitored Subrecipients to ensure that Section 504, ADA, and Fair Housing Act requirements affecting persons with disabilities are met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			



## 6. Public Improvements

### SUBRECIPIENT INFORMATION

Contract Number	
Subrecipient Name	
Type of Organization	
Name of Program	
Grant Manager	
Date On-site	

### ELIGIBILITY

1.

Does each activity meet the requirements of Section 105(a)(2) of the Housing and Community Development Act of 1974?	
Does the project involve? [mark any or all]	
Acquisition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reconstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.

Briefly describe the project:

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3.

Briefly describe the intended use?

4.

Is the activity being carried out by a Unit of General Local Government?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
If yes, is or will the building or facilities assisted with CDBG-DR funds be used for the general conduct of government? <a href="#">24 CFR 570.207(a)(1)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
If yes, did the State receive a waiver for buildings for the general conduct of government?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

5.

Is the activity being carried out by a non-profit entity? <a href="#">24 CFR 570.201 (c)</a>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Is the title currently or in the future to be held by the non-profit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Will the facilities be operated so as to be open for use by the general public during all normal hours of operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
If yes, is the program/Subrecipient claiming <i>Limited Clientele</i> as its National Objective? <a href="#">24 CFR § 570.483 (b)(2)(i)(A)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

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6.

Are [or will] fees being charged for the use of the facilities? <a href="#">24 CFR 570.200(b)(2)</a>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Are the [proposed] fees reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
or will the [proposed] fees have the effect of precluding low and moderate income persons from using the facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**COVERED PROJECT**

7.

Is the infrastructure project labeled a <b><i>Covered infrastructure project</i></b> as defined by the <i>Federal Register</i> notices published	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
If the answer is yes, has it been approved by HUD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

8.

If the project is not identified as a “covered project,” does the documentation in the Subrecipient’s project file support a determination that the project falls outside the “covered project” definition in the <i>Federal Register</i> notices published November 18, 2013 and June 3, 2014?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

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9.

<p>If the project is determined to be a “covered project”:</p> <p>a. Was a comprehensive risk analysis applied to select, prioritize, implement, and maintain infrastructure projects?</p> <p>b. Were resilience performance standards for the infrastructure project financed with CDBG-DR funds Implemented?</p>	<table> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Yes	No	N/A											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Yes	No	N/A											
<p><b>Describe Basis for Conclusion:</b></p>													

**COVERED PROJECT Continued**

10.

<p>If the project is determined to be a “covered project”:</p> <p>a. Was a process outlined in the amended or approved Action Plan for the design and selection of green infrastructure projects and/or how selected projects will incorporate green infrastructure components incorporated?</p> <p>b. Was a transparent and inclusive decision process for the selection of <b><i>Covered infrastructure projects</i></b> as described in the Action Plan used?</p> <p>c. Have plans to monitor and evaluate the efficacy and sustainability of <b><i>Covered infrastructure projects</i></b> been developed and/or implemented?</p> <p>2013 <i>Federal Register</i> notice (78 FR 60104) and Federal Register notice (79 FR 31964)</p>	<table> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Yes	No	N/A																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Yes	No	N/A																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Yes	No	N/A																	
<p><b>Describe Basis for Conclusion:</b></p>																			

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**FEDERAL MATCH**

11.

If the policies and procedures allow CDBG-DR funds to be used as the non-federal match for a project funded by the U.S. Army Corps of Engineers, is the amount of CDBG-DR restricted to \$250,000 or less? [42 USC § 5305]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

**BUSINESS ASSISTANCE PROJECTS**

12.

Was assistance provided to private utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

13.

Was assistance provided to a small business in the liquid fuel supply chain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, is there an award agreement that requires the business to adopt measures to mitigate the impact of disasters of the liquid fuel supply chain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Federal Register</i> Notice published November 18, 2013 (78 FR 69108)	
<b>Describe Basis for Conclusion:</b>	

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14.

Does the Subrecipient have a copy of the contract for architectural/engineering services which specifies those services to be provided?	<input type="checkbox"/> <input type="checkbox"/> Yes No
---	---

15.

State law requires that the documents be reviewed and approved by an engineer/architect registered in the State of Oklahoma. Has this been done?	<input type="checkbox"/> <input type="checkbox"/> Yes No
--	---

**SOLICITATION**

16.

Does the bid package contain the following requisite CDBG-DR documents:			
Invitation/Advertisement for Bid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Instructions to Bidders and Bid Proposal Forms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Correct Wage Decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Equal Employment Requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Section 3 Requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
General Conditions of the Contract to include the Federal Labor Standards Provisions (HUD Form 4010)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Supplemental General Conditions for the Contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Bonding and Insurance Requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Contractor and sub-contractor eligibility verification requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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17.

Is there evidence a copy of the bid package was sent to all bidders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

18.

If applicable, evidence that bid amendments were sent to each bidder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

19.

Does the file contain a log of bids received by time, date of receipt, and offer?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

20.

What's the bid opening date? _____
------------------------------------

21.

Are there minutes of the bid-opening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is there evidence of Bid Bond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

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22.

Was the eligibility determination provided before the construction contract was awarded to the successful bidder?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

23.

Is the successful bidder the lowest bidder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
If no, was a “Statement of Justification” sent to the low bidder explaining?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

24.

Is the date of construction contract award within 90 days of the bid opening?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

25.

If no, is there documentation that a new wage decision and lock-in was provided by ODOC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
If no, contact the Davis-Bacon Specialist to determine whether there was a modification to the wage decision that may have resulted in an underpayment of wages and fringe benefits paid to workers.			



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**CONSTRUCTION CONTRACT**

26.

Does the construction contract contain the following requisite CDBG-DR documents?		
Invitation/Advertisement for Bid?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Instructions to Bidders and Bid Proposal Forms?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Correct Wage Decision?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Equal Employment Opportunity Requirements?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Section 3 Requirements?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
General Conditions of the Contract to include the Federal Labor Standards Provisions (HUD Form 4010)?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Supplemental General Conditions of the Contract?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Contractor's Certifications	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Contractor's Bid Proposal?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Bond and Insurance Requirements?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Contractor and sub-contractor eligibility verification requirements? (SAM.gov Check?)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

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**CONSTRUCTION PRE-CONSTRUCTION CONFERENCE**

27.

Did a review of the pre-construction conference minutes adequately detail information regarding:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Federal Labor Standards Provisions (Exhibit VIII-J)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Additional job classifications requests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Weekly payroll submission, payroll signatures, and statements of compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Posting the wage decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Apprentices and trainees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Overtime pay provisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Payroll deductions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Employee interviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Prevailing wage rates or wages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Restitution for underpayment of wages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Section 3 planning requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Contractor and sub-contractor eligibility verification requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

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**CONSTRUCTION CONSTRUCTION FILE**

28.

Review the construction file. Have they adequately kept records of Building Permits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Copies of construction inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Certificate of Occupancy (CO)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Construction contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Contract amendments (if applicable)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Work order changes (if applicable)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Deed of Easement (if applicable)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Copies of payment and performance bond?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Copies of contractor/sub-contractor certification for EEO?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Copies of contractor/sub-contractor certification for Section 3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Copies of contractors/sub-contractor Affidavit of Prime Bidder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Notice to Proceed date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Architect's Certification (Architectural Barrier's Act) or appropriate HUD waivers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## 7. Labor Standards

### SUBRECIPIENT INFORMATION

Contract Number	
Subrecipient Name	
Type of Organization	
Name of Program	
Grant Manager	
Date On-site	

### PAYROLLS

1.

Is a Davis-Bacon wage decision assigned to each covered contract? <a href="#">Sec. 3142. Rate of wages for laborers and mechanics</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>		

2.

Is the assigned wage decision and HUD-4010, “Federal Labor Standards Provisions,” incorporated into each bid specification and/or contract? <a href="#">Fair Labor Standards Act</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>		

3.

Does the file contain each weekly payroll report from the contractor and sub-contractors, beginning from the construction start through the construction end date or present date (first to current/last)?  <a href="#">Sec. 3142 C (1) Rate of wages for laborers and mechanics</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

**LABOR STANDARDS**

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4.

<a href="#">U.S. DOL Form WH-347 “Statement of Compliance”:</a>	
Are the payrolls signed by an appropriate principal of the firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they include a signed “Statement of Compliance” from the contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have questions 4a and 4b been answered in the “Statements of Compliance”?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>	

5.

Have the appropriate wages and fringe benefits been paid? <a href="#">Sec. 3141 2 (b)</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If no, explain deficiency and what steps have been taken to correct:	
<b>Explanation:</b>	

6.

Are corrected payrolls on file with the Subrecipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
---	---

7.

Was time and half paid for all work over 40 hours? No workers over 40 hrs. week. <a href="#">Fair Labor Standards § 207</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	---

8.

Has an underpayment of over \$1,000.00 occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was an Enforcement Report filed with DOL?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**LABOR STANDARDS**

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9.

Are there apprentices or trainees on the payroll report? <a href="#">Fair Labor Standards Act § 214</a>	<input type="checkbox"/> <input type="checkbox"/> Yes No
If yes, does the Subrecipient have a copy of the apprentice certification with apprentice’s registration number or the Trainee Program Certification for each trainee or apprentice on the payroll report?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A

10.

Are there additional job classifications on the payroll report that do not appear on the wage determination?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
If the answer is yes, is there evidence the Subrecipient requested additional job classifications through ODOC?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
If yes, does the Subrecipient’s file contain copies of the approved of additional job classification request wage rates from ODOC?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A

11.

Does the Subrecipient’s file contain evidence that payrolls were reviewed by the Subrecipient in a timely manner to ensure early identification of problems and that correct wages were being paid?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>	
The City receives the weekly payrolls on a monthly basis usually submitted with pay estimates. Both are reviewed before payment is made along with employee interviews.	

12.

Is there a signed Final Statement of Wage Compliance on file?	<input type="checkbox"/> <input type="checkbox"/> Yes No
---	---

**INTERVIEWS**

13.

Were job-site interviews conducted? <a href="#">Chapter 15 HUD Guide Book 1504</a>	<input type="checkbox"/> <input type="checkbox"/> Yes No
---	---

**LABOR STANDARDS**

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14.

Does the Subrecipient have copies of each Record of Employee Interview Form documenting interviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

15.

Did interviews record work performed by worker and observed by the interviewer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

16.

Were interviews compared with payrolls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

17.

Were at least 10% of each job classification interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

18.

Is the ratio of trade skill workers to laborers acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

## 8. Housing Rehabilitation

### SUBRECIPIENT INFORMATION

Contract Number	
Subrecipient Name	
Type of Organization	
Name of Program	
Grant Manager	
Date On-site	

1.

Is the Subrecipient charging pre-award ('reimbursement') costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

2.

Do the policies and procedures require that all reimbursement activities are consistent with HUD guidance for charging pre-award ('reimbursement') costs? CPD Notice 14-017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

3.

Do the policies limit reimbursement activities to expenses incurred before the date on which the person or entity applied for CDBG-DR assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			



## HOUSING REHABILITATION

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4.

Do the policies limit reimbursement activities to expenses incurred within one year after the date of the disaster, as applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

5.

Do the policies ensure compliance with other federal cross-cutting requirements including:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lead-Based Paint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Civil Rights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Uniform Relocation Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
and Davis-Bacon, as described in the guidance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

6.

If CDBG-DR funds were used for rehabilitation of real property located within the Special Flood Hazard Area (SFHA), are those assisted properties in compliance with the flood insurance purchase and community participation requirements at Sections 102(a) and 202(a) of the Flood Disaster Protection Act of 1973, as amended, and at <a href="#">24 CFR 570.605</a> and <a href="#">24 CFR 570.509(c)(4)(iv)</a> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

## HOUSING REHABILITATION

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### LOCAL HOUSING CODES

7.

Have local housing codes been adopted in conjunction with the Subrecipient's rehabilitation standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
If the answer to question above is "yes," how does the Subrecipient determine that the work items meet local codes upon completion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

8.

Describe the process for preparing the work specifications and cost estimates, including which employee's positions have the responsibility to prepare the cost estimates and approve them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

9.

Is there a written procedure in place for changes in the scope of work and/or specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

10.

Is there a procedure for determining if contract costs are reasonable and, if so, who or which employee positions have the responsibility for making the determination and approving the costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
If the answer to "c" above is "no," what actions are being taken to ensure that costs are reasonable per OMB Circular A-87?			
<b>Describe Basis for Conclusion:</b>			

**HOUSING REHABILITATION**

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**LOAN SERVICING**

11.

Is the Subrecipient providing assistance in the form of a loan? If no, skip to question 20	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

12.

Does the Subrecipient have written loan-financing procedures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

13.

If there are written procedures, do they set forth the conditions of assistance, such as the interest rate charged, the loan term, and the maximum borrowing amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

14.

If there are procedures, do they describe a process for handling delinquencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

## HOUSING REHABILITATION

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15.

If loans are involved, what is the process for servicing them? (For example, who collects repayments when due and posts them to account records?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

16.

If the program provided a loan to an owner, is there a copy of the promissory note and loan agreement on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

17.

If the loans are secured, are the security documents recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

18.

If a bank is involved in loan servicing, has the Subrecipient signed a written agreement with the bank, specifying the services to be provided by the bank, the fees, and the consequences for failure to perform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

## HOUSING REHABILITATION

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19.

If applicable, has the lender performed any administrative services for the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

## CONTRACTOR SELECTION

20.

Is there a written contractor selection procedure in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

21.

If the answer to question above is “yes,” describe the contractor selection process, including whether the Subrecipient selects the contractor, or, if the owner selects the contractor, what guidance, if any, is provided by the Subrecipient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

22.

Is there an adequate pool of contractors who perform rehabilitation work as overseen by the Subrecipient or its designee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

## HOUSING REHABILITATION

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23.

Is there a written procedure for resolving contract disputes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

24.

Whether the Subrecipient has written procedures in place or not, describe the Subrecipient's process for resolving contract disputes.
<b>Describe Basis for Conclusion:</b>

### LUMP SUM DRAWDOWNS

25.

Does the Subrecipient draw down funds in a lump sum as permitted by the regulation at <a href="#">24 CFR 570.513</a> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, skip to "Escrow" question 37.	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

26.

If the answer to question above is "yes," what is the date of the execution of the agreement and the amount of the initial deposit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**HOUSING REHABILITATION**

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27.

If the Subrecipient has drawn down funds in a lump sum, does the participant have a written lump sum agreement? <a href="#">24 CFR 570.513(b)(2)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

28.

If the answer to question above is “yes,” what is the date of the execution of the agreement and the amount of the initial deposit?
<b>Describe Basis for Conclusion:</b>

29.

Does the lump sum agreement contain the required elements?  the obligations and responsibilities of the parties?  The terms and conditions on which CDBG-DR funds are to be deposited and used or returned?  The rate of interest?  <a href="#">24 CFR 570.513(b)(2)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

**HOUSING REHABILITATION**

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30.

Does the agreement describe the benefits to be provided by the private financial institution in support of the Subrecipient’s rehabilitation program, including provisions of interest payments, and at least one of the three regulatory requirements; and are such benefits being provided?  <a href="#">24 CFR 570.513(b)(2)</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

31.

Was a copy of the executed agreement provided to the HUD Field Office (as well as any modifications made to the agreement during its term, if applicable)?  <a href="#">24 CFR 570.513(b)(2)</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

32.

Was HUD notified of the amount of CDBG-DR funds distributed to the private financial institution before the funds were used for the intended purpose?  <a href="#">24 CFR 570.513(e)</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	



## HOUSING REHABILITATION

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33.

Are the funds being used in accordance with the written agreement for eligible rehabilitation of privately-owned properties? <a href="#">24 CFR 570.513(b)(1)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

34.

Did use of the deposited funds commence within 45 days of the deposit? <a href="#">24 CFR 570.513(b)(4)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

35.

Were funds substantially disbursed within 180 days of receipt of the deposit (e.g., 25% of the fund, deposit plus interest earned)? <a href="#">24 CFR 570.513(b)(4)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

36.

Does the Subrecipient review the level of program activity annually? <a href="#">24 CFR 570.513(b)(5)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

## HOUSING REHABILITATION

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### ESCROW

37.

Has the Subrecipient established escrow accounts for use in funding the rehabilitation of residential properties? (If the answer is “no,” stop here.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

38.

If the answer to question above is “yes,” are the use of the funds limited to loans and grants of primarily residential properties containing no more than four dwelling units (and accessory space, if applicable)?  <a href="#">24 CFR 570.511(a)(1)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

39.

Are the escrow accounts used and funds deposited into an escrow account, only when specifically provided for in an executed contract between a property owner and contractor?  <a href="#">24 CFR 570.511(a)(2)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**HOUSING REHABILITATION**

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40.

Is the amount of funds deposited limited to an amount expected to be disbursed within 10 working days from date of deposit? <a href="#">24 CFR 570.511(a)(4)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

41.

Are escrow funds deposited into an interest-bearing account? <a href="#">24 CFR 570.511(a)(3)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

42.

If the answer to question above is “yes,” is the interest earned on the account remitted to HUD at least quarterly (less any service charges), unless the interest is attributable to the investment of program income (in which case, this should be described in the “basis for conclusion” below)? <a href="#">24 CFR 570.511(b)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

## 9. Acquisitions/Buyouts/Relocation

### SUBRECIPIENT INFORMATION

Contract Number	
Subrecipient Name	
Type of Organization	
Name of Program	
Grant Manager	
Date On-site	

### Acquisitions/Buyouts/Relocation

### ELIGIBILITY

1.

Are the activities funded under this program eligible under the Housing and Community Development Act?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>List the Citation for Eligibility:</b>		

2.

As required by the appropriation law, are reviewed activities related to the impact of the applicable disaster(s)?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

3.

As required by the appropriation law, are activities located in a county that was Presidentially-declared as a major disaster?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

**ACQUISITIONS/BUYOUTS/RELOCATION**

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GENERAL MANAGEMENT

4.

Is there a Residential Anti-displacement and Relocation file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
If Yes, does it contain the following information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
a. Resolution adopting the Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. Residential Anti-displacement/Relocation Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. If applicable, regulations, information booklets, relocation claim forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
d. Does the Plan identify a person who is responsible for displacement and relocation compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

5.

Does the Subrecipient have policies and procedures for the program being implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

6.

Were environmental reviews completed for each property acquired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

PROPERTY BUYOUTS

7.

Did the Subrecipient conduct property acquisitions for the purpose of mitigating flooding hazards?  If no, skip to question _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

8.

Are the acquisitions of property by the Subrecipient located in a floodway, floodplain or a designated Disaster Risk Reduction Area and is intended to reduce risk from future flooding?  [Federal Register /Vol. 78, No. 43 or Vol. 80, No. 222]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>	

9.

Are the properties dedicated and maintained (restricted deed) in perpetuity for a use that is compatible with open space, recreational, or wetlands management practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

**ACQUISITIONS/BUYOUTS/RELOCATION**

Page 4

10.

<p>Did the <b>Subrecipient</b> uniformly apply an appropriate valuation method (including the use of pre-flood value or post-flood value as a basis for property value) in using CDBG-DR funds for buyouts?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p><b>Describe Basis for Conclusion:</b></p>			

11.

<p>Is there a prohibition on new structures being erected on property acquired, accepted or from which a structure was removed under the acquisition or relocation program, other than?</p>			
<p>a. a public facility that is open on all sides and functionally related to a designated open space (e.g., a park, campground, or outdoor recreation area)?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>b. a rest room?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>c. a flood control structure?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>d. a structure that the local floodplain manager approves in writing before the commencement of the construction of the structure?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p><b>Describe Basis for Conclusion:</b></p>			

**ACQUISITIONS/BUYOUTS/RELOCATION**

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12.

Is there a prohibition on applying for additional disaster assistance for any purpose that will be made by the Subrecipient to any Federal entity in perpetuity with respect to any property acquired, accepted, or from which a structure was removed under the acquisition or relocation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

**BUYOUT ACQUISITION AND NON-BUYOUT VOLUNTARY ACQUISITION**

13.

Did the Subrecipient require the purchase price for any acquisitions with CDBG-DR funds to be based on fair market value in accordance with applicable cost principles?  [ <i>Federal Register</i> notices published March 5, 2013 and May 29, 2013; applicable to grants under Public Laws 112-55 and 113-2]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

14.

Does the file contain a written notification to the seller that the property would not be taken through eminent domain condemnation if negotiations failed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

15.

A Notice of Determination of Exemption is required to evidence the transaction as voluntary. Is there a signed Notice of Determination of Exemption in the's file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

**ACQUISITIONS/BUYOUTS/RELOCATION**



16.

Is there a copy of the signed owner's acknowledgement of a voluntary acquisition and does it contain the fair market value of the property on file?  <b>If there is not a voluntary acquisition acknowledgement the acquisition will be considered not voluntary.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>  	

17.

Were any tenants or businesses occupying the property at time of acquisition or at the time of the flood?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>  	

18.

If yes, is there evidence occupants were advised of their rights under the URA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>  	

19.

If the owner waived his rights under URA, is there a signed voluntary acquisition notice) signed by the owner on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>  	

**ACQUISITIONS/BUYOUTS/RELOCATION**

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20.

Are the following documents on file:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Identification of property and property owner(s)?	Yes	No	N/A
b. The purchase contract and documents conveying the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. The Settlement Statement and evidence the owner received net proceeds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

21.

Was notification of fair market value provided prior to the signing of a purchase offer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

22.

Is there adequate documentation in the file to support the basis for determining the fair market value?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

APPLICABLE TO PROPERTY DONATIONS ONLY

23.

Was an appraisal conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**ACQUISITIONS/BUYOUTS/RELOCATION**

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24.

If no, is there a signed waiver of appraisal statement by the property owner(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

25.

Does the file contain a copy of the “Notice of Determination of Exemption”?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

Acquisition/Involuntary

26.

What is the date of submission of the application for Federal financial assistance, or the date of site control, if later?
<b>Describe Basis for Conclusion:</b>  Date: _____

27.

Pursuant to [49 CFR 24.2(a)(15)], what is the date of “initiation of negotiations”?  Date: _____
--

**ACQUISITIONS/BUYOUTS/RELOCATION**

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28.

What activities are being monitored:		
a. Acquisition (including Down-payment Assistance)?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
b. Conversion?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
c. Demolition?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
d. Rehabilitation?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

29.

Will the activity(ies) trigger		
a. URA requirements?	<input type="checkbox"/>	<input type="checkbox"/>
b. Section 104(d) requirements? NOTE: The 104(d) requirements were waived if the Subrecipient has defined in their Plan demonstrable hardship.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion</b>		

30.

Does the project file contain a Relocation Plan, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**ACQUISITIONS/BUYOUTS/RELOCATION**

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31.

Does the project file contain an occupant roster, current at the time of the flood, including all of the following information? (If no current roster is available, indicate below the reason, the date of the latest roster, or whether something other than a roster was used.)			
a. Resident Name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. Household Size (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. Household Income (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
d. Unit Size?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
e. Rent/Utility Cost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

32.

Does the project file contain an occupant list from the time of the flood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

33.

Does a comparison of the occupant lists from the time of flood suggest displacement may have occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**ACQUISITIONS/BUYOUTS/RELOCATION**

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34.

Does the project file contain an explanation of the reasons any persons vacated between the time of the flood and initiation of negotiations? (Include the names of persons who moved out without receiving notices or assistance below.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>		

35.

Does the project file contain a copy of a Move-In Notice for all new occupants that moved into the project since application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>		

36.

If applicable, does the project file contain an occupant list current at the time of the Initiation of Negotiations?	
<b>Describe Basis for Conclusion:</b>	

37.

Does the project file contain information (i.e., advisory services log, intake form) about the advisory services that will be/have been offered?  <a href="#">[49 CFR 24.9(a); 49 CFR 24.205(c)]</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>		

**ACQUISITIONS/BUYOUTS/RELOCATION**

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38.

Were all advisory services offered in compliance with the requirements of <a href="#">[49 CFR 24.205(c)]</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

39.

Does the project file contain copies of the following notices:			
a. General Information Notice and When a Public Agency Acquires Your Property? <a href="#">[49 CFR 24.203(a)]</a>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
b. Notice of Eligibility? <a href="#">[49 CFR 24.203(b)]</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. Notice of Non-displacement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
d. 90-day Notice? <a href="#">[49 CFR 24.203(c)]</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
e. 30-day Notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
f. Notice of Temporary Relocation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
g. Notice of Interest? <a href="#">[49 CFR 24.102(b)]</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
h. Notice of Intent to Acquire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

**ACQUISITIONS/BUYOUTS/RELOCATION**

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40.

Does the project file contain evidence that notices were hand delivered or served registered or certified mail, return receipt requested?  <a href="#">[49 CFR 24.5]</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

41.

Was the property appraised?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

42.

Was the property appraised by a qualified appraiser prior to negotiations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

43.

Was a review appraisal conducted?  Date of the review: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	



**ACQUISITIONS/BUYOUTS/RELOCATION**

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44.

If the land or property was occupied, was the owner(s) or appointed designee(s) invited to attend the appraisal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes      No      N/A <b>Describe Basis for Conclusion:</b>			

45.

Was a written offer describing the basis for determining just compensation provided to the owner prior to any bargaining?  a. Date of offer: _____  b. Property purchase price: _____  c. Date of closing: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes      No      N/A <b>Describe Basis for Conclusion:</b>			

46.

a. Does the project file contain signed copies of replacement housing payment claim forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were the amounts paid supported by documentation (i.e., rent receipts, lease, utility bills for old, comparable or actual replacement unit)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes      No      N/A <b>Describe Basis for Conclusion:</b>			

**ACQUISITIONS/BUYOUTS/RELOCATION**

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47.

a. Does the project file contain signed copies of moving cost claim forms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Were the amounts paid supported by documentation (i.e., receipts, estimates, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

48.

Does the project file contain documentation to support that the following types of replacement housing units are decent, safe and sanitary:	
a. Comparable replacement unit(s)? <a href="#">[49 CFR 24.2(a)(6)(i) and 24.2(a)(8)]</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Actual replacement? <a href="#">[49 CFR 24.401(a)(2) or 24.402(a)(2)]</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Temporary unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>	

49.

Did the Subrecipient correctly calculate replacement housing payments for the project being reviewed?  <a href="#">[49 CFR Part 24, subpart E]</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

ACQUISITIONS/BUYOUTS/RELOCATION

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50.

Did the Subrecipient correctly calculate the moving and related expense reimbursements for the project being reviewed? <a href="#">[49 CFR Part 24, subpart D]</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

51.

Certification of Legal Residence: <a href="#">[49 CFR 24.208]</a>			
a. Did all persons receiving assistance sign a certification of legal residency? <a href="#">[49 CFR 24.208(a)]</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Did persons who did not provide a certification of legal residency or who have been determined to be not lawfully present in the United States, and who received assistance, claim an exceptional and extremely unusual hardship exemption?  (If so, identify below the documentation supporting hardship claim and indicate whether payments were made with HUD funds.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Describe Basis for Conclusion:</b>			

52.

Did the Subrecipient promptly review any appeals filed by aggrieved persons in compliance with the requirements of the URA and <a href="#">[49 CFR Part 24]</a> ? <a href="#">[49 CFR 24.10(a)]</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>		

**ACQUISITIONS/BUYOUTS/RELOCATION**

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53.

Did the Subrecipient comply with the requirement that:			
a. No waiver of relocation assistance be proposed or requested? [49 CFR 24.207(f)]	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
b. Additional or alternative assistance be provided under the Last Resort housing provisions of the URA when comparable replacement dwellings are not available within the monetary limits for owners or tenants set for in 49 CFR 24.401(b) and 24.402(a)? [Also 49 CFR 24.404(a)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. No part of a relocation payment to a displaced person be withheld to satisfy an obligation to any other creditor? [49 CFR 24.403(a)(6)]	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
d. No displaced person be denied eligibility for a replacement housing payment solely because he/she does not meet the occupancy requirements at [49 CFR 24.401(a)] and [24.402(a)] for a reason beyond his/her control? [Also 49 CFR 24.403(d)]	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
e. Temporary relocation did not extend beyond one year before the person is either returned to his/her previous unit or location or offered permanent relocation assistance? [49 CFR 24.2(a)(9)(ii)(D)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

ONE-FOR-ONE REPLACEMENT/DEMOLITION

**Note:** HUD waived the one-for-one replacement for affordable units that were substantially damaged. HUD did not waive the requirements for affordable units that were NOT substantially damaged.

**ACQUISITIONS/BUYOUTS/RELOCATION**

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54.

<p>Did the Subrecipient demolish units that were not substantially damaged by the flood?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p><b>If yes, the Subrecipient must make public by publication in a newspaper of general circulation the following items and submit to the Department of Local Affairs:</b></p>	
<p>a. description of the proposed activity?</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes No</p>
<p>b. location on a map and number of dwelling units by size that are affected?</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes No</p>
<p>c. time schedule for commencement and completion of demolition or conversion?</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes No</p>
<p>d. location on a map of replacement dwelling units by size?</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes No</p>
<p>e. source of funding and time schedule for replacement (replacement housing must be initially made available for occupancy at any time during the period beginning <b>one year before</b> the Subrecipient’s submission of this information and ending <b>three years after</b> the commencement of demolition or conversion)?</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes No</p>
<p>f. basis of ensuring that replacement units will remain low/moderate for at least 10 years from initial occupancy?</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes No</p>
<p>g. if any proposed replacement units are smaller than previous units, information demonstrating that it is consistent with the housing needs of lower-income households in the jurisdiction?</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes No</p>
<p><b>Describe Basis for Conclusion:</b></p>	

## 10. Duplication of Benefits

### SUBRECIPIENT INFORMATION

Contract Number	
Subrecipient Name	
Type of Organization	
Name of Program	
Grant Manager	
Date On-site	

1.

Do the policies and procedures require all other sources of disaster assistance for the same purpose to be identified and considered to prevent a duplication of benefit (DOB)?  <a href="#">Federal Register / Vol. 76, No. 221</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

## DUPLICATION OF BENEFITS

Page 2

2.

Are applicants for assistance required to disclose the following potential sources of disaster assistance:	
a. Insurance?	<input type="checkbox"/> <input type="checkbox"/> Yes No
b. Federal Emergency Management Agency (FEMA)?	<input type="checkbox"/> <input type="checkbox"/> Yes No
c. Small Business Administration?	<input type="checkbox"/> <input type="checkbox"/> Yes No
d. National Flood Insurance Program (NFIP)?	<input type="checkbox"/> <input type="checkbox"/> Yes No
e. Other federal, state, or local funding?	<input type="checkbox"/> <input type="checkbox"/> Yes No
f. Other nonprofit, private sector, or charitable funding?	<input type="checkbox"/> <input type="checkbox"/> Yes No
<b>Describe Basis for Conclusion:</b>	

### Policies and Procedures

3.

Do the policies and procedures require all beneficiaries to enter into a signed agreement (e.g., subrogation agreement) to repay any assistance later received for the same purpose as the CDBG-DR disaster recovery funds?	<input type="checkbox"/> <input type="checkbox"/> Yes No
<b>Describe Basis for Conclusion:</b>	

## DUPLICATION OF BENEFITS

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4.

Do the policies and procedures address recapture of CDBG-DR funds (e.g., in case of an overpayment, duplication of benefit)?	<input type="checkbox"/> <input type="checkbox"/> Yes No
<b>Describe Basis for Conclusion:</b>	

5.

Do the policies and procedures require the grantee to comply with HUD’s guidance when assisting applicants that declined SBA assistance to ensure expenditures are for “necessary costs” of recovery, as required by Public Law 113-2 (and other supplemental appropriations, as applicable)?	<input type="checkbox"/> <input type="checkbox"/> Yes No
<b>Describe Basis for Conclusion:</b>	

6.

Does these policies and procedures include: <ul style="list-style-type: none"> <li>a. Identification of the circumstances under which applicants declined assistance?</li> <li>b. Establishment of why CDBG-DR assistance is appropriate when assisting applicants that declined SBA assistance?</li> <li>c. Determination of the amount of CDBG-DR assistance that is necessary and reasonable to assist applicants in achieving recovery?</li> </ul>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Yes	No	N/A																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Yes	No	N/A																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Yes	No	N/A																	
<b>Describe Basis for Conclusion:</b>																			



**DUPLICATION OF BENEFITS**

Page 4

7.

<p>Do the policies and procedures exclude non-duplicative assistance from the final benefit calculation for the following instances:</p>			
<p>a. Provided for a different purpose?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<p>b. Used for a different, eligible purpose?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<p>c. Assistance not available to the applicant?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<p>d. Assistance is a private loan not guaranteed by SBA?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<p>e. Any other asset or line of credit available to the applicant?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<p><a href="#">Federal Register / Vol. 76, No. 221</a></p>			
<p><b>Describe Basis for Conclusion:</b></p>			

Activity Files

8.

<p>a. Are all sources of assistance that were provided to applicant for the same purpose determined to be a DOB?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<p><b>Describe Basis for Conclusion:</b></p>			
<p>b. How the DOB determination impacted the applicant’s CDBG-DR award? If a DOB was found, was there a reduction in the award amount?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<p><b>Describe Basis for Conclusion:</b></p>			

## DUPLICATION OF BENEFITS

Page 5

c. That each applicant has entered into a signed agreement (e.g., subrogation agreement) to repay subsequent duplicative assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

d. If a DOB occurred after assistance was awarded, were funds recaptured in accordance with the agreement and the grantee's policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

DOB Worksheet for checking Subrecipient’s CDBG-DR Award and DOB determination.

[Federal Register /Vol. 76 No. 221/](#) November 16, 2011

Make additional copies for each file sampled

1. Identify Applicant’s Total Need Prior to Any Assistance (e.g., rehabilitation cost estimate)		\$	
2. Identify All Potentially Duplicative Assistance:			
		Potential	Actual DOB
a. FEMA Housing Grant	Interim Housing (e.g., rent)	\$	\$
	Permanent Housing (e.g., repair/rehabilitation)	\$	\$
b. SBA Loan		\$	\$
c. Insurance (Structure, not Contents)		\$	\$
d. National Flood Insurance Program (NFIP)		\$	\$
e. Other federal, state, or local funding		\$	\$
f. Other nonprofit, private sector, or charitable funding		\$	\$
Totals		\$	\$
(3) Total of all assistance found to be duplicative, resulting in the maximum potential award amount, or unmet need (Actual DOB Total)			\$
(4) Maximum Eligible Award (Item 1 less Item 3)			\$
(5) Program Cap (if applicable)		\$	
(6) Final Award (lesser of Items 4 and 5)			\$

## 11. Section 3

### SUBRECIPIENT INFORMATION

Contract Number	
Subrecipient Name	
Type of Organization	
Name of Program	
Grant Manager	
Date Onsite	

### APPLICABILITY

1.

Does the project involve?	
Housing rehabilitation (including reduction and abatement of lead-based paint hazards? or	<input type="checkbox"/> <input type="checkbox"/> Yes No
Housing construction?	<input type="checkbox"/> <input type="checkbox"/> Yes No
Other public construction?	<input type="checkbox"/> <input type="checkbox"/> Yes No
<a href="#">24 CFR 135.3(a)(2)</a>	
<b>Describe Basis for Conclusion:</b>	

**SECTION 3**

Page 2

THRESHOLDS

2.

Is the award to the Subrecipient greater than \$200,000? <a href="#">24 CFR 135.3(a)(3)(ii)(A)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If No Section 3 does not apply	Yes	No	N/A
If yes, does the value of work for any contractor or subcontractor exceed \$100,000? <a href="#">24 CFR 135.3(a)(3)(ii)(A)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, Section 3 does not apply	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

CONSTRUCTION DOCUMENTS

3.

Does the bid package contain the Section 3 Requirements?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

4.

Does the construction contract contain the Section 3 Requirements?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

**SECTION 3**

Page 3

5.

Does the construction file include copies of contractor/sub-contractor certifications for Section 3?	<input type="checkbox"/> <input type="checkbox"/> Yes No
<b>Describe Basis for Conclusion:</b>	

**SECTION 3 POLICIES AND DOCUMENTATION**

6.

For the time period reviewed, did the Subrecipient’s records include written procedures governing:			
a. How Section 3 residents are to be notified about employment and training opportunities generated by Subrecipient or its contractors as a result of the expenditure of covered financial assistance? <a href="#">24 CFR 135.32 (a)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. How Section 3 business concerns are to be notified about contracting (or subcontracting) opportunities generated by the Subrecipient or its contractors involving covered financial assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. How potential contractors for covered projects or Subrecipients of covered funds are to be notified about their requirements pursuant to Section 3? <a href="#">24 CFR 135.32(b)</a> and <a href="#">24 CFR 135.32(f)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. How covered contractors and Subrecipients are to be monitored for compliance with the requirements of Section 3? <a href="#">24 CFR 135.32(d)</a> and <a href="#">24 CFR 135.32(f)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Steps taken by the Subrecipient to facilitate meeting the minimum numerical goals for employment and contracting opportunities? <a href="#">24 CFR 135.32(c)</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Did the Subrecipient provide evidence and/or documentation of the procedures described above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

**SECTION 3**

Page 4

USE OF SECTION 3 RESIDENTS AS TRAINEES

7.

For the time period reviewed, did the Subrecipient’s records indicate:	
a. The total number of training positions generated by the Subrecipient or its contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. The number of training positions generated by the Subrecipient or its contractors identified above that was provided to Section 3 residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Description of how the Subrecipient or its contractors determined the eligibility for Section 3 residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

USE OF SECTION 3 RESIDENTS AS EMPLOYEES

8.

For the time period reviewed, did the Subrecipient’s records include information about:	
a. The total number of permanent full-time positions generated by the Subrecipient or its contractors as a result of the expenditure of covered funding? <a href="#">24 CFR 135.30(b)(3)(iii)</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. The number of permanent full-time positions generated by the Subrecipient or its contractors identified above that was filled by Section 3 residents? <a href="#">24 CFR 135.30(b)(3)(iii)</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Description of how the Subrecipient or its contractors determined eligibility of Section 3 residents? <a href="#">24 CFR 135.34(b)</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**SECTION 3**

9.

For the time period reviewed, did the Subrecipient's records include information about:			
a. Whether the minimum numerical goal for employment was met by the Subrecipient or its contractors [30% of the aggregate number of new hires was Section 3 residents]? <a href="#">24 CFR 135.30(b)(3)(iii)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. If the minimum numerical goal for employment was not met, did the Subrecipient provide an explanation of why it was not feasible to meet the goal? <a href="#">24 CFR 135.30(d)(2)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

CONTRACT AWARDS TO SECTION 3 BUSINESS CONCERNS

10.

For the time period reviewed, did the Subrecipient's records include information about:			
a. The total dollar amount of covered construction contracts generated as a result of the expenditure of covered financial assistance? <a href="#">24 CFR 135.30(c)(1)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. The total dollar amount of covered construction contracts (or subcontracts) listed above that were awarded to Section 3 business concerns? <a href="#">24 CFR 135.30(c)(1)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. Description of how the Subrecipient or its contractors determined the eligibility of Section 3 business concerns? <a href="#">24 CFR 135.36(b)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A



**SECTION 3**

CONTRACT AWARDS TO SECTION 3 BUSINESS CONCERNS Continued

11.

For the time period reviewed, did the Subrecipient's records include information about:			
a. Whether the minimum numerical goal for contracting was met by the Subrecipient or its contractors [10% of the total dollar amount of covered construction contracts were awarded to Section 3 business concerns]? <a href="#">24 CFR 135.30(c)(1)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. If the minimum numerical goal for construction contracts was not met, did the Subrecipient provide an explanation of why it was not feasible to meet the goal? <a href="#">24 CFR 135.30(d)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

NON-CONSTRUCTION BUSINESSES

12.

For the time period reviewed, did the Subrecipient's records include information about:			
a. The total dollar amount of covered <b>non-construction</b> contracts generated as a result of the expenditure of covered financial assistance? <a href="#">24 CFR 135.30(c)(2)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. The total dollar amount of covered <b>non-construction</b> contracts (or subcontracts) listed above that were awarded to Section 3 business concerns? <a href="#">24 CFR 135.30(c)(2)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. Description of how the Subrecipient or its contractors determined the eligibility of Section 3 business concerns? <a href="#">24 CFR 135.36(b)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**SECTION 3**

NON-CONSTRUCTION BUSINESSES Continued

13.

<p>For the time period reviewed, did the Subrecipient's records include information about:</p>							
<p>a. Whether the minimum numerical goal for contracting was met by the Subrecipient or its contractors [3% of the total dollar amount of covered non-construction contracts were awarded to Section 3 business concerns]? <a href="#">24 CFR 135.30(c)(2)</a></p>	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>b. If the minimum numerical goal for non-construction contracts was not met, did the Subrecipient provide an explanation of why it was not feasible to meet the goal? <a href="#">24 CFR 135.30(d)</a></p>	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					

**SECTION 3**

PROCUREMENT PROCEDURES

14.

For the time period reviewed, did the Subrecipient's records include information about:			
a. Notification of covered contractors regarding their responsibilities pursuant to the requirements of Section 3? <a href="#">24 CFR 135.30(c)(2)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. Monitoring covered contractors for compliance with Section 3? <a href="#">24 CFR 135.30(c)(2)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. The imposition of penalties upon contractors for noncompliance, including refraining from entering into contracts with any contractor that has violated the requirements of Section 3? <a href="#">24 CFR 135.36(b)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
d. Whether covered solicitations (RFPs, RFQs, IFBs, etc.) contain the Section 3 clause found at <a href="#">24 CFR 135.38</a> or otherwise indicates the applicability of Section 3 to the covered project? <a href="#">24 CFR 135.30(c)(2)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
e. If the minimum numerical goal for non-construction contracts was not met, did the Subrecipient provide an explanation of why it was not feasible to meet the goal? <a href="#">24 CFR 135.30(d)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**SECTION 3**

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REPORTING AND RECORDKEEPING

15.

For the time period reviewed, did the Subrecipient's records include information about:	
a. Has a Section 3 Report been completed and submitted to ODOC? <a href="#">24 CFR Part 135.90</a>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
b. For the time period reviewed, did the Subrecipient's records include documentation of the actions taken to comply with the Section 3 regulations? (Such documentation may include the results of the actions taken and any impediments encountered during the implementation of the program(s) covered by Section 3.) <a href="#">24 CFR 135.32(e)</a>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A

## 12. Housing New Construction

### SUBRECIPIENT INFORMATION

Contract Number	
Subrecipient Name	
Type of Organization	
Name of Program	
Grant Manager	
Date On-site	

1.

Does the program include:	
a. Single family units?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
b. Multifamily units?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
c. or both?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
<b>Describe Basis for Conclusion:</b>	

2.

Are the units:	
a. Rental?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
b. Owner-occupied?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
c. or both?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
<b>Describe Basis for Conclusion:</b>	

**NEW HOUSING CONSTRUCTION**

Page 2

3.

What type(s) of entity(ies) are carrying out the program:	
a. Local Government?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes   No   N/A
b. Non-profit organization?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes   No   N/A
c. For-profit developer?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes   No   N/A
<b>Describe Basis for Conclusion:</b>	

4.

Was the Subrecipient able to document that the disaster affected the quality, quantity, and/or affordability of the housing stock, causing that housing stock to be unable to meet post-disaster needs and population demands?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes   No   N/A
<b>Describe Basis for Conclusion:</b>	

5.

Do the policies and procedures of the Subrecipient require that activities with costs reimbursable by, or for which funds are made available by, the Federal Emergency Management Agency or the Army Corps of Engineers <u>not</u> be funded with CDBG-DR funds?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes   No   N/A
<b>Describe Basis for Conclusion:</b>	

**NEW HOUSING CONSTRUCTION**

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6.

Does the Subrecipient’s program require compliance with green building standards?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>	

7.

Does the Subrecipient’s program include multi-family projects containing five or more units?	<input type="checkbox"/> <input type="checkbox"/> Yes No
If yes, does it meet the following accessibility requirements?	
a. A minimum of 5% of total dwelling units (but not less than one unit) are accessible for individuals with mobility impairments?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
b. An additional 2% of dwelling units (but not less than one) are accessible for persons with hearing or vision impairments?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
c. Are all units made adaptable on the ground level or can be reached by an elevator?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
[Section 504 of the Rehabilitation Act of 1973 and 24 CFR 8.22, Fair Housing Act]	
<b>Describe Basis for Conclusion:</b>	

**NEW HOUSING CONSTRUCTION**

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8.

<p>Do the program activities take place in an area delineated as a special flood hazard area (SFHA) according to FEMA’s most current flood advisory maps?</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes No</p>
<p>If “yes”, and the activity constitutes financial assistance for acquisition or construction purposes, does the program require owners of an assisted building or mobile home within a SFHA to obtain and maintain flood insurance?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p>Does the program require activities within a SFHA to be designed or modified to minimize harm to or within floodplains in accordance with Executive Order 11988 and 24 CFR part 55?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p>Does the program require new housing within a SFHA to be elevated one foot higher than the latest FEMA-issued base flood elevation?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	

9.

<p>Has the Subrecipient documented how the activities relate to the impact of the applicable disaster(s)?</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes No</p>
<p>Fed Reg Vol. 78 No, 43 <b>Describe Basis for Conclusion:</b></p>	

10.

<p>Did the Subrecipient establish that program funds did not supplant funds made available by the Federal Emergency Management Agency or the Army Corps of Engineers?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	



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National Objective

11.

<p>If the activity is classified under the <b>low- and moderate-income (LMI) housing</b> national objective, do reviewed program files document:</p> <p>a. For single-family units, households have incomes at or below 80% of the area median income?</p> <p>b. For multi-family units, if the structure contains two dwelling units, is at least one unit occupied by a LMI household?</p> <p>c. For multi-family units, if the structure contains more than two dwelling units, are at least 51% of the units occupied by LMI households?</p> <p>d. For rental units, has a period of affordability been established for assisted properties?</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
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Yes	No	N/A																							
<p><b>Describe Basis for Conclusion:</b></p>																									

12.

<p>For <b>Urgent Need</b> national objective use the <u>National Objective</u> checklist for Urgent Need and attach to this checklist.</p>
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**NEW HOUSING CONSTRUCTION**

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13.

Do reviewed activity files document that activities met or will meet an acceptable national objective (i.e., one allowed by the policies and procedures)?  [ <a href="#">24 CFR 570.483</a> or <a href="#">570.490</a> or <a href="#">570.506</a> , or applicable <i>Federal Register</i> notice]	<input type="checkbox"/> <input type="checkbox"/> Yes No
<b>Describe Basis for Conclusion:</b>	

14.

If the answer to any of the above is “yes,” is the Subrecipient taking corrective action (e.g., seeking recapture of funds resulting from an overpayment)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<b>Describe Basis for Conclusion:</b>	

## Exit Conference

The Monitoring Team and subrecipient staff meet to present the tentative conclusions from the monitoring.

Four objectives:

- To present preliminary results of the monitoring visit;
- To provide an opportunity for the subrecipient to correct any misconceptions or misunderstandings;
- To secure additional information from subrecipient staff to clarify or support their position; and
- For any deficiency that the subrecipient agrees with, to provide an opportunity for subrecipient staff to report on steps they are already taking to correct the matter. Within 30 days the monitoring team will issue a monitoring letter to subrecipient including any concerns or findings with corrective actions and deadlines for response.

*Finding/Concern Discussed:*