

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Office of Community and Rural Affairs

One North Capitol, Suite 600

Indianapolis, Indiana 46204-2027

MONITORING WORKBOOK

(October 2016)

SMALL CITIES COMMUNITY BLOCK GRANT PROGRAM

Grantee _____

County _____

Grant Number _____

Type of Project _____

Date of Monitoring _____

Type of Monitoring Final Interim

Conducted by _____

CDBG MONITORING GUIDELINES

Date of Environmental Release _____

Date of Release of Funds _____

1. Indicate which environmental classification is applicable to this project per 24 CFR 58:

- Exempt Activities (Need verification letter) (24 CFR 58.34)
- Categorically Excluded Activities (24 CFR 58.35)
- Assessment Activities (24 CFR 58.36)
- Environmental Impact Statement (24 CFR 58.37)

2. Are maps included in ER file? Yes No N/A

3. Construction Contracts

Prime Contractor(s) Company Name	Date Signed	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

	Yes	No	N/A
4. Were constructions contracts signed prior to Release of Funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Was prior approval granted for incurring costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If so, list costs, dates incurred and date(s) authorization granted			

5. Does the project have a Subrecipient?	Yes	No	N/A
a. If yes, complete the Subrecipient Agreement section at the end of the manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Did any relocation occur as a result of this project?	Yes	No	N/A
a. If yes, complete the Relocation section at the end of the manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

CIVIL RIGHTS

	Yes	No	N/A
1. When advertising job vacancies, (non-elected positions) does Grantee state they are an Equal Opportunity Employer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When advertising job vacancies, does sub-recipient state they are an Equal Opportunity Employer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did Grantee have the EEO posters displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were these posters placed in a conspicuous location in the workplace where notices to applicants are customarily posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have any equal employment opportunity complaints been filed against the grantee within the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, were complaints satisfactorily resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is Grantee’s Drug Free Workplace policy posted in public areas or provided in writing to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does grantee have Fair Housing notice displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the Affirmatively Further Fair Housing CDBG File checklist been submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. What activity was chosen?			
b. Is their evidence the activity is complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the grantee have counseling services available regarding fair housing to those in need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have there been any housing complaints filed against the grantee within the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, were complaints satisfactorily resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was 10% MBE/WBE participation goal achieved on this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did Grant Services receive a copy of the “Certificate of Accessibility” form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Was Grant Services provided a copy of Section 3 Compliance form for all contractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Was Grant Services provided a copy of an updated Disclosure Report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the grantee ensured that no conflict of interest, real or apparent, exists with respect to any contract supported by CDBG funds? (24 CFR 570.611)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

ACQUISITION

SECTION NOT APPLICABLE

Number of permanent/temporary easements obtained _____

Number of parcels obtained _____

	Yes	No	N/A
1. Was acquisition documents reviewed at ROF's?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Date of approval	_____		
2. Did grantee pay or reimburse owner for closing costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did monitor receive copies of canceled checks and closing statement to document that owner received payment in full?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were any properties or easements acquired AFTER ROF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, bring items back to office.			
5. Were all conveyances by Warranty Deed(s) rather than Quit Claim Deed(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were all interests in real property conveyed to the Grantee or subrecipient under this project (easements, leasehold, interests and fee simple interest) recorded with applicable County Recorder's Office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

ENGINEERING OR ARCHITECTURAL SERVICES REQUEST FOR QUALIFICATIONS

Consultant _____

Date Contract Signed _____

Contract Amount _____

Procurement Method RFQ/QBS Other _____

Paid with Federal Funds? Yes No (If No, Procurement Procedures do not apply.)

	Yes	No	N/A
1. Was the Request for Qualifications published in a newspaper of general circulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date Statement of Qualifications Due	_____		
3. Did the Grantee/Consultant agreement clearly establish:			
a. Operating budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Scope of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Method of payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Performance schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Description of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Record retention requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Reporting to grantee requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did Engineering/Architectural Contracts include "Third Party Contract Provisions"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the performance of the consultant consistent with the terms of the agreement and CDBG guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were any issues noted at ROF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, list _____			

Comments

GRANT ADMINISTRATION SERVICES

REQUEST FOR PROPOSALS

Consultant _____ Administrator _____

Date Contract Signed _____

Contract Amount _____

Procurement Method RFP Other _____

Paid with Federal Funds? Yes No (If No, Procurement Procedures do not apply.)

	Yes	No	N/A
1. Was the Request for Proposals (RFP) published in a newspaper of general circulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Date			_____
2. Date Proposals Due			_____
3. Did the Grantee/Consultant agreement clearly establish:			
a. Operating budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Scope of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Method of payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Performance schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Description of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Record retention requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Reporting to grantee requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the Grant Administration Contract include "Third Party Contract Provisions"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did it appear that the performance of the Consultant was consistent with the terms of their contract and CDBG guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were any issues noted at ROF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, list _____			

Comments _____

PROCUREMENT PROCEDURES

COMPETITIVE SEALED BID METHOD

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Was the Invitation for Bid (IFB) published at least twice in a publication of general circulation at least one week apart, with the second publication made at least seven (7) days before the date the bids were to be received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Dates | | | _____ |
| | | | _____ |
| 2. Was the contract awarded based on a "Firm, Fixed Price" basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Prior to contract award, were the contractors eligibility verified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the construction contract include the Complete Federal Construction Contract Provisions? (Check One:) | | | |
| <input type="checkbox"/> Attached to contract <input type="checkbox"/> Reference to bid specifications | | | |
| 5. Did the construction contract include the following Federal and State Bonding Requirements? | | | |
| a. Bid Guarantee equivalent to 5% of bid price | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Performance Bond in the amount of 100% of the contract price | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Payment Bond in the amount of 100% of the contract price | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

PROCUREMENT PROCEDURES

NONCOMPETITIVE NEGOTIATION

SECTION NOT APPLICABLE

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Was this approval prior to ROF? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, approval date | _____ | | |
| b. If no, approval date granted | _____ | | |
| 2. Were any items purchased under this method? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Which of the following circumstances applied to this procurement? | | | |
| a. Was item available only from a single source? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Did an emergency exist which would not permit the delay caused by competitive solicitation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. After solicitation of a number of sources, was competition determined to be inadequate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Was Noncompetitive Procurement authorized by Grant Services? (Required) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is a "Cost-Price" analysis provided for all sole source procurement? | | | |
| a. Was there an evaluation of specific elements of costs and proposed profit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Was proposed cost data verified by a licensed or credible third party? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Was procurement contract based on a firm, fixed price? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Was the Cost-Price analysis performed or certified by professional engineer, licensed architect, or other qualified professional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROCUREMENT PROCEDURES

SMALL PURCHASE METHOD

SECTION NOT APPLICABLE

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Were any small purchases made? (If no, section does not apply) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Provider's name | _____ | | |
| 3. Amount of purchase | _____ | | |
| 4. Was the amount of the services, supplies or other property procured under the small purchases method less than the amount allowed (\$100,000)? If no, purchase is ineligible! | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. For the small purchase(s) made for this project were written price quotations received from at least three qualified sources? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the product purchased from the lowest priced quotation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

LABOR STANDARDS

	Yes	No	N/A
1. Did Grant Services receive the following required forms?			
a. Notice of Contract Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Preconstruction Conf. Acknowledgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Notice to Start Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Notice of Completion/Final Inspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Final Wage Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the Contractor Certification available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the Sub-Contractor Certification available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Number of Sub-Contractors that worked on the project	_____		
5. Number of Sub-Contracts reviewed	_____		
6. Were the Federal Construction Contract Provisions including the HUD from 4010 attached to all the Sub-Contractors reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. What was Bid Opening Date?	_____		
8. Date of Contract Award	_____		
9. Was the contract awarded within 90 days of bid opening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Applicable Wage Decision	_____		
11. Was any volunteer labor used on the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, are Labor Standards Forms 18 & 19 completed and available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If so, did Community Assistance and HUD give necessary approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Was any work performed by city or county employees on this project? (Force Account)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, were records available to document the use of public employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Labor Standards cont.	Yes	No	N/A
13. Were Certified Payrolls submitted weekly by all Contractors and Sub-Contractors and signed by authorized personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Was the first payroll for a period ending within a reasonable time after the stated start of construction date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. 1st Payroll Date	_____		
b. Start of Construction Date	_____		
15. If Contractors submitted payroll information on a form other than the Certified Payroll form, was a WH-348, Statement of Compliance included with each payroll?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Did any wage deficiencies occur during this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, has proper restitution been made and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have copies of restitution payments been provided to Grant Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Were employee interviews conducted with at least 10% of each classification of workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Did any contractor use Apprentices on this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, was verification in the project file to confirm each Apprentice's enrollment in a bonafide Apprenticeship Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did contractor always have a proper ratio of Journeymen on the project site when Apprentices were working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

FINANCIAL MANAGEMENT

	Yes	No	N/A
1. Was a separate ledger account created by Grantee for tracking grant funds and local matching funds specifically for this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was Federal Cash Control Register maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was Contract Obligations Control listing all contracts maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were Contractor Expenditure Ledgers maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was Property Inventory form completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the Local Match Ledger form completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were drawdowns limited to the minimum amount of funds needed to pay current expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do source documents backup expenditures and draws (invoices, billings)? (Check off on Ledgers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were Federal Funds greater than \$5,000 held longer than 5 business days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, can the grantee justify why the funds drawn down were not disbursed pursuant to US Treasury requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were change orders made by any contractor totaling more than 20% of their original contract price and a copy provided to Grant Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Has the engineer submitted a written statement explaining the unforeseen circumstances which caused the excessive amount of change orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Financial Management cont.

Yes No N/A

11. List the pledged amount of local funds per the grant agreement:

\$ _____ % of total project

12. List the actual amount of local funds spent on this project:

\$ _____ % of total project

13. Did grantee meet the percentage of local matching funds pledged?

14. If actual expenditures from local funds exceeded the amount pledged in the Grant Agreement, what was the source of the additional funds?

15. Did grantee contribute local funds on a pro-rata matching basis toward all disbursements as required?

16. Did grantee establish a "Retainage Account" required by state law for all public works projects in excess of \$100,000?

17. Name of trustee for retainage agreement/account

Held at State

18. Did grantee make timely pro-rata contributions of local funds to retainage account(s) in addition to CDBG funds? (Required)

19. Has retainage account been disbursed?

a. If not, describe any outstanding Grantee/Contractor disputes or other factors delaying liquidation of retainage account

Comments

CDBG CLOSEOUT WORKSHEET

		Budget				Actual			
Item	Activity	CDBG	Local	Other	Total	CDBG	Local	Other	Total
	TOTAL								

NATIONAL OBJECTIVE

1. Which of the following criteria was used to determine whether this CDBG assisted activity complied with one of the national objectives as required under 570.200(a)(2)?
 - Activities benefiting low and moderate income persons [Regulation References: 570.208(a)(1) and 570.483(b)]
 - Area Benefit Limited Clientele Housing Job Creation and Retention
 - Activities which aid in the prevention or elimination of slums or blight [Regulation References: 570.208(b)(1) and 570.483(c)(1) and (2)]
 - Area Basis Spot Basis
 - Activities designed to meet community development needs having a particular urgency or imminent threat to health and safety [Regulation Reference 570.208(c) and 570.483(d)]

ACTIVITIES BENEFITING LOW AND MODERATE INCOME PERSONS

AREA BENEFIT

REGULATION REFERENCES: 570.208(A)(1) AND 570.483(B)(1)

1. An activity, the benefits of which are available to all the residents in a particular area, where at least 51% of the residents are low and moderate income persons.
2. Was 51% LMI determined by
 - HUD Census Data
 - Income Survey (If yes, the following are required.)
 - 1) Certified by _____ Date _____
 - Description of service area and how it was determined
 - Population list and description of how it was determined
 - Copy of completed sample size calculator screen print
 - Description of process used to draw sample from population
 - Copy of list of families that form initial sample
 - Copy of list of families actually sampled
 - Description of why families were replaced and procedure adopted
 - Comparison of survey results with most recent LMISD
 - Income Survey Certificate
 - LMI Worksheet

**ACTIVITIES BENEFITING LOW AND MODERATE INCOME PERSONS
LIMITED CLIENTELE**

REGULATION REFERENCES: 570.208(A)(2) AND 570.483(B)(2)

- An activity which benefits a limited clientele, at least 51% of whom are low and moderate income persons.
- An activity which benefits a limited clientele who are generally presumed to be principally low and moderate income persons by HUD regulations. Which presumptive category does this project benefit?
 - Abused Children Battered Spouses Handicapped Persons
 - Elderly Persons (62+) Migrant Farm Workers Persons with AIDS
 - Homeless Persons Illiterate Persons
- An activity which is of such nature and in such location that it may be concluded that the activity's clientele will primarily be low and moderate income persons.
 - a. When inspecting the facility/service, is there any reason to believe that this activity does not meet the needs of low and moderate income persons? Yes No
 - 1) If yes, the reason for believing that this activity does not meet the needs of low/mod persons is because:
 - Although beneficiaries are members of a segment of the population presumed to be low/mod by Grant Services, there is reason to believe the majority are not low/mod, or
 - At the site of the activity, information on the income status of participants is not being requested or updated or properly assessed as it should be, or
 - Although the nature and location of an activity would lead you to believe that the beneficiaries are low/mod, viewing the activity leads you to think otherwise.
 - b. Based on the above, do you believe the activity qualifies as benefiting low and moderate income persons? Yes No
 - 1) If no, explain: _____

PREVENTION OR ELIMINATION OF SLUMS OR BLIGHT

REGULATION REFERENCE 570.208(B)(1) AND 570.483(C)(1) AND (2)

- Areawide basis Spot basis

ELIGIBLE ACTIVITIES

	Yes	No	N/A
1. Were any ineligible activities conducted which were not in compliance with CDBG regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is grantee fully aware that the CDBG assisted facility must continue to be used for its intended purpose for five years from the date of close out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does grantee understand the reversion requirement of CDBG funds used for facilities which failed to meet the national objective or failed to retain their intended use for a minimum of 5 years after close out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were there any changes to the scope of the project or the intended beneficiaries during the process from beginning to end?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Did those changes affect the national objective or eligibility guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have the national objective and project eligibility guidelines been met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were citizens well informed of the scope of this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there any citizen complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Did grantee make every effort to resolve citizen complaints within a reasonable time period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Was a site visit conducted as a part of the monitoring process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the facility accommodate the national objective and program beneficiaries as projected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Beneficiaries _____ Actual Beneficiaries _____			
10. If this project was for sewer or water, are all new users connected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was the facility being used for any purpose other than that intended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were any special assessments or user fees being charged or assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the CDBG assisted facility fully insured with proof of insurance available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Was it necessary to review intake documents at the project site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Did intake documents substantiate 51% low to moderate income level of program beneficiaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is project generating "Program Income"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Does program income from all CDBG assisted projects exceed \$25,000 per calendar year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is grantee aware that CDBG Program Income must be disbursed, in accordance with CDBG guidelines, prior to the award or drawdown of additional CDBG funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIST OF DOCUMENTS TO BE RECEIVED BY GRANT SERVICES

- Affirmatively Further Fair Housing Checklist (Civil Rights Form 3)
 - Evidence selected activity completed
- Section 3 Compliance (Civil Rights Form 8)
- Certificate of Accessibility (Civil Rights Form 9)
- Updated Disclosure Report
- Notice of Completion/Final Inspection (Labor Standards Form 16)
- Final Wage Compliance (Labor Standards Form 15)
- Federal Cash Control Register (Financial Management Form 1)
- Contract Obligations Control (Financial Management Form 2)
- Contractor Expenditure Ledgers (Financial Management Form 3)
- Property Inventory form (Financial Management Form 4)
- Local Match Ledger form (Financial Management Form 5)

If not already received:

- Engineer/Architectural Services Contract
- Grant Administration Services Contract
- Notice of Contract Award (Labor Standards Form 7)
- Preconstruction Conference Acknowledgement (Labor Standards Form 8)
- Notice to Start Construction (Labor Standards Form 12)

If applicable:

- Small Purchase Method Documents
- Properties or Easements Acquired after ROF
- Restitution Payments
- Apprenticeship Program verification
- Change Orders for more than 20% and written statement from Engineer/Architect
- Justification for holding funds more than 5 days
- Income Survey Documents
- Intake Documents
- Photo(s) of Project

SUBRECIPIENT AGREEMENTS

SECTION NOT APPLICABLE

Subrecipient Agency Name _____

Date Subrecipient Agreement Signed _____

	Yes	No	N/A
1. Was the Subrecipient Agreement reviewed at ROF's?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date Lien and Restrictive Covenant recorded?	_____		
3. Were the Third Party Contract Provisions attached to the Subrecipient Agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the grantee forward CDBG funds to the Subrecipient for payment to contractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Was a separate ledger account created for tracking grant funds and local matching funds specifically for this project? (Required by I.C.36-1-8-12 effective 7/1/97)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was Federal Cash Control Register maintained and available for review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Was Contract Obligations Control listing all contracts maintained and available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were Contractor Expenditure Ledgers (separate ledger for each contractor) maintained and available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Was Property Inventory form completed and available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Were drawdowns limited to the minimum amount of funds needed to pay current expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Do source documents backup expenditures and draws (invoices, billings)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Were Federal Funds greater than \$5,000 held longer than 5 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) If so, can the subrecipient justify why the funds drawn down were not disbursed under the required time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the subrecipient's performance consistent with CDBG regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is subrecipient aware of the minimum length of time the CDBG assisted facility must continue to be used for its intended purpose as specified in the contract agreement with the grantee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does subrecipient understand the reversion requirement of CDBG funds used for facilities which failed to meet the National Objective or failed to retain the intended use for a minimum of five years after closeout?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the Grantee have a procedure in place to monitor the subrecipient's compliance with 24 CFR 570.503 for a period of five years after the Certificate of Completion is issued by Grant Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

RELOCATION

REFERENCE: HUD HANDBOOK NUMBER 1378

SECTION NOT APPLICABLE

	Yes	No	N/A
1. Did each person occupying the property receive an informational brochure explaining their rights under the Uniform Relocation Assistance Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did each person receive timely written notice of eligibility for relocation assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was each person personally interviewed to determine person's relocation needs and preferences and to explain rights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were appropriate social services provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did grantee provide referrals to suitable replacement locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did grantee provide appropriate technical aid to re-establish business operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did grantee receive timely written identification of location and price (or rent and utility costs) of specific comparable replacement dwelling used as basis for determining maximum replacement housing payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did person receive referrals to other comparable replacement housing units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did grantee inspect replacement housing unit to which person moved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did grantee inspect comparable replacement housing unit on which maximum replacement housing payment was based?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did grantee inspect other housing units before referral or notify person at time of referral of requirement for inspection before payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did persons ordered to vacate, receive prior 90-day notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If a 90-day notice was issued, did person receive prior referral to comparable replacement housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. If applicable, was 30-day vacate notice delivered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Were payments made promptly, including advance payments, where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Was rental charge reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Were dwelling units maintained in safe and habitable condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If temporarily relocated, was person reimbursed for out-of-pocket expenses (increased housing costs and moving expenses to and from the temporary unit)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Was housing decent, safe and sanitary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Did tenant receive lease with rent and other terms and conditions in accordance with applicable standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Were there any relocation appeals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Were persons whose appeal was partially or fully denied informed of right to appeal to State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

**ACTIVITIES BENEFITING LOW AND MODERATE INCOME PERSONS
HOUSING ACTIVITIES**

REGULATION REFERENCE 570.208(A)(3) AND 570.483(B)(3)

1. An eligible activity carried out for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by low and moderate income households. Which of the following eligible activities does this project address?
- Rehabilitation (100% LMI)
 - Acquisition or public infrastructure (51% LMI)

**ACTIVITIES BENEFITING LOW AND MODERATE INCOME PERSONS
JOB CREATION AND RETENTION**

REGULATION REFERENCE 570.208(A)(4) AND 570.483(A)(4)

1. An activity designed to create or retain permanent jobs where at least 51% of the jobs, computed on a full time equivalent basis, involve the employment of low and moderate income persons. The activity must meet the following criteria:
- For an activity that creates jobs, grantee must document that at least 51% of the jobs are held by or have been made available to low and moderate income persons.
 - For an activity that retains jobs, the grantee must document that the jobs would actually be lost without the CDBG assistance and that either or both of the following conditions apply with respect to at least 51% of the jobs at the time the CDBG assistance is provided:
 - The job is known to be held by a low or moderate income person, **OR**
 - The job can reasonably be expected to turn over within two years after project completion, and that steps will be taken to ensure that it will be taken to ensure that it will be filled by, or made available to, a low or moderate income person upon turnover.
- a. Provide the following information relative to this project:
- 1) Jobs goal _____
 - 2) Jobs actual (at date of monitoring) _____
 - 3) Number LMI _____
 - 4) Percentage LMI _____
 - 5) Were the jobs created those listed on the job creation agreement?
 - a) If not, is a justification provided? _____
- b. Describe methodology used to properly document compliance with job creation/retention regulatory requirements:
-

PARTICULAR URGENCY OR IMMINENT THREAT

REGULATION REFERENCE 570.208(C) AND 570.483(D)

- An activity will be considered to address this objective if the recipient certifies that the activity is designed to alleviate existing conditions which pose a serious and immediate threat to the health or welfare of the community and are: Of recent origin (within 18 months) AND
- No other sources of funding available (documentation required)

Financial Monitoring Report

Grantee:

Grant #:

Project:

Drawdown/Reversion Summary:

CDBG Funds Allocated:

Less Drawdowns:

Reversions:

Expense/Refund Summary:

Drawdowns Received:

Program Income Received:

Total Funds Received:

Expenses at Monitoring:

Refunds Due:

Budget Compliance Summary:

Program Activity:

**Budgeted Amount
Allocated**

**Grant Funds
Expended**

**Program Income
Applied**

**Total Expenses at
Monitoring**

Totals:

MONITORING DATA ENTRY SHEET

Grantee _____

Grant Number _____

Participating Industry _____

Environmental Review Met _____

Release of Funds Date _____

Administrative Firm _____

Administrator Name _____

Date of Monitoring _____

Type (Final/Interim) _____

Final Project Transaction Date _____

Number of Findings Noted in Letter:

Procurement _____

Environmental Review _____

Financial _____

Labor Standards _____

Performance _____

MBE/WBE Participation _____

Reporting _____

Local Match _____

Job Creation/Beneficiaries _____

Acquisition _____

FHEO _____

Date of Letter _____

Date Response is Due (if applicable) _____

Number of Unresolved Findings

Comments Regarding Unresolved Findings

Procurement _____

Environmental Review _____

Financial _____

Labor Standards _____

Performance _____

MBE/WBE Participation _____

Reporting _____

Local Match _____

Job Creation/Beneficiaries _____

Acquisition _____

FHEO _____

Response Received _____

Date Findings Resolved _____

Step 1C Due _____

Step 2 Due _____

Monitor _____

Contractor Info. Entered in MITAS _____

MITAS STAGES _____

MITAS TREE _____

Grant Administrator Monitoring Summary

Grantee _____

Grant Number _____

Grant Administrator Name _____

Firm _____

Date of Monitoring _____

Type (Final/Interim) _____

Date of Monitoring Letter _____

Date Findings Resolved _____

Number of Deficiencies _____

Deficiency is something that can be corrected. Most issues found in a monitoring will fall under this area. The administrator will have 30 days from the date on the monitoring letter to resolve a deficiency. If the deficiency is not resolved within 30 days, it becomes a violation.

Number of General Findings _____

General Finding is any deficiency that cannot be corrected. An example is a Semi-Annual Report that was not submitted by the deadline. Each general finding will count as 1/3 of a violation. It takes 3 general findings to count as 1 violation.

Number of Grantee Only Findings _____

Grantee Only Findings are those requirements that are the primary responsibility of the City, Town or County. A Grantee Finding will not be counted against the Grant Administrator. Example: The City did not issue payment within 5 business days; however, payment was made on the 6th day. This does not mean the Grant Administrator can ignore this requirement. If the Grant Administrator has not overseen this issue and payment was not made for 30 days, it would be a Grantee Finding as well as a General Finding.

If the same deficiency is documented in multiple letters to the same Grant Administrator, it will become a violation against the Grant Administrator's certification.

Entered into Violations Record _____