

## **H. MONITORING AND CLOSEOUT**

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## **H. MONITORING AND CLOSEOUT**

### **Task H-1: Monitoring of LCDBG Programs by the State**

The LCDBG staff may schedule a monitoring visit with the City/Parish at any time to review the program performance on site. A visit may be a comprehensive program evaluation or it may be oriented toward assessing performance in specific areas. In either case, you should cooperate with the State staff and provide them with all records and files pertaining to the program, as well as any other information requested. Before the LCDBG staff leaves your community, they will sit down with you to discuss their findings in an exit conference; it is desirable that the chief elected official be present for this conference. The LCDBG staff, to the extent possible, will work with you on site to correct any problems. Any problems that cannot be corrected will be discussed in the monitoring letter.

Following the monitoring visit, the State will send you a letter which identifies both the positive and negative findings of the monitoring review. **Exhibit H-1** provides an example of a monitoring letter. Since this letter becomes a part of your record at the State, it is to your advantage to minimize the number and scope of negative findings.

The State generally allows you thirty to forty-five days to respond to the findings of deficiency noted in the letter. You must describe all corrective actions taken or provide new information not reviewed during the visit. An example of a response to the State's monitoring letter is given in **Exhibit H-2**. The corrective actions should generally follow the recommendations made by the LCDBG staff. State staff will then inform you if your response is sufficient to permit them to clear the findings. All findings from monitoring visits must be cleared prior to closeout.

**Exhibit H-3** contains the monitoring checklists that the LCDBG staff utilizes when monitoring LCDBG programs on-site. These checklists were current at the time this handbook was prepared; however, they are revised continuously to reflect changes in State and Federal regulations.

### **Task H-2: Preparing the Program Completion Report**

Upon completion of the project, the grantee must take the steps necessary to close-out its program. The program cannot be closed out until the improvements/construction undertaken with grant funds is in full operation. For example, the program funding a new sewerage collection and treatment system cannot be closed-out until the households are connected to the system and the system is fully functional.

All grantees are required to submit a Program Completion Report when all activities are complete. The forms which comprise this report are shown in **Exhibit H-4**. The instructions for the completion of each form in this report are also provided.

When preparing these forms, these general guidelines should be kept in mind:

- ~ Identify activities on the forms exactly as they are identified in the contract or as

were established by any program amendments.

- ~ Provide current data on obligated and expended amounts by activity. In most instances, the amount obligated will be the same as the amounts expended.
- ~ On all tables, make sure that the rows and columns of figures subtotal accurately.
- ~ Identify methods used to determine beneficiaries. For new water and sewer systems, the beneficiaries will be determined by the persons actually connected to the new system.
- ~ Submit two copies of the report to the Division of Administration/Office of Community Development.
- ~ Submit three copies of the Certificate of Completion all of which have original signatures.

As part of the Completion Report, the grantee must prepare three Certificate of Completion forms, all of which must have original signatures. This form summarizes all costs incurred by the program which was paid for with LCDBG funds and program income. If grant funds received exceed grant costs, you will be notified by the State to send a check for the amount of excess grant funds received. The State will also ascertain the amount of grant funds utilized for administrative costs; any funds in excess of those allowed by the State will also have to be returned.

The State will also require a clear lien certificate and copies of any change orders issued to the construction contract prior to closing-out the program.

Upon receipt and approval of your Certificate of Completion and a check for excess grant payments, when applicable, the State will make any necessary adjustments to your LCDBG account. The State will also monitor funds earmarked for the payment of unpaid costs and unsettled third party claims. If unsettled third party claims were included, upon resolution of these claims, you must submit a revised Certificate of Completion for State review before the project can receive a final close out.

When the State considers the closeout documents to be complete and in order, you will be notified in writing.

In most instances, a grantee will receive conditional closeout prior to receiving a final closeout. Conditional closeout is given when all audit/monitoring findings have been cleared, the Program Completion Report has been accepted, the final disposition of funds is accepted by the State, a clear lien certificate has been issued, all change orders have been reviewed, and a Final Wage Compliance Report has been accepted. Generally, a conditional closeout is given prior to a final closeout because all financial reports covering the expenditure of the total LCDBG funds have not been received. In such instances, upon receipt and acceptance of the final audit, final closeout is given by the State. Prompt closeout of your grant is most desirable since the State views it as an indicator of local capacity. Delays in program closeout may be indicators of poor performance and can influence the State's review of subsequent applications.

**For different reasons, some grants are terminated after LCDBG funds have been requested, received, and expended prior to the completion of the project. In such**

**instances, the local governing body must prepare a Certificate of Completion and submit it to the Office of Community Development as part of the closeout process. A Certificate of Completion is not necessary when no LCDBG funds have been expended.**

### **Task H-3: Audit and Financial Review Findings**

Under the provisions of the Single Audit Act of 1996 (OMB Circular A-133), a single audit is required whenever the amount of federal financial assistance (LCDBG program funds plus all other federal financial assistance, both direct and indirect) expended in a fiscal year equals or exceeds \$300,000. (Beginning with the Fiscal Year Ending December 31, 2003 the threshold rose to \$500,000.) For further guidance see **Task A-6: Audit Process**. One of the purposes of audits is to perform a compliance review of the recipient of federal funds with federal and state program requirements. When an auditor finds an area of noncompliance with program requirements he is required to make a supplemental report of findings and/or questioned costs. Grant recipients should insure that their responses are included in the audit report. The Office of Community Development reviews all audit reports to insure audit findings are addressed. Examples of audit findings and questioned costs are found in **Exhibit H-5**. A sample response is found in **Exhibit H-6**.

### **Task H-4: Understanding Corrective and Remedial Actions**

The Office of Community Development has established the following policy for addressing improper or inadequate performance by recipients of LCDBG funds. This policy is commonly known as the “Sanction Policy.”

#### **Introduction**

This policy describes the types of administrative actions that can be taken by the Office of Community Development in cases of improper or inadequate performance by recipients of LCDBG Program grants. In each instance, to the extent possible under the circumstances, the action taken will be intended, first, to prevent a continuation of the deficiency; second, to mitigate any adverse effects or consequences of the deficiency; and, third, to prevent a recurrence of the same or similar deficiencies.

#### **Types of Deficiencies**

A deficiency is an instance of non-performance of activities or non-compliance with requirements set forth in the contract between the State of Louisiana and the recipient of LCDBG funds. Examples of deficiencies include, but are not limited to, the following:

1. Failure to clear monitoring findings within 120 days of the issuance date by the Office of Community Development. An on-site monitoring visit (for the purpose of assuring the grant recipient’s compliance with the federal and state requirements governing the LCDBG Program) may be conducted as a matter of routine monitoring or whenever problems come to the attention of the Office of Community Development. Following the monitoring visit, a letter is written to the grant recipient that identifies findings of deficiency as well as findings of merit, the

corrective action required to clear findings of deficiency, and a target date for the accomplishment of the corrective actions. Upon receipt and review of the grant recipient's response, the Office of Community Development determines whether or not the response is sufficient to resolve the findings. If any monitoring findings are not properly resolved by the initial target date, the grant recipient is advised of such and is assigned a second target date for the clearance of those findings. All monitoring findings not resolved by the second target date remain open until resolved.

2. Failure to file reports as required or failure to file reports within established timeframes. Such reports include but are not limited to the Minority Business Report, financial reports, and closeout documents.
3. Failure to resolve an audit finding within 120 days of the issuance date by the Office of Community Development.
4. Incurring costs for ineligible activities in accordance with state and federal regulations.
5. Lack of continuing capacity to administer the LCDBG program.
6. Failure to execute approved activities in accordance with the implementation schedule included between the State and the grant recipient.
7. The implementation of a program change without prior written approval from the Office of Community Development.

### **Notice of Deficiency**

The first step in the corrective procedure is for the Office of Community Development to send a written Notice of Deficiency to the grant recipient. The notice will describe the deficiency specifically and objectively, describe actions the grant recipient must take in order to remedy the deficiency and a deadline for doing so, and describe the consequences for failure to remedy the deficiency (i.e. administrative sanctions or legal action).

### **Sanctions**

If the deficiency remains uncorrected, one or more sanctions will be imposed. The choice of the sanction(s) to be issued is governed by the objectives identified in the Introduction, the type of deficiency, and the seriousness of the deficiency. Possible sanctions include but are not limited to:

1. Required administrative change: For example, if the consultant administering the program is doing a poor job but the grant recipient has the continuing capacity to administer the grant, the grant recipient may be required to discharge the consultant and engage someone else to administer the program.
2. Suspension of grant payments.
3. Reduction of grant amount.

4. Termination of grant.
5. Reimbursement of costs disallowed by the Office of Community Development.
6. Disqualification from consideration for other LCDBG funds. The criteria for disqualification shall be consistent with, but not limited to, the State's threshold requirements for funding.
7. Legal action pursued by the State.

If the recipient does not address the cited problem after having been sanctioned, additional sanctions may be imposed, or the matter may be referred for legal action.

### **Appeals**

The grant recipient may appeal any imposed sanctions through the following process. The grant recipient must submit a written request for an appeal within ten working days after the written notice of sanction has been received. A written decision shall be rendered within ten working days of receipt of the request for appeal unless additional time is agreed to by the recipient.

### **Duration of Imposed Sanction**

The Office of Community Development will maintain a sanction list of those sanctions which render the recipient ineligible for additional grant awards. The list will identify the recipient, a brief description as to why the sanction was imposed, and what steps must be taken to remove the sanction.

The sanction will remain in effect until the deficiency has been corrected or for no more than ten LCDBG program years with the following exception. Sanctions involving LCDBG funds which were expended for ineligible activities as identified in the federal regulations (24CFR 570.207) cannot be excused unless those funds have been repaid to the State or a satisfactory arrangement for the repayment of those funds have been made and payments are current. The grant recipient will be advised in writing when the sanction has been lifted.

### **Internal Procedures for Issuing/Clearing Sanctions**

1. If a Local Government Rep (LGR) feels that he/she should issue a sanction, he/she should set up a meeting which includes his/her Program Manager, the Policy and Programs Coordinator, and the Community Development Director. The purpose of this meeting will be to determine if a sanction should be issued. If a determination is made to issue a sanction, the penalty/time frame attached to that sanction will also be determined. Every effort will be made to insure consistency among the sanctions imposed.

2. The LGR will advise the recipient in writing of the sanction. That letter will identify the deficiency which has resulted in the sanction, the steps that can be taken to correct the deficiency, the penalty which will be imposed, and any timeframe associated with the sanction. If the recipient will be prohibited from receiving LCDBG funds for a specified time period, the timeframe must be clearly and specifically identified. A copy of this letter will be given to the

Policy and Programs Coordinator.

3. The Policy and Programs Coordinator will be responsible for maintaining the Sanction List which tracks those sanctions having an effect on a potential applicant's eligibility for future funding. The information contained in the letter issuing the sanction will be summarized on this list.
4. When the recipient corrects the deficiency or the timeframe associated with the sanction period ends, the LGR will advise the grant recipient of such in writing. A copy of that letter will be given to the Policy and Programs Coordinator who will remove the grant recipient from the Sanction List, if applicable.
5. The permanent working files for the grant associated with the sanction must remain in the Office of Community Development as long as the sanction is in effect; these files cannot be archived until the sanction has been lifted.
6. The final determination of the issuance and clearance of each sanction rests with the Director of the Office of Community Development.

STATE'S MONITORING LETTER

July 5, 2003

RE: Monitoring Report  
FY 2002 LCDBG Program  
Contract Number 101-0000

Dear Mayor \_\_\_\_\_:

On June 7, 2003, members of this office visited your City for the purpose of monitoring your FY 2002 Louisiana Community Development Block Grant (LCDBG) Program. The courtesy and cooperation extended to the staff during their visit is appreciated.

During their visit, a review of selected items was undertaken in the following program areas: (a) National Objectives, (b) Program Performance, (c) Environmental Review, (d) Record Keeping, (e) Public Facility Improvements, (f) Fair Housing/ Equal Opportunity, (g) Labor Standards, (h) Procurement, (i) Citizen Participation, (j) Financial Management, (k) Anti-Displacement, (l) Acquisition, and (m) Disclosure.

Their review indicated that you have the continuing capacity to carry out the program activity in a timely manner. The program has been implemented in accordance with the requirements and primary objectives of the Housing and Community Development Act and other applicable laws, with the exceptions identified herein. Although other deficiencies may exist, they were not detected during our review.

FINDINGS OF DEFICIENCY

LABOR STANDARDS

Our review of this area encompassed the bid/contract document, payrolls sheets, employee interview forms and wage decisions.

Finding Number 101-0000-1-1-030

The Statements of Compliance for the payrolls of Oops, Inc. were signed by Ms. Fizzy Deshotel, payroll clerk. All Statements of Compliance must be signed by a company official or an "authorized" payroll signor as required in **Task B-1** of the Grantee Handbook.

Corrective Action Required: In order to clear this finding, the City must submit a copy of the written authorization from Oops, Inc. designating Ms. Deshotel as the authorized payroll signor.

## FINANCIAL MANAGEMENT

A review of the financial management records for the LCDBG Program was conducted. The records were tested for compliance with the requirements of OMB Circulars A-87 and A-102 and with other federal and state laws, regulations, and policies.

### Finding Number 101-0000-1-1-010

In reviewing the financial management records, it was noted that bank statements were missing for the months of December, 2002, January, 2003, February, 2003, August through December, 2003, and January, 2004. Also there were no canceled checks for check numbers 1003, 1004, 1005, 1006, and 1007. Without this documentation, the City cannot be considered as having a complete set of financial records.

Corrective Action Required: The City must provide us with copies of the missing bank statements and canceled checks identified herein. Following our review of those items, we will advise you if any other action must be taken.

### Finding Number 101-0000-1-1-011

One of the LCDBG program requirements is that all local officials and employees who sign checks and/or handle the program funds be bonded in accordance with State law (refer to **Task A-3** in the Grantee Handbook). There was no evidence in the files to indicate that any of the elected officials in your City who are authorized to sign checks are bonded.

Corrective Action Required: Please provide us with documentation to support that those persons signing the LCDBG checks are bonded.

## FAIR HOUSING/EQUAL OPPORTUNITY

Our review of this area encompassed recipient employment, Section 3 and Section 504 requirements, fair housing, and program beneficiaries.

### Finding Number 101-0000-1-1-040

Although the City has a Section 3 Plan, it does not cover actual and anticipated hiring's. Please refer to the sample Section 3 Plan included in **Exhibit B-5** in your Grantee Handbook.

Corrective Action Required: The City must revise its Section 3 Plan to include current employment data. The City must fill out the "Anticipated City/Parish Hiring" portion of the Section 3 Plan and submit the revised plan to us.

### Finding Number 101-0000-1-1-041

When the City signed the Assurances in its application, it agreed to take actions which would further fair housing in the City. According to information in the files, the only action taken by the City to further fair housing was the adoption of a Fair Housing Ordinance; that ordinance was adopted for a previous funding program and cannot be considered as an action taken to further fair housing during the course of the FY 2002 LCDBG Program.

Corrective Action Required: The City must undertaken some other activity which will further fair housing in the community. Examples of such activities are provided on pages 30 - 31 in the

first section of the Grantee Handbook. Although it is not shown on those pages, the City may also choose to hold a fair housing seminar for its citizens. Once you have accomplished this, please send us documentation of such.

### PUBLIC FACILITY IMPROVEMENTS

The review of this area encompassed the bid document, construction contract, project plans and specifications, and contractor certifications as related to the construction undertaken by Oops, Inc.

#### Finding Number 101-0000-1-2-110

At the time of our visit, no evidence could be found to support that the plans and specs for the sewer project had been reviewed by the appropriate state agency.

Corrective Action Required: Please submit documentation to support that the plans and specs for this project were submitted to the appropriate state agency for their review.

### PROCUREMENT

The City's general files on procurement were reviewed in addition to the procurement procedures utilized in hiring engineering, administrative consulting, and construction services.

#### Finding Number 101-0000-1-2-080

The contract between the City and the engineering firm did not contain the following required language: Termination for Cause; Termination for Convenience; Equal Opportunity; Title VI; Access to Records; Conflict of Interest; Section 3; and Section 109.

Corrective Action Required: The contract must be amended to include all the provisions listed above and a copy submitted for our review.

### AREA OF CONCERN

#### FINANCIAL MANAGEMENT

Two checks written on the LCDBG account had only one signature. As of June, 2002, we require two signatures on all checks written from LCDBG funds.

### FINDINGS OF MERIT

#### NATIONAL OBJECTIVES

The City's local survey revealed that approximately eighty-one percent of the persons benefitting from the sewer project were of low and moderate income. The City is maintaining a copy of the local survey in its files. Based upon our review of the target area during the monitoring visit, this figure appears accurate.

#### PROGRAM PERFORMANCE

The City's actual progress in completing the program activities in accordance with the schedule (Exhibit B) in the contract with the State was reviewed. That schedule projects that the construction of the project will be complete by February of 2005. Therefore, the program is progressing ahead of the proposed schedule.

#### ENVIRONMENTAL REVIEW

No activities or project sites have changed from those approved in the original application for funds. Therefore, the previously accepted Environmental Review Record remains relevant and complete.

#### RECORD KEEPING

The City is maintaining the program records in accordance with the State's program requirements. When the staff requested specific information during the monitoring visit, the supporting documentation was easily retrievable.

#### ANTI-DISPLACEMENT

No displacement occurred as a result of this grant. A review of the anti-displacement file was made and it was found to be in compliance with the LCDBG program requirements.

Please submit the items necessary to address the findings of deficiency to us no later than August 30, 2004. Your cooperation in this matter will be appreciated. If you have any questions or need further clarification, please contact Silly Dote at 504/342-7412.

#### CITIZEN PARTICIPATION

The citizen participation files were reviewed for and found to be in compliance with the federal and state program requirements.

#### DISCLOSURE

The initial and updated disclosure reports were reviewed for compliance with the LCDBG program requirements. It was determined that acceptable disclosure reports were submitted as required.

Sincerely,

Ms. Nelly Claton  
OCD Director

## EXAMPLE

### RESPONSE TO STATE'S MONITORING LETTER

August 25, 2004

Ms. Nelly Clayton  
Division of Administration  
Post Office Box 94095  
Baton Rouge, Louisiana 70804

Dear Ms. Clayton:

This letter is in reference to your letter of July 25, 2004.

#### LABOR STANDARDS

##### Finding Number 101-0000-1-1-030

Enclosed is a copy of the written authorization from Oops, Inc. designating Ms. Deshotel as the authorized payroll signor.

#### FINANCIAL MANAGEMENT

##### Finding Number 101-0000-1-1-010

The missing bank statements and canceled checks requested in your letter are enclosed.

##### Finding Number 101-0000-1-1-011

Enclosed is documentation which supports that all City officials are now bonded in accordance with State Law.

#### FAIR HOUSING/EQUAL OPPORTUNITY

##### Finding Number 101-0000-1-1-040

A copy of the revised Section 3 Plan is enclosed.

##### Finding Number 101-0000-1-1-041

Documentation of other activities that we have now undertaken to further fair housing is enclosed.

## PUBLIC FACILITY IMPROVEMENTS

### Finding Number 101-0000-1-2-110

Enclosed is a letter from the Department of Health and Hospitals regarding their review of the plans and specs for the sewer project.

## PROCUREMENT

### Finding Number 101-0000-1-2-080

Our amended contract with the engineering firm is enclosed.

I am sorry we had so many findings. We had no idea that your monitoring staff would be looking so closely at our files. I wish we had followed the suggestions made during the Grantee Workshop; if we had, then we could have saved ourselves a lot of trouble trying to clear the findings. I give you my written assurance that we will do better on our next grant.

Sincerely,

Mayor \_\_\_\_\_

Enclosures

Monitoring

Checklists



**Acquisition of Property (Part 1)**

Nov. 2004

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

Yes      No      N/A

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

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

Was exempt acquisition involved? \_\_\_\_\_

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

- A. **Acquisition from another public agency?** \_\_\_\_\_

1) Identify other public agency: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

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

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

Comments: \_\_\_\_\_

- C. **Leases?** \_\_\_\_\_

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

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

Comments: \_\_\_\_\_

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

Comments / Recommended Corrective Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Acquisition of Property (Part 2)**

April, 2003

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

1. Address of property acquired. \_\_\_\_\_

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

\_\_\_ single family residential    \_\_\_ industrial    \_\_\_ non-profit organization    \_\_\_ multi-family residential  
\_\_\_ commercial    \_\_\_ other [identify] \_\_\_\_\_

3. Owners (Indicate whether occupant). \_\_\_\_\_

4. Tenants. \_\_\_\_\_

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

\_\_\_\_\_

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

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

b. Date of "Notice of Intent to Acquire": \_\_\_\_\_

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

**Appraisal Process...**

7. Was an appraisal required? **Yes** \_\_\_ **No** \_\_\_

~ If **No**, explain why an appraisal was not required. (i.e., if the value of property was less than \$2,500; voluntary acquisition; etc.)

\_\_\_\_\_

\_\_\_\_\_

~ If an appraisal was not conducted because the property was valued at less than \$2,500, list the documentation used to determine the fair market value of the property.

\_\_\_\_\_

\_\_\_\_\_

~ If **Yes**,

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

Yes \_\_\_ No \_\_\_ Amt. \_\_\_\_\_ Date \_\_\_\_\_

> If **Yes**, continue.

b. Was a review appraisal conducted? Yes \_\_\_ No \_\_\_ Amt. \_\_\_\_\_ Date \_\_\_\_\_

c. Does the appraisal and review appraisal disregard the influence of the project on the fair market value? Yes \_\_\_ No \_\_\_

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

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

~ If **Yes**, explain. \_\_\_\_\_  
\_\_\_\_\_

f. Were the owners invited to accompany the appraisers on their inspection of the property? Yes \_\_\_ No \_\_\_

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

8. a. Purchase Offer. Prior to any bargaining, did grantee furnish owner a firm written offer stating all basic terms and conditions to purchase his property at the full amount determined to be just compensation? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

b. Date owner accepts offer to donate, or rejects offer. \_\_\_\_\_

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

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

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

> If **Yes**, explain. \_\_\_\_\_

c. Date final contract entered into: (all parties) \_\_\_\_\_

d. Date condemnation proceedings initiated, if applicable: \_\_\_\_\_

e. Date Quick Take proceedings initiated, if applicable: \_\_\_\_\_

f. Date estimated just compensation deposited with court: \_\_\_\_\_

g. Date title vested in agency: \_\_\_\_\_

h. Date 90-day notice to vacate property: \_\_\_\_\_

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

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

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

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

Comments / Recommended Corrective Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anti-displacement (Part 1)** November, 1996

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

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

Comments / Recommended Corrective Action: \_\_\_\_\_  
 \_\_\_\_\_

**Compliance with National Objectives** November, 1996

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_

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

Comments / Recommended Corrective Action: \_\_\_\_\_  
 \_\_\_\_\_

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

**Citizen Participation**

June, 2002

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Comments / Recommended Corrective Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Disclosure</b>	July, 2000
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Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Yes</u>	<u>No</u>
------------	-----------

1. Is the grantee's initial Disclosure Report being maintained in the files? \_\_\_\_\_

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

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

➔ Have one of the five instances occurred? \_\_\_\_\_

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

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

- date 1<sup>st</sup> updated report received: \_\_\_\_\_
- date 2<sup>nd</sup> updated report received: \_\_\_\_\_
- date 3<sup>rd</sup> updated report received: \_\_\_\_\_

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

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

- Was it necessary to advise grantee of this measure? \_\_\_\_\_

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

Comments / Recommended Corrective Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Environmental Review**

November, 1998

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

Yes      No      N/A

1. Were all activities exempt from the environmental review process? \_\_\_\_\_

~ If **No**, complete remainder of checklist.

2. Has an activity or project site changed since review of original ERR? \_\_\_\_\_

~ If **Yes**, was the ERR amended and sent to OCD for review? \_\_\_\_\_

~ If **No**, note the date an amended ERR will be submitted: \_\_\_\_\_

3. Did the Historic Preservation Officer request additional information before or during construction? \_\_\_\_\_

~ If **Yes**, is there documentation to show compliance? \_\_\_\_\_

4. Was a 'Statutory Checklist Completion Form' completed for each home selected for rehabilitation? \_\_\_\_\_

~ If **Yes**, were copies sent to OCD? \_\_\_\_\_

Comments / Recommended Corrective Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

**Fair Housing**

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

\_\_\_\_\_

\_\_\_\_\_

**[Question # 2 applicable through FY 2005]**

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

3. Have any fair housing complaints been recorded?

\_\_\_\_\_

~ If **Yes**, explain.

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

- c. What is the status of the complaint?

\_\_\_\_\_

\_\_\_\_\_

**Equal Employment Opportunity**

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

\_\_\_\_\_

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

\_\_\_\_\_

6. Is employment data maintained?

(EEO-4 form if grantee has 100 or more employees; Workforce Analysis in handbook)

\_\_\_\_\_

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

\_\_\_\_\_

**Section 3**

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

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

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

For contracts in excess of \$100,000... (answer: **Yes**, **No** or **N/A**)  
**Prime Contractors/Subcontractors:**    1            2            3

13. Did the prime contractor(s) have any new hires? ~ If <b>Yes</b> , did the contractor(s) meet the 30% goal?	_____	_____	_____
14. Did the subcontractor(s) have any new hires? ~ If <b>Yes</b> , did the subcontractor(s) meet the 30% goal?	_____	_____	_____
15. If hiring goals were not met, list impediments or efforts taken by contractors and subcontractors to comply.  _____			
16. Was a complaint made to HUD by a Section 3 resident or business that challenged non-compliance with Section 3 on the part of the grantee, prime or sub? ~ If <b>Yes</b> , explain. _____	_____	_____	_____
a. What is the status of the complaint? _____			
b. Was there a finding of non-compliance? _____	_____	_____	_____

Comments: \_\_\_\_\_

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

**Physical Accessibility**

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

**Communications**

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

Yes      No      N/A

**Employment**

21. According to the "Summary of Previous Actions Taken", ...
- a. did the Self-Evaluation identify any practices discriminatory towards disabled persons? (i.e., advertising, tests, selection criteria, job assignment, etc.) \_\_\_\_\_  
~ If **Yes**, continue.
  - b. did the grantee adopt policies to remedy impediments? \_\_\_\_\_  
Current Policies
  - c. does the grantee have any disabled employees? \_\_\_\_\_  
~ If **Yes**, continue.
  - d. are reasonable accommodations made for a qualified applicant or employee with a disability? (restructuring/relocating job, modifying schedule, acquiring or modifying equipment, providing reader/interpreter. This can be a policy statement). \_\_\_\_\_

Other Section 504 Requirements, as applicable

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

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

**Grantee's Transition Plan**

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

Comments / Recommended Corrective Action: \_\_\_\_\_

**Financial Management**

November, 1996

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Reporting**

Reference: 24 CFR 85.20 (b)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Does grantee have complete financial statements? [Statement of Revenues, Expenditures & Changes in Fund Balance and Balance Sheet]	_____	_____	_____
2. Are the YTD statements current? [at least the preceding month]	_____	_____	_____
3. Are the financial statements accurate? [prepared on a monthly modified accrual basis]	_____	_____	_____
4. Are there any delinquent financial reports?	_____	_____	_____
5. Does grantee have more than one open LCDBG grant? ~ If <b>Yes</b> , are they accounted for separately?	_____	_____	_____
6. Is grantee reporting the program as a Capital Projects Fund?	_____	_____	_____
7. Is 'program income' being received? ~ If <b>Yes</b> , is it accounted for separately? <ul style="list-style-type: none"><li>• Is it expended before LCDBG funds are expended?</li></ul>	_____	_____	_____

**Accounting Records**

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

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

Was there evidence costs were being incurred prior to award? \_\_\_\_\_

Comments: \_\_\_\_\_



Yes      No      N/A

**Allowable Costs**

- 19. Were purchases of supplies and leasing of equipment justified? \_\_\_\_\_
- 20. Was a lease vs. purchase analysis carried out and documented? \_\_\_\_\_
- 21. Are purchases documented with purchase orders and requisitions? \_\_\_\_\_

Comments: \_\_\_\_\_

**Source Documentation**

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

Comments: \_\_\_\_\_

**Cash Management**

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

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

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

29. Financial Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_

30. Last cash disbursement:      Check # \_\_\_\_\_      Date \_\_\_\_\_      Amount \_\_\_\_\_

Comments: \_\_\_\_\_

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

What are the specific problems? \_\_\_\_\_  
 \_\_\_\_\_

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

Comments / Recommended Corrective Action: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Labor Standards** Jan-05

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

	Prime 1 General Info	Prime 2 General Info	Prime 3 General Info
Name			
Contract Amount			
Work Description			
10-Day Call			
Bid Opening			
"TDC" Decision A*			
Wage Mod A			
"TDC" Decision B*			
Wage Mod B			
Clearance Date			
Award Date			
Date of Contract			
First Day Worked			

\* "TDC" Decision means the 10-Day Call Decision in effect, according to DOL, at the time of the 10-day call.

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

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

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

1. Were "some" interviews, as listed on the previous page and defined on page 4, done?  
 \_\_\_\_\_

2. Were weekly payrolls and Statements of Compliance submitted?  
 \_\_\_\_\_

3. Were Statements of Compliance signed by a company officer or an authorized official?  
 \_\_\_\_\_

4. Did the inspection reports provide the basic elements needed to verify Davis-Bacon such as a description of work performed, worker classifications, and equipment present on jobsite?  
 Comment: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

5. Did the wage decision(s) have all job classifications needed by each contractor based on factors such as inspection reports, project type, site visits and common sense?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

6. Did the contractor request an additional classification(s)?  
 Yes ↓ No ↓ \_\_\_\_\_

7. Did the payrolls (or corrected payrolls) properly classify workers?  
 \_\_\_\_\_

8. Did the wage decision(s) require fringes for any classification used by each contractor?  
 No ↓ Yes ↓ \_\_\_\_\_

9. If fringes were required, did the contractor check Box 4-b indicating payment in cash?  
 Yes ↓ No ↓ \_\_\_\_\_

10. Did Statement of Compliance Box 4-a indicate payment into an approved plan?  
 No ↓ Yes ↓ \_\_\_\_\_

11. Did hourly rates paid always meet or exceed the total Davis-Bacon package where the total package = required hourly rate + Fringe Benefits?  
 Yes ↓ No ↓ \_\_\_\_\_

12. Were fringe benefit payments to a receiving institution verified?  
 Yes ↓ No ↓ \_\_\_\_\_

13. Was there any Davis-Bacon deficiency(ies)? (From questions 1-12 or for any other reason)  
 No ↓ Yes ↓ \_\_\_\_\_

14. Describe the Davis-Bacon deficiencies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

		1	2	3	4	5	6	7
15.	Who detected the Davis-Bacon deficiencies?	_____						
16.	Have Davis-Bacon restitution procedures been initiated or completed?	_____	_____	_____	_____	_____	_____	_____
17.	Was there any overtime? (Under Contract Work Hours and Safety Standards Act--CWHSSA)	_____						
	No Yes							
18.	Was there any deficiency in the calculation of overtime rates?	_____						
	No Yes							
19.	Describe the overtime deficiency(ies):	_____						
		_____						
20.	Who detected the overtime deficiencies?	_____						
21.	Have overtime restitution procedures been initiated or completed?	_____	_____	_____	_____	_____	_____	_____

A Labor Standards Enforcement Report (LSER) is required when: (1) restitution by a contractor, exceeds \$1,000 or (2) there were any overtime violations under CWHSSA. Violations under CWHSSA require Liquidated Damages to be addressed. The LSER is normally submitted before conditional close and after restitution and Liquidated Damages, if any, have been addressed.

22.	Has either of the requirements for a LSER been triggered? (as stated in the above paragraph)	_____						
	No Yes							
23.	Has the requirement for a LSER been triggered only due to Davis-Bacon deficiencies?	_____						
	Yes No							
24.	Then there must be overtime violation(s) which require action regarding Liquidated Damages. Payment of Liquidated Damages or a request for waiver of payment of Liquidated Damages by the contractor is required. Has the process of dealing with Liquidated Damages been initiated?	_____						
	Yes No							
25.	Has the process of submitting a LSER been initiated and/or completed?	_____	_____	_____	_____	_____	_____	_____
26.	Were there "other" deductions on the payroll reports?	_____						
	No Yes							
27.	If there were "other deductions, were employee consent forms used?	_____	_____	_____	_____	_____	_____	_____

Prime Contractors Only          1              2              3    

28. Was the Ten Day Call(s) made?  
     No      Yes  
     ↓      ↓
29. Was the Ten Day Call(s) made in a timely manner?  
     ↓      ↓
30. Was the construction contract awarded more than 90 days after the bid opening?  
     No      Yes  
     ↓      ↓
31. If more than 90 days elapsed, was a follow-up ten day call made?  
     ↓      ↓
32. Was the proper Wage Decision(s) used?  
     ↓      ↓
33. Was contractor clearance received prior to contract execution?  
     ↓      ↓
34. Was the "Notice of Contract Award" sent to OCD?  
     No      Yes  
     ↓      ↓
35. Was the Notice of Contract Award received by OCD within 30 days of the award date?  
     ↓      ↓
36. Were the Davis-Bacon and EEO posters accessible to workers?  
     ↓      ↓
37. Was the Project Wage Rate Sheet or the Wage Decision, one of the two, accessible?  
     ↓      ↓

The Definition of "Some" Employee Interviews

"Some" interviews shall include employees of the following contractors:

All Prime Contractors and any subcontractor with a contract of \$100,000 or more

Subcontractors with a large number of payroll problems with contracts of less than \$100,000

Other subcontractors, not listed above, that are on the jobsite on the date of the above interviews

"Some" shall also mean one person of each classification present on the interview date(s) and 50% of all laborers.

Comments / Recommended Corrective Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

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

**Testing:** \_\_\_\_\_ \$ \_\_\_\_\_

**Appraiser:** \_\_\_\_\_ \$ \_\_\_\_\_

**Review Appraiser:** \_\_\_\_\_ \$ \_\_\_\_\_

**Legal:** \_\_\_\_\_ \$ \_\_\_\_\_

**Auditor:** \_\_\_\_\_ \$ \_\_\_\_\_

**Other:** \_\_\_\_\_ \$ \_\_\_\_\_

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

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

Comments / Recommended Corrective Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.	Date contractor cleared, if applicable:	_____	_____
		(Consultant)	(Engineer)
	~ Is clearance date before contract date?	<b>Yes</b> ___ <b>No</b> ___	<b>Yes</b> ___ <b>No</b> ___

		<u>Consultant</u>	<u>Engineer</u>	<u>Other</u>	<u>Other</u>
6.	Does the contract include the following: <ul style="list-style-type: none"> <li>• scope of services</li> <li>• contract amount, with breakout of fees by services</li> <li>• method of compensation</li> <li>• contract date (make note of)</li> <li>• Title VI</li> <li>• Section 3</li> <li>• Section 109</li> <li>• Equal Opportunity</li> <li>• Termination for Cause, and Convenience</li> <li>• Conflict of Interest</li> <li>• Access to Records</li> </ul>	_____	_____	_____	_____

7. Was contract amended? \_\_\_\_\_  
 ~ If **Yes**, why? \_\_\_\_\_

8. Date of first invoice: \_\_\_\_\_  
 ~ Is date after contract date? \_\_\_\_\_

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
9.	Does consultant's contract stipulate 10% of contract amount will be held until program is conditionally closed?	_____	_____	_____

10. Amount awarded grantee for general administration less pre-agreement: \$ \_\_\_\_\_  
 (Example: \$35,000 Admin total for consultant plus local government.)  
 ~ Did grantee hold 10% for their administrative expenses?  
 [applicable through FY 2005] \_\_\_\_\_

11. From FY'98 to FY'02, was testing contract between grantee & testing firm? \_\_\_\_\_

12. Did the grantee adopt the State's sample procurement policy? \_\_\_\_\_

13. Did grantee encourage and/or achieve Minority Business Enterprise participation?  
 (Methods: Small Business Admin, newspaper ads, direct solicitation, divided project into smaller contracts, etc.)  
 ~ If **No**, explain. \_\_\_\_\_

Comments / Recommended Corrective Action: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Program Performance** November, 1996

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

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

**Record Keeping** September, 2000

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_

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

**Public Improvements / Force Account**

April, 2004

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor 1: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Contractor 2: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Contractor 3: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Sub-contractor 1: \_\_\_\_\_ Sub-contractor 2: \_\_\_\_\_

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

(answer: **Yes**, **No** or **N/A**)                      **Contractors:**        1        2        3

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

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

**Contractors:**      1      2      3

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

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

**Contractors:**

1

2

3

- |  |       |       |       |
|--|-------|-------|-------|
| 19. If applicable, were copies of all addendum(da) sent to all bidders & <u>OCD</u> ?  | _____ | _____ | _____ |
| 20. Did contractor(s) prepare a 'Section 3' Plan? [applicable for contracts over \$100,000]  | _____ | _____ | _____ |
| a. Were Tables A and B completed?  | _____ | _____ | _____ |
| b. Section 3 Certification [applicable beginning FY 2006]  | _____ | _____ | _____ |
| 21. Did subcontractor(s) prepare a 'Sec 3' Plan? [applicable for contracts over \$100,000]   | _____ | _____ | _____ |
| a. Were Tables A and B completed?  | _____ | _____ | _____ |
| b. Section 3 Certification [applicable beginning FY 2006]  | _____ | _____ | _____ |
| 22. Did contractor(s) sign the following certifications?   |       |       |       |
| • Equal Opportunity [applicable through FY 2005]   | _____ | _____ | _____ |
| • Section 3 and Segregated Facilities [applicable through FY 2005]   | _____ | _____ | _____ |
| • Labor Standards/Prevailing Wage [applicable through FY 2002]   | _____ | _____ | _____ |
| 23. Did subcontractor(s) sign the following certifications?  |       |       |       |
| • Equal Opportunity [applicable through FY 2005]   | _____ | _____ | _____ |
| • Section 3 and Segregated Facilities [applicable through FY 2005]   | _____ | _____ | _____ |
| • Labor Standards/Prevailing Wage [applicable through FY 2002]   | _____ | _____ | _____ |
| 24. Is there a performance bond and a payment bond for the contract amount?  | _____ | _____ | _____ |
| 25. Were the U.S. Treasury Dept. and the LA Insurance Commissioner's Office contacted regarding the surety company?  | _____ | _____ | _____ |
| 26. Was the contract awarded to the lowest responsible bidder?   | _____ | _____ | _____ |
| 27. Did the contract document include all items contained in the bid package and was it executed by the contractor?  | _____ | _____ | _____ |
| 28. Was the contract awarded within the time frame established in State Bid Law? [45 days; time frame may be extended in 30-day increments by mutual consent.] | _____ | _____ | _____ |
| 29. Were change orders approved by OCD prior to execution? [applicable beginning FY 2000]  | _____ | _____ | _____ |
| 30. Has the 'Certificate of Substantial Completion' been recorded?   | _____ | _____ | _____ |
| 31. Has there been a final inspection of work?   | _____ | _____ | _____ |
| 32. Has final payment been made to contractor less retainage?  | _____ | _____ | _____ |
| 33. Has the 'Clear Lien Certificate' been issued?  | _____ | _____ | _____ |
| 34. Has contractor been paid their retainage?  | _____ | _____ | _____ |
| 35. Will grantee transfer ownership of system to another entity?   | _____ | _____ | _____ |
| ~ If <b>Yes</b> , has an intergovernmental cooperative agreement been executed?  | _____ | _____ | _____ |

**Force Account**

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

Comments / Recommended Corrective Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

~ If **Yes**, explain. \_\_\_\_\_

Comments / Recommended Corrective Action: \_\_\_\_\_

### Housing Rehabilitation Plan

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

11. Do the guidelines...			
• state eligibility requirements for participation including household income, assets, ownership, occupancy, need for Rehabilitation, geographical boundaries, rehabilitation feasibility, etc.?	_____	_____	_____
• establish a maximum average grant and/or loan limitation considering the condition of the targeted housing stock and the needs of the Program clientele?	_____	_____	_____
• identify a property rehabilitation standard? ( <i>Section 8 Housing Quality Standards, Southern Standard Housing Code, local housing code, etc.</i> )	_____	_____	_____
• require each Rehabilitated unit to comply at a minimum with the Section 8 Housing Quality Standards and Cost Effective Energy Conservation Standards?	_____	_____	_____
• require each unit to comply with the Fire Administration Authorization Act of 1992? (at a minimum, installed 2 hard-wired and/or battery operated smoke detectors)	_____	_____	_____
• establish procedures to ensure compliance with the Lead-Based Paint regulations	_____	_____	_____
• clearly identify eligible Rehabilitation costs?	_____	_____	_____
• define the roles and responsibilities of program staff and the property owner and contractor through all phases of program delivery?	_____	_____	_____
• include or reference all procedures and forms for application processing and financial and construction management?	_____	_____	_____
• <i>if applicable</i> , establish a coordinated relationship with the local code enforcement program?	_____	_____	_____
• include actions to recruit and assist contractors? ( <i>small, minority and/or female</i> )	_____	_____	_____
• include minimum qualifications for contractors, and provide for the evaluation of contractor credentials, including the contractor's license/registration number?	_____	_____	_____
• include appropriate measures to deny participation to contractors who fail to perform in a satisfactory manner?	_____	_____	_____
• require the preparation of a detailed work write-up and cost estimate for each unit	_____	_____	_____
• include general Rehabilitation specifications that adequately prescribe materials, methods and workmanship quality?	_____	_____	_____
• include a grievance procedure or other mechanism to correct deficiencies in the Housing Rehabilitation program after final inspection?	_____	_____	_____

Comments / Recommended Corrective Action: \_\_\_\_\_

**Housing Rehabilitation (Part 2)**

May, 2004

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

This checklist must be completed for each unit reviewed.

Owner/Occupant (*Head of Household*) \_\_\_\_\_

Address \_\_\_\_\_

Deferred loan amount \$ \_\_\_\_\_

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

\_\_\_\_\_ Number of units in structure undergoing rehabilitation

\_\_\_\_\_ Date of final verification of all household application data

\_\_\_\_\_ Date work write-up and cost estimate prepared

\_\_\_\_\_ Date of advertisement for bids for this unit

\_\_\_\_\_ Date contract signed

\_\_\_\_\_ Date Notice to Proceed issued

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

	<u>Yes</u>	<u>No</u>
9. Does the contract include:		
• Title VI Clause	_____	_____
• E.O. 11246 Standard Clause ( <i>above \$10K</i> ) or 3 paragraph E.O. Provisions ( <i>\$10K or less</i> )	_____	_____
• Notice of Requirement for Affirmative Action ( <i>above \$10,000</i> )	_____	_____
• Standard E.O. 11246 Specifications ( <i>goals inserted - above \$10,000</i> )	_____	_____
• Section 109 Clause	_____	_____
• Section 3 Clause	_____	_____
• Segregated Facilities Clause	_____	_____
• Lead Base Paint Clause	_____	_____
• Fire Administration Authorization Act of 1992	_____	_____
• Access to Records/Maintenance of Records Clause	_____	_____
• Conflict of Interest	_____	_____
• Contractor/Subcontractor certification of EEO HUD 950.1 and 950.2 ( <i>above \$10,000</i> )	_____	_____
10. Was the homeowner required to temporarily relocate to another unit?	_____	_____
~ If <b>Yes</b>		
• Was the unit inspected for Section 8 compliance?	_____	_____
• Did this unit pass _____ or fail _____ Section 8 compliance?	_____	_____
• Was the homeowner notified of the pass/fail status of this unit?	_____	_____
11. Were systematic site inspections made prior to making progress payments?	_____	_____
12. Was a final inspection made upon receipt of the final invoice from the contractor?	_____	_____
13. Is there a dated notification "Watch Out for Lead-Based Paint Poisoning" form signed by the homeowner or tenant?	_____	_____
14. Are homeowners being insured through the national flood insurance program?	_____	_____
15. Was this home in a flood zone?	_____	_____
~ If <b>Yes</b> , did grantee follow its adopted Floodplain Ordinance for construction?	_____	_____
16. Did grantee address deficiencies identified in the application? (handicapped features, etc)	_____	_____
17. Was the job completed in accordance with the contract and warranty?	_____	_____
18. Was a "Notice of Acceptance of Work" issued?	_____	_____
19. Was a "Notification of Release of Lien" and applicable warranties received from the contractor, all subcontractors and suppliers?	_____	_____
20. Was final payment made at the end of the required lien period?	_____	_____
21. Was a lien filed on the rehab unit at the clerk of court's office as per our minimum 5 year deferred loan program policy?	_____	_____

Comments / Recommended Corrective Action: \_\_\_\_\_

**ECONOMIC DEVELOPMENT (part 1)**

November, 1996

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Responsible Official: \_\_\_\_\_

Activity Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes   No   N/A

1. Date of last financial review \_\_\_\_\_ for the period ending \_\_\_\_\_ .

Number of reviews conducted to date: \_\_\_\_\_ .

Date of last annual statement review \_\_\_\_\_ for period ending \_\_\_\_\_ .

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

VERIFICATION OF JOBS CREATED AND/OR RETAINED

- 4. Number of jobs to be created and/or retained as stated in contract: \_\_\_\_\_
- 5. Review payroll prior to grant award, if applicable. Mainly or expansions.  
Date of payroll: \_\_\_\_\_ Number of existing jobs: \_\_\_\_\_
- 6. Review current payroll.  
Date of payroll: \_\_\_\_\_ Number of existing jobs: \_\_\_\_\_
- 7. Review job certifications.
  - a) Number of jobs to be created and/or retained: \_\_\_\_\_
  - b) Number of jobs given to persons of low/moderate income households: \_\_\_\_\_
  - c) Number of jobs given to low income households: \_\_\_\_\_
  - d) Number of jobs given to high income households: \_\_\_\_\_
- 8. Does the current payroll match the job certifications?    \_\_\_ **Yes** \_\_\_ **No** \_\_\_ **N/A**
- 9. What is the low/moderate income limits for this locality? \$ \_\_\_\_\_
- 10. What is the percent of low/moderate new hires? \_\_\_\_\_ %
- 11. Has this grant met its job creation goals?    \_\_\_ **Yes** \_\_\_ **No** \_\_\_ **N/A**  
~ If No, explain: \_\_\_\_\_  
\_\_\_\_\_
- 12. LCDBG funds less administration \$ \_\_\_\_\_ divided by total number of jobs \_\_\_\_\_  
= cost per job \$ \_\_\_\_\_ .
- 13. Was the National Objective met?    \_\_\_ **Yes** \_\_\_ **No** \_\_\_ **N/A**
- 14. Is another monitoring visit required to verify job creation and compliance with the National Objective?    \_\_\_ **Yes** \_\_\_ **No** \_\_\_ **N/A**

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

---

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

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**ECONOMIC DEVELOPMENT (part 2)**

November, 1996

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

Developer: \_\_\_\_\_

**FINANCIAL STATEMENT ANALYSIS**

1. Ending Date of Financial Statement: \_\_\_\_\_

Date Financial Statement Received: \_\_\_\_\_

Date Previous Financial Statement Received: \_\_\_\_\_

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

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

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

5. Financial Statement Analysis:
- A. Profitability Indicators -
  
  - B. Asset Management Indicators -
  
  - C. Liquidity/Solvency Indicators -
  
  - D. Other Indicators or Comments -

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



**HOUSING REHABILITATION (part 1)**

November, '96

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

1. Is the program designed for homeowners, renters, or a combination of both?

\_\_\_\_\_

2. Total number of units approved for rehab: \_\_\_\_\_

▸ How many are owner-occupied? \_\_\_\_\_

▸ How many are renter-occupied? \_\_\_\_\_

3. How many units have been completed? \_\_\_\_\_

▸ How many are owner-occupied? \_\_\_\_\_

▸ How many are renter-occupied? \_\_\_\_\_

4. Does it appear the grantee will complete the specified number by type of rehabs proposed in the application?

Yes   No   N/A  
\_\_\_\_   \_\_\_\_   \_\_\_\_

↳ If No, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Total number of units approved for demolition: \_\_\_\_\_

▸ How many have been demolished thus far? \_\_\_\_\_

6. Total number of units approved for replacement: \_\_\_\_\_

▸ How many have been constructed thus far? \_\_\_\_\_

7. Is the grantee following LCDBG guidelines and are they using a deferred loan/payment program?

\_\_\_\_   \_\_\_\_   \_\_\_\_

↳ If Yes, is the property being legally liened? \_\_\_\_\_

8. Are individual files being maintained for each rehabilitated unit? \_\_\_\_\_

9. What standards are being used to determine the extent of rehabilitation that is necessary?

Yes   No   N/A

10. Are site inspections the methods used for assuring timely completion of work and program payments? \_\_\_\_\_
11. a) Who performs the inspections? \_\_\_\_\_  
 b) What is their prior experience? \_\_\_\_\_
12. What is the average cost per rehab unit? \$ \_\_\_\_\_  
 ▶ Is this consistent with the data in the LCDBG application? \_\_\_\_\_  
 ↳ If No, explain: \_\_\_\_\_
13. Did any individual grant/loan exceed the locally determined maximum amount? \_\_\_\_\_  
 ↳ If No, explain: \_\_\_\_\_
14. What corrective actions, if any, were recommended? \_\_\_\_\_

**Housing Rehabilitation Plan**

*To the extent possible, the grantee's Rehabilitation Plan should be obtained and reviewed and the grantee notified of any deficiencies before the site visit.*

15. Have rehabilitation program guidelines (*policies/procedures*) been developed and approved by the local governing body? \_\_\_\_\_
16. Do the Guidelines:  
 » state eligibility requirements for participation including household income, assets, ownership, occupancy, need for rehabilitation, geographical boundaries, rehabilitation feasibility, etc.? \_\_\_\_\_  
 » establish an appropriate grant and/or loan limitation considering the condition of the targeted housing stock and the needs of the Program clientele? \_\_\_\_\_  
 » identify a property rehabilitation standard (*Section 8 Housing Quality Standards, Southern Standard Housing Code, local housing code, etc.*)? \_\_\_\_\_  
 » require each rehabilitated unit to comply at a minimum with the Section 8 Housing Quality Standards and Cost Effective Energy Conservation Standards? \_\_\_\_\_
- Yes   No   N/A**
- » require each rehabilitated unit to comply with the Fire Administration

- Authorization Act of 1992? (*i.e., at a minimum one hard-wired and/or battery-operated smoke detector must be installed.*) \_\_\_\_\_
- » establish procedures to ensure compliance with the lead base paint regulations? \_\_\_\_\_
  - » clearly identify eligible rehabilitation costs? \_\_\_\_\_
  - » define the roles and responsibilities of all program staff, the property owner and contractor, through all phases of program delivery? \_\_\_\_\_
  - » include or reference all procedures and forms for application processing and financial & construction management? \_\_\_\_\_
  - » if applicable, establish a coordinated relationship with the local code enforcement program? \_\_\_\_\_
  - » identify actions to recruit and assist contractors, particularly small, minority, and female contractors? \_\_\_\_\_
  - » include minimum qualifications for contractors and provide for the evaluation of contractor credentials? \_\_\_\_\_
  - » include appropriate measures to deny participation to contractors who fail to perform in a satisfactory manner? \_\_\_\_\_
  - » require the preparation of a detailed work write-up and cost estimate for each unit? \_\_\_\_\_
  - » include general rehabilitation specifications that adequately prescribe materials, methods, and workmanship quality? \_\_\_\_\_

17. What process is used to correct deficiencies in the housing rehab program after final inspection?

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**HOUSING REHABILITATION (part 2)**

March, '99

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

*This checklist must be completed for each unit reviewed.*

Owner/Occupant (Head of Household): \_\_\_\_\_

Address: \_\_\_\_\_

Loan Amount: \$ \_\_\_\_\_

Check (Y):     \_\_\_ Single Family   \_\_\_ Duplex/4-Plex   \_\_\_ Upper Income HH   \_\_\_ L/M Income HH

Number of units in structure undergoing rehabilitation: \_\_\_\_\_

Date of final verification of all household application data: \_\_\_\_\_

Date work write-up and cost estimate prepared: \_\_\_\_\_

Date of advertisement for bids for this unit: \_\_\_\_\_

Date contract signed: \_\_\_\_\_

Date Notice to Proceed issued: \_\_\_\_\_

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Was household income data verified?	_____	_____	_____
2. Is information available which indicates that the eligibility criteria of the program guidelines have been met?	_____	_____	_____
3. Was the work write-up signed by the owner?	_____	_____	_____
4. Were bids in line with the preliminary cost estimates and work write-up?	_____	_____	_____
5. Was contracting done on a competitive basis?	_____	_____	_____
6. Did the advertisement for bids call the attention of the bidders to:			
▸ Section 3	_____	_____	_____
▸ Segregated Facilities	_____	_____	_____
▸ Section 109	_____	_____	_____
▸ E. O. 11246	_____	_____	_____

Comments: \_\_\_\_\_

Yes    No    N/A

7.	Was the prime contractor cleared prior to contract execution?			
	<u>Contractor's Name:</u>	<u>Date Cleared:</u>		
	a) _____		_____	_____
	b) _____		_____	_____
8.	Does the contract include the following:			
	▶ Title VI Clause		_____	_____
	▶ E.O. 11246 Standard Clause ( <i>above \$10,000</i> ) or three paragraph E.O. Provisions ( <i>\$10,000 or less</i> )		_____	_____
	▶ Notice of Requirement for Affirmative Action ( <i>above \$10,000</i> )		_____	_____
	▶ Standard E.O. 11246 Specifications ( <i>goals inserted - above \$10,000</i> )		_____	_____
	▶ Section 109 Clause		_____	_____
	▶ Section 3 Clause		_____	_____
	▶ Segregated Facilities clause		_____	_____
	▶ Lead Base Paint clause		_____	_____
	▶ Fire Administration Authorization Act of 1992		_____	_____
	▶ Access to Records/Maintenance of Records Clause		_____	_____
	▶ Conflict of Interest		_____	_____
	▶ Contractor/Subcontractor certification of EEO HUD 950.1 and 950.2 ( <i>above \$10,000</i> )		_____	_____
9.	Were systematic site inspections made prior to making progress payments?		_____	_____
10.	Was a final inspection made upon receipt of the final invoice from the contractor?		_____	_____
11.	Is there a dated notification "Watch Out for Lead-Based Paint Poisoning" form signed by the homeowner or tenant?		_____	_____
12.	If applicable, are homeowners being insured through the national flood insurance program?		_____	_____
13.	Was this home in a flood zone?		_____	_____
	↳ If Yes, did the community follow its locally adopted Floodplain Ordinance for construction?		_____	_____
14.	Did the grantee address deficiencies identified in the application? ( <i>i.e., handicapped features, etc.</i> )		_____	_____
15.	Was the job completed in accordance with the contract and warranty?		_____	_____
16.	Was a "Notice of Acceptance of Work" issued?		_____	_____
17.	Was a "Notification of Release of Lien" and applicable warranties received from the contractor, all subcontractors and suppliers?		_____	_____
		<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>

18. Was final payment made at the end of the required lien period? \_\_\_\_\_

19. Was a lien filed on the rehab unit at the clerk of court's office as per our minimum 3 year deferred loan program policy for FY'97 grantees and/or a 5 year lien for FY 1998 grantees? \_\_\_\_\_

20. Comments / Recommended corrective action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESIDENTIAL RELOCATION / DISPLACEMENT (part 1)

November, '96

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

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

Uniform Act Relocation And Displacement

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

Comments: \_\_\_\_\_

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

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

▶ How many are 180 day owner occupied? \_\_\_\_\_

▶ How many are 180 day renter occupied? \_\_\_\_\_

▶ How many are 180 day business related? \_\_\_\_\_

▶ How many are 180 day farm related? \_\_\_\_\_

▶ Other (specify): \_\_\_\_\_

Comments: \_\_\_\_\_

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

4. Were the displacements carried out in accordance with the Act? Yes No N/A

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

5. Were replacement units inspected for Section 8 compliance? Yes No N/A

Comments: \_\_\_\_\_

6. Were relocation/displacement payments made in accordance with Uniform Act requirements? Yes No N/A

Comments: \_\_\_\_\_

Complete the "Residential Relocation/Displacement Checklist (part 2)" for Uniform Act activities.

**Non-Uniform Act Relocation And Displacement**

- |  | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| 1. Does the grantee have a locally adopted relocation policy covering non-Uniform Act relocation procedures? | _____      | _____     | _____      |
| Comments: _____  |            |           |            |
| 2. Were non-Uniform Act displacements carried out in accordance with the relocation policy?                  | _____      | _____     | _____      |
| Comments: _____  |            |           |            |

Complete the "Residential Relocation/Displacement Checklist (part 3)" for non-Uniform Act Activities.



## INSTRUCTIONS FOR THE COVER SHEET

### Item Number

1. Enter the name of your local government (municipality or parish).
2. Enter the official address of the local government.
3. Enter the contract number for the CDBG program that is being closed out.
4. Attach the citizen participation information as identified and required. As a reminder, public hearings are required: a) for the development of the CDBG application, b) for comments regarding any amendments to the Program, and c) for review of the grantee's program performance as a part of closeout. Identify the date and purpose of each public hearing. Also include a summary of each comment received during the program and the local governing body's response to each comment received. These comments must also include any complaints received regarding the program.
5. The Mayor's/President's signature on this page certifies that the data in the report is correct and the LCDBG Program files are being maintained in the local governing body's offices.
6. Type in the name and title of the chief elected official, e.g., the Mayor/President.
7. The Mayor/President must sign in this block.
8. Enter the date signed.

**CITIZEN PARTICIPATION INFORMATION**

*(insert here)*



LOUISIANA'S COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
GRANT PROGRESS FORM

1. Grantee: \_\_\_\_\_

2. Contract Number: \_\_\_\_\_

3. Name of Activity	4. National Objective Met	5. Actions Accomplished	6. Actions Remaining to Anticipated Completion Date	7.* Current CDBG Budget	8.* CDBG Funds Obligated	9.* CDBG Funds Expended
			10. TOTALS	\$	\$	\$

\*If other funds were injected into the project, attach a separate sheet identifying the amount of, source of, and use of funds for each activity. This is required for all economic development projects; however, it may also pertain to housing, public facilities, demonstrated needs, or other types of projects. The amounts shown in columns 7, 8, and 9 should involve only CDBG funds.

## INSTRUCTIONS FOR THE GRANT PROGRESS FORM

### Item Number

1. Type in the name of your City/Parish.
2. Type in the contract number.
3. List the name of each activity identified exactly as it is shown in the contract or as established by any program amendments; for example, sewer system improvements, housing rehabilitation, demolition, etc. Acquisition will not be shown as a separate activity. If acquisition of land was necessary to complete a sewer project, the funds for acquisition will be included with the funds for sewer.
4. Note the national objective served by each activity, e.g., "benefit to low moderate income persons" or "prevention/elimination of slums and blight." Although administration will be identified as an activity, do not identify that a national objective has been addressed by this activity.
5. Identify the specific actions accomplished under this activity, e.g., "replacement of 750 linear feet of sewer line, rehab of 24 houses, demolition of 3 houses," etc.
6. List the actions remaining to complete the activity and anticipated completion date, e.g., "finishing, inspection, and acceptance (5/03)" or identify the activity as "completed". In most instances, all of the activities will be completed when this form is prepared.
7. Show the current approved CDBG amount budgeted for each activity.
8. List the total amount of CDBG funds obligated for each activity as of the date of the report. The amount obligated generally means the amount under contract or for which expenses have been incurred. If other funds (state, local, or federal) were injected into the project, attach a separate sheet identifying the source of funds and use of funds for each activity. All economic development projects involve other funds; therefore, the amount, source and use of other funds (private and/or public) must be identified for economic development projects. Other funds may also have been used in conjunction with a housing, public facilities, demonstrated needs, LaSTEP or technology project.
9. Show the total LCDBG funds expended for each activity as of the date of the report.
10. Enter the total amounts under columns 7, 8, and 9.

**Louisiana's Community Development Block Grant -- Program Beneficiary Form**

1 Name of Grantee \_\_\_\_\_

4 FY / Type \_\_\_\_\_

2 Contract Number \_\_\_\_\_

5 Comments \_\_\_\_\_

3

6	Name of Activity	
7	(Income Levels)	Persons
8	Total--All Income Levels	
9	LMI Percentage	
10	Extremely Low Income	
11	Low Income	
12	Moderate Income	
13	Above Income	
14	(Racial Groups) American Indian or Alaskan Native	Total
		Hispanic
15	Asian	Total
		Hispanic
16	Black or African American	Total
		Hispanic
17	Native Hawaiian or Pacific Islander	Total
		Hispanic
18	White	Total
		Hispanic
19	American Indian and White	Total
		Hispanic
20	Asian and White	Total
		Hispanic
21	Black and White	Total
		Hispanic
22	American Indian and Black	Total
		Hispanic
23	Other Multi-racial	Total
		Hispanic
24	Total--All Racial Groups	Total
		Hispanic
25	Handicapped Persons	
26	Handicapped Head of HH	
27	Female-Headed Households	
28	Elderly-Occupied Households	
29	Total Occupied Households	

30	Rehabilitation Loans and Grants			
31	Persons		Households	
	Owner	Renter	Owner	Renter
32				
33				
34				
35				
36				
37	Persons		Owner	Renter
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50	Handicapped Head of HH			
51	Fem. Headed O/R HH			
52	Elderly-Occupied HH			
53	Total HH			

54	Source(s) for determining beneficiary data:		
55	We certify that to the best of our knowledge and belief the beneficiary data on this form is correct. For those projects involving utility line connections on private property, the household information reflects only households physically connected to the system with LCDBG funds. For Economic Development projects, the engineer's signature is not required.		
56	Signature, Chief Elected Official		Date
57	Signature, Grant Consultant		Date
58	Signature, Engineer/Architect		Date

## Instructions for the Program Beneficiary Form

**Objective:** The Program Beneficiary Form reports actual beneficiaries of an LCDBG project which has been completed. In contrast, the Activity Beneficiary Form(s) of the original LCDBG application reported the anticipated beneficiaries of a future project.

**Data Sources:** Data sources for the completion of the Program Beneficiary Form may include:

- The original Activity Beneficiary Form or original combined Activity Beneficiary Form
- A revised Activity Beneficiary Form as prepared during the application revision stage of the grant
- Known beneficiary changes that occurred during the project
- Beneficiary data from a Program Amendment
- An actual count of beneficiaries

**Row 1:** “Name of Grantee”: Enter the name of the grant recipient. Example: Abbeville

**Row 2:** “Contract Number”: Enter the six digit LCDBG contract number. Example: 555555

**Row 3:** This blank line will normally remain blank but may be used for extra comments.

**Row 4:** “FY / Type”: For “FY” Enter the funding year of the grant. Example: 2008 “Type” refers to the program type which may be one of the following: DN, DR, ED, HO, LS, PA, PF, or TE. Enter the type.

**The Left Panel , Rows 6 through 29, and the Right Panel, rows 30 through 53:** The left panel is used to report beneficiaries for a non-housing activity. The right panel is used to report beneficiaries for a housing grant and any other grant with “Rehabilitation Loans and Grants” as an activity. Examples:

- Only the left panel would be completed on a Public Facilities sewer project with no utility line connection work on private property.
- Both the left and right panels would be completed on a Public Facilities sewer project with utility line connection work on private property paid for with LCDBG funds.
- Only the right panel would be completed for a Housing grant.
- Only the left panel would be completed for an Economic Development grant. The number of persons should correspond to the number of jobs created/retained.

**Row 6:** Name of Activity—enter a primary HUD activity name that, in general, describes the purpose of the grant. Examples: sewer, water, or streets. Do not enter activity names or report beneficiaries for acquisition or administration.

**Rows 8-13:** Enter persons benefiting according to their income level as determined by HUD. The low to moderate income (LMI) percentage may be transferred from the original application if no changes have been made. If there were changes then this formula may be used: (rows 10+11+12) divided by row 8 equals the LMI percentage. Round the LMI percentage to two decimal places. Example: 63.94%

**Rows 14-23:** Enter beneficiary data by racial groups. The definitions of each racial group remain the same as defined in the original LCDBG application package. Note that “Hispanic” is not considered a race but rather as an “ethnicity”. Of each racial group having beneficiaries, enter the persons of that racial group who also consider themselves as being of Hispanic ethnicity. The number entered for “Hispanic” will be a subset of the “Total” for each racial group.

**Row 24:** Enter the sum of all racial group totals in the upper data cell of row 24. Enter the sum of all of the persons of Hispanic ethnicity in the lower data cell of row 24. The upper data cell of row 24, total by racial group, must equal the number of persons as listed in row 8, total by income level. If these figures do not agree then there is an error that must be corrected.

**Rows 25-29:** Enter data for the indicated beneficiary categories. An elderly-occupied household, row 28, means a household that has at least one elderly person, of age 62 and up, who lives in the household—regardless of whether any elderly person is the head of the household.

**The Right Panel:** If a grant has an activity called “Rehabilitation Loans and Grants” then rows 30 through 53 must be completed. Otherwise, the right panel will be left blank.

**Rows 30-53:** The “Income Levels” listed in rows 8-12 will also be applied to rows 32-36 respectively. The “Racial Groups” listed in rows 14 through 24 will also be applied to rows 38 through 48, respectively. Additionally, beneficiary data for the right panel must also include the reporting of categories based on number of households and owner/renter status with such data to be entered according to the manner in which the column headings are labeled.

**Row 33:** This row should be left blank since beneficiaries in the right panel will always be 100% LMI.

**Row 49:** Enter only handicapped persons. Leave the cell for handicapped households blank.

**Row 50:** Enter the number of handicapped heads of household without regard to owner/renter status.

**Row 51:** Enter female headed households by owner/renter status.

**Row 52:** Enter elderly-occupied households without regard to owner/renter status.

**Row 53:** Enter total households without regard to owner/renter status. Make sure that total households, as entered on row 53 agrees with total “racial” household information from the upper right data cells of row 48 and with total “income” household information from the right data cells of row 32. If the figures do not agree then there is an error that must be corrected.

**Row 54:** Enter the data source(s). If necessary, attach a separate page describing the data source(s).

**Rows 55-58:** The beneficiary data on this form must be verified by signatures/dates of the chief elected official, administrative consultant and engineer/architect. The engineer’s signature is not required on Economic Development projects.

Louisiana's Community Development Block Grant Program—Applicant Data Form*			
		1. Name of Grantee	
		2. Contract Number	
		3. Name of Activity	
4. Persons in Applicant Households	All Income Levels	#	
5. Persons in Applicant Households	Moderate, Low, & Extremely Low Income Levels	#	
		%	
6-A. Persons in Applicant Households	Moderate Income Level	#	
		%	
		Own	
		Rent	
6-B. Persons in Applicant Households	Low Income Level	#	
		%	
		Own	
		Rent	
6-C. Persons in Applicant Households	Extremely Low Income Level	#	
		%	
		Own	
		Rent	
Items 7 & 8 will be based on all persons in applicant households regardless of income level			
7-A. American Indian or Alaskan Native	Total	#	
	Hispanic	#	
7-B. Asian	Total	#	
	Hispanic	#	
7-C. Black or African American	Total	#	
	Hispanic	#	
7-D. Native Hawaiian or Other Pacific Islander	Total	#	
	Hispanic	#	
7-E. White	Total	#	
	Hispanic	#	
7-F. American Indian and White	Total	#	
	Hispanic	#	
7-G. Asian and White	Total	#	
	Hispanic	#	
7-H. Black and White	Total	#	
	Hispanic	#	
7-I. American Indian and Black	Total	#	
	Hispanic	#	
7-J. Other Multi-Racial	Total	#	
	Hispanic	#	
8-A. Handicapped Persons		#	
8-B. Handicapped Households		#	
8-C. Female-headed Households		#	
8-D. Total Households		#	
9. Source for determining applicant data:			
*This form must be completed only for housing programs and public facilities programs which include work undertaken on private property.			

## INSTRUCTIONS FOR THE APPLICANT DATA FORM

**In accordance with the federal regulations governing the Community Development Block Grant Program, the Applicant Data Form must be completed by all CDBG recipients who utilized CDBG funds for a housing program or for a public facilities program which included the activity of rehabilitation loans and grants. The information reported on this form must include the data for all persons applying for financial assistance for housing rehabilitation or replacement housing and all persons applying for financial assistance for the installation and/or repair of water and/or sewer service lines on private property. The numbers on this form will include all persons applying for the financial assistance – including those who received the assistance and those who did not receive the assistance. Often, the number of persons applying for assistance will exceed the number of beneficiaries since all who apply do not necessarily receive the assistance.**

**Any time an activity is included on this form, the Applicant Data Form, the same activity must also be listed on the Program Beneficiary Form. Whereas the Applicant Data Form identifies all applicants, the Program Beneficiary Form identifies only those applicants who received assistance (beneficiaries).**

1. Grantee: Enter the name of the local governing body.
2. Contract Number: Enter the grantee's contract number.
3. Name of Activity: Enter the name of the activity. The only activities applicable to this form are housing rehabilitation loans and grants, public facilities rehabilitation loans and grants (hook-ups), and relocation payments and assistance. If your program did not have monies budgeted for any of these activities, do not complete this form. Any activity listed on this form should also be listed on the Program Beneficiary Form.
4. Persons In Applicant Households—All Income Levels: For the activity shown in row 3, provide the total number of persons in applicant households for “All Income Levels”. “All Income Levels” includes the following four income levels: High, Moderate, Low, and Extremely Low. This means that all persons in the households applying for assistance, regardless of income level, must be shown.
5. Persons in Applicant Households—Moderate Plus Low Plus Extremely Low Income: Enter the total number and percent of moderate, low and extremely low income persons in the applicant households.
6. Component Listing of Persons in Applicant Households: Enter the number and percent of persons in applicant households according to the following income level components: (6-A) Moderate, (6-B) Low and (6-C) Extremely Low. This data can be obtained from the applications for assistance which were completed by the applicants. The numbers in these three categories, when combined, should equal the number on row 5.
7. **For housing rehabilitation, relocation, and public facilities rehabilitation activities which take place on private property, the number of owners and renters must also be identified by each income category.**
8. Racial/Ethnic Origin: Item 7 pertains to all persons in applicant households regardless of income level. Enter the number of persons in the applicant households by their racial origin (7-A through 7-J); then enter the number of persons in that racial origin that is of Hispanic or Latino ethnicity. All persons who applied for assistance will be included whether they received assistance or not. The total number of persons listed in rows 7-A through 7-J by racial/ethnic characteristics should equal the number of persons listed in row 4.
9. Household Characteristics: Item 8 pertains to all households/persons who applied for assistance regardless of income level. In 8-A, enter the number of handicapped persons who reside in households which applied for assistance. In 8-B, enter the number of applicant households which were headed by handicapped persons. In 8-C, enter the number of applicant households which were headed by females. In 8-D, enter the total number of applicant households.
10. Source: State the source/methodology used for determining the applicant data.

Definitions: Refer to the back of the “Program Beneficiary Form” for definitions on race, ethnicity, handicapped and the elderly.

LOUISIANA'S COMMUNITY DEVELOPMENT  
BLOCK GRANT PROGRAM

**HOUSING OPPORTUNITIES FORM**

1. GRANTEE:

2. CONTRACT NUMBER:

3. Actions taken to affirmatively further fair housing  
in your community:

List Actions Taken

List Results

4. Actions taken to increase housing opportunities for  
lower income:

List Actions Taken

List Results

## INSTRUCTIONS FOR THE HOUSING OPPORTUNITIES FORM

### Item Number

1. Type in the name of your local government.
2. Type in the contract number.
3. List all actions taken to affirmatively further fair housing in your community and the results of those actions.
4. Identify all actions taken to increase housing opportunities for lower income households in your community and the results of those actions.

LOUISIANA'S COMMUNITY DEVELOPMENT  
BLOCK GRANT PROGRAM

1. GRANTEE: \_\_\_\_\_

**MISCELLANEOUS INFORMATION FORM**

2. CONTRACT NUMBER: \_\_\_\_\_

3. Did you receive any program income during the course of this grant? Yes \_\_\_\_\_ No \_\_\_\_\_  
(See the instructions on back.)

4. If yes,  
a) Enter the sum of program income received during this program \$ \_\_\_\_\_

b) For all program income received, list separately the source and original LCDBG Program year which generated the program income and the amount received.

<u>SOURCE</u>	<u>ORIGINAL LCDBG PROGRAM YEAR</u>	<u>AMOUNT</u>
---------------	--	---------------

5. Was any property or equipment (property having a useful life of more than one year and an acquisition cost of \$300 or more per unit) purchased with LCDBG funds? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide a description and dollar amount paid for such purchases.

<u>DESCRIPTION</u>	<u>AMOUNT</u>
--------------------	---------------

Disposition of property acquired with federal funds must be in compliance with OMB Circular A-87. You will be notified of the proper procedures for disposition of the property described above.

6. If a fire truck was purchased, a copy of the title for each truck must be submitted with the close out documents. (Purchase of fire trucks was not applicable starting with the 2006 Program.)

7. Was any land acquired/donated in order to complete the project?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify the number of parcels donated \_\_\_\_\_ and acquired \_\_\_\_\_.

8. For public facilities projects or other projects (including economic development) which involve infrastructure construction, attach a copy of any change orders issued to the construction contract after the monitoring visit.

9. Has or will the local governing body transfer ownership of the system/asset to another entity?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, a copy of the executed intergovernmental cooperative agreement must be attached to the close out documents.

10. If your project included infrastructure construction, a copy of the recorded clear lien certificate must be submitted with the close out documents.

11. If your project involved infrastructure construction which was subject to Davis Bacon and Related Acts, a Final Wage Compliance Report must be submitted.

## INSTRUCTIONS FOR THE MISCELLANEOUS INFORMATION FORM

### Item Number

1. Type in the name of your City/Parish.
2. Type in the contract number.
3. Program Income  
The LCDBG program requires that Economic Development loan repayments be submitted to the State as program income. The rules governing Program Income requirements are explained in Section IV (J) of the Financial Management Manual. There are some situations which may arise whereby the State will allow a unit of local government to keep program income; this does not include ED loan repayments. If you have received our permission to earn and retain program income, the following information is needed.  
  
Identify whether or not any program income was received during the course of the grant for which these closeout documents are being prepared. The program income, however, may have been received as a result of a previous grant. For example, during the life of a FY 2003 CDBG program, the Town may receive program income from a FY 2001 economic development grant award.
4.
  - a. Enter the sum of program income received during the life of the program being closed out, if applicable.
  - b. Identify the source and dollar amount of all program income received. If applicable, distinguish between principal and interest. Also, identify the original grant year from which these funds were generated. If additional space is needed, provide the information on a separate sheet.
5. Indicate if any property or equipment was purchased with LCDBG funds and, if applicable, provide a description and cost.
6. If a fire truck was purchased with LCDBG funds, a copy of the title for each truck must be submitted.
7. If any land was acquired or donated in order to complete the project, please identify the number of parcels acquired and/or donated.
8. A copy of all change orders issued after the monitoring visit must be submitted.
9. For all projects which involve the transfer of ownership of the system or asset purchased, improved, or constructed with LCDBG funds, a copy of the executed intergovernmental cooperative agreement must be attached to the closeout documents.
11. For all projects involving infrastructure construction (including economic development), a copy of the recorded clear lien certificate must be submitted with the closeout documents.
12. Attach a Final Wage Compliance Report for those projects which were subject to Davis Bacon and Related Acts.



**Part II: Contracts Awarded**

1. Construction Contracts:

A. Total dollar amount of all contracts awarded on the project	\$
B. Total dollar amount of contracts awarded to Section 3 businesses	\$
C. Percentage of the total dollar amount that was awarded to Section 3 businesses	%
D. Total number of Section 3 businesses receiving contracts	

2. Non-Construction Contracts:

A. Total dollar amount all non-construction contracts awarded on the project/activity	\$
B. Total dollar amount of non-construction contracts awarded to Section 3 businesses	\$
C. Percentage of the total dollar amount that was awarded to Section 3 businesses	%
D. Total number of Section 3 businesses receiving non-construction contracts	

**Part III: Summary**

Indicate the efforts made to direct the employment and other economic opportunities generated by HUD financial assistance for housing and community development programs, to the greatest extent feasible, toward low- and very low-income persons, particularly those who are recipients of government assistance for housing. (Check all that apply.)

- Attempted to recruit low-income residents through: local advertising media, signs prominently displayed at the project site, contracts with the community organizations and public or private agencies operating within the metropolitan area (or nonmetropolitan county) in which the Section 3 covered program or project is located, or similar methods.
- Participated in a HUD program or other program which promotes the training or employment of Section 3 residents.
- Participated in a HUD program or other program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns.
- Coordinated with Youthbuild Programs administered in the metropolitan area in which the Section 3 covered project is located.
- Other; describe below.

Public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB number.

Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u, mandates that the Department ensures that employment and other economic opportunities generated by its housing and community development assistance programs are directed toward low- and very-low income persons, particularly those who are recipients of government assistance housing. The regulations are found at 24 CFR Part 135. The information will be used by the Department to monitor program recipients' compliance with Section 3, to assess the results of the Department's efforts to meet the statutory objectives of Section 3, to prepare reports to Congress, and by recipients as self-monitoring tool. The data is entered into a database and will be analyzed and distributed. The collection of information involves recipients receiving Federal financial assistance for housing and community development programs covered by Section 3. The information will be collected annually to assist HUD in meeting its reporting requirements under Section 808(e)(6) of the Fair Housing Act and Section 916 of the HCDA of 1992. An assurance of confidentiality is not applicable to this form. The Privacy Act of 1974 and OMB Circular A-108 are not applicable. The reporting requirements do not contain sensitive questions. Data is cumulative; personal identifying information is not included.

## **Instructions for Completing Section 3 Report**

1. Recipient: Enter the name and address of the recipient submitting this report.
2. Federal Identification (grant number): Enter the number that appears on the contract with the State.
3. Total Amount of Award: Enter the total Community Development Block Grant dollars received, rounded to the nearest dollar. (This may not necessarily be the original grant amount awarded).
- 4 and 5. Contact Person/Phone: Enter the name and telephone number of the person with knowledge of the grant award and the recipient's implementation of Section 3.
6. Length of Grant: Indicate the time period for the grant.
7. Reporting Period: Indicate the time period that this report covers (months and years such as 8/08-7/11).
8. Date Report Submitted: Enter the appropriate date.
9. Program Code: Enter number 8.
10. Program Name: Enter CDBG State Administered.

### **Part I: Employment and Training Opportunities**

**Column A:** Contains various job categories. Professionals are defined as people who have special knowledge of an occupation (i.e., architects, engineers, administrative consultant, attorneys, appraisers, and accountants). Include any City/Parish persons hired by the grantee to work on project. For construction positions, list each trade and provide data in columns B through F for each trade where persons were employed. The category "Other" includes occupations such as service workers and supervisors.

**Column B:** Enter the number of new hires for each category of workers identified in Column A in connection with this award. New Hire refers to a person who is not on the contractor's or recipient's payroll for employment at the time of selection for the Section 3 covered award or at the time of receipt of Section 3 covered assistance.

**Column C:** Enter the number of Section 3 new hires for each category of workers identified in Column A in connection with this award. Section 3 new hire refers to a Section 3 resident who is not on the contractor's or recipient's payroll for employment at the time of selection for the Section 3 covered award or at the time of receipt of Section 3 covered assistance.

**Column D:** Enter the percentage of all the staff hours of new hires (Section 3 residents) in connection with this project. New Hires include full-time positions (permanent, temporary and seasonal).

**Column E:** Enter the percentage of the total staff hours worked for Section 3 employees and trainees (including new hires) connected with this award. Include staff hours for part-time and full-time positions.

**Column F:** Enter the number of Section 3 residents that were employed and trained (including new hires) in connection with this award.

## **Part II: Contract Opportunities**

### **Block 1: Construction Contracts**

**Item A:** Enter the total dollar amount of all construction contracts awarded on the project/program. **(CDBG dollars only)**

**Item B:** Enter the total dollar amount of construction contracts connected with this project/program awarded to Section 3 businesses. **(CDBG dollars only)**

**Item C:** Enter the percentage of the total dollar amount of construction contracts connected with this project/program awarded to Section 3 businesses.

**Item D:** Enter the number of Section 3 businesses receiving construction contracts.

### **Block 2: Non-Construction Contracts**

**Item A:** Enter the total dollar amount of all non-construction contracts awarded on the project/program. (This will be professional service contracts such as those with architects, engineers, administrative consultant, attorneys, appraisers, and accountants). **(CDBG dollars only)**

**Item B:** Enter the total dollar amount of non-construction contracts connected with this project awarded to Section 3 businesses. **(CDBG dollars only)**

**Item C:** Enter the percentage of the total dollar amount of non-construction contracts connected with this project/program awarded to Section 3 businesses.

**Item D:** Enter the number of Section 3 businesses receiving non-construction contracts.

## **Part III: Summary of Efforts - Self-explanatory**

Louisiana's Community Development  
Block Grant Program

1. Grantee: \_\_\_\_\_

2. Contract Number: \_\_\_\_\_

**CERTIFICATE OF COMPLETION**

**FINAL STATEMENT OF COST**

Program Activity Categories	3. Paid Costs	4. Unpaid Costs	5. Total Costs	6. State Use Only
A. Acquisition of Real Property	\$	\$	\$	\$
B. Public Works, Facilities, Site Imp.	\$	\$	\$	\$
1. Sewer	\$	\$	\$	\$
2. Water (Potable)	\$	\$	\$	\$
3. Water (Fire Protection)	\$	\$	\$	\$
4. Streets	\$	\$	\$	\$
5. Multi-purpose Community Centers	\$	\$	\$	\$
6. Other	\$	\$	\$	\$
C. Code Enforcement	\$	\$	\$	\$
D. Clearance, Demolition	\$	\$	\$	\$
E. Rehabilitation Loans and Grants	\$	\$	\$	\$
1. Housing	\$	\$	\$	\$
2. Public Facilities	\$	\$	\$	\$
F. Provision of Public Services	\$	\$	\$	\$
G. Relocation Payments and Assistance	\$	\$	\$	\$
H. Economic Development	\$	\$	\$	\$
1. Acquisition-Land-Building	\$	\$	\$	\$
2. Infrastructure Improvements	\$	\$	\$	\$
3. Building Construction/Imprmts.	\$	\$	\$	\$
4. Industrial and Commercial Fac.	\$	\$	\$	\$
5. Inventory	\$	\$	\$	\$
6. Working Capital	\$	\$	\$	\$
7. Capital Equipment	\$	\$	\$	\$
8. Other	\$	\$	\$	\$
I. Administration (TOTAL)	\$	\$	\$	\$
1. Pre-Agreement Costs	\$	\$	\$	\$
2. Housing Rehabilitation	\$	\$	\$	\$
3. Public Facilities	\$	\$	\$	\$
4. Economic Development	\$	\$	\$	\$
J. Other	\$	\$	\$	\$
K. Other	\$	\$	\$	\$
L. TOTAL PROGRAM COST	\$	\$	\$	\$
M. Prog. Income Applied to Prog. Cost	\$	\$	\$	\$

**COMPUTATION OF GRANT BALANCE**

Description	To be completed by Grantee	State Use Only
	7. Amount	8. Approved Amount
A. Grant amount applied to Prgm. Cost	\$	\$
B. Unsettled third party claims	\$	\$
C. Subtotal	\$	\$
D. Grant amount as per contract	\$	\$
E. Unutilized Grant	\$	\$
F. Grant Funds Received	\$	\$
G. Balance of Grant Payable	\$	\$

- 
9. List any unpaid costs and unsettled third-party claims against the LCDBG Program. Describe circumstances and dollar amounts involved.

\_\_\_\_\_ Check if continued on additional sheet and attach

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CERTIFICATION OF RECIPIENT

It is hereby certified that all activities undertaken by the recipient with funds provided under the contract identified hereof, have, to the best of my knowledge, been carried out in accordance with the contract; that proper provision has been made by the recipient for the payment of all unpaid costs and unsettled third-party claims identified hereof; that the State of Louisiana is under no obligation to make any further payment to the recipient under the contract in excess of the amount identified in line 7.C. hereof, and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.

- 
- |          |  |   |
|----------|--|---|
| 10. Date | 11. Typed Name and Title of Recipient's Chief Elected Official | 12. Signature of Recipient's Chief Elected Official |
|----------|--|---|

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LCDBG APPROVAL

13. This Certificate of Completion is hereby approved. Therefore, I authorize cancellation of the unutilized contract commitment and related funds reservation and obligation of \$ \_\_\_\_\_ less \$ \_\_\_\_\_ previously authorized for cancellation.  
(from Line 7.E.)

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Date	Typed Name and Title of State Authorized Official	Signature of State's Authorized Official
	Carol M. Newton Director, Louisiana Community Development Block Grant Program	

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## INSTRUCTIONS FOR THE CERTIFICATE OF COMPLETION FORM

### Item Number

1. Type in the name of your local government.
2. Type in the contract number for the LCDBG program being closed out.
3. List the costs paid as of the date of the report for all program activity categories shown (A through K). Identify LCDBG funds only.
4. Show any unpaid costs as of the date of the report for all program activity categories shown (A through K). Identify LCDBG funds only.
5. Total the paid and unpaid costs (3 + 4) as of the date of the report for all program activity categories shown (A through K).  
3-5. L. Add lines A-K and enter the total on line L under columns 3, 4, and 5.  
3-5. M. Enter program income received that was applied to the program cost on line M; do not include program income dedicated to the economic development revolving loan fund.
6. Leave blank for State use.
7. Complete as follows:
  - A. Enter amount shown on line 5.L.
  - B. Enter estimated amount of any unsettled third-party claims; do not enter unpaid costs on this line.
  - C. Add 7.A. and 7.B. and enter the total.
  - D. Enter grant amount per LCDBG contract.
  - E. Subtract 7.C. from 7.D. and enter difference.
  - F. Enter grant funds actually received.
  - G. Subtract 7.F. from 7.C. and enter amount (if 7.F. exceeds 7.C. enter amount of the excess in 7.G. as a negative amount; this amount must be repaid to the State by check made payable to the Division of Administration).
8. Leave blank for completion by State staff.
9. List any unpaid costs and unsettled third-party claims against the LCDBG Program. Describe circumstances and dollar amounts involved.
10. Type in the preparation date of the report.
11. Type in the name and title of the chief elected official.
12. Have the Mayor/President sign in the space provided.
13. Leave blank for completion by State staff

# Final Wage Compliance Report

(Not required for Housing grants)

1. Grantee Name \_\_\_\_\_
2. LCDBG \_\_\_\_\_
3. Fiscal Year of \_\_\_\_\_
4. Date of this \_\_\_\_\_
5. Report Prepared \_\_\_\_\_

6. Was there any wage underpayment(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Listing of any contractors associated with underpayment(s):

Prime contractor (above) Sub(s) to this prime (below)	Prime contractor (above) Subs to this prime (below)	Prime contractor (above) Subs to this prime (below)
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Are any labor issues unresolved? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain on line below:

9. Provide enforcement activity information for each contractor who had underpayment(s) using the format provided in 10-15.

10. Contractor (prime or sub)	11. Type of work	12. # of workers underpaid	13. Restitution under Davis- Bacon	14. Restitution under CWHSSA	15. Liquidated Damages collected
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Instructions for the Final Wage Compliance Report**

<b><u>Item # and Description</u></b>	<b><u>Instructions</u></b>
1-4 Name, #, FY, Date	Self-explanatory.
5. Prepared by	Usually the name of the grantee’s Labor Compliance Officer (LCO).
6. Wage underpayment(s)?	Answer “Yes” or “No” based on the duration of the project from start to finish.
7. Listing of contractors....	If the underpayment was to an employee of the prime contractor then list the prime contractor on the “above” line. If the underpayment was to an employee of a subcontractor(s), list both the name of the prime contractor on the “above” line and the name of the subcontractor(s) on the “below” line. If there were no underpayments leave this section blank.
8. Issues unresolved?	Possible issues: An employee due restitution has not yet been located. An ongoing dispute may be in litigation.  Some issues must be resolved prior to grant closeout while others can be resolved after closeout. If there is an unresolved issue, provide enough information for the Office of Community Development to understand the situation. Attach a supplementary page if necessary.
9. Enforcement activity	Include enforcement activity from the start to finish of the project. Some activity may have been previously reported in a Labor Standards Enforcement Report but that does not matter—it must be reported again along with any previously unreported activity.
10. Contractor	List the name of any contractor who underpaid the employee(s) regardless of their status as prime or sub. If there were no underpayment(s) then leave items 10-15 blank.
11. Type of work	Use one or two words to describe the work that most accurately describes what was constructed by the contractor. Examples: water lines, fire station, sewer lines, sewer plant, fence, elevated tank, water well, painting, street reconstruction, etc.
12. Number of workers underpaid	Number of workers, per contractor, for who wage restitution was disbursed or at least collected and put in escrow (in the event the worker could not be located).
13. Restitution, Davis-Bacon	Total amount of Davis-Bacon restitution per contractor.
14. Restitution, CWHSSA	Total amount of CWHSSA overtime restitution per contractor.
15. Liquidated Damages	Total amount of liquidated damages per contractor collected for CWHSSA overtime violations.



## EXAMPLE

### AUDIT REPORT EXCERPTS

Honorable Mayor  
City of Good Hope

#### **REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR 133**

We have audited the compliance of the City with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended June 30, 2008. The City's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the City's management. Our responsibility is to express an opinion on the City's compliance based on our audit.

As described in item 200X-03 in the accompanying schedule of findings and questioned costs, the City did not comply with the requirements regarding documentation of related expenses.

#### Section – Federal Awards Findings and Questioned Costs

##### Finding 200X-3

**Statement of Condition.** During our review of required documentation supporting requested reimbursements we noted the following two items lacked sufficient documentation:

1. An expenditure of \$145.92 to Xerox is unsupported by documentation indicating it was an LCDBG expense as opposed to a general City administrative cost.
2. The \$4,700.00 expended for the salary of Ellen Smith, City Clerk, is unsupported by payroll records documenting the hours spent on LCDBG activities as opposed to general City administration.

**Criteria.** The 2008 CDBG Grantee Handbook states:

1. Office equipment may be purchased or leased with LCDBG funds when it is needed to carry out the LCDBG Program. ... any LCDBG funds expended to lease or purchase equipment will result in disallowed costs unless the grantee can establish - and has fully documented in the grant files - that the expenditure(s) was reasonable, necessary, and allowable to the grant, and was not a general expense required to carry out the overall responsibilities of local government as required by OMB Circular A-87 Cost Principles for State and Local Governments.

2. All employees paid in whole or in part from LCDBG funds should prepare a timesheet indicating the hours worked and detailed duties performed on LCDBG projects for each pay period.

**Effect of Condition:** Potential misuse of federal funds.

**Cause of condition:** Not following standard booking procedures and recording keeping.

**Recommendation:** Accounting department should conduct a review of procedures.

**Questioned Costs:** \$4,845.92

## EXAMPLE

### RESPONSE TO AUDIT LETTER

Dear Ms. State Director:

In response to the Audit Report by John Sean and Associates of the City's LCDBG Program:

1. The \$145.92 Xerox bill was paid with LCDBG funds based upon a six-cent/unit page cost for 2,432 units of copying recorded for the LCDBG Program over the year ( $2,432 \times \$0.06 = \$145.92$ ). Our Xerox machine is equipped with a counter and all charges made to #4 are LCDBG costs. We paid the \$145.92 invoice in lieu of transferring funds from one account to another. A copy of the record is enclosed for your review.

2. Journal entries in Capital Project Fund show a Due from Intergovernmental Grant accounts for a total of 423 hours at \$8.05 per hour. A copy is attached. However the General Ledger did not report the entries in the regular payroll account. This accounts for \$3,405.15 of the disallowed \$4,700.00, leaving \$1,294.85 as an ineligible cost. It will be paid out of the City's General Fund. We have instituted a time sheet procedure to avoid a recurrence of this problem.

We look forward to your response.

Sincerely,

Mayor