

Sample

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 Prime Contractor, Inc. were signed by Payroll Clerk Debbie Drake. 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 Prime Contractor, Inc. designating Ms. Drake 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. 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 undertake 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 Prime Contractor, 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.

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.

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 the State at 225/342-7412.

Sincerely,

State LCDBG Director

EXAMPLE

RESPONSE TO STATE'S MONITORING LETTER

August 25, 2004

Ms. CDBG Director
Division of Administration
Post Office Box 94095
Baton Rouge, Louisiana 70804

Dear Ms. Director:

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 Prime Contractor, Inc. designating Ms. Drake 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.

Sincerely,

Mayor

Enclosures

Monitoring

Checklists

Acquisition of Property (Part 1)

Aug-07

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

Yes No N/A

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

Comments: _____

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

Comments: _____

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

Was exempt acquisition involved? _____

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

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

1) Identify other public agency: _____

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

Comments: _____

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

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

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

Comments: _____

- C. **Leases?** _____

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

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

Comments: _____

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

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

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

Comments / Recommended Corrective Action: _____

Acquisition of Property (Part 2)

April, 2003

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

1. Address of property acquired. _____

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

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

3. Owners (Indicate whether occupant). _____

4. Tenants. _____

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

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

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

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

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

Appraisal Process...

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

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

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

~ If **Yes**,

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

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

> If **Yes**, continue.

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

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

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

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

~ If **Yes**, explain. _____

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

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

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

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

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

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

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

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

> If **Yes**, explain. _____

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

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

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

f. Date estimated just compensation deposited with court: _____

g. Date title vested in agency: _____

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

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

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

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

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

Comments / Recommended Corrective Action: _____

Anti-displacement (Part 1) November, 1996

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

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

Comments / Recommended Corrective Action: _____

Compliance with National Objectives November, 1996

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

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

Comments / Recommended Corrective Action: _____

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

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

Physical Accessibility

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

Communications

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

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: _____

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

Comments: _____

Source Documentation

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

Comments: _____

Cash Management

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

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

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

29. Financial Institution: _____ Account Number: _____

30. Last cash disbursement: Check # _____ Date _____ Amount _____

Comments: _____

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

What are the specific problems? _____

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

Comments / Recommended Corrective Action: _____

Labor Standards

Dec-08

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

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

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

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

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

1. Were interviews, as described on page 4, completed? _____

2. Were weekly payrolls submitted and properly reviewed? _____

3. Did a company owner/officer or a person with written authorization sign the payrolls? _____

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 on the jobsite? 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, etc. ?
 Yes _____ No _____

6. Were proper additional classifications requested? _____

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 Box 4-a indicate fringe benefit payment(s) into an approved plan? No _____ Yes _____

When answering #12 below, allow credit for no more than the fringe amount listed on the wage decision unless a schedule of fringe benefit payments indicates a higher amount(s).

11. Is there any reason to further investigate "Box 4-a" fringe payments? Yes _____ No _____

12. Were Davis-Bacon compensation requirements met? (Without having to make restitution)
 Yes _____ No _____
 Describe deficiency(ies): _____

13. Who detected the Davis-Bacon deficiency(ies)? _____

14. Have Davis-Bacon restitution procedures been initiated and/or completed? _____

15. Was there any overtime?
 No Yes _____

16. Was there any deficiency in the calculation of overtime rates?
 No Yes _____

17. Describe the overtime deficiency(ies): _____

18. Who detected the overtime deficiency(ies)? _____

19. Have overtime restitution procedures been initiated and/or completed? _____

20. Have liquidated damages procedures been initiated and/or completed?
 (Applicable only to contracts over \$100,000.00 under CWHSSA) _____

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

21. Has the requirement for a LSER been triggered?
 No Yes _____

22. Has the process of submitting a LSER been initiated and/or completed? _____

23. Based on activity thus far, should the Final Wage Compliance Report reflect restitution?
 (If yes, inform the Consultant.) _____

24. Were there "other" deductions on the payroll reports?
 No Yes _____

25. If there were "other" deductions, were employee consent forms used? _____

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: _____ \$ _____

Program Performance

November, 1996

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

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

Comments / Recommended Corrective Action: _____

Record Keeping

September, 2000

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

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

Comments / Recommended Corrective Action: _____

Public Improvements / Force Account Jun-08

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

Contractor 1: _____ Contract Amount: _____

Contractor 2: _____ Contract Amount: _____

Contractor 3: _____ Contract Amount: _____

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

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

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

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

Force Account

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

Comments / Recommended Corrective Action: _____

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

~ If **Yes**, explain. _____

Comments / Recommended Corrective Action _____

Housing Rehabilitation Plan

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

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

Comments / Recommended Corrective Action _____

11. Do the guidelines...

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

Comments / Recommended Corrective Action _____

Housing Rehabilitation (Part 2)

May, 2004

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

This checklist must be completed for each unit reviewed.

Owner/Occupant (Head of Household) _____

Address _____

Deffered loan amount \$ _____

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

_____ Number of units in structure undergoing rehabilitation

_____ Date of final verification of all household application data

_____ Date work write-up and cost estimate prepared

_____ Date of advertisement for bids for this unit

_____ Date contract signed

_____ Date Notice to Proceed issued

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

	<u>Yes</u>	<u>No</u>
9. Does the contract include:		
• Title VI Clause	_____	_____
• E.O. 11246 Standard Clause (<i>above \$10K</i>) or 3 paragraph E.O. Provisions (<i>\$10K or</i>	_____	_____
• Notice of Requirement for Affirmative Action (<i>above \$10,00</i>	_____	_____
• Standard E.O. 11246 Specifications (<i>goals inserted - above \$10,t</i>	_____	_____
• Section 109 Clause	_____	_____
• Section 3 Clause	_____	_____
• Segregated Facilities Clause	_____	_____
• Lead Base Paint Clause	_____	_____
• Fire Administration Authorization Act of 1992	_____	_____
• Access to Records/Maintenance of Records Clause	_____	_____
• Conflict of Interest	_____	_____
• Contractor/Subcontractor certification of EEO HUD 950.1 and 950.2 (<i>above \$10,0</i>	_____	_____
10. Was the homeowner required to temporarily relocate to another unit?	_____	_____
~ If Yes		
• Was the unit inspected for Section 8 compliance?	_____	_____
• Did this unit pass _____ or fail _____ Section 8 compliance?	_____	_____
• Was the homeowner notified of the pass/fail status of this unit?	_____	_____
11. Were systematic site inspections made prior to making progress payments?	_____	_____
12. Was a final inspection made upon receipt of the final invoice from the contractor?	_____	_____
13. Is there a dated notification "Watch Out for Lead-Based Paint Poisoning" form signed by the homeowner or tenant?	_____	_____
14. Are homeowners being insured through the national flood insurance program?	_____	_____
15. Was this home in a flood zone?	_____	_____
~ If Yes , did grantee follow its adopted Floodplain Ordinance for construction?	_____	_____
16. Did grantee address deficiencies identified in the application? (handicapped features, etc	_____	_____
17. Was the job completed in accordance with the contract and warranty?	_____	_____
18. Was a "Notice of Acceptance of Work" issued?	_____	_____
19. Was a "Notification of Release of Lien" and applicable warranties received from the contractor, all subcontractors and suppliers?	_____	_____
20. Was final payment made at the end of the required lien period?	_____	_____
21. Was a lien filed on the rehab unit at the clerk of court's office as per our minimum 5 year deferred loan program policy?	_____	_____

Comments / Recommended Corrective Action _____

ECONOMIC DEVELOPMENT (part 1)

November, 1996

Grantee: _____ Contract #: _____ FY: _____

Reviewed By: _____ LGR: _____ Date: _____

Company Name: _____

Address: _____

Responsible Official: _____

Activity Description: _____

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

Yes No N/A

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

Number of reviews conducted to date: _____ .

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

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

Comments: _____

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

Comments: _____

VERIFICATION OF JOBS CREATED AND/OR RETAINED

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

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

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

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

ECONOMIC DEVELOPMENT (part 2)

November, 1996

Grantee: _____ Contract #: _____ FY: _____

Reviewed By: _____ LGR: _____ Date: _____

Developer: _____

FINANCIAL STATEMENT ANALYSIS

1. Ending Date of Financial Statement: _____

Date Financial Statement Received: _____

Date Previous Financial Statement Received: _____

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

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

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

5. Financial Statement Analysis:

A. Profitability Indicators -

B. Asset Management Indicators -

C. Liquidity/Solvency Indicators -

D. Other Indicators or Comments -

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

8.	Date review completed: _____			

RESIDENTIAL RELOCATION / DISPLACEMENT (part 1)

November, '96

Grantee: _____ Contract #: _____ FY: _____

Reviewed By: _____ LGR: _____ Date: _____

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

Uniform Act Relocation And Displacement

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

Comments: _____

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

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

▸ How many are 180 day owner occupied? _____

▸ How many are 180 day renter occupied? _____

▸ How many are 180 day business related? _____

▸ How many are 180 day farm related? _____

▸ Other (specify): _____

Comments: _____

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

4. Were the displacements carried out in accordance with the Act? 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. (not attached in Handbook)

Non-Uniform Act Relocation And Displacement

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

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

PROGRAM COMPLETION REPORT

COVER SHEET

-
1. Name of Grantee
2. Address of Grantee
-
3. Contract Number
-
4. Citizen participation information submitted with this report includes the following:
- (a) A summary of each citizen comment received during program implementation, the grantee assessment of the comment, and a description of actions taken or to be taken in response to the comment.
 - (b) Specific information on each required public hearing held which includes the purpose of the public hearing and the date(s) of each; and a copy of the public notice, attendance roster, and minutes of the public hearing on performance.
-
5. The grantee's chief elected official certifies that:
- (a) To the best of his/her knowledge and belief the data in this report is true and correct as of the date identified below;
 - (b) The records described in this report are being maintained and will be made available upon request.
-
6. Typed name and title of chief elected official
-
7. Signature
8. Date
-

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 LCDBG 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 LCDBG 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

LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
GRANT PROGRESS FORM

1. Grantee:

2. Contract Number:

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

*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 LCDBG 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 LCDBG amount budgeted for each activity.
8. List the total amount of LCDBG 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 Community Development Block Grant -- Program Beneficiary Form

1 Name of Grantee _____
 2 Contract Number _____
 3

4 FY / Type _____
 5 Comments _____

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 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 FY 1993 and later LCDBG recipients who utilized LCDBG 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 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.

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.

7. 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 are 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.
8. 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.
9. 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.

<p>LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM</p> <p>HOUSING OPPORTUNITIES FORM</p>	<p>1. GRANTEE:</p> <p>2. CONTRACT NUMBER:</p>				
<p>3. Actions taken to affirmatively further fair housing in your community:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th data-bbox="256 579 444 611" style="text-align: left;"><u>Actions Taken</u></th> <th data-bbox="943 579 1040 611" style="text-align: left;"><u>Results</u></th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> </tr> </tbody> </table>		<u>Actions Taken</u>	<u>Results</u>		
<u>Actions Taken</u>	<u>Results</u>				
<p>4. Actions taken to increase housing opportunities for lower income:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th data-bbox="256 1297 444 1329" style="text-align: left;"><u>Actions Taken</u></th> <th data-bbox="943 1297 1040 1329" style="text-align: left;"><u>Results</u></th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> </tr> </tbody> </table>		<u>Actions Taken</u>	<u>Results</u>		
<u>Actions Taken</u>	<u>Results</u>				

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 COMMUNITY DEVELOPMENT
BLOCK GRANT PROGRAM
MISCELLANEOUS INFORMATION FORM

1. GRANTEE:

2. CONTRACT NUMBER:

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

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.

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

Yes _____ No _____

If yes, identify the number of parcels donated _____ and acquired _____.
(number) (number)

8. For public facilities projects or other projects (including economic development) which involve infrastructure construction and which were funded prior to the FY 2000 LCDBG program year, attach a copy of any change orders issued to the construction contract after the monitoring visit. (For projects awarded beginning with the FY 2000 LCDBG program year and thereafter, all change orders should have already been submitted to the LCDBG engineer.)

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 closeout documents.

10. If your project included infrastructure construction, a copy of the recorded clear lien certificate must be submitted with the closeout 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. For all projects awarded prior to the FY 2000 LCDBG program year involving public facilities construction or improvements, a copy of all change orders issued after the monitoring visit must be submitted. Beginning with the FY 2000 LCDBG program, all change orders should have already been submitted to the LCDBG engineer.
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.
10. For all projects involving infrastructure construction (including economic development), a copy of the recorded clear lien certificate must be submitted with the closeout documents.
11. 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 no.): 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&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 8/04-7/07).
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 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

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.)

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

CLOSEOUTS

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 (Exhibit B-19)*

<u>Item # and Description</u>	<u>Instructions</u>
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 whom 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

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, 2004. 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 the City Clerk is unsupported by payroll records documenting the hours spent on LCDBG activities as opposed to general City administration.

Criteria. The 200X LCDBG 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 CDBG Director:

In response to the Audit Report by the auditor 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