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***Office of Community Development/Disaster Recovery Unit***

***Exhibit 12-4***

***Compliance Monitoring Project Checklist Template***

***Revised April 13, 2015***

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# Monitoring Instructions

The Monitor should be familiar with the overall monitoring strategy prior to executing this checklist. The Monitor should use this checklist to review each Project. The results of all Project Reviews will be used to determine the adequacy of the Grantee/ Recipient/ Subrecipient’s policies and procedures, compliance with program/project requirements, and need for technical assistance.

The following steps should be taken to perform a Project Review:

1. Review the following to obtain an understanding of the program/project grant requirements:
   1. Governing statutes, regulations and official guidance;
   2. Grant Agreements;
   3. Action Plans and Amendments; and,
   4. Waivers.
2. Review the following to obtain an understanding of the project:
   1. Grantee/ Recipient/ Subrecipient’s Procurement, Contract Management, Financial Management, and Monitoring Policies and Procedures
   2. Contractor’s policies and procedures as it relates to project execution;
   3. Binding Agreement executed between the Grantee/ Recipient/ Subrecipient and the OCD/DRU; and,
   4. Project Application.
3. Complete Monitoring Prep Section
   1. Execute Section 2 of this Checklist, “Monitoring Prep - Preliminary Data Collection”
   2. Collect the required documentation (See Section 3 of this Checklist, “Monitoring Prep – Document Collection”)
4. Select contractors/contracts to be reviewed. (Worksheets should be completed for each contractor/contracts selected to review procurement, contract, financial management, and labor documentation.)
   1. Select 50% or a minimum of two contractors/contracts.
   2. If issues are found within the selected sample, broaden the sample to include additional contractors/contracts.
5. Select a sample of invoices per contractor to be reviewed (“invoice sample”) to execute Worksheet 2.
   1. Determine the total number of invoices that have been submitted to the Grantee/ Recipient/ Subrecipient from the contractor based on the date of the last review.
   2. Based upon the total number of invoices submitted since the last review, use the Invoice Selection Sampling Methodology to determine number of invoices required to be reviewed per contractor within the sample.
   3. Invoice Selection Sampling Methodology:
      1. Less than 20 invoices have been submitted since the last review, select 3
      2. If 20 - 49 invoices have been submitted since the last review, select 5
      3. If 50 - 99 invoices have been submitted since the last review, select 10
6. Execute the remaining applicable Checklist Sections and Worksheets (Worksheets are to be completed for each contractor reviewed.)

*Note: All Sections will not be relevant to each Project Type*

* 1. Each Section contains a description, detailed instructions, and a list of documents required to complete the Section.
  2. Refer to the applicable section within the OCD Disaster Recovery CDBG Grantee Administrative Manual for additional guidance
  3. Complete all questions as indicated. As applicable, mark “N/A”, “Finding”, or “Concern” to identify any issues. Provide comments for your responses in the identified areas.

1. Complete the Conclusion Section of the Checklist.

| **Grantee/ Recipient/ Subrecipient:** | | | **Project ID:** | | | | **Monitor:** | | | **Date Completed:** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monitoring Prep – Preliminary Data Collection | | | | | | | | | | |
| 1. Grantee/ Recipient/ Subrecipient: | | | | | | | | | | | |
| 1. Project ID: | | | | | | | | | | | |
| Project Type: Infrastructure Housing Econ Dev Planning | | | | | | | | | | | |
| 1. Project Description: | | | | | | | | | | | |
| 1. Project Budget: | | | | | | | | | | | |
| * 1. More than $200,000?  Yes  No | | | | | | | | | | | |
| 1. Project Risk: High  Medium  Low | | | | | | | | | | | |
| 1. Is Construction Involved?  Yes  No | | | | | | | | | | | |
| 1. Was Property Acquired?  Yes  No | | | | | | | | | | | |
| * 1. Were owner-occupants, tenants, or businesses displaced?  Yes  No | | | | | | | | | | | |
| 1. National Objective(s) selected |  | | | | | | | |  | |
| Low to Moderate Income (LMI) Area  LMI Limited Clientele  LMI Housing  LMI Job Creation and Retention  Slum and Blight (S/B) Area | | | | | S/B Spot Basis  Urgent Need  None (Planning/Capacity Building/Admin/Technical  Assistance Activities)  Planning only grants | | | | | |
| 1. Eligible Activity(ies) selected: | | | | | | | | | | |
| 105(a)(1) – Acquisition of Real Property  105(a)(2) – Public Facilities and Improvements and Privately-Owned Utilities  105(a)(3) – Code Enforcement  105(a)(4) – Clearance, Rehabilitation, Reconstruction, and Construction of Buildings (Including Housing)  105(a)(5) – Architectural Barrier Removal  105(a)(6) – Loss of Rental Income  105(a)(7) – Disposition of Real Property  105(a)(8) – Public Services  105(a)(9) – Payment of Non-Federal Share  105(a)(10) – Completion of Federal Urban Renewal Projects  105(a)(11) – Relocation  105(a)(12) – Planning and Capacity Building – Community Development  105(a)(13) – Program Administration Costs  105(a)(14) – Activities Carried Out through NPSs Acquisition, Construction, Reconstruction, Installation, Rehabilitation, or Planning | | | | | 105(a)(15) – Activities Carried Out through Nonprofit Development Organizations – Neighborhood Revitalization, Community Economic Develop, or Energy Conservation  105(a)(16) – Planning and Capacity Building – Energy Conservation  105(a)(17) – Economic Development Assistance to For-Profit Business  105(a)(18): Rehabilitation or Development of Housing  105(a)(19) – Technical Assistance to Public or Nonprofit Entities  105(a)(20) – Housing Services  105(a)(21) – Assistance to Institutions of Higher Education  105(a)(22) – Microenterprise Assistance  105(a)(23) – In Rem Housing  105(a)(24) – Homeownership Assistance  105(a)(25) – Lead-based Paint Hazard Evaluation and Reduction | | | | | |
|  | | | | | | | | | | |
| 1. Contractor Summary | | | | | | | | | | |
| Contractor | | Contract Start Date | | Contract Expiration Date | | Contract Value | | Brief Description of Scope of Services | | |
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| **Grantee/ Recipient/ Subrecipient:** | **Project ID:** | **Monitor:** | **Date Completed:** |
| --- | --- | --- | --- |
| Monitoring Prep - Document Collection | | | | |
| **Description:** The Monitor must collect the following documents in order to execute the Project Checklist.  **Instructions:** Work with the appropriate staff to follow up with the Grantee/ Recipient/ Subrecipient until the requisite documents are received. Check the box in the “Received?” column once received. | | | | |

| **Section** | **Type of Applicable Project** | **Required Documents** | **Received?** |
| --- | --- | --- | --- |
| Section 4:  Citizen Participation | All | Citizen Participation Plan, if applicable |  |
| Evidence of Citizen Participation (Public hearing meeting notices, attendance logs, minutes, etc.) |  |
| Section 5:  National Objective and Eligible Activities | All | Project Application |  |
| Section 6:  Monitoring | All | Monitoring Policies and Procedures (Monitoring Plan) |  |
| Monitoring Plan Schedule |  |
| Monitoring Results |  |
| Section 7: Procurement and Contract Review | All | Procurement Policies and Procedures |  |
| For each Procurement/Contract:  Justification of services, supplies, procured item(s) |  |
| Advertisement/Publication  *(Not applicable if services, supplies, or items are procured through the Small Purchase Method)* |  |
| Proposals, Statement of Qualifications, Bids, or Quotes received |  |
| Evaluation of all Proposals, Statement of Qualifications, or Bids received  *(Not applicable if services, supplies, or items are procured through the Small Purchase Method)* |  |
| Cost/Price Analysis |  |
| Notice of Contract Award |  |
| Section 8: Labor | All  Construction Projects | For each Contractor, as applicable:  Proof of Insurance |  |
| Contractor Clearance Form |  |
| Evidence of Labor Compliance Officer (LCO) Labor Interviews |  |
| Proof of approval from the OCD/DRU to use Force Account Labor, if applicable |  |
| LCO Labor Issues Log (including description, issue type, restitution amount, if any) |  |
| For each Contractor:  Verification of Wage Decision Form  *(Construction contracts exceeding $2,000 Only* |  |
| Two Weekly Payrolls |  |
| Section 9: Financial Management | All | Financial Management Policies and Procedures |  |
| Chart of Accounts |  |
| Project Budget |  |
| Revenue/Expenditure Report (or “Financial Status Report”) |  |
| Bank Statement (Or other documentation required to review Cash Management) |  |
| Most recent reconciliation |  |
| For each Contractor:  Invoice Sample Required Number of Invoices  *(See Monitoring Instructions for steps to determine invoice sample)* |  |
| Supporting Documentation for each Invoice |  |
| Section 10:  Section 3 of the HUD Act of 1968 | All housing const., rehab, or other public service const. projects if the Grantee/ Recipient/ Subrecipient has been obligated $200,000 or more to these project types UU**OR**  All housing const. rehab or other public service const. projects where a contractor or subcontractor is performing work for which the amount of assistance exceeds $200,000 and the contract or subcontract exceeds $100,000. | Section 3 Plan  *(Only for Construction contracts exceeding $100,000 to execute a Section 3 covered project.)* |  |
| Section 11: Environmental Review | All | Applicable Notice: (Notice of Acceptance of Exemption, Notice of Release of Funds, Certification of Categorical Exclusion) |  |
| First Draw Request |  |
| Section 12: Acquisition and Relocation | Projects for which property was acquired | Acquisition/Relocation Log (including property addresses and acquisition type) |  |
| For Property within URA Property Sample:  Address |  |
| Valuation or Appraisal (and review appraisal) |  |
| Statement of Just Compensation (only if acquisition is subject to URA) |  |
| Act of Sale |  |
| Statement of Settlement Costs |  |
| Deed (showing transfer to Grantee/ Recipient/ Subrecipient) |  |
| Proof of Purchase Price (canceled check) |  |
| Relocation Notices |  |
| Proof of Relocation Services Provided |  |
| Section 13:  Property Management | Projects where real property was purchased | Property Control Tracking Log (including evidence of the most recent inventory) |  |
| Notification to the OCD/DRU if property has been disposed of |  |
| Section 14:  Lead-Based Paint, Asbestos, and Mold | Construction Projects | Lead-Based Paint Evaluation or Assessment |  |
| Lead-Hazard Clearance Report |  |
| Documentation that owners are providing tenants appropriate Lead-based paint pamphlets and disclosure statements (Housing Projects Only) |  |
| Asbestos statutory checklist |  |
| Mold inspection |  |

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| **Grantee/ Recipient/ Subrecipient:** | **Project ID:** | | | **Monitor:** | | | | | **Date Completed:** | |
| Citizen Participation | | | | | |  | | | |  |
| **Requirement** | | **Response** | | | **Issue Type** | | | **Comments** | | |
| **Description:** The citizen participation requirements were waived for disaster assistance related to Hurricanes Katrina, Rita, Gustav and Ike and replaced with alternate requirements. However, the waiver and alternate requirements still provide for reasonable public notice, appraisal, examination, and comment on the activities proposed for the use of disaster recovery CDBG funds.  **Monitoring Instructions:** Review the methods the Grantee/ Recipient/ Subrecipient used (e.g., public hearing notices, advertisements in print or online media, websites for public comment, etc.) to provide an opportunity for and encourage citizen participation. Complete the following questions as indicated. As applicable, mark “N/A”, “Finding”, or “Concern” to identify any issues. Provide comments for your responses in the identified areas.  **Documents Needed:**   * Project Application * Citizen Participation Plan, if applicable * Evidence of Citizen Participation (Public hearing meeting notices, attendance logs, minutes, etc.) | | | | | | | | | | |
| 1. Is there sufficient evidence the Project underwent a citizen participation period prior to project approval? | | | Yes No | | N/A  Finding  Concern | |  | | | |

| **Grantee/ Recipient/ Subrecipient:** | **Project ID:** | | **Monitor:** | | | **Date Completed:** |
| --- | --- | --- | --- | --- | --- | --- |
| National Objective and Eligible Activities | | | | | | |
| **Requirement** | | **Response** | | **Issue Type** | **Comments** | |
| **Description:** Any activity undertaken by a Grantee/ Recipient/ Subrecipient must be eligible under the HCDA (Housing and Community Development Act) and meet at least one CDBG National Objective.  **Monitoring Instructions:**  Obtain an understanding of all project activities prior to completing this section. Compare the activities identified in the Project Application to these activities to determine if the activities undertaken throughout the project meet the requirements set forth by the National Objective and Eligible Activities selected.  **Documents Needed:** | | | | | | |
| * Project Application + an understanding of all project activities | | | | | | |
| 1. Review the National Objective(s) selected for the project (see project application and/or Section 2). Are policies and procedures in place to ensure that the project meets a National Objective (24 CFR 570.483)? Note any discrepancies. | | Yes  No | | N/A  Finding  Concern |  | |
| 1. Are the written policies and procedures sufficient for ensuring that the program/project meets a National Objective? | | Yes  No  N/A | | N/A  Finding  Concern |  | |
| 1. Review the Eligible Activity(ies) selected for the project (see project application and/or Section 2). Are policies and procedures in place to ensure that project activities align with those listed in the project application? Note any discrepancies. | | Yes  No | | N/A  Finding  Concern |  | |
| 1. Are the policies and procedures being followed as written? | | Yes  No  N/A | | N/A  Finding  Concern |  | |

| **Grantee/ Recipient/ Subrecipient:** | **Project ID:** | | **Monitor:** | | | **Date Completed:** |
| --- | --- | --- | --- | --- | --- | --- |
| Monitoring | | | | | | |
| **Requirement** | | **Response** | | **Issue Type** | **Comments** | |
| **Description:** Grantee/ Recipient/ Subrecipients are responsible for ensuring that programs meet the compliance requirements within executed agreements, applicable federal, state, and local laws, regulations, and codes. This includes monitoring their projects, project administrators, contractors, and subcontractors.  **Monitoring Instructions:** Obtain an understanding of the Grantee/ Recipient/ Subrecipient’s Monitoring Policies and Procedures. Review the Grantee/ Recipient/ Subrecipient’s Monitoring Plan to determine the monitoring schedule. Complete the following questions as indicated. As applicable, mark “N/A”, “Finding”, or “Concern” to identify any issues. Provide comments for your responses in the identified areas.  **Documents Needed:**   * Monitoring Policies and Procedures (Monitoring Plan) * Monitoring Plan Schedule * Grantee/ Recipient/ Subrecipient’s Monitoring Reports, if any | | | | | | |

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| 1. Does the Grantee/ Recipient/ Subrecipient have an approved Monitoring Plan in place that sufficiently evaluates compliance with contractual, financial, and CDBG requirements? | Yes  No | N/A  Finding  Concern |  |
| 1. Are there sufficient procedures for ensuring the quality of monitoring efforts, including documentation and intended actions, and follow-through on promised actions? | Yes  No | N/A  Finding  Concern |  |
| * 1. If no, is the project due for a review, according to the Monitoring Plan/Schedule? | Yes  No | N/A  Finding  Concern |  |
| * 1. If yes, notate any concerns or findings identified as a result of the Grantee/ Recipient/ Subrecipient’s monitoring efforts. | Yes  No | N/A  Finding  Concern |  |
| **6.1 Duplication of Benefits** | | | |
| 1. Does the Grantee/ Subrecipient have documentation showing that it reviewed and monitored the activity for duplication of benefits? | Yes  No | N/A  Finding  Concern |  |

| **Grantee/ Recipient/ Subrecipient:** | **Project ID:** | | **Monitor:** | | | **Date Completed:** |
| --- | --- | --- | --- | --- | --- | --- |
| Procurement and Contract Review | | |  | | | |
| **Requirement** | | **Response** | | **Issue Type** | **Comments** | |
| **Description:** The Monitor is charged with determining if the Grantee/ Recipient/ Subrecipient is in compliance with the required standards relating to procurement of equipment, supplies, real property (land, including all the natural resources and permanent buildings on it), and services (including consulting and construction services, among others). The Monitor is also charged with determining if the contracts resulting from the procurement are complete and consistent with the requirements of the procurement solicitation and the program or project policies and procedures. The checklist questions build upon requirements contained in federal and state statutes, regulations, Executive Orders, and other directives (e.g., OMB Circulars).  Depending upon the nature of the procurement (equipment or supplies, consulting, professional services) or if the procurement involves IT services or acquisition of real property (land, including all the natural resources and permanent buildings on it), specific standards will apply. Grantee/ Recipient/ Subrecipients often have prescribed processes that are to be used for negotiating, executing and implementing contracts. These are usually prepared under the supervision and guidance of attorneys.  **Monitoring Instructions:** Obtain an understanding of the Grantee/ Recipient/ Subrecipient’s Procurement and Contract Management Policies and Procedures. Execute the **“Procurement And Contract Review Worksheet”** for each procurement/contract reviewed by marking “N/A”, “Finding”, or “Concern” to identify any issues, as applicable. Provide comments for your responses in the identified areas.  Complete this Section based upon the procurement process associated with each Contractor within the contract sample. Complete the following questions as indicated. | | | | | | |
| 1. After completing the UU**Procurement and Contract Review (Worksheet 1)**UU for each contractor, is there evidence that all procurements were performed according to all applicable federal, state, and local laws, regulations, and codes? | | Yes  No | | N/A  Finding  Concern |  | |
| 1. After completing the UU**Procurement and Contract Review (Worksheet 1)**UU for each contractor, is there evidence that all contracts were executed according to all applicable federal, state, and local laws, regulations, and codes? | | Yes  No | | N/A  Finding  Concern |  | |
| 1. After completing the **Procurement and Contract Review (Worksheet 1)** for each contractor, is there a potential conflict of interest because of one firm providing multiple services?   i.e. administrative consultant services and engineering services. | | Yes  No  N/A | | N/A  Finding  Concern |  | |

| **Grantee/ Recipient/ Subrecipient:** | **Project ID:** | **Monitor:** | | | | **Date Completed:** |
| --- | --- | --- | --- | --- | --- | --- |
| Labor | | | | | | |
| **Requirement** | | **Response** | | **Issue Type** | **Comments** | |
| **Description:** Grantee/ Recipient/ Subrecipients and Contractors implementing projects involving construction contracts are required to comply with applicable labor-related laws and regulations. Execute **“Worksheet 2: Contractor Labor Review** for all contracts within the sample.  Then, answer the following questions as directed and mark “N/A”, “Finding”, or “Concern” to identify any issues, as applicable. Provide comments for your responses in the identified areas.  **Documents Needed (if Grantee/ Recipient/ Subrecipient is not exempt from Labor Requirements [see Question 1]:**   * Evidence of Labor Compliance Officer (LCO) Labor Interviews * Proof of approval from the OCD/DRU to use Force Account Labor, if applicable * LCO Labor Issues Log (including description, issue type, restitution amount, if any) * Verification of Wage Decision Form * Contract (including Wage Decision included within contract) * Contractor Clearance Form | | | | | | |
| 1. Is the Grantee/ Recipient/ Subrecipient exempt from Davis-Bacon and Related Acts and the Copeland Anti-Kickback requirements? If yes, do not execute the remainder of this Section.   *All contracts must meet at least one of the following in order for the Grantee/ Recipient/ Subrecipient to be exempt:*   * *Construction contracts at or below $2,000* * *Rehabilitation or construction of residential structures containing less than eight units;* * *Simple water and sewer line extensions without pumps, tanks, etc.* * *Separate and distinct projects. (Contact the OCD/DRU for guidance); or,* * *Contracts solely for demolition, when no federally-funded construction is anticipated on the site.* | | | Yes  No | N/A  Finding  Concern |  | |
| 1. Has the Grantee/ Recipient/ Subrecipient designated a Labor Compliance Officer (LCO)? | | | Yes  No | N/A  Finding  Concern |  | |
| 1. If yes, is there evidence that the LCO is ensuring labor compliance requirements are met by contractors and subcontractors? | | | Yes  No  N/A | N/A  Finding  Concern |  | |
| 1. Is there evidence that the contractors/subcontractors have been informed of their responsibilities regarding labor compliance? *(Typically found within the contract.)* | | | Yes  No | N/A  Finding  Concern |  | |
| 1. After completing the UU**Contractor Labor Review (Worksheet 2)**UU for each Contractor, is there evidence that the Grantee/ Recipient/ Subrecipient is in compliance? | | | Yes  No | N/A  Finding  Concern |  | |
| Onsite Interviews | | |  |  |  | |
| 1. Is there evidence that contractor employee interviews are being performed by the Grantee/ Recipient/ Subrecipient’s LCO? | | | Yes  No | N/A  Finding  Concern |  | |
| 1. Is there evidence that the LCO confirmed that the job site met all federal requirements regarding the posting of labor-related information? | | | Yes  No | N/A  Finding  Concern |  | |
| Force Account Labor | | |  |  |  | |
| 1. Has the Grantee/ Recipient/ Subrecipient elected to utilize Force Account Labor in implementing the project? | | | Yes  No | N/A  Finding  Concern |  | |
| 1. Did the Grantee/ Recipient/ Subrecipient receive written approval from the OCD/DRU prior to utilizing Force Account Labor? | | | Yes  No  N/A | N/A  Finding  Concern |  | |
| Issue Identification and Compliance Enforcement | | | | | | |
| 1. Has the LCO identified any labor compliance issues? | | | Yes  No | N/A  Finding  Concern |  | |
| 1. Did the LCO notify the contractor of all issues and request certified corrected payrolls? | | | Yes  No  N/A | N/A  Finding  Concern |  | |
| * 1. Did the contractor provide certified corrected payrolls for all labor compliance issues? | | | Yes  No  N/A | N/A  Finding  Concern |  | |
| 1. Did any issues require restitution to the employee? | | | Yes  No  N/A | N/A  Finding  Concern |  | |
| 1. Did the contractor provide evidence that restitution was paid to the employee within its certified corrected payrolls? | | | Yes  No  N/A | N/A  Finding  Concern |  | |
| 1. If the issue was related to overtime, did the LCO inform the contractor of its options (request waiver or pay liquidated damages)? | | | Yes  No  N/A | N/A  Finding  Concern |  | |
| * 1. Were the procedures described in the OCD Disaster Recovery CDBG Grantee Administrative Manual followed to resolve the liquidated damages issue? | | | Yes  No  N/A | N/A  Finding  Concern |  | |
| 1. Have all labor compliance issues been resolved? | | | Yes  No  N/A | N/A  Finding  Concern |  | |
| Labor Files Review - ONSITE ONLY | | |  |  |  | |
| 1. Do the Grantee/ Recipient/ Subrecipient’s Labor Standards Files contain Contractor’s License Number?   (LA RS 38:2212 requires the LA Contractors License Number) | | | Yes  No | N/A  Finding  Concern |  | |
| 1. Do the Grantee/ Recipient/ Subrecipient’s Labor Standards Files contain evidence of apprenticeship/trainee registration &certification if apprentice/trainee rates were paid? | | | Yes  No | N/A  Finding  Concern |  | |
| 1. Do the Grantee/ Recipient/ Subrecipient’s Labor Standards Files contain complaints from workers, if any, and actions taken? | | | Yes  No | N/A  Finding  Concern |  | |
| 1. Do the Grantee/ Recipient/ Subrecipient’s Labor Standards Files contain Supplementary Statement? | | | Yes  No | N/A  Finding  Concern |  | |
| 1. Do the Grantee/ Recipient/ Subrecipient’s Labor Standards Files contain Labor Standards Enforcement Report? | | | Yes  No | N/A  Finding  Concern |  | |
| 1. Do the Grantee/ Recipient/ Subrecipient’s Labor Standards Files contain Notification of Underpayment or Withholding? | | | Yes  No | N/A  Finding  Concern |  | |
| 1. Do the Grantee/ Recipient/ Subrecipient’s Labor Standards Files contain Wage Rate Determination? | | | Yes  No | N/A  Finding  Concern |  | |
| 1. Do the Grantee/ Recipient/ Subrecipient’s Labor Standards Files contain Payroll Documentation, to include the following:  * Payroll deduction authorizations * Contractor's/Subcontractor's New Employee Information Form * Fringe Benefit Verification | | | Yes  No | N/A  Finding  Concern |  | |

| **Grantee/ Recipient/ Subrecipient:** | | | **Project ID:** | | | | | **Monitor:** | | | **Date Completed:** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Management | | | | | | |  | | | | | |
| **Requirements** | | | | | **Response** | | | | **Issue Type** | **Comments** | | |
| **Description:** A Grantee/ Recipient/ Subrecipient’s financial management system must ensure that all expenditures are reasonable and related to allowable activities, are in compliance with applicable laws, rules, and regulations, and are properly supported by appropriate documentation. Grantee/ Recipient/ Subrecipients must track and report each project separately.  **Monitoring Instructions:** Obtain an understanding of the Grantee/ Recipient/ Subrecipient’s Financial Management Policies and Procedures. Review the total amount budgeted and total amount expended for the Project. Complete **“Worksheet 3: Contractor Support Documentation/Allowable Costs Review”** for all contractors reviewed.  **Documents Needed:**   * Policies and Procedures * Project Budget Report * Revenue/Expenditure Report (or “Financial Status Report”) * Chart of Accounts * Bank Statement (Or other documentation required to review cash management) * Most recent reconciliation * Execute Worksheet 3 for each Contractor reviewed | | | | | | | | | | | | |
| Expenditure Review | | | | | | |  | | | | | |
| 1. Were indirect costs charged to the project? | | | | | Yes  No | | | N/A  Finding  Concern |  | | |
| * 1. If yes, did the Grantee/ Recipient/ Subrecipient submit a federally-approved Indirect Cost Plan to the OCD/DRU? | | | | | Yes  No  N/A | | | N/A  Finding  Concern |  | | |
| 1. Do the Project Delivery Costs fall within 15% of total project budget? *Notate the Project Budget, Project Costs, and Project Delivery Costs.* | | | | | Yes  No  N/A | | | N/A  Finding  Concern |  | | |
| Support Documentation/Allowable Costs Summary | | | | | | | | | | | |
| 1. Based on the completion of **WORKSHEET 3,** was all support documentation complete and costs allowable? | | | | | Yes  No  N/A | | | N/A  Finding  Concern |  | | |
| Cash Management Review | | | | |  | | |  |  | | |
| 1. Has the Grantee/ Recipient/ Subrecipient minimized the time between funds receipt and disbursal? (Generally disbursed within 3 working days). *Notate the date funds were received from OCD/DRU and the date the funds were disbursed to the contractor/Subrecipient* | | | | | Yes  No  N/A | | | N/A  Finding  Concern |  | | |
| Budget to Actual Reconciliation Review | | | | | | | | | | | |
| **Instructions:** Review the Project Budget and the current expenditures. List items identified as Project Delivery Costs from Project Application under the heading labeled “3.1 Project Delivery Costs”. List items identified as Project Costs from Project Application under the heading labeled “3.2 Project Costs”. See Note 3 for a description of project costs verses project delivery costs. | | | | | | | | | | | |
| 1. Total Project Budget: | | | | | | | | | | |  |
| * 1. Budget Approval Date: | | | | | | | | | | |  |
| 1. Current Amount Expended: | | | | | | | | | | |  |
| * 1. Reconciliation Date: | | | | | | | | | | |  |
| 1. **Budget/Actual Detail** | **Budgeted Amount** | | **Actual Amount** | **On Track?** | | | |  |  | | |
| * 1. Project Delivery Costs |  | |  | Yes  No | | | | ⁭ N/A  ⁭Finding  ⁭Concern |  | | |
|  |  | |  | Yes  No | | | | ⁭ N/A  ⁭Finding  ⁭Concern |  | | |
|  |  | |  | Yes  No | | | | ⁭ N/A  ⁭Finding  ⁭Concern |  | | |
|  |  | |  | Yes  No | | | | ⁭ N/A  ⁭Finding  ⁭Concern |  | | |
|  |  | |  | Yes  No | | | | ⁭ N/A  ⁭Finding  ⁭Concern |  | | |
| * 1. Project Costs |  | |  | Yes  No | | | | ⁭ N/A  ⁭Finding  ⁭Concern |  | | |
|  |  | |  | Yes  No | | | | ⁭ N/A  ⁭Finding  ⁭Concern |  | | |
|  |  | |  | Yes  No | | | | ⁭ N/A  ⁭Finding  ⁭Concern |  | | |
|  |  | |  | Yes  No | | | | ⁭ N/A  ⁭Finding  ⁭Concern |  | | |

UU**Note 3: Project Delivery Costs vs. Project Costs**

* Project Delivery Costs are used specifically to meet the requirements to complete a particular project, especially as it applies to meeting CDBG requirements. This would include such things as eligibility verification, environmental clearance, project monitoring, application development, etc.
* Project Costs are the direct costs of the project, such as the amount of the actual loan or grant provided, construction costs, etc.

| **Grantee/ Recipient/ Subrecipient:** | **Project ID:** | | **Monitor:** | | | **Date Completed:** |
| --- | --- | --- | --- | --- | --- | --- |
| Section 3 of the HUD Act of 1968 | | | | | | |
| **Requirements** | | **Response** | | **Issue Type** | **Comments** | |
| **Description:** Section 3 of the Housing and Urban Development Act of 1968 [12 U.S.C. 1701u and 24 CFR Part 135] is HUD’s legislative directive for providing preference to low- and very low-income residents of the local community (regardless of race or gender), and the businesses that substantially employ these persons, for new employment, training, and contracting opportunities resulting from HUD-funded projects. A “covered project” is a project for which Section 3 applies. “Covered funds” are those funds used to fund a “covered project”.  *Section 3 Residents are:*   * Residents of Public and Indian Housing, or * Individuals that reside in the metropolitan area or nonmetropolitan parish in which the Section 3 covered assistance is expended and whose income does not exceed the local HUD income limits set forth for low- or very low-income households.   *Section 3 Business Concerns are One of the Following:*   * Businesses that are 51 percent or more owned by Section 3 residents; * Businesses with 30 percent or more permanent, full-time employees whom are currently Section 3 residents, or were Section 3 residents within three years of the date of first employment; or * Businesses that provide evidence of a commitment to subcontract in excess of 25 percent of the dollar amount of all subcontracts to be awarded to businesses that meet the qualifications described above.   **Monitoring Instructions:**  Complete the following questions by marking the appropriate box for “Yes”, “No”, or “N/A”. As applicable, mark “N/A”, “Finding” or “Concern” to identify any issues. Provide comments describing the basis for your response in the space provided.  **Required:**   * Knowledge of Grantee/ Recipient/ Subrecipient’s total allocation and all project activities * Executed Worksheet 1 for the contractor (or the applicable procurement solicitation) * Contract * Contractor’s Section 3 Plan | | | | | | |
| 1. Has the Grantee allocated $200,000 or more DR-CDBG funds into projects/activities involving housing construction, demolition, rehabilitation, or other public construction—i.e., roads, sewers, community centers, etc.? (See the Core Checklist, Section 4.4.) *If no, the remaining questions within this Section are not applicable.* | | Yes  No  N/A | | N/A  Finding Concern |  | |
| 1. After completing UU**Procurement and Contract Review (Worksheet 1, Procurement Requirements: Question 6.5)**UUfor each contractor in the sample, was it determined that the Grantee included a Section 3 clause within the applicable procurement solicitations? | | Yes  No  N/A | | N/A  Finding Concern |  | |
| 1. After completing UU**Procurement and Contract Review (Worksheet 1, Contract Requirements: Question 6.5)**UU for each contract in the sample, was it determined that the Grantee included a Section 3 clause within each of the applicable contracts? | | Yes  No  N/A | | N/A  Finding Concern |  | |
| 1. UU**New Hire Goal**UU **–** After completing the Section 3 Review (Worksheet 4, Question 10) for each contract within the sample, have any contractors hired employees to work on this project? | | Yes  No  N/A | | N/A  Finding Concern |  | |
| 4.1 If Question 4 is “Yes”, were at least 30% of each contractors’ new hires Section 3 residents? | | Yes  No  N/A | | N/A  Finding Concern |  | |
| 4.2 If Question 4.1 is “No”, has each contractor within the sample demonstrated that, to the greatest extent feasible, it has made an effort to ensure that the employment objectives of its Section 3 Plan(s) are met? | | Yes  No  N/A | | N/A  Finding Concern |  | |
| 1. UU**Contracting Goal**UU **-** After completing the Section 3 Review (Worksheet 4, Question 11) for each contract within the sample, has any contractor entered into any contracts to execute this Project? | | Yes  No  N/A | | N/A  Finding Concern |  | |
| 5.1 If Question 5 is “Yes”, did all contractors meet their Section 3 contracting goals? | | Yes  No  N/A | | N/A  Finding Concern |  | |
| 5.2 If Question 5.1 is “No”, has each contractor within the sample demonstrated that, to the greatest extent feasible, it has made an effort to ensure that the contracting objectives of its Section 3 Plan are met? | | Yes  No  N/A | | N/A  Finding Concern |  | |

| **Grantee/ Recipient/ Subrecipient:** | **Project ID:** | | **Monitor:** | | | **Date Completed:** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Environmental Review | | | | | | |  |
| **Requirements** | | **Response** | | **Issue Type** | **Comments** | | |
| **Description:** Every project undertaken with DR CDBG funds is subject to the provisions of the National Environmental Policy Act of 1969 (NEPA), as well as the HUD environmental review regulations at 24 CFR Part 58. The Grantee/ Recipient/ Subrecipient is responsible for ensuring that an Environmental Review Record (ERR) is prepared for all activities associated with a project and environmental clearance is obtained prior to committing funds. No party involved with the project, including Grantee/ Recipient/ Subrecipients, may commit funds to the project, including incurring project costs, until the Grantee/ Recipient/ Subrecipient completes the appropriate environmental review and public notification process, and HUD approves a certification of compliance with environmental laws and request for release of funds from environmental conditions.  **Monitoring Instructions:** The Grantee/ Recipient/ Subrecipient is required to submit various documents to the OCD/DRU throughout the establishment of the Environmental Review Record. The OCD/DRU will issue a *“Notice of Acceptance of Exemption”* or *“Notice of Release of Funds”* once all environmental requirements have been satisfied. Complete the following questions by marking the appropriate box for Yes/No. Also notate the date that the Notice was received and the date the first costs were obligated by the Grantee/ Recipient/ Subrecipient. As applicable, mark “N/A”, “Finding”, or “Concern” to identify any issues. Provide comments for your responses in the identified areas.  **Documents Needed:**   * The appropriate notice(s):   + *Notice of Acceptance of Exemption* (if exempt)   + *Notice of Release of Funds* (if excluded and subject to 24 CFR part 58.35(a) or not exempt or excluded)   + *Certification of Categorical Exclusion* (if categorically excluded) * Date first costs were obligated | | | | | | | |
| 1. Are policies and procedures in place mandating that an environmental review be conducted? | | Yes  No | | N/A  Finding Concern |  | | |
| 1. Are policies and procedures in place mandating that the proper Notice/Certification be obtained prior to commitment of funds (24 CFR 58.22)? *Note the date the Notice of Acceptance of Funds, Notice of Release of Funds or Certification of Categorical Exclusion was received and date first costs were obligated* | | Yes  No | | N/A  Finding Concern |  | | |
| Environmental Records – ONSITE ONLY | |  | |  |  | | |
| 1. Does the Grantee/ Recipient/ Subrecipient maintain a copy of the Environmental Record that includes and accurate description of the project/activity, including all documentation related to determination, findings, public notices, consultation letters, etc.? | | Yes  No | | N/A  Finding Concern |  | | |
| 1. Does the Grantee/ Recipient/ Subrecipient have a copy of the Release of Funds in the files? | | Yes  No | | N/A  Finding Concern |  | | |
| 1. Does the Grantee/ Recipient/ Subrecipient have proof of current NFIP flood insurance if the activity is a structure located in a flood zone? | | Yes  No | | N/A  Finding Concern |  | | |

| **Grantee/ Recipient/ Subrecipient:** | **Project ID:** | | **Monitor:** | | | | **Date Completed:** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Acquisition and Relocation | | | | | | | |
| **Requirements** | | **Response** | | **Issue Type** | | **Comments** | |
| **Description:** If property is acquired and/or occupants are displaced as a result of project activities, the Grantee/ Recipient/ Subrecipient is required to abide by the requirements of the Uniform Relocation Act (URA), the Real Property Acquisition Act of 1970, as amended, and Section 104(d) of the Housing and Community Development Act of 1974 (HCDA) and the implementing regulations at 24 CFR Part 570.496(a). The URA’s purpose is to establish a uniform policy for fair and equitable treatment of persons displaced as a result of federal and federally assisted programs. For additional information, refer to the OCD Disaster Recovery CDBG Grantee Administrative Manual.  **Monitoring Instructions:** Review the Grantee/ Recipient/ Subrecipient’s Acquisition/Relocation Log. Select two acquired properties that UUareUU subject to URA and two properties that UUare notUU subject to URA. If the Grantee/ Recipient/ Subrecipient has only acquired property that is subject to URA, select four of these properties, preferably with different relocation types (i.e., permanent, temporary, manufactured home, or business). Answer the appropriate sections of the following checklist based on the acquisition and relocation types. Complete the following questions as indicated. As applicable, mark “N/A”, “Finding”, or “Concern” to identify any issues. Provide comments for your responses in the identified areas.    **Documents Needed:**   * Acquisition/Relocation Log (including property addresses and acquisition type) | | | | | | | |
| * For Selected Properties:   + Address   + Valuation or Appraisal (and review appraisal)   + Statement of Just Compensation (only if acquisition is subject to URA)   + Act of Sale   + Statement of Settlement Costs | | | | | * + Deed (showing transfer to Grantee/ Recipient/ Subrecipient)   + Proof of Purchase Price (canceled check)   + Relocation Notices   Proof of Relocation Services Provided | | |
| 1. Was any land, including all the natural resources and permanent buildings on it (“real property”), acquired UU**or improved**UU (see note below) with DR CDBG funds? *If no, continue to Question* 3*. If yes, continue to Question* 2*.*   ***Note:*** *CDBG funds spent on acquisition, rehabilitation, or new construction connected with a demolition project funded with non-federal funds must also comply with Section 104(d).* | | Yes  No | | N/A  Finding Concern | |  | |
| 1. Were occupants displaced as a result of any of the project activities? | | Yes  No | | N/A  Finding Concern | |  | |
| 1. If any real property (land, including all the natural resources and permanent buildings on it) was purchased, was it in excess of $25,000? [24 CFR 570.505] | | Yes  No  N/A | | N/A  Finding Concern | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| * 1. Does the CEA/binding agreement explicitly list the use of the real property? | Yes  No  N/A | N/A  Finding Concern |  |
| * 1. Will the property be used by the Grantee/ Recipient/ Subrecipient to continue to meet one of the project’s National Objectives for at least five years after the expiration of the CEA/binding agreement? | Yes  No  N/A | N/A  Finding Concern |  |
| 1. Identify the type of project activity   UUActivities Not Applicable to URAUU (Execute Section 12.1)   * Acquisition from another public agency * ­­Temporary Construction Servitudes of Easements * Leases for a duration less than 15 years (including any options to renew) * Voluntary Acquisition * Acquisition of Streets under LRS 48:49   UUActivities Applicable to URAUU (Execute Section12.2)   * Acquisition of Specific Parcels of Property by Purchase * Acquisition by Private Entities * Purchases, Donations, Partial Donations * Additional Rights of Way – Street Projects * Leases for a duration of 15 years or longer, or less than 15 but are automatically renewable * ⁭Rehabilitation (No acquisition involved) | N/A | N/A |  |

| Acquisition Not Subject to URA | **Property 1** | **Property 2** |
| --- | --- | --- |
| **Instructions:** From the Acquisition Log, select two properties acquired that are not subject to URA to answer the following questions. | | |
| 1. Address of the acquired property (selected from Acquisition Log): |  |  |
| 1. How was the value of the property established? | Appraisal  Written Valuation | Appraisal  Written Valuation |
| 1. Review the Appraisal and the Review Appraisal or the Written Evaluation. Compare these documents to the Act of Sale. Is the sale price of the property listed within the Act of Sale consistent with the stated value of the property?   *Comments:* | Yes No | Yes No |
| Issue Type  N/A  Finding  Concern | Issue Type  ⁭ N/A  ⁭ Finding  ⁭ Concern |
| 1. Based on information obtained for this review, did the Grantee/ Recipient/ Subrecipient carry out the acquisition process in a manner that minimized hardships to the owners, and was the Grantee/ Recipient/ Subrecipient consistent with its treatment of other owners?   *Comments:* | Yes No | Yes No |
| Issue Type  N/A  Finding  Concern | Issue Type  N/A  Finding  Concern |

| Acquisition Subject to URA | **Property 3** | **Property 4** |
| --- | --- | --- |
| **Instructions:** Select two properties acquired that are subject to URA to answer the following questions. | | |
| 1. Address of the properties Subject to URA (selected from Relocation Log): |  |  |
| 1. Type of Property: | Residential – Owned, Stick-Built (including modular) Home  Residential – Rental, Stick-Built (including modular) Home  Residential – Owned, Manufactured Home  Business | Residential – Owned, Stick-Built (including modular) Home  Residential – Rental, Stick-Built (including modular) Home  Residential – Owned, Manufactured Home  Business |
| 1. Were there occupants? | Yes No | Yes No |
| 1. Were the owner occupants or tenants displaced as a result of this project? | Yes No | Yes No |
| * 1. If yes, which type of displacement occurred: | Permanent  (execute Section12.3)  Temporary  (execute Section 12.4) | Permanent  (execute Section 12.3)  Temporary  (execute Section 12.4) |
| 1. Was property rehabilitated with no acquisition involved? *If yes, continue to Section 12.3. If no, continue to Question 6.* | Yes No | Yes No |
| 1. Was an appraisal required? | Yes No | Yes No |
| 1. Review the Appraisal and the Review Appraisal or the Written Evaluation. Compare these documents to the Statement of Just Compensation. Is the sale price of the property listed within the Statement of Just Compensation consistent with the stated value of the property?   *Comments:* | Yes No | Yes No |
| Issue Type  N/A  Finding  Concern | Issue Type  N/A  Finding  Concern |
| 1. Did the Grantee/ Recipient/ Subrecipient execute the following documents sequentially for the acquired property? | Yes No | Yes No |
| * 1. Preliminary Acquisition Notice *Date Sent to Owner:* |  |  |
| * 1. Written Offer *Date Sent to Owner:* |  |  |
| * 1. Notice of Eligibility for Relocation Assistance   *Date Sent to Owner Occupants or Tenants:* |  |  |
| * + 1. Was the Notice of Eligibility for Relocation Assistance within the 30 days of submitting the Written Offer to the Owner? | Yes No | Yes No |
| * 1. Act of Sale *Date Executed*   *Comments:* |  |  |
| Issue Type  N/A  Finding  Concern | Issue Type  N/A  Finding  Concern |
| 1. Based on the available evidence, did the Grantee/ Recipient/ Subrecipient carry out the acquisition process in a manner that minimized hardships to the owners?   *Comments:* | Yes No | Yes No |
| Issue Type  N/A  Finding  Concern | Issue Type  N/A  Finding  Concern |

| Residential Relocation File Review – ONSITE ONLY | **Property 3** | **Property 4** |
| --- | --- | --- |
| 1. For each residential relocation claim, does the Grantee/ Recipient/ Subrecipient’s Relocation File contain the following:   *Comments:* | *DEPENDENT ON RESPONSES TO SUBQUESTIONS* | *DEPENDENT ON RESPONSES TO SUBQUESTIONS* |
| UUIssue Type  N/A  Finding  Concern | UUIssue Type  N/A  Finding  Concern |
| * 1. Evidence and dates of personal contacts; and description of services provided? | Yes  No | Yes  No |
| * 1. Identification of person, displacement property, racial/ethnic group classification, age and sex of all members of household, monthly rent and utility costs for displacement and replacement housing, type of enterprise, and relocation needs and preferences? | Yes  No | Yes  No |
| * 1. Recipient Interview and Survey (Household Case Record form for replacement-housing needs? | Yes  No | Yes  No |
| * 1. Identification of referrals to replacement properties, date of referral, sale price or rent/utility costs (if dwelling), date of availability, and reason(s) for declining referral? | Yes  No | Yes  No |
| * 1. Identification of actual replacement property, sale price or rent/utility costs (if dwelling), and date of relocation? | Yes  No | Yes  No |
| * 1. Replacement dwelling inspection report; and date of inspection? | Yes  No | Yes  No |
| * 1. A copy of each approved claim form and related documentation; evidence that the person received payment? | Yes  No | Yes  No |
| * 1. Copy of any appeal or complaint filed and recipient's response? | Yes  No | Yes  No |
| * 1. Copy of deferred loan lien agreement that has been filed with the clerk of courts office? | Yes  No | Yes  No |
| * 1. Acknowledgement of Receipt of Relocation Payments? | Yes  No | Yes  No |

| Relocation Benefits - Permanent Displacement | **Property 3** | **Property 4** |
| --- | --- | --- |
| UU**EXECUTE THIS SECTION ONLY IF:**   * Activity is subject to URA * Property is not a manufactured home * Owner Occupants or tenants were permanently displaced   The Relocation Process undertaken for the property identified within Section 12.2, Question 1 should be used to answer the following questions. | | |
| 1. Based on the property and displacement type, do occupants qualify to receive permanent displacement relocation benefits?   *If yes, continue. If no, skip to Section 12.4* | Yes  No | Yes  No |
| 1. Was the 90-day Notice to Vacate issued after the Notice of Displacement? | Yes  No | Yes  No |
| * 1. Notice of Displacement *Date Issued:* |  |  |
| * 1. 90-day Notice to Vacate *Date Issued:*   *Comments:* |  |  |
| Issue Type  N/A  Finding  Concern | Issue Type  N/A  Finding  Concern |
| 1. Which type of Relocation Assistance was provided? | Advisory Services  Relocation to a comparable unit  180-day Homeowner Replacement Housing Payment  90-day Tenant or Homeowner Rental Assistance Payment  90-day Tenant or Homeowner Down Payment Assistance Payment  Moving Expenses | Advisory Services  Relocation to a comparable unit  180-day Homeowner Replacement Housing Payment  90-day Tenant or Homeowner Rental Assistance Payment  90-day Tenant or Homeowner Down Payment Assistance Payment  Moving Expenses |

| Residential Relocation File Review (Benefits) – ONSITE ONLY | **Property 3** | **Property 4** |
| --- | --- | --- |
| 1. If **Relocation to a Comparable Unit** was provided, were at least three comparable dwellings made available to the displaced person? | Yes No N/A | Yes No N/A |
| 1. If a **180-day Homeowner Replacement Housing Payment** was made, did the Grantee/ Recipient/ Subrecipient follow the following steps? | *DEPENDENT ON RESPONSES*  *TO SUBQUESTIONS*  Yes No N/A | *DEPENDENT ON RESPONSES*  *TO SUBQUESTIONS*  Yes No N/A |
| * 1. Did the displaced person own and occupy the displacement dwelling for at least 180 days prior to the initiation of acquisition negotiations? | Yes  No | Yes  No |
| * 1. Did the displaced person purchase and occupy a comparable replacement dwelling prior to receiving payments? | Yes  No | Yes  No |
| * 1. Did the 180-day Homeowner Replacement Housing Payment exceed the maximum allowable payments? | Yes  No | Yes  No |
| 1. If a **90-day Tenant or Homeowner Rental Assistance Payment** was made, did the Grantee/ Recipient/ Subrecipient follow the following steps? | *DEPENDENT ON RESPONSES*  *TO SUBQUESTIONS*  Yes No N/A | *DEPENDENT ON RESPONSES*  *TO SUBQUESTIONS*  Yes No N/A |
| * 1. Did the displaced person own and occupy the displacement dwelling for at least 90 days prior to the initiation of acquisition negotiations? | Yes  No | Yes  No |
| * 1. Did the displaced person rent or purchase and occupy a comparable replacement dwelling prior to receiving payments? | Yes  No | Yes  No |
| * 1. Did the 90-day Tenant or Homeowner Rental Assistance Payment exceed the maximum allowable payments? | Yes  No | Yes  No |
| * 1. Did the displaced person file their relocation assistance form within 1 year of moving to their replacement dwelling? | Yes  No | Yes  No |
| * 1. Was the replacement rental unit selected by the displaced person inspected by the Grantee/ Recipient/ Subrecipient? | Yes  No | Yes  No |
| 1. If a **90-day Tenant or Homeowner Down Payment Assistance Payment** was made, did the Grantee/ Recipient/ Subrecipient follow the following steps? | *DEPENDENT ON RESPONSES*  *TO SUBQUESTIONS*  Yes No N/A | *DEPENDENT ON RESPONSES*  *TO SUBQUESTIONS*  Yes No N/A |
| * 1. Did the displaced person own and occupy the displacement dwelling for at least 90 days prior to the initiation of acquisition negotiations? | Yes  No | Yes  No |
| * 1. Did the displaced person file a down payment assistance form with the Grantee/ Recipient/ Subrecipient? | Yes  No | Yes  No |
| * 1. Did the 90-day Homeowner Down Payment Assistance Payment exceed the maximum allowable payments? | Yes  No | Yes  No |
| 1. If **Moving Expenses** were paid, did the Grantee/ Recipient/ Subrecipient ensure that all expenses were reasonable and eligible? | Yes No N/A | Yes No N/A |
| 1. If **Advisory Services** were provided, did the Grantee/ Recipient/ Subrecipient follow the following steps? | *DEPENDENT ON RESPONSES TO SUBQUESTIONS*  Yes No N/A | *DEPENDENT ON RESPONSES TO SUBQUESTIONS*  Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide information about the upcoming project and the earliest date they will have to vacate the property | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide a complete explanation of their eligibility for relocation benefits? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide assistance in understanding their best alternatives? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide assistance in following the required procedures to receive payments? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide current information on the availability and cost to purchase or rent suitable replacement locations? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide assistance, including referrals, to help the business obtain an alternative location and become reestablished? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide referrals to state or federal programs that may help the business reestablish and apply for funds? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide assistance in completing relocation claim forms? | Yes  No | Yes  No |

| Relocation Benefits - Temporary Displacement | **Property 3** | **Property 4** |
| --- | --- | --- |
| UU**EXECUTE THIS SECTION ONLY IF:**   * Acquisition activity is subject to URA * Property is a Stick-Built (including modular) Home * Owner Occupants or tenants were temporarily displaced   The Relocation Process undertaken for the property identified within Section 12.2, Question 1 should be used to answer the following questions. | | |
| 1. Based on the property and displacement type, do occupants qualify to receive permanent displacement relocation benefits?   *If yes, continue. If no, go to Section 12.5.* | Yes  No | Yes  No |
| 1. Was the owner temporarily displaced as a result of this project? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide assistance to an owner-occupant who voluntarily participated in a housing rehabilitation program? | Yes  No | Yes  No |
| * 1. If yes, was the owner faced with a “hardship” as described within the Grantee/ Recipient/ Subrecipient’s URA policy? | Yes No N/A | Yes No N/A |
| *Comments:* | Issue Type  N/A  Finding  Concern | Issue Type  N/A  Finding  Concern |
| 1. Was a tenant temporarily displaced as a result of this project? | Yes  No | Yes  No |
| 1. Was the Temporary Notice issued after the Notice of Non-displacement? | Yes  No | Yes  No |
| * 1. Notice of Non-displacement *Date Issued:* ­­­­­­­­­­­­­ |  |  |
| * 1. Temporary Relocation Notice *Date Issued:* |  |  |
| *Comments:* | Issue Type  N/A  Finding  Concern | Issue Type  N/A  Finding  Concern |
| 1. Which type of Relocation Assistance was provided to the tenant? | Appropriate advisory services  Reimbursement for all reasonable out-of-pocket expenses | Appropriate advisory services Reimbursement for all reasonable out-of-pocket expenses |

| Relocation Benefits - Business Displacement | **Property 3** | | **Property 4** |
| --- | --- | --- | --- |
| UU**ONLY EXECUTE THIS SECTION IF:**   * Acquisition activity is subject to URA * Property is a Business   The Relocation Process undertaken for the property identified within Section 12.2, Question 1 should be used to answer the following questions. | | | |
| 1. Based on the property and displacement type, do occupants qualify to receive permanent displacement relocation benefits?   *If yes, continue. If no, skip to Section 12.6* | Yes  No | Yes  No | |
| 1. Was the Notice of Relocation Eligibility issued after the General Information Notice? | Yes  No | Yes  No | |
| * 1. General Information Notice  *Date Notice Issued:* ­­­­­­­­­­­­­­­ |  |  | |
| * 1. Notice of Relocation Eligibility  *Date Notice Issued:* |  |  | |
| *Comments:* | Issue Type  N/A  Finding  Concern | Issue Type  N/A  Finding  Concern | |
| 1. Did the Notice of Relocation Eligibility meet the following requirements? | *DEPENDENT ON RESPONSES TO SUBQUESTIONS*  Yes No N/A | *DEPENDENT ON RESPONSES TO SUBQUESTIONS*  Yes No N/A | |
| * 1. Inform the business of the effective date of their eligibility | Yes  No | Yes  No | |
| * 1. Describe the assistance available and procedures | Yes  No | Yes  No | |
| * 1. If necessary, a 90-day Notice to Move may be sent after the initiation of negotiations. | Yes  No | Yes  No | |
| * 1. The business must be told as soon as possible that they are required to:   + Allow inspections of both the current and replacement sites by the Grantee/ Recipient/ Subrecipient’s representatives, under reasonable terms and conditions;   + Keep the Grantee/ Recipient/ Subrecipient informed of their plans and schedules;   + Notify the Grantee/ Recipient/ Subrecipient of the date and time they plan to move (unless this requirement is waived); and,   + Provide the Grantee/ Recipient/ Subrecipient with a list of the property to be moved or sold. | Yes  No | Yes  No | |
| Issue Type  N/A  Finding  Concern | Issue Type  N/A  Finding  Concern | |
| 1. Which type of Relocation Assistance was provided?   (Mark all that apply.) | Advisory Services  Direct Loss Payment  Substitute Equipment Payment  Replacement Location Search Expense  Reimbursement of Actual Moving Expenses  Other Moving and Related Expenses  Reestablishment Expenses  Fixed Payments | Advisory Services  Direct Loss Payment  Substitute Equipment Payment  Replacement Location Search Expense  Reimbursement of Actual Moving Expenses  Other Moving and Related Expenses  Reestablishment Expenses  Fixed Payments | |

| Business Relocation File Review (Benefits) – ONSITE ONLY | **Property 3** | **Property 4** |
| --- | --- | --- |
| 1. If **Advisory Services** were provided, did the Grantee/ Recipient/ Subrecipient follow the following steps? | *DEPENDENT ON RESPONSES TO SUBQUESTIONS*  Yes No N/A | *DEPENDENT ON RESPONSES TO SUBQUESTIONS*  Yes No N/A |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide information about the upcoming project and the earliest date they will have to vacate the property | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide a complete explanation of their eligibility for relocation benefits? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide assistance in understanding their best alternatives? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide assistance in following the required procedures to receive payments? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide current information on the availability and cost to purchase or rent suitable replacement locations? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide assistance, including referrals, to help the business obtain an alternative location and become reestablished? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide referrals to state or federal programs that may help the business reestablish and apply for funds? | Yes  No | Yes  No |
| * 1. Did the Grantee/ Recipient/ Subrecipient provide assistance in completing relocation claim forms? | Yes  No | Yes  No |
| 1. If a **Direct Loss Payment** was made, was the Payment made to cover only one of the following? *Notate the covered expense.*  * Losses associated with personal property that would not be moved * Losses associated with discontinuing the business, nonprofit or farm? | Yes  No  N/A | Yes  No  N/A |
| 1. If a **Direct Loss Payment** was made, was the Payment based on the lesser of the following? *Notate the calculation used.*  * The fair market value of the item for continued use at the displacement site, minus the proceeds from the sale * The estimated cost to move the item, with no allowance for the following: storage, or reconnecting a piece of equipment if the equipment is in storage or not being used at the acquired site. If the business is discontinuing, the cost to move is based on a moving distance of 50 miles. | Yes No N/A | Yes No N/A |
| 1. If a **Substitute Equipment Payment** was made, was the Payment made to cover pay for an item used by the business, nonprofit, or farm is left in place, but promptly replaced with a substitute item that performs a comparable function at the new site? | Yes No N/A | Yes No N/A |
| 1. If **Replacement Location Search Expenses** were paid, did Grantee/ Recipient/ Subrecipient ensure that costs were reasonable?   *Costs may include: Transportation, meals and lodging away from home, time spent while searching, based on a reasonable pay salary or earnings, and Fees paid to a real estate agent or broker while searching for the site.* | Yes No N/A | Yes No N/A |
| 1. If **Reimbursement of Actual Moving Expenses** were paid, did the Grantee/ Recipient/ Subrecipient ensure that costs were eligible, reasonable and necessary? | Yes No N/A | Yes No N/A |
| 1. If **Other Moving and Related Expenses** were paid, did the Grantee/ Recipient/ Subrecipient ensure that costs were eligible, reasonable and necessary? | Yes No N/A | Yes No N/A |
| 1. If **Other Moving and Related Expenses** were paid to move low value, high bulk items, did the Grantee/ Recipient/ Subrecipient ensure that the allowable moving cost payment did not exceed the lesser of: 2. The amount which would be received if the property were sold at the site; or, 3. The replacement cost of a comparable quantity delivered to the new business location. | Yes No N/A | Yes No N/A |
| 1. If **Reestablishment Expenses** were paid, does the business qualifying for the reestablishment expenses qualify as a small business?   *“Small Businesses” for this purpose are defined as those with at least one and no more than 500 people working at the project site.* | Yes No N/A | Yes No N/A |
| 1. If **Reestablishment Expenses** were paid, did the Reestablishment Expenses exceed $10,000? | Yes No N/A | Yes No N/A |
| 1. If **Fixed Payments** were paid, were the following criteria met? | *DEPENDENT ON RESPONSES TO SUBQUESTIONS*  Yes No N/A | *DEPENDENT ON RESPONSES TO SUBQUESTIONS*  Yes No N/A |
| * 1. Was the HUD Form 40056 (or equivalent) submitted? | Yes  No | Yes  No |
| * 1. Is the Fixed Payment between $1,000 and $20,000 | Yes  No | Yes  No |
| * 1. Does the business meet the eligibility criteria? *(See OCD Disaster Recovery CDBG Grantee Administrative Manual, Section 10)* | Yes  No | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Relocation Benefits - Manufactured Homeowner Displacement | **Property 3** | **Property 4** | |
| UU**ONLY EXECUTE THIS SECTION IF:**   * Acquisition activity is subject to URA * Property is a Manufactured Home   The Relocation Process undertaken for the property identified within Section 12.2, Question 1 should be used to answer the following questions. | | | |
| 1. Based on the property and displacement type, do occupants qualify to receive permanent displacement relocation benefits? | Yes  No | | Yes  No |
| 1. Was the 90-day Notice to Vacate issued after the Notice of Displacement? |  | |  |
| * 1. Notice of Displacement *Date Issued* |  | |  |
| * 1. 90-day Notice to Vacate *Date Issued* | Issue Type  N/A  Finding  Concern | | Issue Type  N/A  Finding  Concern |
| 1. Which type of Relocation Assistance was provided? | Homepad Rental  Assistance  Replacement Housing Assistance  Costs to Move a  Manufactured Home | | Homepad Rental  Assistance  Replacement Housing Assistance  Costs to Move a  Manufactured Home |

| **Grantee/ Recipient/ Subrecipient:** | **Project ID:** | | | **Monitor:** | | **Date Completed:** |
| --- | --- | --- | --- | --- | --- | --- |
| Property Management | | | | | | |
| **Requirements** | | **Response** | **Issue Type** | | **Comments** | |
| **Description:** If Disaster Recovery CDBG funds are used to acquire personal property, the Grantee/ Recipient/ Subrecipient is responsible for ensuring:   * The property continues to be used for its intended (and approved) purposes; * Property records are maintained to keep track of the property; * Measures are in place to safeguard and protect the property, and * If the property is sold, proper disposition procedures are followed.   **Monitoring Instructions:** Review the Grantee/ Recipient/ Subrecipient’s Property Control Tracking Log and complete the following questions as indicated.  **Documents Needed:**   * Property Control Tracking Log (including evidence of the most recent inventory) * Notification to the OCD/DRU if property has been disposed of | | | | | | |
| 1. Has any equipment been acquired through the use of DR CDBG funds to administer/implement this project? *If yes, continue. If no, skip to Section 13. Monitoring.* | | Yes  No | N/A  Finding Concern | |  | |
| 1. Are the policies and procedures sufficient to adequately identify CDBG property and assets and maintain the appropriate property? (i.e., Property Tags, Inventory Listing, etc.) | | Yes  No  N/A | N/A  Finding Concern | |  | |
| 1. Is there evidence that a physical inventory was conducted within the last year and that the results reconcile with property records? | | Yes  No  N/A | N/A  Finding Concern | |  | |
| 1. Does the Grantee/ Recipient/ Subrecipient’s Control Tracking Log contain the following fields?  * Property Description * Identification Number * Funding Source * Title Holder * Acquisition date and cost * Federal share of cost * Location * Use * Condition * Unit acquisition cost * Disposition data (if applicable) | | Yes  No  N/A | N/A  Finding Concern | |  | |
| 1. Is there evidence of a disposal of equipment/property that was purchased with CDBG Disaster Recovery funds? If yes, was the disposal completed in accordance with CDBG requirements? | | Yes  No  N/A | N/A  Finding Concern | |  | |

| Property Management File Review – ONSITE ONLY | |  | | | | |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Requirement** | | **Response** | | | | | **Issue Type** | **Comments** |
| **Instructions:** Select a random sample of the property acquired to implement this project (from the Grantee/ Recipient/ Subrecipient’s tracking log) using the transaction-based sampling. Identify the property selected within Question 1. Answer Question 2 for each piece of property selected within the sample within the column that coordinates with the Project identified within Question 1. | | | | | | | | |
| * If 50 – 99 pieces of property have been acquired, select 10 * If 100 -199 pieces of property have been acquired, select 20   If 200 or more pieces of equipment have been acquired, select 65 | * If 50 – 99 pieces of property have been acquired, select 10 * If 100 -199 pieces of property have been acquired, select 20 * If 200 or more pieces of equipment have been acquired, select 65 | | | | | | | |
| 1. Property Sample Data | | N/A | | | | | N/A | N/A |
| 1. Notate Property ID Number | | # | | | | | N/A |  |
| 1. Notate Property ID Number | | # | | | | | N/A |  |
| C. Notate Property ID Number | | # | | | | | N/A |  |
| D. Notate Property ID Number | | # | | | | | N/A |  |
| E. Notate Property ID Number | | # | | | | | N/A |  |
| 1. Does the Grantee/ Recipient/ Subrecipient’s Control Tracking Log contain the following data for the property within the property sample? *(Mark an X for each piece of property within sample.)* | | Yes  No | | | | |  |  |
| ***PROPERTY ID*** *(from Question* 1*)* | | **A** | **B** | **C** | **D** | **E** | N/A | N/A |
| * 1. Property Description | |  | | | | | N/A  Finding Concern |  |
| * 1. Funding Source | |  | | | | | N/A  Finding Concern |  |
| * 1. Title Holder | |  | | | | | N/A  Finding Concern |  |
| * 1. Acquisition date | |  | | | | | N/A  Finding Concern |  |
| * 1. Cost | |  | | | | | N/A  Finding Concern |  |
| * 1. Federal Share of Cost | |  | | | | | N/A  Finding Concern |  |
| * 1. Location | |  | | | | | N/A  Finding Concern |  |
| * 1. Use | |  | | | | | N/A  Finding Concern |  |
| * 1. Condition | |  | | | | | N/A  Finding Concern |  |
| * 1. Unit acquisition cost | |  | | | | | N/A  Finding Concern |  |
| * 1. Disposition date (if applicable) | |  | | | | | N/A  Finding Concern |  |
| 1. Review the Property Control Tracking Log. Has any equipment that was purchased for this project been disposed of? *If yes, continue to Question 3.1. If no, continue to Question* 4*.* | | Yes  No | | | | | N/A  Finding Concern |  |
| * 1. Is there support for the Grantee/ Recipient/ Subrecipient notifying the OCD/DRU prior to disposal of the property? | | Yes  No | | | | | N/A  Finding Concern |  |
| * 1. Was the current per-unit fair market value greater than $5,000? | | Yes  No | | | | | N/A  Finding Concern |  |
| * 1. If yes, was the Grantee/ Recipient/ Subrecipient compensation calculated correctly? | | Yes  No | | | | | N/A  Finding Concern |  |
| * 1. Were the net proceeds from the sale considered as program income? | | Yes  No | | | | | N/A  Finding Concern |  |
| 1. Is there evidence that a physical inventory of the property has been performed within the last year? | | Yes  No | | | | | N/A  Finding Concern |  |
| 1. Is there evidence that the Property Control Tracking Log is being maintained? | | Yes  No | | | | | N/A  Finding Concern |  |

| **Grantee/ Recipient/ Subrecipient:** | **Project ID:** | | | **Monitor:** | | **Date Completed:** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Lead-Based Paint, Asbestos, and Mold | | | | | | |  |
| **Requirement** | | **Response** | **Issue Type** | | **Comments** | | |
| **Description:** Legislation implemented by HUD requires Grantee/ Recipient/ Subrecipients to ensure that potential lead-based paint hazards are disclosed to owners or tenants of residential property and identified lead-based paint hazards are dealt with accordingly. Worker exposure to, abatement, and disposal of asbestos and mold detection and remediation must be performed in accordance to applicable federal, state, and local requirements.  **Monitoring Instructions:** Review the Grantee/ Recipient/ Subrecipient’s records of inspections, evaluations or assessments, clearance reports and abatement, remediation and maintenance activities regarding lead-based paint, asbestos and mold. Complete the following questions as indicated. As applicable, mark “N/A”, “Finding”, or “Concern” to identify any issues. Provide comments for your responses in the identified areas.  **Documents Needed:**   * Binding Agreement executed between the Grantee/ Recipient/ Subrecipient and the OCD/DRU (including any amendments and task orders) * Lead-Based Paint Evaluation or Assessment * Lead-Hazard Clearance Report * Grantee/ Recipient/ Subrecipient’s documentation that owners are providing tenants appropriate Lead-based paint pamphlets and disclosure statements * Asbestos statutory checklist * Mold inspection | | | | | | | |
| Lead-Based Paint Hazard Mitigation | | | | | | |  |
| 1. Is construction involved with the project? *If yes, continue. If no, activities are exempt from lead-based paint requirements and completion of this Section of the checklist is not required.* | | Yes  No | N/A  Finding Concern | |  | | |
| * 1. If yes, are structures built prior to January 1, 1978 included within the project activities*? If yes, continue. If no, activities are exempt from lead-based paint requirements and completion of this Section of the checklist is not required.* | | Yes  No  N/A | N/A  Finding Concern | |  | | |
| 1. Was the appropriate evaluation or assessment conducted for this housing project or activity? (1T1TLead Safe Housing Rule1T1T) Notate the evaluation or assessment method used (Visual Assessment, Paint Testing, Risk Assessment, Paint Inspection , Lead Hazard Screen) | | Yes  No  N/A | N/A  Finding Concern | |  | | |
| 1. Was lead hazard remediation required? If so, notate the method used (abatement, interim controls, standard treatments). | | Yes  No  N/A | N/A  Finding Concern | |  | | |
| 1. Were Lead-safe work practices employed during Lead Hazard Reduction, rehabilitation, and maintenance work? | | Yes  No  N/A | N/A  Finding Concern | |  | | |
| * 1. If not, were they exempt? | | Yes  No  N/A | N/A  Finding Concern | |  | | |
| 1. Was a clearance report provided for maintenance work? | | Yes  No  N/A | N/A  Finding Concern | |  | | |
| Lead-Based Paint Disclosure | |  |  | |  | | |
| 1. Are housing activities associated with the project? *If yes, continue. If no, skip to Section 15* | | Yes  No | N/A  Finding Concern | |  | | |
| 1. If yes, are structures built prior to January 1, 1978 included within the project activities? *If yes, continue. If no, activities are exempt from lead-based paint requirements and completion of this Section of the checklist is not required.* | | Yes  No  N/A | N/A  Finding Concern | |  | | |
| 1. Is Grantee/ Recipient/ Subrecipient ensuring that tenants are provided with the Lead Hazard Information Pamphlet or an EPA-approved equivalent? | | Yes  No  N/A | N/A  Finding Concern | |  | | |
| 1. Is Grantee/ Recipient/ Subrecipient ensuring that tenants are provided a disclosure form prior to signing a lease? | | Yes  No  N/A | N/A  Finding Concern | |  | | |
| Asbestos and Mold | |  |  | |  | | |
| 1. Is renovation or demolition involved with the project? | | Yes  No | N/A  Finding Concern | |  | | |
| 1. Were structures inspected prior to performing any renovation or demolition activities to determine the presence of asbestos? | | Yes  No  N/A | N/A  Finding Concern | |  | | |
| 1. Were Clean Air Act and Occupational Safety and Health Administration regulations employed if asbestos was found or disturbed? | | Yes  No  N/A | N/A  Finding Concern | |  | | |
| 1. Were structures inspected prior to performing any renovation or demolition activities to determine the presence of mold? | | Yes  No  N/A | N/A  Finding Concern | |  | | |