

APPENDIX 2 INDEX

Copies of Applicable Regulations and Other Documents

Item

- I Project Review Checklists
- II 2 CFR Part 200 Index – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Formerly 24 CFR Part 85). Note: For detailed information, access e-CFR website)
- III 2 CFR 200, Subpart E - Cost Principles (formerly OMB Circular A-87)
- IV 24 CFR Part 58 - Environmental Review Regulation
- V Conflict of Interest Regulation and Guidance
- VI Section 104(d) Definitions
- VII Guide form Residential Anti-Displacement and Relocation Assistance Plan
- VIII Georgia Public Works Construction Law (OCGA §36-91-1 through §36-91-95)
- IX Required Construction Contract Provisions (Updated 9/1/2011)
- X Programmatic Agreement for Section 106 (Historic Preservation Compliance)
- XI 24 CFR Part 135 Economic Opportunities for Low and Very Low-Income Persons (Section 3 Regulation)
- XII Georgia Immigration and Security Related Laws
 - OCGA §13-10-90 Contracts for Public Works, Security and Immigration Compliance
 - OCGA §50-36-1 Verification of Lawful Presence within United States
 - House Bill 87 (As Passed House and Senate), "Illegal Immigration Reform and Enforcement Act of 2011" (See web site at http://www1.legis.ga.gov/legis/2011_12/sum/hb87.htm)
- XIII HUD CPD Notice 12-001 "Process for Tribal Consultation"
- XIV DCA Section 3 Policy
- XV DCA Language Access Plan
- XVI DCA Effective Communication Policy
- XVII Part 109 - Fair Housing Advertising requirements
- XVIII DCA Section 504 Grievance Procedures

I.

Project Review Checklists

START-UP SITE VISIT REPORT

Grantee: _____ Grant : _____

Date: _____ Discussed with: _____

(circle items discussed)

1.0 Grant Award Package

- 1.1 Acceptance within required period
- 1.2 Signature Cards and correct number of signatories
- 1.3 General and Special Condition compliance
- 1.4 DCA CDBG Staff resources / responsibilities
- 1.5 Local official/interested party overseeing project? (Technical/Admin)

1.6 Recipient's Manual – local government has their copy? yes no

2.0 Financial Management / Audits

- 2.1 On-site financial management technical assistance needed? yes no
- 2.2 Setting-up checking account– only CDBG funds, non-interest bearing, \$5,000 limit on- hand.
- 2.3 Force account records, if applicable
- 2.4 Time sheet requirements, if applicable
- 2.5 Audits
- 2.6 Budget
- 2.7 Limits on CDBG \$'s for Admin and Arch/Eng fees
- 2.8 Local Match and Leverage (amount and use)
 - 2.8.1 Leverage points awarded and method of monitoring for match and leverage spent by local government
- 2.9 Financial Management and Accounting System:
 - Local Bookkeeper _____
 - Drawdowns – who approves? _____
 - Invoices – who approves? _____
 - Bank reconciliation – who performs? _____
 - Checks – who signs? _____
- 2.10 Conflict of Interest

3.0 Administration

- 3.1 Procurement Standards/contracts – method of selecting/advertising/RFP/RFQ If completed, fill out Procurement Review form
- 3.2 Administrator Contracts – basic requirements (See Chapter 1, Section 18 of Recipients' Manual). If completed, fill out Procurement Review form
- 3.3 Record keeping & filing system – minimum records to be kept on-site
 - Where will others be kept? _____
- 3.4 Amendments
- 3.5 Quarterly Reports – use back of form to keep us updated
- 3.6 Labor Standard provisions/"Common Rule" contract provisions/HB 87 Provisions
- 3.7 Clearance of General Contractor
- 3.8 Notice of Contract Action. There is a 10% draw limit until form is submitted
- 3.9 Weekly payrolls – signed by an officer / anyone on job must be on payroll / date stamped when received / notify rep. of any difficulty in collecting them

- 3.10 Pre-Construction Conference – who should attend, notify rep. of date
- 3.11 Timetables / Expiration Date
- 3.12 Send in updated Disclosure Reports when applicable
- 3.13 Citizens Participation
- 3.14 Post-award hearing within 60 days of award – document with tear sheet, agenda and minutes
- 3.15 Section 504 accessibility requirements for hearing locations
- 3.16 Final Public Hearing after Final Quarterly Report completed – document

- 4.0 Environmental – Historic / Floodplains / Wetlands
 - 4.1 Preparation of Assessment & Environmental Review Record
 - 4.2 Exempt and excluded activities – FOE in ERR for admin. & design
 - 4.3 Environmental Special Conditions, if applicable. Clear prior to completion of assessment
 - 4.4 Army Corps permit for wetland disturbing activities
 - 4.5 Is any part of project in a floodplain? yes no
 - 4.6 Cannot complete E.R. until historic preservation compliance is met (except for housing only grants). Must not begin any aspect of entire project except for exempt activities
 - 4.7 Programmatic Agreement for housing rehab of historic properties
 - 4.8 Publications – Concurrent Notice / Floodplain Notices / tear sheets
 - 4.9 Comment periods and Request for Release of Funds. Funds are released in Environmental Clearance letter from Rick Huber. Keep in ERR
 - 4.10 Coordination with other involved Federal or State Agencies. Document in ERR.

- 5.0 Beneficiaries / Fair Housing / Civil Rights / Section 3
 - 5.1 Fair Housing actions. Put up poster
 - 5.2 Civil rights data collection
 - 5.3 Section 3 requirements
 - 5.4 HB2 Certification of Lawful Presence for Direct Beneficiaries (Neighborhood revitalization projects only)
 - 5.5 Examine low/mod income benefit surveys. Are they consistent with application?
yes no
 - 5.6 Actual Accomplishments – how will benefit be measured? Review numbers on DCA-2 and DCA-6 forms

COMMENTS AND FOLLOW-UP

| <u>Item #</u> | <u>Comments</u> |
|---------------|-----------------|
| | |
| | |
| | |
| | |

Additional "Start-up Site Visit(s)" required? yes no

Acquisition applicable? yes no If yes, what type do you anticipate?

Signature of Program Representative: _____

CITIZEN PARTICIPATION REVIEW

RECIPIENT: _____

GRANT#: _____

REVIEWED BY: _____

REVIEW DATE: _____

| | YES | NO | COMMENTS ADDED | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Step 1: Check the Recipient's Preapplication | | | | |
| a. Participation Advertisements: | | | | |
| • Did the Recipient hold at least one public hearing (within the locality) prior to submission of the Application to DCA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the Recipient publish notice of the public hearing not less than five (5) days prior to the hearing in the non-legal section of a local newspaper of general circulation (substantiated by documented evidence in the Recipient's File)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Date of Publication: _____ | | | | |
| • Date of Hearing: _____ | | | | |
| b. Participation Location: | | | | |
| • Did the Recipient hold the hearing in a location That meets Title 2 accessibility standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the Recipient complete the Sec 504 DCA Meeting Checklist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Step 2: Check the Recipient's Post-Application Public Hearing: | | | | |
| a. Participation Advertisements: | | | | |
| • Did the Recipient hold at least one public briefing to discuss approved activities within sixty (60) days of the Grant Award? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | <u>YES</u> | <u>NO</u> | <u>COMMENTS ADDED</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|---------------------------|--------------------------|
| <ul style="list-style-type: none"> Did the Recipient publish notice of the Public Briefing not less than five (5) days prior to the briefing in the non-legal section of a local newspaper of general circulation (substantiated by documented evidence in the Recipient's files)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Date of Publication: _____ | | | | |
| <ul style="list-style-type: none"> Date of Hearing: _____ | | | | |
| b. Participation Location: | | | | |
| <ul style="list-style-type: none"> Did the Recipient hold the hearing in a location That meets Title 2 accessibility standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Did the Recipient complete the Sec 504 DCA Checklist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Step 3: Check the location of the program records:

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"> If the location of Program Records is other than the Recipient's normal place of business, was DCA officially notified of the location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> If the location of Program Records is other than the Recipient's normal place of business was the minimum information required by DCA available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

CORRECTIVE ACTIONS: _____

ADMINISTRATIVE/PROFESSIONAL PROCUREMENT REVIEW

Grantee: _____ Grant #: _____

Date: _____

**Administrative Procurement
(only if paid with CDBG funds)**

Request for Proposals or Request for Qualifications:

Date Published: _____ Deadline for responses: _____

Newspaper: _____

Minimum of 7 firms RFP/RFQ mailed to and responses:

#1: _____ Response received? Yes No

#2: _____ Response received? Yes No

#3: _____ Response received? Yes No

#4: _____ Response received? Yes No

#5: _____ Response received? Yes No

#6: _____ Response received? Yes No

#7: _____ Response received? Yes No

Other Proposals received: (List others on reverse) _____

Was a scoring system used? Yes No Is it acceptable? Yes No

Firm/Company selected: _____ Total Contract Amount: _____
CDBG Amount: _____
Other Sources Amount: _____

**Architectural/ Engineering Procurement
(only if paid with CDBG funds)**

Request for Proposals or Request for Qualifications:

Date Published: _____ Deadline for responses: _____

Newspaper: _____

Minimum of 10 firms RFP/RFQ mailed to and responses:

#1: _____ Response received? Yes No

#2: _____ Response received? Yes No

#3: _____ Response received? Yes No

#4: _____ Response received? Yes No

#5: _____ Response received? Yes No

FAIR HOUSING REVIEW CHECKLIST

Recipient: _____

Reviewer: _____

Grant No.: _____

Date Review Completed: _____

Is follow-up required? ___ yes ___ no

PURPOSE: Local government recipients of CDBG assistance certify that they will “affirmatively further fair housing”. Similarly, the State as a recipient and grantor of federal funds certifies that it will monitor the efforts of local government recipients to “affirmatively further fair housing”. This checklist is designed to document local actions as well as State review actions and conclusions concerning local efforts to further fair housing. The suggestions outlined herein are not all inclusive of possible fair housing actions but are meant to be suggestive of local government actions.

Instructions: Check any of the local actions undertaken by the recipient. Enter a description of other actions taken. In the Documentation section list local evidence reviewed, dates of public meetings, etc. Attach copies of appropriate documentation if available, i.e. agendas, flyers, etc.

LOCAL ACTIONS:

Resolution supporting State and/or Federal Fair Housing Law(s).

Distribute Fair Housing brochures at public meetings or hearings.

Conduct a Public Information Campaign on Fair Housing.

Post Fair Housing Posters at City Hall or other public buildings.

Include Fair Housing discussion on public hearing agenda.

Provide Fair Housing information to relocatees.

Other (List)

DOCUMENTATION:

RECOMMENDATIONS:

ENVIRONMENTAL REVIEW

RECIPIENT _____

GRANT # _____

REVIEW DATE: _____

REVIEWED BY _____

Follow up needed? Yes No

| | COMMENT | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | YES | NO | ADDED | N/A |
| Step 1: Check the Environmental Review Record (file): | | | | |
| • Is there an Environmental Review Record? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the Environmental Review Record available for public review. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the Environmental Review Record document the environmental review process, including: | | | | |
| • Coordination with other involved Federal or State agencies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Environmental Assessment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Public notices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Response to public comments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Request for Release of Funds and Certification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If appropriate, is there a determination of exemption or categorical exclusion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the determination signed by certifying official? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was the determination transmitted to DCA, receipt acknowledged by DCA and clearance obtained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there evidence of compliance with environmental Requirements other than NEPA (i.e., Statutory Checklist)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: IF ENTIRE PROJECT IS EXEMPT OR EXCLUDED, STOP HERE

Step 2: Check the Environmental Assessment format:

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Did the environmental assessment describe: | | | | |
| • Project location and description? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Environmental impacts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Alternatives considered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Mitigation measures considered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sources of data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the Assessment conclude with either: | | | | |
| • A Finding of No Significant Effect or, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • A Finding of significant Effect? (indicate which) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | <u>YES</u> | <u>NO</u> | <u>COMMENT ADDED N/A</u> | |
|---|--------------------------|--------------------------|------------------------------|--------------------------|
| Step 3: Check the Public Notice(s) and Comment Periods | | | | |
| • Is there evidence that the FONSI and the NOI/RROF or the Concurrent Notice was published? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there evidence the FONSI and NOI/RROF or Concurrent Notice was sent to: | | | | |
| • Interested individuals and groups? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Appropriate public agencies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Published in a newspaper of general circulation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Posted in a local post office and substations if not able to publish? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there evidence in the ERR of the proper minimum time period for public comment on the Notice(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Step 4: Actions taken concerning Request for Release for Funds and Certifications:

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| • Was the Request for Release of Funds and Certification completed on the required form? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was it signed and dated by the Certifying Official? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If the Certifying Official is not the Chief Elected Official is there evidence that the C.E.O. has designated the person signing the RROF/Certification as the Certifying Official? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the recipient commit project funds only after the project funds were released and the general environmental condition cleared by DCA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there evidence in the ERR of DCA release and clearance of the environmental General Condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CORRECTIVE ACTIONS:

FOLLOW-UP CONTACTS:

LABOR STANDARDS REVIEW

RECIPIENT _____

GRANT # _____

REVIEW DATE: _____

REVIEWED BY _____

Follow up needed? Yes No

Step 1: Record the following information:

- Contract Name: _____
- General Contractor: _____
- Contract Amount: _____
- Wage Decision No.: _____ Bid Opening Date: _____
- Date Contract Executed: _____ Construction State Date: _____

| | <u>YES</u> | <u>NO</u> | <u>COMMENT</u> <u>ADDED</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------------|--------------------------|
| Step 2: Check for Wage Rate Determination: | | | | |
| • Were wage rate determinations requested from DCA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were wage rates included in the solicitation specifications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was correct decision, including all applicable modifications, used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was DCA contacted 10 days prior to bid to confirm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were additional classifications requested from DCA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Step 3: Check for Contractual Provisions and Certification:

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| • Are minutes from pre-construction conference in file? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was most recent labor standards provision included in solicitation and contracts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Step 4: Check for Verification of Contractor Eligibility:

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Were verifications requested and received to determine contractor eligibility prior to contract execution? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

Step 5: Check for Recipient monitoring/enforcement of Labor Standards:

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Were wage rate determinations and labor posters on the job site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were Statement of Compliance and payrolls received on a weekly basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did an officer or owner of the construction firm certify the payrolls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | <u>YES</u> | <u>NO</u> | <u>COMMENT ADDED</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| • If not, is authorization (signed by the owner or an officer) on file for the person who signed certification of payrolls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were the contractors/subcontractors payroll reports checked for accuracy and did they contain required information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were worker interviews conducted and checked against payroll reports? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were a representative number of trades covered, at least one in each category? No. of Employee Interviews: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was Certificate of Registration for each apprentice employed on file? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was overtime paid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Step 6: Review the actions taken by Recipient to investigate and follow-up violations:

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Were investigations conducted in a timely manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were records and documents sufficient to support the findings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were appropriate cases referred to DCA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program Representative Comments:

Compliance Officer Comments:

Follow-up Needed:

ACQUISITION (U.R.A.) REVIEW

RECIPIENT _____ **REVIEW DATE** _____

GRANT # _____ **REVIEWED BY** _____

a) Current Status **Check:** **Public Facility** **or** **Housing**

Number of acquisitions: proposed _____ completed _____

Types of acquisitions: Easement # _____ Right-of-way # _____

 Real Property # _____ Voluntary Transaction # _____

Number of cases appealed or complaint filed: _____

Number of demolitions: proposed _____ completed _____ CDBG \$ _____ other _____

Number of proposed "Occupied" or "Vacant Occupiable" demolitions: _____

Number of proposed "Vacant dilapidated" demolitions: _____

Note: any demolitions will require a Section 104(d) review

b) Check the Recipient's compliance documentation

| | <u>YES</u> | <u>NO</u> | <u>COMMENTS</u> |
|--|--------------------------|--------------------------|--------------------------|
| a) Are files available for review? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Do they contain sufficient documentation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

c) Check individual acquisition files

To complete the next section, the reviewer should chose a representative number of case files to examine for compliance documentation. Additional sheets should be attached if more than 2 files were examined.

How many files were reviewed? _____

**Part II
Acquisition Individual Case File Review**

CASE 1

CASE 2

1. Record the following information:

- | | | |
|--------------------------|-------|-------|
| a) Name of Owner: | _____ | _____ |
| b) Location of Property: | _____ | _____ |
| c) Number of bedrooms: | _____ | _____ |
| d) Type of Acquisition: | _____ | _____ |

| | | | | | | | |
|------------|-----------|----------------|-------------|------------|-----------|----------------|-------------|
| | | <i>Comment</i> | | | | <i>Comment</i> | |
| <u>Yes</u> | <u>No</u> | <u>Added</u> | <u>N.A.</u> | <u>Yes</u> | <u>No</u> | <u>Added</u> | <u>N.A.</u> |

2. Notice to Owner:

Is there documented evidence that the owner was notified of the Recipient's interest in acquiring the property (Preliminary Acquisition Notice) and the basic protections of law and regulation (HUD Brochure).

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

3. Check for Appraisal:

- | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Was there an appraisal to establish FMV? | <input type="checkbox"/> |
| b) If not, was Fair Market Value estimated less than \$10,000 based on available data? | <input type="checkbox"/> |
| c) Did the owner waive right to appraisal? | <input type="checkbox"/> |
| d) Did the owner donate property? Note: Attach copy of Waiver if "no" on 3b or 3c. | <input type="checkbox"/> |
| e) Is a copy of the appraisal in the file? | <input type="checkbox"/> |
| f) Was a qualified, state certified, independent appraiser used? | <input type="checkbox"/> |
| g) Was the owner invited to accompany the appraiser? | <input type="checkbox"/> |
| h) Was there a review appraisal recommending or approving the value of the property? | <input type="checkbox"/> |

i) What was the appraised value?
(or estimated value if less than \$10,000)

4. Check the Written Purchase Offer

a) Is there a copy of the Offer to Purchase in the file?

b) Is there a statement of the "Basis of Compensation" included with the Offer?

c) Amount of Offer (Just Compensation):

d) Date of delivery of Purchase Offer:

e) Date owner accepted Offer:

f) Date of Settlement:

g) Date of Payment Check:

i) Amount of Payment:

j) If condemnation, date Just Compensation deposited with Court:

5. Check Settlement Procedures:

a) Does file contain a copy of conveyance documentation (title, deed, bill of sale, etc...)?

Type:

b) Was a Statement of Settlement costs in the file? (fee simple acquisition)

c) Was there proof of payment (i.e., cancelled check) in the file?

| Case 1 | | | | Case 2 | | | |
|----------------|-----------|--------------|-------------|----------------|-----------|--------------|-------------|
| <i>Comment</i> | | | | <i>Comment</i> | | | |
| <u>Yes</u> | <u>No</u> | <u>Added</u> | <u>N.A.</u> | <u>Yes</u> | <u>No</u> | <u>Added</u> | <u>N.A.</u> |

6. If this is a "Voluntary Transaction", does the acquisition meet the following conditions?

- | | | | | | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) | No specific site or property needs to be acquired for the project; | <input type="checkbox"/> |
| b) | The acquired property is not part of a designated redevelopment area where substantially all of the property is to be acquired; | <input type="checkbox"/> |
| c) | The Owner was informed in writing that the Recipient will not use its power of "eminent domain" to acquire the property in the event negotiations fail to result in an amicable agreement ; | <input type="checkbox"/> |
| d) | The Owner was not informed by the recipient of any "intent" to acquire the property; and | <input type="checkbox"/> |
| e) | The Recipient informed the Owner in writing before entering into contract of what is estimated to be "Fair Market Value" of the property. (Copy of documentation must be attached.) | <input type="checkbox"/> |

**PART II
RELOCATION CASE REVIEW**

APPLICABILITY

CASE 1
 Uniform Act
 Section 104(d)
 Last Resort
 "Optional" Payment

CASE 2
 Uniform Act
 Section 104(d)
 Last Resort
 "Optional" Payment

STEPS:

| | <u>CASE 1</u> | <u>CASE 2</u> |
|---|---------------|---------------|
| 1. Record the following information: | | |
| a. Name of Relocatee | _____ | _____ |
| b. Address: | _____ | _____ |
| c. Homeowner or tenant? | _____ | _____ |
| d. Low/Mod Income Occupants? | _____ | _____ |
| e. Temporary Relocation necessary? | _____ | _____ |

| | <u>YES</u> | <u>NO</u> | <u>COMMENTS</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. CHECK ELIGIBILITY DOCUMENTATION | | | | |
| a. Is there an individual file for each displaced family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do personal information records verify "Gross Household Income" of occupants? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Case 1:

Method & Source of verification: _____
 Annual GHI: \$ _____
 L&M Limit: \$ _____

Case 2:

Method & Source of verification: _____
 Annual GHI: \$ _____
 L&M Limit: \$ _____

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| c. Can the occupant(s) be defined as a "displaced person"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the displacee(s) meet the length of occupancy (time) standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | <u>YES</u> | <u>NO</u> | <u>COMMENTS</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. CHECK THE WRITTEN NOTICES: | | | | |
| a. Was a "General Information Notice" containing all required information issued as soon as feasible with evidence of receipt in file? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Did tenant receive a "Preliminary Displacement Notice"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Was a "Notice of Eligibility for "Relocation Assistance" issued at the time eligibility was established with evidence of receipt in file? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Was a "Ninety-day Notice to Vacate" in file with evidence of receipt (if applicable)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. CHECK REPLACEMENT HOUSING PAYMENT CLAIMS: | | | | |
| a. Type of Replacement Housing Payment: Case 1: _____ Case 2: _____ | | | | |
| b. If replacement housing assistance claim was paid, was the claim: | | | | |
| 1. Completed and signed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Verified by supporting documentation (i.e., old and new rent & utilities)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Correctly calculated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Filed within a reasonable period of time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are periodic payments being made? Terms: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For eligible Section 104(d) cases: was claimant offered a choice of benefits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If any Replacement Housing Payment claims were not paid, is there documentation of the basis for denial? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. CHECK MOVING EXPENSE CLAIMS: | | | | |
| a. Was a moving expense paid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Was there a choice of fixed or actual expenses? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Were actual moving expenses eligible? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Was the actual claim verified with supporting documentation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Was the claim correctly calculated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. CHECK RELOCATION ADVISORY ASSISTANCE: | | | | |
| a. Is there a Site Occupant Record on the displacee indicating Replacement Housing needs (i.e., handicapped facilities)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is there a Selection of Most Representative Comparable Replacement Dwelling chart completed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Were the referred replacement units documented: | | | | |
| 1. "Decent, safe and sanitary"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | <u>YES</u> | <u>NO</u> | <u>COMMENTS</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. "Comparable"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Compliance with lead-based paint regulations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has actual replacement dwelling been inspected with an acceptable checklist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. If the relocatee moved into a substandard unit, was the required letter sent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Is there evidence of receipt of the above required letter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. CHECK TEMPORARY RELOCATION DOCUMENTATION:

If occupant(s) were temporarily relocated, did recipient:

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Offer available facilities (i.e. dwelling units)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Document and pay eligible expenses? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Receive a statement from the displacee that no eligible "out of pocket" expenses were incurred? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. CHECK LAST RESORT HOUSING DOCUMENTATION:

- | | | <u>YES</u> | <u>NO</u> |
|--|---------|--------------------------|--------------------------|
| a. If "Last Resort" replacement housing was provided, is the decision adequately documented and justified? (Justification is based on the lack of availability and/or resources for "comparable replacement housing"; or the individual circumstances of the displacee?) | CASE 1: | <input type="checkbox"/> | <input type="checkbox"/> |
| | CASE 2: | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Check what method(s) were selected to provide "Last Resort" housing assistance: | | | |

CASE 1

- ()
- ()
- ()
- ()
- ()
- ()
- ()
- ()
- ()
- ()
- ()
- ()

CASE 2

- () Replacement housing payment in excess of limits
 - () Rehab or addition to existing unit
 - () New construction
 - () Direct Loan (____%) (Type: _____)
 - () Relocation and rehab of dwelling
 - () Purchase of land/dwelling by Recipient and subsequent-sale or lease to displaced person
 - () Removal of barriers to the handicapped
 - () Cost effective conversion from tenant to homeowner
 - () Modified methods (i.e., different unit space and physical characteristics)
- Describe: _____

- | | | | |
|--|----------|--------------------------|--------------------------|
| c. If applicable, do the specifications of the construction contract between the relocate and provider indicate the new unit to be “functionally similar” to the displaced unit? | CASE 1 : | <u>YES</u> | <u>NO</u> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | CASE 2: | <input type="checkbox"/> | <input type="checkbox"/> |

**PART III
SITE INSPECTION I**

NAME: _____

| | <u>YES</u> | <u>NO</u> | <u>COMMENT</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Was the unit the relocatee moved into: | | | | |
| a. "Decent, safe and sanitary?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. "Functionally similar" in size and construction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If not, did the relocatee sign the required waiver? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was the unit inspected by a DCA Program Representative? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Was the relocatee interviewed by a DCA Program Representative? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was the relocatee interviewed satisfied with the unit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

**PART III
SITE INSPECTION II**

NAME: _____

| | <u>YES</u> | <u>NO</u> | <u>COMMENTS</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Was the unit the relocatee moved into: | | | | |
| a. "Decent, safe and sanitary"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. "Functionally similar" in size and construction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If not, did the relocatee sign the required waiver? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was the unit inspected by a DCA Program Representative? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the relocatee interviewed by a DCA Program Representative? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the relocatee interviewed satisfied with the unit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

FINANCIAL MANAGEMENT REVIEW I & II

Recipient: _____

Review Date: _____

Grant # _____

Follow-up needed? Yes No

Reviewed By: _____

| | Comment | | | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | <u>Yes</u> | <u>No</u> | <u>Added</u> | |
| Step 1: Check the Recipient's Accounting System: | | | | |
| • Are generally accepted accounting principles followed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are internal controls adequate to safeguard CDBG assets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are CDBG transactions supported by original source documents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Will records be retained for a minimum of three years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are Quarterly Reports submitted on a timely basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the information provided on the Quarterly Reports supported by accounting records? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Step 2: Check Drawdown of CDBG funds: | | | | |
| • Were drawdowns limited to the minimum amount of funds needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was the time between the receipt of the drawdown & the disbursement of funds as close as administratively feasible? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Step 3: Check Program Funds: | | | | |
| • Did the recipient return any interest earned on grant advances to the Department of Community Affairs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a local match was applicable, was it met? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If not, is it on schedule to be met prior to completion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a local leverage was applicable, was it met? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If not, is it on schedule to be met prior to completion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was any Program Income generated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If so, was it used before drawdown of CDBG funds? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were all eligible expenditures of Program Income used to fund eligible community development activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Step 4: Check for Allowable Expenditures: | | | | |
| • Were recipient expenditures "necessary & reasonable"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were recipient expenditures allowable as specified in OMB Circular A-87? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were recipient expenditures eligible as defined by Title I, Section 105? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Did all salaried employees paid from grant funds either devote 100% of their time to the CDBG project, or maintain time distribution sheets, if part-time?
- Are engineering and/or architectural costs paid with CDBG funds within the allowable limits?
- Are the administration costs paid with CDBG funds within the allowable limits?

Step 5: Check for Compliance with Property Management Standards:

- If personal property (furniture or equipment) was purchased with CDBG funds, are records available to identify it in accordance with 24 CFR Part 85, Property Management Standards?

Step 6: Check for Compliance with Procurement Procedures. Have Recipients followed procurement standards which ensure that:

- Purchases are made on the basis of maximum open and free competition?
- Were applicable local procurement standards met for eligible small purchases under \$100,000?
- Were procurement standards followed equivalent to those specified in Part 85 or State Law?

Corrective Actions:

Follow-up Contacts:

**Individual Housing Analysis
Financial Review - Rehab**

Reviewer: _____ Date: _____

Others Present: _____

Grantee: _____

Grant #: _____

Circle one: *Rehabilitation* *Reconstruction* *Repl. Housing* *Other:* _____

Map/Unit No. _____ of _____ cases. Contract status: (ongoing, complete, etc.) _____

Owner: _____ Address: _____

1. Application of assistance in file Yes _____ No _____
2. Income Documented? Yes _____ No _____
3. Certificate of Lawful Presence in file? Yes _____ No _____
4. Estimated cost per CDBG application: _____ Actual Cost: _____
5. Did actual cost exceed 20% of estimated cost per application? _____
6. If yes, was prior DCA approval obtained? _____
7. Was a detailed work write-up and cost estimate prepared, prior to bid? _____
8. Were significant deviations (10%) from the cost estimate explained? _____
9. Did the homeowner provide private funds as specified in the local financial plan? _____
10. If applicable, did the recipient follow its procurement policy? _____
11. Did the homeowner authorize the contract, all amendments to the contract and payments to the contractor? _____
12. Did homeowner sign a "satisfaction" statement? _____
13. What sort of inspection was done by DCA Rep? Windshield Walk-Through
14. Check write-up and specifications. Does the work and material appear to match specs? _____

15. If #11 is 'no' a walk-through should be performed. Does this inspection reveal deviations from the work order and amendments? _____
16. Does the contract amount equal payments to the contractor? _____ (use reverse to calculate)
17. Were progress payments based on work completed? _____
 Was there adequate inspection? _____ Who Inspected? _____
 Who Authorized payment? _____
18. Other observations: _____

Program Representatives will complete this form for each housing unit developed by the recipient and attach the work write-up. If possible a walk-through inspection should be made on each house. At close-out each inspection report accompanied by work specifications and any pertinent supporting data must be included in the main grant file.

| <u>Check Number</u> | <u>Date</u> | <u>Amount</u> | <u>Payee</u> |
|---------------------|-------------|---------------|--------------|
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
COMMUNITY DEVELOPMENT BLOCK GRANT
HOUSING REHAB/RECONSTRUCTION
MONITORING REVIEW I**

Recipient: _____ DCA Grant Number: _____

Review Date: _____ Reviewer: _____

- I. Program Status:**
- a. Number of Rehabilitations Proposed _____ Completed _____
 - b. Number of Reconstructions Proposed _____ Completed _____
 - c. Number of Files Reviewed _____ Number of Site Inspections _____

II. Recipients' Program Policy Statement Date of Resolution: _____

Post Grant Award Public Hearing Date: _____

| Does Program Policy Address: | Y | N | N/A | Comments |
|--|---|---|-----|----------|
| 1. Program Goals and Objectives | | | | |
| 2. Applicant Eligibility Criteria | | | | |
| 3. Priority of Processing and Funding of Applications | | | | |
| 4. Financing Eligibility and Techniques | | | | |
| 5. Direct Loan Underwriting | | | | |
| 6. Definition of Income | | | | |
| 7. Temporary Relocation | | | | |
| 8. Minimum Property Standards Definition/Availability | | | | |
| 9. Rehab Feasibility Tests | | | | |
| 10. Contractor Qualifications, Requirements, Debarment | | | | |
| 11. Bidding Methods/Policies/Procedures | | | | |
| 12. Inspection and Testing for Lead Paint | | | | |
| 13. Program Revision Procedure | | | | |
| 14. Arbitration/Complaint Guidelines and Procedures | | | | |
| 15. Definition of Standard/Substandard Housing Units | | | | |
| 16. Residential Anti-displacement and Relocation Plan | | | | |
| 17. Provision for Historic Preservation | | | | |
| 18. Explanation of GPI Financing | | | | |
| 19. Rehabilitation Advisor Job Description and Duties | | | | |

Comments: _____

Monitoring Review of: _____

Grant No. _____

(cont.)

III. Standard Construction Contract Provisions:

| Does Standard Construction Contract Address: | Y | N | N/A | Comments |
|---|---|---|-----|----------|
| 1. Names of Parties to Contract | | | | |
| 2. Date of Contract | | | | |
| 3. Date of Commencement Notice and Procedure | | | | |
| 4. Performance Period | | | | |
| 5. Provision for Liquidated Damages | | | | |
| 6. Permit and License Procurement | | | | |
| 7. Insurance Requirements | | | | |
| 8. Conformance of Work to all Applicable Codes | | | | |
| 9. Lead Based Paint Prohibition | | | | |
| 10. Conflict of Interest | | | | |
| 11. Prohibition of Assignment of Contract | | | | |
| 12. Lien Waiver Provisions | | | | |
| 13. Contractor Guarantee of Work and Materials (1 Yr.) | | | | |
| 14. Payment Provisions and Schedules | | | | |
| 15. Subcontractor Regulations | | | | |
| 16. Provisions for Remedies | | | | |
| 17. Termination for Cause and Convenience Clause | | | | |
| 18. Equal Employment Opportunity Statement | | | | |
| 19. Materials Conform to Specification Provision | | | | |
| 20. General Contractor Supervision | | | | |
| 21. Protection of Resident Belongings | | | | |
| 22. Resident Relocation | | | | |
| 23. Contractor Use of Utilities Provision | | | | |
| 24. Procedure for Addition/Deletion of Work (change orders) | | | | |
| 25. Clean Up Provisions | | | | |
| 26. Allow Inspection by Local/State/Federal Officials | | | | |
| 27. Arbitration Procedure | | | | |

Comments: _____

Monitoring Review of: _____

Grant No. _____

(cont.)

IV. Legal Review:

| Have the Following Been Reviewed by Local Government Legal Counsel: | Y | N | N/A | Comments |
|---|---|---|-----|----------|
| 1. Program Policies Statement | | | | |
| 2. Terms and Conditions of Rehabilitation Assistance | | | | |
| 3. Leverage Loan Agreements | | | | |
| 4. Lump Sum Drawdown Agreements | | | | |
| 5. Contractor and Sub-Contractor Agreements | | | | |
| 6. Construction Contract | | | | |
| 7. Rent Regulatory Agreement | | | | |
| 8. Promissory Note (or Legal Equivalent) | | | | |
| 9. Deed to Secure Debt | | | | |
| 10. Notice of Commencement | | | | |

Comments: _____

Monitoring Review of: _____ Grant No. _____

V. Individual Case File Review:

Case 1

Case 2

Case 3

| | Case 1 | Case 2 | Case 3 |
|---|--------|--------|--------|
| Client Name | | | |
| Street Address | | | |
| Location Map Number | | | |
| Occupancy (Owner/Renter) | | | |
| Type of Assistance (Rehab/Reconstruct) | | | |
| Completed Program App. | | | |
| Proof of Ownership (Method) | | | |
| Certificate of Lawful Presence? | | | |
| Proof of Insurance | | | |
| Pre-1978 Unit? | | | |
| Provision of LBP warning pamphlet | | | |
| LBP Test results in File? (if Positive complete pages 7& 8) | | | |
| Annualized Gross Income | | | |
| Family Size | | | |
| Method of Determining Annual Income | | | |
| How was Income Documented | | | |
| Verification of Deposits | | | |
| "Before" and "After" Photos or Video Taken | | | |
| Rehab Advisor WWU Including Cost Estimate | | | |
| Quality of Work Write-Up | | | |
| Method of Bid Selected | | | |
| Bid Amount | | | |
| Within 20% of App. Budget (If no - DCA Approval Date) | | | |

Monitoring Review of: _____ Grant No. _____

Case 1

Case 2

Case 3

| | | | |
|--|--|--|--|
| Client Name | | | |
| Contractor Name | | | |
| Contractor License # | | | |
| Contract Signed by Owner and Contractor | | | |
| Contract Provisions: | | | |
| Contract Price | | | |
| Length in Days | | | |
| Progress Payments | | | |
| City or County Party to Contract? | | | |
| Termination Clause? | | | |
| Arbitration Clause? | | | |
| Terms and Conditions of Rehab | | | |
| Notice of Commencement Signed and Dated | | | |
| Change Orders: | | | |
| Number | | | |
| Signed by all parties? | | | |
| Justified | | | |
| Cost Reasonable | | | |
| New Contract Total (Orig Contract + Co's) | | | |
| Progress Payment Inspection Forms | | | |
| Dated Final Inspection Form | | | |

Monitoring Review of: _____ Grant No. _____

Case File Review Continued:

| | | | |
|--|--|--|--|
| Client Name | | | |
| Contract Finished in Allotted Time | | | |
| If No: Signed Extension? | | | |
| Liquidated Damages Paid? | | | |
| Contractor release of Liens | | | |
| Payments made to contractor | | | |
| Totals Match? (Payments and Contract Total) | | | |
| Cert. of Final Payment | | | |
| Copies of Equipment and/or Materials | | | |
| Warranty(s) in File | | | |
| Termite Certification | | | |
| Insulation Certification | | | |
| Homeowner Satisfaction Statement (in file) | | | |
| Temporary Relocation Paid (if yes, list method) | | | |
| Evidence of Recorded Lien | | | |
| Date of DCA Inspection | | | |
| Homeowner Comments | | | |

Monitoring Review of: _____ **Grant No.** _____

Complete this section for LEAD BASED PAINT HAZARD CONTROL

Case 1

Case 2

Case 3

| | | | |
|--|--|--|--|
| Client Name | | | |
| Copy of LBP Risk Assessment/Inspection report | | | |
| Risk Assessor/Inspector (name and EPD cert. #) | | | |
| Evidence that report was received by owner | | | |
| LBP hazards detected? (if no stop here) | | | |
| Hazard Control method required | | | |
| Lead Contractor completing hazard control | | | |
| Contractor Qualification (Cert or SWP training) | | | |
| Contract Signed by Owner and Contractor | | | |
| Contract Provisions: | | | |
| Contract Price | | | |
| Length in Days | | | |
| Progress Payments | | | |
| City/County not Party to Contract | | | |
| Termination Clause | | | |
| Arbitration Clause | | | |
| Terms and Conditions of Rehab | | | |
| EPD Proceed Notices | | | |

| | | | |
|---|--|--|--|
| Client Name | | | |
| Notice of Commencement Signed and Dated | | | |
| Change Orders: | | | |
| Number | | | |
| Signed by all parties? | | | |
| Justified | | | |
| Cost Reasonable | | | |
| New Contract Total | | | |
| (Orig Contract + Co's) | | | |
| Contractor release of Liens | | | |
| Payments made to contractor | | | |
| Totals Match? (Payments and Contract Total) | | | |
| Cert. of Final Payment | | | |
| Clearance examiner name (if different from Assessor/Inspector) | | | |
| Clearance Report copy in file | | | |
| Clearance standard met? | | | |
| Evidence that report was received by owner | | | |
| Temporary Relocation Paid? | | | |

Comments:

Monitoring Review of: _____ Grant No. _____

COMPLETE THIS SECTION FOR RECONSTRUCTION CASES ONLY

| | Case 1 | Case 2 | Case 3 |
|---|--------|--------|--------|
| Client Name | | | |
| Street Address | | | |
| Location Map Number | | | |
| Was Reconstruction for This Unit Proposed in Original Application | | | |
| DCA Approval for Recon. | | | |
| How was Ownership Documented | | | |
| Feasibility Test in File | | | |
| Cost Estimate for Reconstruction Less than comparable unit in community? | | | |
| Appraisal for Recon. | | | |
| Appraised Value Higher Than Recon. Cost | | | |
| Same or More Number of Bedrooms in Recon. | | | |
| Living Area Same or More (Sq. Ft.) | | | |

Comments:

Monitoring Review of: _____ Grant No. _____

COMPLETE THIS SECTION FOR ESCROW ACCOUNT PROGRAMS ONLY

| Is there Evidence that the Bank Account: | Y | N | N/A | Comments |
|---|----------|----------|------------|----------------------|
| 1. Is Identified as Recipients Rehab Escrow Account | | | | |
| 2. Is an Interest Bearing Account | | | | If Yes-% Rate |
| 3. Statement has been Reconciled each Month | | | | |
| 4. Has an Appropriate Ledger Established for this Account | | | | |
| 5. Has been Intermingled with other CDBG Monies | | | | |
| 6. Has been Limited only to Rehab Assistance | | | | |
| 7. Has Written Contract Authorizing Recipient to Escrow Rehab Funds | | | | |
| 8. At No Time had Deposits Exceeding 10 Calendar Days Cash Needs | | | | |
| 9. Accrued Interest has been Remitted to DCA Quarterly | | | | |
| 10. CDBG Deposits were made on or after Date of The Executed Construction Contract | | | | |

Escrow Accounts:

Comments: _____

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
COMMUNITY DEVELOPMENT BLOCK GRANT
HOUSING REHAB/RECONSTRUCTION
MONITORING REVIEW II**

Recipient: _____ **DCA Grant Number:** _____

Review Date: _____ **Reviewer:** _____

- I. Program Status:**
- a. Number of Rehabilitations Proposed _____ Completed _____
 - b. Number of Reconstructions Proposed _____ Completed _____
 - c. Number of Files Reviewed _____ Number of Site Inspections _____

II. Changes in Recipients' Program Policy From Original Plan? Yes _____ No _____

If Yes, Explain: _____

III. Date of Rehab I Monitoring _____

IV. Problems or Follow Up Items to be Addressed During this Visit: _____

Monitoring Review of: _____ Grant No. _____ (cont.)

V. Case File Review:

Case 1

Case 2

Case 3

| | Case 1 | Case 2 | Case 3 |
|---|--------|--------|--------|
| Client Name | | | |
| Street Address | | | |
| Location Map Number | | | |
| Occupancy (Owner/Renter) | | | |
| Type of Assistance (Rehab/Reconstruct) | | | |
| Completed Program App. | | | |
| Proof of Ownership (Method) | | | |
| Certificate of Lawful Presence? | | | |
| Proof of Insurance | | | |
| Pre-1978 Unit? | | | |
| Provision of LBP warning pamphlet | | | |
| LBP Test results in File? (if Positive complete pages 5&6) | | | |
| Annualized Gross Income | | | |
| Family Size | | | |
| Method of Determining Annual Income | | | |
| How was Income Documented | | | |
| Verification of Deposits | | | |
| "Before" and "After" Photos or Video Taken | | | |
| Rehab Advisor WWU Including Cost Estimate | | | |
| Quality of Work Write-Up | | | |
| Method of Bid Selected | | | |
| Bid Amount | | | |
| Within 20% of App. Budget (If no - DCA Approval Date) | | | |

Monitoring Review of: _____ Grant No. _____ (cont.)

Case File Review Continued:

Case 1

Case 2

Case 3

| | Case 1 | Case 2 | Case 3 |
|--|--------|--------|--------|
| Client Name | | | |
| Contractor Name | | | |
| Contractor License # | | | |
| Contract Signed by Owner and Contractor | | | |
| Contract Provisions: | | | |
| Contract Price | | | |
| Length in Days | | | |
| Progress Payments | | | |
| City/County not Party to Contract | | | |
| Termination Clause | | | |
| Arbitration Clause | | | |
| Terms and Conditions of Rehab | | | |
| Notice of Commencement Signed and Dated | | | |
| Change Orders: | | | |
| Number | | | |
| Signed by all parties? | | | |
| Justified | | | |
| Cost Reasonable | | | |
| New Contract Total (Orig Contract + Co's) | | | |
| Progress Payment Inspection Forms | | | |
| ated Final Inspection Form | | | |

Monitoring Review of: _____ Grant No. _____ (cont.)

Case File Review Continued:

Case 1

Case 2

Case 3

| | | | |
|---|--|--|--|
| Client Name | | | |
| Contract Finished in Allotted Time | | | |
| If No: Signed Extension? | | | |
| Liquidated Damages Paid? | | | |
| Contractor release of Liens | | | |
| Payments made to contractor | | | |
| Totals Match? (Payments and Contract Total) | | | |
| Cert. of Final Payment | | | |
| Copies of Equipment and/or Materials Warranty(s) in File | | | |
| Termite Certification | | | |
| Insulation Certification | | | |
| Homeowner Satisfaction Statement (in file) | | | |
| Temporary Relocation Paid (if yes, list method) | | | |
| Evidence of Recorded Lien | | | |
| Date of DCA Inspection | | | |
| Homeowner/Client Comments | | | |

Comments: _____

Monitoring Review of: _____ Grant No. _____ (cont.)

Use File Review Continued:

Complete this section for LEAD BASED PAINT HAZARD CONTROL

Case 1

Case 2

Case 3

| | | | |
|--|--|--|--|
| Client Name | | | |
| Copy of LBP Risk Assessment/Inspection report | | | |
| Risk Assessor/Inspector (name and EPD cert. #) | | | |
| Evidence that report was received by owner | | | |
| LBP hazards detected? (if no stop here) | | | |
| Lead Contractor completing hazard control | | | |
| Contractor Qualification (Cert or SWP training) | | | |
| Contract Signed by Owner and Contractor | | | |
| Contract Provisions: | | | |
| Contract Price | | | |
| Length in Days | | | |
| Progress Payments | | | |
| City/County not Party to Contract | | | |
| Termination Clause | | | |
| Arbitration Clause | | | |
| Terms and Conditions of Rehab | | | |
| EPD Proceed Notices | | | |

LEAD BASED PAINT HAZARD CONTROL Cont.

Case 1

Case 2

Case 3

| | | | |
|---|--|--|--|
| Client Name | | | |
| Notice of Commencement Signed and Dated | | | |
| Change Orders: | | | |
| Number | | | |
| Signed by all parties? | | | |
| Justified | | | |
| Cost Reasonable | | | |
| New Contract Total (Orig Contract + Co's) | | | |
| Contractor release of Liens | | | |
| Payments made to contractor | | | |
| Totals Match? (Payments and Contract Total) | | | |
| Cert. of Final Payment | | | |
| Clearance examiner name (if different from Assessor/Inspector) | | | |
| Clearance Report copy in file | | | |
| Clearance standard met? | | | |
| Evidence that report was received by owner | | | |
| Temporary Relocation Paid? | | | |

Monitoring Review of: _____ Grant No. _____ (cont.)

COMPLETE THIS SECTION FOR RECONSTRUCTION CASES ONLY

Case 1

Case 2

Case 3

| | Case 1 | Case 2 | Case 3 |
|---|--------|--------|--------|
| Client Name | | | |
| Street Address | | | |
| Location Map Number | | | |
| Was Reconstruction for This Unit Proposed in Original Application | | | |
| DCA Approval for Reco. | | | |
| How was Ownership Documented | | | |
| Feasibility Test in File | | | |
| Cost Estimate for Reconstruction Less than comperable unit in community? | | | |
| Appraisal for Reco. | | | |
| Appraised Value Higher Than Reco. Cost | | | |
| Same or More Number of Bedrooms in Reco. | | | |
| Living Area Same or More (Sq. Ft.) | | | |

Comments: _____

COMPLETE THIS SECTION FOR ESCROW ACCOUNT PROGRAMS ONLY

Escrow Accounts:

| Is there Evidence that the Bank Account: | Y | N | N/A | Comments |
|---|----------|----------|------------|----------------------|
| 1. Is Identified as Recipients Rehab Escrow Account | | | | |
| 2. Is an Interest Bearing Account | | | | If Yes-% Rate |
| 3. Statement has been Reconciled each Month | | | | |
| 4. Has an Appropriate Ledger Established for this Account | | | | |
| 5. Has been Intermingled with other CDBG Monies | | | | |
| 6. Has been Limited only to Rehab Assistance | | | | |
| 7. Has Written Contract Authorizing Recipient to Escrow Rehab Funds | | | | |
| 8. At No Time had Deposits Exceeding 10 Calendar Days Cash Needs | | | | |
| 9. Accrued Interest has been Remitted to DCA Quarterly | | | | |
| 10. CDBG Deposits were made on or after Date of The Executed Construction Contract | | | | |

Comments: _____

Individual Housing Analysis
Financial Review - Buyer Assistance

Reviewer: _____ Date: _____

Others Present: _____

Grantee: _____

Grant #: _____

Housing Type (Circle one): *Stick Built* *Modular* *MHU* Other: _____

Owner: _____

Address: _____

| | |
|--|------------------------|
| 1. Appraised Value: _____ | Actual Cost: _____ |
| 2. Was sale price equal to appraised value? _____ | _____ |
| 3. If no, explain _____ | _____ |
| 4. Did owner complete at least 8 hours of counseling by a HUD approve counseling agency? _____ | _____ |
| 5. How was course completion documented? _____ | _____ |
| 6. Was the home inspected by the local CDBG grantee? _____ | _____ |
| 7 Who Inspected? _____ | _____ |
| 8. Amount of CDBG funds provided: \$ _____ | _____ |
| 9. Amount of Primary Mortgage: \$ _____ | _____ |
| 10. Terms: Length (in years) _____ | Interest Rate: _____ % |
| 11. Mortgage terms adhere to DCA policy? (Fixed rate, no balloon etc) Yes _____ No _____ | _____ |
| If no, explain: _____ | |
| 12. Was the unit sold to L/M eligible household? Yes _____ No _____ | _____ |
| 13. Income Documented? Yes _____ No _____ | _____ |
| 14. Certificate of Lawful Presence in file? Yes _____ No _____ | _____ |
| 15. Other observations: _____ | _____ |

| |
|--|
| |
|--|

Procurement Review for Public Works Construction

Review is based on the Georgia Public Works Construction Law (O.C.G.A. 36-91-1)

Recipient: _____ **Review Date:** _____
Grant # _____ **Follow-up needed?** Yes No
Reviewed By: _____

| | <u>Yes</u> | <u>No</u> | <u>N/A</u> | <u>Comment</u> <u>Added</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------------|
| 1. Is Project exempt from Public Works Construction Procurement law? If yes: Project is exempt because: (check <u>one</u> as applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. "Force Account labor" ¹ was used, or | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Inmate labor was used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. What advertising method was used? (check <u>all</u> as applicable) | | | | |
| a. Legal Organ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Date of first advertisement: _____ | | | | |
| ii. Date of second advertisement: _____ | | | | |
| b. Internet website | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, list: _____ | | | | |
| <hr/> | | | | |
| 3. Did local government post notice of contract opportunity properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were all plans and specifications available for public review? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. What construction delivery method was used? (check <u>one</u> as applicable) | | | | |
| a. Traditional (Design-Bid-Build) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Design-Build | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Construction Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Other (describe): _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was DCA consulted if non-traditional method was used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was the Recipient's attorney consulted if a non-traditional was used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. What competitive process was used (check <u>one</u> as applicable) | | | | |
| a. Competitive sealed bids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, date of bid opening: _____ | | | | |
| Was bid opening held in public on specified date? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of days bids must remain open _____ | | | | |
| b. Competitive sealed proposals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, date of proposal opening: _____ | | | | |
| Were proposals opened with no disclosure of competing offers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of days proposals are valid: _____ | | | | |
| 9. Was pre qualification of bidders used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹ Force account is the term used to define labor performed by the recipient's personnel. Force account labor must be approved by DCA prior to incurring costs.

If yes:

- a. Have procedures for pre-qualification been followed?
- b. Has procedure been established for disqualified bidders?

Procurement Review for Public Works Construction – Page 2

| | <u>Yes</u> | <u>No</u> | <u>N/A</u> | <u>Comment</u> <u>Added</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------------|
| 10. Was attendance at pre-bid conference mandatory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes: | | | | |
| a. Was this requirement stated in advertisements for bid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. If the value of the contract is over \$100,000: | | | | |
| a. Was a Bid Bond received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Performance Bond? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Payment Bond? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

All bond sureties must: 1) have current certificate of authority to transact business from the Georgia Insurance Commissioner, OR; 2) be on the US Dept. of Treasury's list of approved sureties; OR 3) local government must approve the form and solvency of the surety prior to execution of contract. If any do not apply, explain:

- 12. Was addendum to plans or specifications issued within 72 hours of bid or proposal opening?
- If yes, was bid/proposal opening extended at least 72 hours?

13. Number of bids received: _____

- 14. If only one bid received, was DCA approval granted prior to contract award?

- 15. Did the local government negotiate with the bidder?
- If yes, explain nature and result of negotiation:

- 16. Did construction contract include all required federal clauses?
- (Attach Contract Review Matrix)

Additional Comments: _____

CDBG CONTRACT and CONTRACTOR PROCUREMENT REVIEW CHECKLIST

| | | | | | | | |
|--|--|---|---|--|---|---|---------------------------------------|
| CDBG Grantee: | Grant Number: | Contract Amount: | Reviewer: | Date of Review: | | | |
| <input type="checkbox"/> Contractor/Subcontractor Affidavit | (Compliance with OCGA 13-10-91) Applicable to All Contracts and Subcontracts | | | | | | |
| <input type="checkbox"/> Section 3 Clause (see note) | All Contracts | | | | | | |
| <input type="checkbox"/> Provision for Remedies | All Contracts | | | | | | |
| | ARCHITECTURAL and ENGINEERING SERVICES | HOUSING REHAB | | CONSTRUCTION CONTRACTS | | | |
| | | <input type="checkbox"/> Less than 8 Units | <input type="checkbox"/> 8 or More Units | <input type="checkbox"/> Over \$100,000 | <input type="checkbox"/> Over \$40,000 | <input type="checkbox"/> Over \$10,000 | <input type="checkbox"/> Over \$2,000 |
| <input type="checkbox"/> Provision for Termination | If Over \$10,000 | If Over \$10,000 | If Over \$10,000 | • | • | • | |
| <u>Executive Orders 11246/11375</u> | | | | | | | |
| <input type="checkbox"/> EEO Clause | If Over \$10,000 | If Over \$10,000 | If Over \$10,000 | • | • | • | |
| <input type="checkbox"/> EEO Specifications | | | | • | • | • | |
| <input type="checkbox"/> Affirmative Action Clause | | | | • | • | • | |
| <input type="checkbox"/> Non-Segregated Facilities | | | | • | • | • | |
| <u>Federal Labor Standards</u> | | | | | | | |
| <input type="checkbox"/> Copeland Anti-Kickback | | | • | • | • | • | • |
| <input type="checkbox"/> Davis-Bacon Clause | | | • | • | • | • | • |
| <input type="checkbox"/> Wage Rate from DCA | | | • | • | • | • | • |
| <input type="checkbox"/> Work Hours & Safety | | | If Over \$100,000 | • | | | |
| <input type="checkbox"/> Performance & Payment Bonds | | | | • | • | | |
| <input type="checkbox"/> 5% Bid Bond | | | | • | | | |
| <input type="checkbox"/> Clean Air/Water Clause | | | | • | | | |
| <input type="checkbox"/> Provision for Disability Accessibility (if a building) | • | | | | | | |
| <input type="checkbox"/> Provision for Ga. Energy Code (if a building) | • | | | | | | |

Note that the Section 3 Clause is not required in "private" housing rehabilitation contracts when the local government is not a party to the contract.

Cash Match Verification/Leverage Assessment

Recipient: _____

Grant No: _____

Match Amount Required: _____

Match Amount Verified: _____

Leverage Required: _____

Leverage Contributed to Date: _____

Date Match/Leverage Reviewed: _____

How Verified/Assessed: _____

Recommendation for Final Draw: Yes No

Assessment of Status of Leverage: _____

Signature of Program Representative

Route to: (1) Grants Consultant; (2) Grant file

Instructions: This form is to be prepared prior to a grantee's final draw request. It is to be used to **verify** the required cash match and to **assess** the status of committed leverage funds. Leverage can be assessed by reviewing leverage funds contributed to date and estimating leverage funds to be contributed based on contracts, project schedules, and type of grantee in-kind contributions. Final **verification** of leverage must be done at the closeout site visit. Under "Assessment of Status of Leverage" above, please indicate whether meeting anticipated leverage requirements is expected to be an issue for the grantee.

CLOSE-OUT REVIEW

Recipient: _____

Grant # _____ Review Date: _____

Reviewed By: _____ Follow-up needed? Yes No

| | Comment | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | <u>Yes</u> | <u>No</u> | <u>Added</u> | <u>N/A</u> |
| <u>Step 1: Check Allowable Expenditures</u> | | | | |
| • Were Engineering costs paid for with CDBG funds within 12% of CDBG's portion of the construction costs? OR for Architectural projects, were fees within 10% of CDBG's portion of construction costs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were administrative costs paid for with CDBG funds within the allowable limits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were costs incurred "eligible, reasonable and appropriate?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the project meet a National Objective? (low/mod benefit threshold) (Elimination of Slum and Blight-RD projects) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were recipient expenditures 'necessary & reasonable'? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were recipient expenditures allowable as specified in OMB Circular A-87? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were recipient expenditures eligible as defined by Title I, Section 105? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did all salaried employees paid from grant funds either devote 100% of their time to the CDBG project, or maintain time distribution sheets, if part-time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Step 2: Check Recipient's Financial Management</u> | | | | |
| • Have all CDBG funds remaining in the checking account been returned to DCA? (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Will records be retained for a minimum of three years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were drawdowns limited to the minimum amount of funds needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was the time between the receipt of the drawdown & the disbursement of funds as close as administratively feasible? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the recipient return any interest earned on grant advances to the Department of Community Affairs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Step 3: Check Program Income:</u> | | | | |
| • Was any Program Income generated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If so, was it used before drawdown of CDBG funds? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were all eligible expenditures of Program Income used to fund eligible community development activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | <u>Yes</u> | <u>No</u> | <u>Added</u> | <u>Comment</u> <u>N/A</u> |
|--|------------|-----------|--------------|------------------------------|
|--|------------|-----------|--------------|------------------------------|

Step 5: Check for Compliance with Property Management Standards:

- If personal property (furniture or equipment) was purchased with CDBG funds, are records available to identify it in accordance with 24 CFR Part 85, Property Management Standards?

Step 6: Check Recipient's Close-Out Procedures

- Has the final Quarterly Report been submitted?
- Has Actual Accomplishments form been completed; & do the numbers agree with final report?
 - Is supporting documentation available?
 - Has documentation been reviewed by rep?
 - Is data acceptable?
 - Is Actual beneficiary data substantially the same as the proposed number?
 - Have any civil rights complaints been filed Against the local gov't since the grant award? (If so, attach explanation)
- Does the close-out information reconcile with the Recipient's records?
- Has the final public hearing been held?
- If a building project, has a site visit been made to insure that clients are using it?
- If a local match was applicable, was it met? (CD Project)
- Was leverage provided? (CD Projects)
 - Enter amount of LEVERAGE credited from the Recipient's Grant Award package: \$ _____
Indicate the amount of leverage the recipient has provided as verified by invoices and cancelled checks or other documentation: \$ _____
 - Discrepancy? (If yes explain in comments below)
- Has a 'Final Wage Compliance Report' been submitted?
- If an Economic Development project, has sufficient information been provided to substantiate low/mod job creation?
- Has company letter documenting their investment been submitted?
- Was the goal met?
 - Number of jobs proposed _____
 - Number of jobs created _____

Comments: _____

Program Representative Signature _____

AUDIT REVIEW
Interim () Final ()

RECIPIENT _____

GRANT# _____

REVIEW DATE: _____

REVIEWED BY _____

Follow up needed? Yes No

| | <u>YES</u> | <u>NO</u> | <u>COMMENT</u> | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | <u>ADDED</u> | <u>N/A</u> |
| Step A: Check audit procedures: | | | | |
| 1. Was the audit conducted by a C.P.A. firm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was the audit conducted in accordance with OMB Circular A-133? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Audit Report include: | | | | |
| a) schedule of federal assistance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) unqualified statement on compliance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) unqualified statement on internal control? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was a source and application of funds schedule included? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was a project cost schedule (by activity) included? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Date audit was issued _____ For FY Ending _____ | | | | |
| 7. Date audit was received _____ | | | | |
| Step B: Check audit results: | | | | |
| 1. Was audit free of findings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If findings were identified, did recipient submit documentation that corrective action has been taken? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did recipient comply with draw down regulations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did recipient comply with State/Federal laws and regulations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were direct costs charged to the program reasonable and necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Was program income spent appropriately?

| Step C: | <u>YES</u> | <u>NO</u> | <u>Comment Added</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|---------------------------------|--------------------------|
| 1. Did auditor cover the expenditure of all grant funds? If not, enter date when next audit is due:----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the audit include Economic Development Revolving Loan Funds, if applicable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS:

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a public benefit funded by a Community Development Block Grant as referenced in O.C.G.A. § 50-36-1, from the <INSERT LOCAL GOVERNMENT NAME> the undersigned applicant verifies one of the following with respect to my application:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires:

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2012 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

SECTION 3 REVIEW

RECIPIENT _____

GRANT # _____

REVIEW DATE _____

REVIEWED BY _____

Follow up needed? Yes No

Grant Amount _____

Is Section 3 Applicable? Yes No

Note: If Section 3 is not applicable, STOP HERE (Grant Amounts less than \$200,000)

| | <u>Yes</u> | <u>No</u> | <u>Comment Added</u> |
|---|--------------------------|--------------------------|--------------------------|
| Step 1: Check Section 3 file | | | |
| • Are there procedures in place to notify Section 3 residents and business concerns about employment, training, and contracting opportunities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there documentation of the actions taken to comply with the Section 3 requirements in DCA's Section 3 Policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were Section 3 residents notified of hiring opportunities | | | |
| o Method Used _____ | | | |
| o Is it an approved method (as outlined in DCA's Policy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were Section 3 residents provided Resident Certification and Affidavit forms for employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were contractors encouraged to offer training to Section 3 residents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there evidence the advertisement for bids and/or proposals conveyed that the contract work is a Section 3 covered contract | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there evidence that DCA's Solicitation package was used for all applicable procurement actions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was a pre-bid meeting or workshop held | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were contractors notified of Section 3 requirements at the pre-bid meeting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | <u>Yes</u> | <u>No</u> | <u>Comment Added</u> |
|---|--------------------------|--------------------------|--------------------------|
| • Were there any refusals to award contracts to businesses or persons who previously violated the Section 3 requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were the Section 3 clauses incorporated into all applicable contracts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did job sites include a location or phone number of person to contact and how to apply for employment, training, or contracting opportunities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were one of the following goals met: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ 30% of the aggregate number for new hires were Section 3 residents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ 10% of the total dollar amount of covered construction contracts were awarded to Section 3 business concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ 3% of the total dollar amount of covered non-construction contracts were awarded to Section 3 business concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Overall, did the grantee comply with DCA's Section 3 Policy and reporting requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Corrective Actions:
