

22.

Notice of Early Public Review (Floodplains and/or Wetlands)

Sample
Notice of Early Public Review
(For Floodplain and/or Wetland Compliance)

Publication Date: _____

Notice is hereby given that (Grant Recipient or Applicant) has determined that the project hereafter described is proposed to be located in, or may affect, a floodplain and/or wetland as defined by Executive Order 11988 and/or Executive Order 11990:

1. *(Name, location and brief description of the Project, including funding sources.)*
2. *(Set forth the facts and reasons for the proposed project.)*

The (Grant Recipient or Applicant) has additional information on the proposal and such information may be obtained at (Address) between the hours of (time range and days of the week available for public inspection.)

Comments respecting the proposed project may be submitted to (Name and address of applicant) no later than (Minimum of 15 days following publication date).

Name and Address of Applicant

Name and Address of Chief Executive Officer

23.

Notice of Explanation (Floodplains and/or Wetlands)

Sample
Notice of Explanation
(For Floodplain and/or Wetland Compliance)

Publication Date: _____

Notice is hereby given of a determination that there is no practicable alternative to locating in or impacting a (floodplain and/or wetland) by the following proposed project: (Name, location and brief description, including funding sources.)

1. *Explain why the proposed project must be located in or impact a floodplain and/or wetland.*
2. *Provide a description of all significant facts considered in making the determination including alternatives considered (including alternative locations).*
3. *Provide a statement indicating whether the actions conform to applicable state or local floodplain and/or wetland protection measures.*
4. *Provide a statement as to the applicability of the National Flood Insurance Program.*
5. *Provide a description of how the activity will be designed or modified to minimize harm to or within the floodplain and/or wetland.*
6. *Provide a statement indicating how the action affects natural or beneficial floodplain and/or wetland values.*
7. *Provide a listing of other involved agencies, including any applicable regulatory or permitting agencies.*

Comments respecting the proposed project may be submitted to (Name and address of applicant) no later than (minimum of 7 days from publication date.)

Name and Address of Applicant

Name and Address of Chief Executive Officer

24.

**Request for Wage Rate
Determination and
Response to Request**

Georgia Department of Community Affairs
 Office of Community Development
 60 Executive Park South, NE
 Atlanta, Georgia 30329

Request for Determination and Response to Request
 (Davis-Bacon Act as amended and Related Statutes)

Wage Determination under the Davis-Bacon and related act.
 (This decision is effective from the date of publication in the
 Federal Register without limitation as to time.)

| | | |
|---|-----------------------------------|----------------------|
| Name, Address and Phone Number to Which a Copy of This Determination is to be Mailed (Other than Grant Recipient) | CDBG Recipient (City/County) | Grant Number |
| | Name | Project Name |
| Name | Title (Mayor/County Commissioner) | |
| Street/Box | Street/Box | County |
| City/State/Zip | City/State/Zip | Date of this Request |
| E-mail Address/Telephone Number | Area Code/Phone Number | |

| | | |
|--|--|--|
| Check Type of Work <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Drainage <input type="checkbox"/> Street <input type="checkbox"/> Buildings Estimated Total Cost | Estimated Cost _____ _____ _____ _____ | Estimated Advertising Date: _____ Estimated Date of Bid Opening: _____ Estimated Date of Contract Award: _____ Estimated Construction Start Date: _____ |
|--|--|--|

To Be Completed by Georgia Department of Community Affairs

Approving DCA Representative: _____

Wage Decision Number (s): _____

25.

Clearance of Prime
Contractor

Georgia Department of Community Affairs
Office of Community Development
60 Executive Park South, NE
Atlanta, Georgia 30329-2231

Request for Clearance of Prime Contractor

CDBG Recipient

Grant Number

Name

Title (Mayor/Commissioner)

Address

City, State, Zip

| <i>Type of Work</i> | <i>Contractor Name and Address</i> | <i>Start Date</i> |
|---------------------|------------------------------------|-------------------|
| | | |
| | | |
| | | |
| | | |

Submitted by:

Cleared by DCA Staff:

Signature and Date

Signature and Date

CC Form To:

Name

Address

City, State, Zip

E-Mail Address

Note: You may also fax or e-mail request and receive a letter back for documentation

Fax Pam Truitt at (404) 679-1583

Email: pam.truitt@dca.state.ga.us

26.

Record of Employee Job Site Interview

Record of Employee Interview

U.S. Department of Housing and Urban Development Office of Labor Relations

OMB Approval No. 2501-0001
(exp. 10/31/2010)

The reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete it, unless it displays a currently valid OMB control number. The information is collected to ensure compliance with the Federal labor standards by recording interviews with construction workers. The information collected will assist HUD in the conduct of compliance monitoring; the information will be used to test the veracity of certified payroll reports submitted by the employer. **Sensitive Information.** The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity that could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained. The information collected herein is voluntary, and any information provided shall be kept confidential.

| | | | | | |
|--|---|--|---|---|--|
| 1a. Project Name | | | 2a. Employee Name | | |
| 1b. Project Number | | | 2b. Employee Phone Number (including area code) | | |
| 1c. Contractor or Subcontractor (Employer) | | | 2c. Employee Home Address & Zip Code | | |
| | | | 2d. Verification of identification? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3a. How long on this job? | 3b. Last date on this job before today? | 3c. No. of hours last day on this job? | 4a. Hourly rate of pay? | 4b. Fringe Benefits? | 4c. Pay stub? |
| | | | | Vacation Yes <input type="checkbox"/> No <input type="checkbox"/> Medical Yes <input type="checkbox"/> No <input type="checkbox"/> Pension Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

5. Your job classification(s) (list all) --- continue on a separate sheet if necessary

6. Your duties

or equipment used

| | | | | | |
|---------------------------------------|----------------------------|----------------------------|--|----------------------------|----------------------------|
| 3. Are you an apprentice or trainee? | Y <input type="checkbox"/> | N <input type="checkbox"/> | 10. Are you paid at least time and 1/2 for all hours worked in excess of 40 in a week? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 3. Are you paid for all hours worked? | Y <input type="checkbox"/> | N <input type="checkbox"/> | 11. Have you ever been threatened or coerced into giving up any part of your pay? | Y <input type="checkbox"/> | N <input type="checkbox"/> |

| | |
|-------------------------|-----------|
| 12a. Employee Signature | 12b. Date |
|-------------------------|-----------|

3. Duties observed by the Interviewer (Please be specific.)

4. Remarks

| | | |
|--------------------------------------|-------------------------------|------------------------|
| 15a. Interviewer name (please print) | 15b. Signature of Interviewer | 15c. Date of interview |
|--------------------------------------|-------------------------------|------------------------|

Payroll Examination

1. Remarks

| | |
|-------------------------------|-----------|
| Signature of Payroll Examiner | 17b. Date |
|-------------------------------|-----------|

Conditions are obsolete

27.

Instructions for Job Site Interviews

Record of Employee Interview Instructions

U.S. Department of Housing
and Urban Development
Office of Labor Relations

OMB Approval No. 2501-0009
(exp. 10/31/2010)

Instructions

General:

This form is to be used by HUD and local agency staff for recording information gathered during on-site interviews with laborers and mechanics employed on projects subject to Federal prevailing wage requirements. Typically, the staff that will conduct on-site interviews and use this form are HUD staff and fee construction inspectors, HUD Labor Relations staff, and local agency labor standards contract monitors.

Information recorded on the form HUD-11 is evaluated for general compliance and compared to certified payroll reports submitted by the respective employer. The comparison tests the veracity of the payroll reports and may be critical to the successful conclusion of enforcement actions in the event of labor standards violations. The thoroughness and accuracy of the information gathered during interviews is crucial.

Note that the interview itself and the information collected on the form HUD-11 are considered confidential. Interviews should be conducted individually and privately. All laborers and mechanics employed on the job site must be made available for interview at the interviewer's request. The employee's participation, however, is voluntary. Interviews shall be conducted in a manner and place that are conducive to the purposes of the interview and that cause the least inconvenience to the employer(s) and the employee(s).

Completing the form HUD-11

Items 1a - 1c: Self-explanatory

Items 2a - 2d: Enter the employee's full name, a telephone number where the employee can be reached, and the employee's home address. Many construction workers use a temporary address in the locality of the project and have a more permanent address elsewhere from which mail may be forwarded to them. Obtain a more permanent address, if available. Ask the employee for a form of identification (e.g., driver's license) to verify their name.

Items 3a - 4c: Enter the employee's responses. Ask the employee whether they have a pay stub with them; if so, determine whether the pay stub is consistent with the information provided by the employee.

Items 5 - 7: Be certain that the employee's responses are specific. For example, job classification (#5) must identify the trade involved (e.g., Carpenter, Electrician, Plumber) - responses such as "journeyman" or "mechanic" are not helpful for our purposes.

Items 8 - 12b: Self-explanatory

Items 13 - 15c: These items represent some of the most important information that can be gathered while conducting on-site interviews. Please be specific about the duties you observed the employee performing. It may be easiest to make these observations before initiating the interview. Please record any comments or remarks that may be helpful. For example, if the employee interviewed was working with a crew, how many workers were in the crew? Was the employee evasive?

The level of specificity that is warranted is directly related to the extent to which interview(s) or other observations indicate that there may be violations present. If interviews indicate that there may be underpayments involving a particular trade(s), the interviewer is encouraged to interview as many workers in that trade(s) that are available.

Items 16 - 17b: The information on the form HUD-11 may be reviewed for general compliance, initially. For example, are the job classification and wage rate stated by the employee compatible with the classifications and wage rates on the applicable wage decision? Are the duties observed by the interviewer consistent with the job classification?

Once the corresponding certified payroll reports are received, the information on the HUD-11 shall be compared to the payroll reports. Any discrepancies noted between the HUD-11 information and that on the payroll report shall be noted in Item 16, Remarks. If discrepancies are noted, follow-up actions to resolve the discrepancies must be taken.

Historial de Entrevista del Empleado

Departamento de Vivienda y
Desarrollo Urbano de EE.UU.
Oficina de Relaciones Laborales

Aprobación de OMB No. 2501-000
(exp. 10/31/2010)

que la tarea de recolección de esta información pública es de aproximadamente 15 minutos por respuesta, incluso el tiempo para examinar instrucciones, buscar fuentes, recopilar y mantener datos necesarios, y completar y examinar la recopilación de la información. Esta agencia no puede recopilar esta información y no se requiere que llene este formulario, a menos que éste exhiba un número de control válido de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). La información recopilada tiene la finalidad de garantizar la conformidad a las normas laborales Federales mediante entrevistas con obreros de construcción. La información recopilada asistirá a la OSHA para conducir el monitoreo de conformidad; la información se usará para examinar la veracidad de los informes de nómina certificados presentados por el patrón. **Información confidencial.** La información recopilada en este formulario es considerada confidencial y está protegida por la Ley de Privacidad. La Ley de Privacidad requiere que estos archivos se mantengan con salvaguardas administrativas, técnicas, y físicas apropiadas para garantizar su seguridad y confidencialidad. Además, estos archivos deberán ser protegidos contra cualquier amenaza anticipada o riesgos a su seguridad o integridad, que podría causar daño sustancial, vergüenza, inconveniencias, o injusticias a cualquier individuo de quien se obtiene la información. La información recopilada aquí es voluntaria y cualquier información proporcionada será mantenida como confidencial.

| | | | | | | |
|--|---|---|---|----------------------------------|---|---|
| a. Nombre del proyecto | | | 2a. Nombre del empleado | | | |
| b. Número del proyecto | | | 2b. Número de teléfono del empleado (incluso prefijo local) | | | |
| c. Contratista o subcontratista (Patrón) | | | 2c. Dirección residencial del empleado y código postal | | | |
| | | | 2d. ¿Verificación de identificación? Sí <input type="checkbox"/> No <input type="checkbox"/> | | | |
| a. ¿Cuánto tiempo en este trabajo? | 3b. ¿Último día en este trabajo antes de hoy? | 3c. ¿No. de horas en su último día en este trabajo? | 4a. ¿Salario por hora? | 4b. ¿Beneficios complementarios? | | 4c. ¿Talonario de paga? |
| | | | | Vacaciones | Sí <input type="checkbox"/> No <input type="checkbox"/> | Sí <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Médicos | Sí <input type="checkbox"/> No <input type="checkbox"/> | |
| | | | | Pensión | Sí <input type="checkbox"/> No <input type="checkbox"/> | |

1. Clasificación(es) de su trabajo(s) (enumere todas) --- continúe en una página separada si es necesario

2. Descripción de deberes

3. Herramientas o equipo usado

| | | | |
|--|---|---|---|
| 3. ¿Es aprendiz? | S <input type="checkbox"/> N <input type="checkbox"/> | 10. ¿Le pagan al menos tiempo y medio por todas las horas trabajadas superior a 40 horas semanales? | S <input type="checkbox"/> N <input type="checkbox"/> |
| 3. ¿Le pagan todas las horas trabajadas? | S <input type="checkbox"/> N <input type="checkbox"/> | 11. ¿Alguna vez ha sido amenazado o coaccionado a entregar parte de su paga? | S <input type="checkbox"/> N <input type="checkbox"/> |

| | |
|-------------------------|------------|
| 12a. Firma del empleado | 12b. Fecha |
|-------------------------|------------|

13. Deberes observados por el entrevistador (Por favor sea específico.)

14. Comentarios

| | | |
|---|------------------------------|-----------------------------|
| 15a. Nombre del entrevistador (use letra de imprenta) | 15b. Firma del entrevistador | 15c. Fecha de la entrevista |
|---|------------------------------|-----------------------------|

Examinación de Nómina

16. Comentarios

| | |
|-------------------------------------|------------|
| 17a. Firma del examinador de nómina | 17b. Fecha |
|-------------------------------------|------------|

Instrucciones

Generalidades:

Este formulario será utilizado por personal de HUD y agencias locales a fin de anotar toda información recopilada durante las entrevistas en sitio con obreros mecánicos empleados en proyectos sujetos a requisitos de pago de salario vigente federal. Por lo general, el personal que efectúe entrevistas en sitio y use este formulario será personal de HUD e inspectores de construcción con comisión, personal de la Oficina de Relaciones Laborales de HUD, e inspectores de contratos de la agencia de normas laborales local.

La información recopilada en este formulario HUD-11 es evaluada para su conformidad general y comparada con informes de nóminas certificados presentados por el empleador correspondiente. La comparación examina la veracidad de los informes de nómina y puede ser crítica para la exitosa conclusión de gestiones de cumplimiento en caso de existir violaciones a las normas laborales. La meticulosidad y exactitud de la información recopilada durante las entrevistas es trascendental.

Tenga en cuenta que tanto la entrevista misma y la información recopilada en el formulario HUD-11 se consideran ser de carácter confidencial. Las entrevistas se deberán efectuar en forma individual y en privado. Todos los trabajadores y mecánicos empleados en el sitio de trabajo deben ser puestos a disposición para las entrevistas a petición del entrevistador. Sin embargo, la participación del empleado es voluntaria. Las entrevistas serán conducidas en una manera y lugar que sean conducentes a los objetivos de la entrevista y ocasionen el menor inconveniente al patrón(nes) y empleado(s).

Instrucciones para rellenar el formulario HUD-11

Líneas 1a - 1c: Auto aclaratorio

Líneas 2a - 2d: Anote el nombre completo del empleado, un número telefónico donde se le pueda contactar, y su dirección residencial. Muchos trabajadores de construcción usan una dirección temporal en la localidad del proyecto y tienen una dirección más permanente en algún otro lugar a donde se les puede enviar correspondencia. Si puede, obtenga una dirección más permanente. Pida al empleado algún tipo de identificación (por ej., licencia de conducir) para verificar su nombre.

Líneas 3a - 4c: Anote las respuestas del empleado. Pregunte a los empleados si tienen un talonario de paga con ellos; si no, determine si el talonario de paga concuerda con la información provista por el empleado.

Líneas 5 - 7: Asegúrese de que las respuestas del empleado sean específicas. Por ejemplo, la clasificación de trabajo (#5) debe identificar el tipo de oficio que desempeña (por ej., carpintero, electricista, plomero) - respuestas tales como "jornalero" o "mecánico" no ayudan para nuestros propósitos.

Líneas 8 - 12b: Auto explicatorio

Líneas 13 - 15c: Estos asuntos representan alguna de la información más importante que se puede recopilar durante una entrevista en sitio. Por favor sea específico en cuanto a los deberes que según su observación desempeñó el empleado. Quizás sea más fácil hacer estas observaciones antes de iniciar la entrevista. Por favor anote cualquier comentario que pueda ser de importancia. Por ejemplo, si el empleado entrevistado estaba trabajando con un equipo, ¿cuántos trabajadores tenía el equipo? ¿Se mostraba el empleado evasivo?

El nivel de precisión garantizado está directamente relacionado al grado que la(s) entrevista(s) u otras observaciones pueden indicar que existen posibles violaciones. Si las entrevistas indican que puede haber pago de salario insuficiente relacionado a algún particular oficio (s), se recomienda al entrevistador conducir entrevistas con tantos trabajadores en ese oficio(s) estén disponibles.

Líneas 16 - 17b: Inicialmente, la información en el formulario HUD-11 puede ser examinada para conformidad general. Por ejemplo, ¿está la clasificación de trabajo y el salario declarado por el empleado compatible con las clasificaciones y tasas de salario en la decisión de salario aplicable? ¿Concuerdan los deberes observados por el entrevistador con la clasificación de trabajo?

Una vez se reciben los informes de nómina certificados correspondientes, se hará una comparación de la información anotada en el formulario HUD-11 con los informes de nómina. Cualquier discrepancia entre la información del formulario HUD-11 y la del informe de nómina será anotada en la línea 16, Comentarios. Si se hacen observaciones de discrepancias se deberán tomar pasos de seguimiento para resolver las discrepancias.

28.

Final Wage
Compliance Report

**FINAL WAGE COMPLIANCE REPORT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

CDBG Recipient: _____

Grant Number: _____

Project Name: _____ Project Completion Date: _____

1. While you or your representative were reviewing the contractor's and subcontractor's weekly payroll submissions, were any laborers or mechanics paid less than the prevailing wage rate as specified in the Secretary of Labor's official Wage Rate Determination that applied to this project (Check one Answer)?

Yes, or No.

2. If yes, provide the following information:

a) Total amount of wage restitution paid (difference between what was first paid and what was required to be paid by Wage Rate:

\$ _____

b) Method of restitution (check one):

Paid by contractor, or

Paid by CDBG Recipient government with funds withheld from payments to contractor.

| Name of Contractor or Subcontractor | Name of Affected Employee | Amount of Restitution Paid to Employee | Nature of the Violation Requiring Restitution |
|-------------------------------------|---------------------------|--|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Signed by: _____ Title: _____ Date: _____

29.

Weekly Payroll Report
(reduced sample copy,
one page)

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



U.S. Wage and Hour Division

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.: 1215-0149
Expires: 12/31/2011

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS

PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO.

| (1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER | (2) NO. OF WITHHOLDING EXEMPTIONS | (3) WORK CLASSIFICATION | OT OR ST | (4) DAY AND DATE | | | | | | | (5) TOTAL HOURS | (6) RATE OF PAY | (7) GROSS AMOUNT EARNED | (8) DEDUCTIONS | | | | | (9) NET WAGES PAID FOR WEEK |
|--|--|-------------------------------|----------|-----------------------|--|--|--|--|--|--|-----------------------|-----------------------|----------------------------------|-------------------|-------------------------|-------|---------------------|--|---|
| | | | | HOURS WORKED EACH DAY | | | | | | | | | | FICA | WITH- HOLDING TAX | OTHER | TOTAL DEDUCTIONS | | |
| | | | O | | | | | | | | | | / | | | | | | |
| | | | S | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | / | | | | | | |
| | | | S | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | / | | | | | | |
| | | | S | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | / | | | | | | |
| | | | S | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | / | | | | | | |
| | | | S | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | / | | | | | | |
| | | | S | | | | | | | | | | | | | | | | |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

30.

Statement of Compliance
for Weekly Payroll

31.

Notice of Contract Action

32.

Sample Time and Attendance Record

33.

**CDBG/EIP Disclosure
Report (DCA Form 13)**

If this is an Updated Report:

- 1) Check this box,
2) Provide CDBG Recipient:

Name: _____

Grant #: _____

- 3) Certifying Official must sign below.

PART III – Other Government Assistance Applied For and/or Provided

Provide the information below for any other federal, state or local governmental assistance on-hand or applied for, that will be used in conjunction with the CDBG grant.

| Name of Agency Providing or to Provide Assistance | Program Name | Type of Assistance | Amount Requested or Provided |
|---|--------------|--------------------|------------------------------|
| | | | |

I hereby certify that this information is true and correct: (Note: Sign only if this is an updated page)

Signature of Certifying Official

Date

(Typed or Printed Name and Title)

If this is an Updated Report:

- 1) Check this box,
2) Provide CDBG Recipient:

Name: _____

Grant #: _____

- 3) Certifying Official must sign below.

PART IV – Interested Parties

| List of all persons or entities with a reportable financial interest in the project (See instructions) | Social Security # or Employer ID # | Type of Participation | Financial Interest (Amount and Percent of Total Project Cost) |
|--|------------------------------------|-----------------------|---|
| | | | |

I hereby certify that this information is true and correct: (Note: Sign only if this is an updated page)

Signature of Certifying Official

Date

(Typed or Printed Name and Title)

If this is an Updated Report:

- 1) Check this box,
2) Provide CDBG Recipient:

Name: _____

Grant #: _____

- 3) Certifying Official must sign below.

Part V – Expected Sources and Uses of All Funds

This Part requires that you identify the sources and uses of all assistance for the project, including CDBG, CHIP and any other funds that may or will be used for the Project.

| Source | Use |
|--------|-----|
| | |

Part VI – CERTIFICATION

I hereby certify that the information provided in the Disclosure Report is true and correct and I am aware that any false information or lack of information knowingly made or omitted may subject me to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, I am aware that if I knowingly and materially violate any required disclosure of information, including intentional nondisclosure, I am subject to a civil monetary penalty not to exceed \$10,000 for each violation.

(Signature of Certifying Official)

(Date)

(Typed or Printed Name and Title)

34.

Cash Match
Verification/Leverage
Assessment Form

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.

35.

**Authorization to Make
Other Deductions
(Davis-Bacon Related
Form)**

"OTHER DEDUCTIONS"

AUTHORIZATION TO MAKE OTHER DEDUCTIONS

I, _____, hereby authorize my employer, _____ to make the below described deductions which are permitted under 29 CFR, Part 3, without separate approval of the Secretary of Labor, from wages earned while employed on the following project:

PROJECT NUMBER: _____

PROJECT NAME: _____

PROJECT LOCATION: _____

These deductions are voluntary and are listed below:

| <u>DEDUCTION</u> | <u>AMOUNT</u> |
|------------------|---------------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |
| 5. _____ | \$ _____ |
| 6. _____ | \$ _____ |
| 7. _____ | \$ _____ |
| 8. _____ | \$ _____ |

Employee Signature

Witness

Date

Date

36.

DCA Request For
Reasonable
Accommodation forms

STATE OF GEORGIA
Georgia Department of Community Affairs (DCA)

REQUEST FOR REASONABLE ACCOMMODATION

DCA personnel want to make our services and facilities accessible to all. Your requests and recommendations are welcome. If you know in advance that you will require accommodation services, please complete this *Request for Reasonable Accommodation Form* and return to a Division Coordinator (see attached list with email and telephone numbers) or e mail it to fairhousing@dca.ga.gov.

If you need assistance completing this form, contact the Division Coordinator.

*Note: Some types of reasonable accommodations (e.g., readers, sign language interpreters, brailled/alternative formatted materials) require advance notice. **Requests for reasonable accommodations will be evaluated on a case by case basis. There must exist a nexus or connection between your condition and the accommodation(s) that you are requesting.***

You may be required to complete a *Documentation in Support of Request Form* and *Limited Medical Release* for DCA to properly evaluate your reasonable accommodation request(s). *This information, if required, will remain **confidential** and will only be used to evaluate your accommodation request(s).*

Name: _____

Address: _____

Telephone No.: _____

E-mail: _____

I am participating in the following DCA service/program/activity as a (check all that apply):

Program Name _____

Other (please specify):

I am requesting accommodation because (please check one or more of the following)

I am requesting accommodation that will allow me to participate in a program or activity offered by DCA.

I am requesting an exception to the following rule, policy or procedure. Please specify the reasons necessary for the exception and the exception requested.

Auxiliary Aid or Service (for example, sign language interpreter, the way that DCA communicates with you).

Please specify:

Describe the impairment that necessitates the accommodation(s) (specify):

Describe the accommodation(s) you are requesting and explain how the requested accommodation(s) would be effective.

Are you aware of alternative methods that might effectively accommodate your impairment?

Yes

No

If yes, specify:

List all dates/times the accommodation(s) are needed (specify):

Please identify any potential resources or other suggestions for DCA to consider in responding to your accommodation requests.

I request that all information pertaining to my accommodation request:

Be kept confidential

Not be kept confidential

Date: _____

(Print Name)

(Signature)

Review and Action

Reasonable Accommodation Request Form received from applicant on _____ (Date).

If necessary, Request for Additional Information requested on _____ (Date).

If necessary, Request for Additional Information completed and returned on _____ (Date).

Requested Accommodation granted on _____ (Date).

Requested Accommodation denied on _____ (Date) because:

Other action taken (explain) on _____ (Date).

Notification to applicant concerning action taken on _____ (Date).

(Date)

(Signature of DCA Official)

STATE OF GEORGIA
Georgia Department of Community Affairs (DCA)

REASONABLE ACCOMMODATION REQUEST

Documentation in Support of Request: Health Care Professional Information

Please answer the following questions regarding _____'s condition
as it relates to his/her ability to participate in _____ and
possible accommodations. _____
Individual Program
signed *Limited Medical*
Individual

Release is also attached.

This information is requested so that DCA can properly evaluate this individual's request
for an accommodation to participate in _____
Program

Does the individual have a mental or physical impairment that substantially limits a major
life activity? If so, describe the impairment and its impact on this individual's major life
activities. (Major life activities include, but are not limited to, walking, seeing, hearing,
speaking, breathing, learning, performing manual tasks, caring for oneself.)

Does the impairment affect the individual's ability to participate in the essential eligibility
requirements for the program? If so, please describe the impact on the person's ability
to perform specific functions.

Is the need for accommodation likely to be temporary or permanent? If temporary, how long do you estimate the need for accommodation will exist?

Health Care Professional name
(please print)

Professional license or specialty

Signature

Date

STATE OF GEORGIA
Georgia Department of Community Affairs (DCA)

REASONABLE ACCOMMODATION REQUEST

Documentation in Support of Request: Release

I hereby authorize _____ to provide the medical information requested by DCA. The information will solely be used to evaluate my request for reasonable accommodation under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

Name (Please print)

Telephone/E-mail

Signature

Date

[Attach cover letter from DCA explaining reason for requesting information.]