

STANDARD MONITORING

DESK REVIEW

Grantee \_\_\_\_\_

Project No. \_\_\_\_\_

Date of Review \_\_\_\_\_

Type of Review \_\_\_\_\_

Reviewer \_\_\_\_\_

Grantee Staff Present \_\_\_\_\_

1. GENERAL INFORMATION

A. Grant/Loan Amount: \_\_\_\_\_

B. Award Date: \_\_\_\_\_

C. Percent of construction complete: \_\_\_\_\_

D. Percent of administrative paperwork complete: \_\_\_\_\_

E. Amount of funds remaining: \_\_\_\_\_

F. Date of previous monitoring visit: \_\_\_\_\_

G. Date findings due: \_\_\_\_\_

H. Date findings resolved: \_\_\_\_\_

I. Type of acquisition involved (easements or fee simple title): \_\_\_\_\_

\_\_\_\_\_

J. Source of acquisition funding: \_\_\_\_\_

K. Acquisition done before or after first public hearing? \_\_\_\_\_

L. Projected close-out date: \_\_\_\_\_

M. Contact person(s): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

N. Current Mayor/Presiding Commissioner: \_\_\_\_\_

O. Monitoring attendees: \_\_\_\_\_

\_\_\_\_\_

# NATIONAL OBJECTIVE

Project No. \_\_\_\_\_

Reviewer \_\_\_\_\_

## 1. LOW AND MODERATE INCOME BENEFIT

A. Percent of benefit shown on application (funding approval): \_\_\_\_\_

B. Benefit is:

Citywide       Target Area       Limited Clientele       Housing Only

Post Award Certification       Economic Development (including Microenterprise)

C. Benefit determined by census?  Yes       No

D. LMI survey conducted by grantee?  Yes       No

100% solicitation proven?  Yes       No

Applicable return rate achieved?  Yes       No

E. Actual tabulation of survey in field:

Total Persons      # LMI \_\_\_\_\_      % LMI \_\_\_\_\_

Total Families      # LMI \_\_\_\_\_      % LMI \_\_\_\_\_

F. Is this in accordance with application? (method, numbers, percentages)  Yes       No

If No, explain: \_\_\_\_\_

G. Did any change in the project scope affect a change in the beneficiaries?  Yes       No

H. If so, were new beneficiaries surveyed?  Yes       No

I. If so, is the national objective still being met?  Yes       No

## 2. SLUMS AND BLIGHT

A. Slums and blight activity is identified as:  Area       Spot

B. Project includes supporting documentation?  Yes       No

C. Spot slums and blight: All structures vacant for three months prior to demolition?  Yes       No

Area CDBG funds used to address deteriorated conditions?  Yes       No

## 3. ACTIVITIES DESIGNED TO MEET URGENT HEALTH AND SAFETY NEEDS

(Requirements established at application stage)

A. Problem identified as: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is the grantee's file for this compliance area complete?  Yes       No

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CITIZEN PARTICIPATION

Project No. \_\_\_\_\_

Reviewer \_\_\_\_\_

1. Are grant records kept at grantee's office?  Yes  No
2. Is documentation of public hearing available in the grantee files?  Yes  No
3. Has the performance public hearing been held?  Yes  No  
Date of publication: \_\_\_\_\_  
Date of hearing: \_\_\_\_\_  
Place held: \_\_\_\_\_  
Affidavit of publication and minutes in file?  Yes  No  N/A
4. Were all public hearings accessible to handicap (disabled) persons?  Yes  No  N/A
5. Were all public hearing notices published or posted sufficiently?  Yes  No  N/A
6. Is there an indication in the community that an interpreter was needed?  Yes  No  N/A  
If so, was one provided at the hearing?  Yes  No  N/A
7. Have any criticisms or complaints been received in writing regarding the program?  Yes  No  N/A  
If Yes, explain how they were handled: \_\_\_\_\_  
\_\_\_\_\_
8. List any additional ways the grantee has demonstrated efforts to involve citizens throughout all stages of the project. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Section 504 Compliance
  - A. Has the grantee completed a self-evaluation of program access?  Yes  No
  - B. Does the grantee have 50 or more employees?  Yes  No
    - i. If so, has the grantee completed a Section 504 Transition Plan based on the results of the self-evaluation?  Yes  No  N/A
    - ii. Has the grantee designated a Section 504 Coordinator?  Yes  No  N/A  
Provide name and title: \_\_\_\_\_
    - iii. Has the grantee adopted a written grievance procedure to resolve complaints regarding Section 504?  Yes  No  N/A
10. Is the grantee's file for this compliance area complete?  Yes  No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PROPERTY MANAGEMENT

Project No. \_\_\_\_\_

Reviewer \_\_\_\_\_

1. Was any personal property purchased with CDBG funds?  Yes  No  
(If Yes, complete the remaining questions.)
2. Is CDBG funded, nonexpendable personal property identified with an inventory tag or other control?  Yes  No  N/A  
List tagged items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. If any real property was purchased, was it titled correctly to the owner (either the grantee or not-for-profit)?  Yes  No  N/A
- A. If so, is the real property deed restricted to prevent resale for undue enrichment?  Yes  No  N/A
- B. Is the deed restriction for twenty years?  Yes  No  N/A
4. Is the grantee's file for this compliance area complete?  Yes  No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FINANCIAL MANAGEMENT

Project No. \_\_\_\_\_

Reviewer \_\_\_\_\_

**1. CASH**

- A. Does the grantee record all cash transactions in a checkbook?  Yes  No
- B. Does the grantee use activity ledgers?:  Yes  No
- C. Are RFFs based on either work completed and invoiced or projected cash needs?  Yes  No

**2. BANK STATEMENT RECONCILIATION**

- A. Are checkbook balances reconciled to bank statements monthly?  Yes  No
- B. Is the bank statement reconciliation documented?  Yes  No
- C. Is the person reconciling monthly bank statements prohibited from signing checks?  Yes  No
- D. Are two signatures required on all checks?  Yes  No  
If No, is person writing checks prohibited from signing them?  Yes  No
- E. Is the person authorized to sign checks different from the person who signs RFFs?  Yes  No
- F. Check a sample of canceled checks. Are all dates, payee, amounts, endorsements, and signatures proper?  Yes  No
- G. Did the grantee spend all cash in excess of \$1,000 within the 5 days allowed?  Yes  No  
(Local funds placed in the CDBG account will also cause a 5-day violation; therefore, local funds should also be spent timely.)
- H. Is the CDBG bank account non-interest bearing? (i.e., escrow accounts must be interest bearing)  Yes  No
- I. If other than an escrow account, and interest was earned, was the interest returned to DECD?  Yes  No

**3. MATCHING FUNDS**

- A. If the grantee was required to use matching funds, is there a record of all matching funds used, including supporting documentation?  Yes  No

**B. Documentation:**

	Funding Approval	Amount
Cash match	_____	_____
In-kind match	_____	_____
Other	_____	_____

- C. Did the grantee expend the amount of matching funds pledged in the application (funding approval)?  Yes  No
- D. Were construction matching funds used first?  Yes  No  
If no, why? \_\_\_\_\_

- E. Is there any evidence of CDBG funds used to reimburse local funds expended prior to environmental release of CDBG funds?  Yes  No
- F. Is there any evidence of CDBG funds used to reimburse local funds expended prior to the grant award date?  Yes  No

G. If Downtown Revitalization, is there a dollar-for-dollar match of eligible private investment funds?  Yes  No

4. AUDIT TRAIL

A. Are all accounting transactions supported by invoice?  Yes  No

B. Are invoices properly referenced with check numbers, dates, RFF numbers, funding sources, and amounts paid?  Yes  No

C. Are all expenses allowable per grant agreement?  Yes  No

D. For in-kind or local labor, are payrolls supported by time sheets?  Yes  No

5. PROGRAM INCOME

A. If earned, was program income disclosed in financial records?  Yes  No  N/A

B. Was program income used for eligible activities?  Yes  No  N/A

C. Was the eligible expenditure of program income approved by DECD prior to use?  Yes  No  N/A

D. Are all reports on program income current with DECD requirements?  Yes  No  N/A

6. ESCROW ACCOUNTS (Housing)

A. Was an escrow account set up?  Yes  No  N/A

B. Was interest earned in excess of \$100 in any calendar year?  Yes  No  N/A

7. Is the grantee's file for this compliance area complete?  Yes  No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ENVIRONMENTAL REVIEW

Project No. \_\_\_\_\_ Reviewer \_\_\_\_\_

1. Did the state determine the environmental status of the project as:

- Regular Environmental Review                       Categorical Exclusion                       Exemption

2. Does the local environmental review record include:

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| A. The environmental assessment                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. The combined notice                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. Flood plain notice, if applicable                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. Categorical exclusion concurrence letter, if applicable | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E. Environmental assessment review letter                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| F. Memorandum of agreement, if applicable                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| G. Are all the requirements of the MOA complete?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

H. FONSI notice recipients. List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Removal of grant conditions:

- |         |                              |                             |                              |
|---------|------------------------------|-----------------------------|------------------------------|
| Public  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| Private | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

3. CHANGES IN THE ASSESSMENT

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| A. Were there any substantial changes in the project scope after the initial assessment and Removal of Grant Conditions?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. If yes, were the new circumstances or changes assessed, SHPO clearance received, and publication and public comment completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**Note:** If an Environmental Impact Statement was required, the DECD environmental review officer will conduct a separate monitoring.

4. Is the grantee's file for this compliance area complete?  Yes  No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EQUAL OPPORTUNITY/CIVIL RIGHTS

Project Number \_\_\_\_\_ Reviewer \_\_\_\_\_

### 1. DIRECT BENEFICIARIES:

“Total Direct Beneficiaries” will include all direct beneficiaries, including those of Hispanic ethnicity. “Hispanic Direct Beneficiaries” should include only those direct beneficiaries of Hispanic ethnicity.

	Total Direct Beneficiaries	Hispanic Direct Beneficiaries
White:		
Black/African American:		
Asian:		
American Indian/Alaskan Native:		
Native Hawaiian/Other Pacific Islander:		
American Indian/Alaskan Native & White:		
Asian & White:		
Black/African American & White:		
Am. Indian/Alaskan Native & Black/African Am.:		
Asian & Native Hawaiian/Other Pacific Islander:		
All Others:		
<b>TOTAL</b>		
Female Head of Household:		
Handicapped (Disabled):		
Elderly:		



2. DIRECT BENEFICIARY APPLICANTS

“Total Direct Beneficiary Applicants” will include all direct beneficiary applicants, including those of Hispanic ethnicity. “Hispanic Direct Beneficiary Applicants” should include only those direct beneficiary applicants of Hispanic ethnicity.

	Total Direct Beneficiary Applicants	Hispanic Direct Beneficiary Applicants
White:		
Black/African American:		
Asian:		
American Indian/Alaskan Native:		
Native Hawaiian/Other Pacific Islander:		
American Indian/Alaskan Native & White:		
Asian & White:		
Black/African American & White:		
Am. Indian/Alaskan Native & Black/African Am.:		
Asian & Native Hawaiian/Other Pacific Islander:		
All Others:		
<b>TOTAL</b>		
Female Head of Household:		
Handicapped (Disabled):		
Elderly:		

3. CDBG EMPLOYMENT

A. Were any persons employed by the grantee specifically for the project?  Yes  No  N/A

B. If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

Did the grantee include equal opportunity guidelines in their advertising for positions paid by grantee? (See the Financial Management page, Section 4.D, if yes to above.)  Yes  No  N/A

4. FAIR HOUSING EFFORTS

A. List the actions the grantee has taken to affirmatively further Fair Housing. The grantee must conduct an action each year (12 month period) of the project, beginning with the grant award date.

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

B. Are Fair Housing actions current?  Yes  No  N/A

C. List the actions the grantee has taken to address the Analysis of Impediments to Fair Housing Choice. The grantee must conduct an action each year (12 month period) of the project, beginning with the grant award date.

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

D. Are the Analysis of Impediments to Fair Housing Choice actions current?  Yes  No  N/A

5. COMPLAINTS

A. Have any *written* equal opportunity/civil rights complaints been received?  Yes  No  N/A

B. Were the complaints handled appropriately?  Yes  No  N/A

C. Should the CT Fair Housing Center or HUD be contacted?  Yes  No  N/A

6. Is the grantee's file for this compliance area complete?  Yes  No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PROCUREMENT

Project No. \_\_\_\_\_

Reviewer \_\_\_\_\_

## 1. GENERAL REQUIREMENTS

- A. Does the city have a written procurement policy?  Yes  No  N/A
- B. Does the city have a written conflict of interest policy?  Yes  No  N/A
- C. Whose procurement policy was used in this project? \_\_\_\_\_  
 Was it implemented correctly?  Yes  No  N/A

## 2. PROFESSIONAL SERVICES

- |  | <u>Administration</u>                                    | <u>Engineering</u>                                       | <u>Other</u>   |  |
|--|--|--|--|--|
| A. Did the grantee correctly prepare an RFP for administrators/professional service providers?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| B. Did the grantee correctly prepare an RFQ for engineers/architects?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| C. Did the RFP/RFQ identify the appropriate evaluation factors?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| D. For administration, were all firms on CDBG list contacted?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| E. Was the RFQ published in the newspaper of widest circulation?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| F. Was the solicitation of the RFP/RFQ adequate?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| G. Was the RFP/RFQ published in a minority newspaper?<br>If not, were an adequate number of MBE/WBE firms directly solicited?              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| H. Does the grantee have formal documentation of contract award?<br>If not awarded to the lowest bidder, are selection criteria available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| I. Were unsuccessful bidders notified in writing?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| J. Did the grantee receive approval if less than three bids/proposals were received?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

## 3. CONSTRUCTION

- A. Did the grantee use competitive sealed bids (contracts over \$25,000)?  Yes  No  N/A
- B. Did the advertisement require a bid bond, cashier's check, or other acceptable method for 5% of the bid?  Yes  No  N/A
- C. Did the advertisement contain language relating to labor provisions, state & Federal prevailing wage certifications, bonding, Section 3, and equal employment opportunity (EEO)?  Yes  No  N/A
- D. Were descriptions of items/services on the invitation to bid clear and without reference to specific brand requirements unless the brand was used as an example of functional or quality requirements?  Yes  No  N/A
- E. Were bids advertised in the newspaper of widest circulation or the Dodge Report?  Yes  No  N/A
- F. Were bids advertised in a minority newspaper?  Yes  No  N/A
- G. If not, were an adequate number of MBE/WBE/Section 3 firms directly solicited?  Yes  No  N/A

- H. Were wage rates verified prior to opening bids?  Yes  No  N/A
- I. Was a public meeting held to open bids and minutes in the file?  Yes  No  N/A
- J. Were fewer than three bids received for any contract?  Yes  No  N/A
- K. If so, did the grantee receive approval prior to awarding contract?  Yes  No  N/A
- L. Was the contract awarded to the lowest responsible bidder?  Yes  No  N/A
- M. If not, explain. \_\_\_\_\_  
\_\_\_\_\_

4. SMALL PURCHASES (less than \$2,500)

- A. Is there documentation of vendors, price quotations, and dates? (telephone bids, faxed bids, e-mails)  Yes  No  N/A
- B. Did the list of vendors include:
  - MBE/WBE firms?  Yes  No  N/A
  - Section 3 firms?  Yes  No  N/A
- C. Was selection purchased fairly?  Yes  No  N/A
- D. Was a purchase order/contract issued to the most advantageous vendor?  Yes  No  N/A

5. NONCOMPETITIVE PROPOSALS (Must be pre-approved by DECD)

- A. Was the desired item available from only one source?  Yes  No  N/A
- If no, were costs eligible?  Yes  No  N/A
- B. Did the grantee receive authorization for noncompetitive negotiation?  Yes  No  N/A
- C. Was competition determined to be inadequate after soliciting all known sources?  Yes  No  N/A
- D. Were the goods or services needed immediately to meet a public emergency?  Yes  No  N/A

6. HOUSING REHABILITATION

- A. Did the grantee annually advertise for rehabilitation contractors?  Yes  No  N/A
- B. Was the solicitation adequate?  Yes  No  N/A
- C. If not, were bids advertised in a minority newspaper?  Yes  No  N/A
- D. Were an adequate number of MBE/WBE/Section 3 firms directly solicited?  Yes  No  N/A
- E. Explain other methods used to procure rehabilitation contractors. \_\_\_\_\_  
\_\_\_\_\_

- 7. Is the grantee's file for this compliance area complete?  Yes  No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CONTRACT MANAGEMENT

Project No. \_\_\_\_\_

Reviewer \_\_\_\_\_

**1. PROFESSIONAL SERVICE CONTRACT REVIEW**

Admin

Architect/Eng

Other

- |   |  |  |  |
|---|--|--|--|
| A. Name of Contracted Firm:   | _____  | _____  | _____  |
| B. Amount of Contract   | _____  | _____  | _____  |
| C. Do the RFFs match the amount of CDBG participation in the contract (to date)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Do the RFFs exceed the funding approval line item?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. If so, were grant amendments approved?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Is there evidence the contract was paid in full using all sources?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Is the contract based upon either lump sum or cost plus a fixed fee?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Is an original (not photocopy) contract available?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. Is the original properly executed? ( <i>signed &amp; dated</i> )   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J. Did the grantee follow their own rules for executing this contract? (council action, attorney review)  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| K. Did the right parties sign? (CEO/Mayor or Presiding Commissioner/assignee)   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Does the date of the contract precede the award?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| M. If so, is there a contingency clause?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| N. Is the pricing clear?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| O. Is the scope of services detailed enough?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| P. Were contract amendments executed?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Is the amendment clear and specific?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Did both parties sign the amendment?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Is amendment attached to the original contract?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Q. Is there an affirmative action plan for the professional service provider in file? ( <i>not necessarily in contract documents</i> )              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| R. Did the contract include the following: ( <i>look for CDBG form Part II Terms and Conditions from sample admin &amp; engineering contracts</i> ) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Title VI, Civil Rights Act of 1964  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section 3 ( <i>only applicable over \$100,000, look for similar to paragraph 8D p. 108</i> )  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section 109   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section 503   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section 504   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Age Discrimination Act of 1975  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Executive Order 11246 (*only over \$10,000*) (p. 102)

Yes  No  Yes  No  Yes  No

Anti-Lobbying (*only over \$100,000*) (p. 30)

Yes  No  Yes  No  Yes  No

2. CONSTRUCTION CONTRACT REVIEW

1

2

3

A. Name of Contracted Firm:

\_\_\_\_\_

B. Amount of Contract:

\_\_\_\_\_

C. Do the RFFs match the amount of CDBG participation in the contract?

Yes  No  Yes  No  Yes  No

D. Do the RFFs exceed the Funding Approval line item?

Yes  No  Yes  No  Yes  No

E. If so, were grant amendments approved?

Yes  No  Yes  No  Yes  No

F. Is there evidence contract was pd in full using all sources?

Yes  No  Yes  No  Yes  No

G. Is the contract based upon either lump sum or unit price?

Yes  No  Yes  No  Yes  No

H. Is an original contract available?

Yes  No  Yes  No  Yes  No

I. Is the original properly executed (*signed & dated*)?

Yes  No  Yes  No  Yes  No

J. Did the grantee follow their own rules for executing this contract (*council action, attorney review*)?

Yes  No  Yes  No  Yes  No

K. Did the right parties sign (*CEO/Mayor or Presiding Commissioner/assignee*)?

Yes  No  Yes  No  Yes  No

L. In general, are all of the parts of the contract included (*original bid documents, contract form, general conditions, plans and specifications*) and bound to one set of contract documents?

Yes  No  Yes  No  Yes  No

M. Were addenda a part of the bid process?

Yes  No  Yes  No  Yes  No

N. If so, are they noted clearly in the contract?

Yes  No  Yes  No  Yes  No

O. Were contract amendments (*change orders*) executed?

Yes  No  Yes  No  Yes  No

i. Are they clear and specific?

Yes  No  Yes  No  Yes  No

ii. Do they detail cost?

Yes  No  Yes  No  Yes  No

iii. Are they dated and numbered?

Yes  No  Yes  No  Yes  No

P. Were the change orders approved by the grantee (*not just engineer*)?

Yes  No  Yes  No  Yes  No

Q. Is the change order attached to the original contract?

Yes  No  Yes  No  Yes  No

R. Specifically, does the construction contract include:

i. A copy of the bid bond, irrevocable letter of credit, or other acceptable instrument? (*look at bid tab or in contract documents*)

Yes  No  Yes  No  Yes  No

ii. Performance bond (*over \$100,000*) (p. 65)

Yes  No  Yes  No  Yes  No

iii. Payment bond (*over \$100,000*) (p. 67)

Yes  No  Yes  No  Yes  No

iv. Labor Standards Provisions (p. 90)

Yes  No  Yes  No  Yes  No

v. Anti-Kickback Act (p. 93)

Yes  No  Yes  No  Yes  No

vi. Anti-Lobbying Certification (p.64)

Yes  No  Yes  No  Yes  No

vii. Contractor (may be on bidder form) certification on:

- 1. EEO (p. 45)  Yes  No  Yes  No  Yes  No
- 2. Section 3 (p. 46)  Yes  No  Yes  No  Yes  No
- 3. Labor Standards (p. 57)  Yes  No  Yes  No  Yes  No

viii. Subcontractor certifications on:

- 1. EEO (p. 57)  Yes  No  Yes  No  Yes  No
- 2. Section 3 (p. 60)  Yes  No  Yes  No  Yes  No
- 3. Labor Standards (p. 61)  Yes  No  Yes  No  Yes  No

ix. Section 3 plan (p. 50)  Yes  No  Yes  No  Yes  No

x. Section 3 contractor forms (A,B,C,D) (p. 52-55)  Yes  No  Yes  No  Yes  No

xi. Have forms C & D been updated at end of contract?  Yes  No  Yes  No  Yes  No

xii. Relevant state prevailing wage determination  Yes  No  Yes  No  Yes  No

xiii. Relevant Federal prevailing wage determination  Yes  No  Yes  No  Yes  No

xiv. General Conditions (CDBG or equivalent)  Yes  No  Yes  No  Yes  No

xv. HUD Supplemental Conditions, containing at least:

- 1. Executive Order 11246 (p. 101)  Yes  No  Yes  No  Yes  No
- 2. Affirmative Action Goals (p. 102)  Yes  No  Yes  No  Yes  No
- 3. Section 3 (p. 108)  Yes  No  Yes  No  Yes  No

xvi. Appendix 1, containing at least:

- 1. Title VI, Civil Rights of 1964 (p. 111)  Yes  No  Yes  No  Yes  No
- 2. Title VIII, Civil Rights of 1968 (p. 111)  Yes  No  Yes  No  Yes  No
- 3. Section 109 (p. 111)  Yes  No  Yes  No  Yes  No
- 4. Section 503 (p. 111)  Yes  No  Yes  No  Yes  No
- 5. Section 504 (p. 112)  Yes  No  Yes  No  Yes  No
- 6. Age Discrimination Act of 1975 (p. 112)  Yes  No  Yes  No  Yes  No
- 7. Executive Order 11063 (p. 112)  Yes  No  Yes  No  Yes  No

3. Is the grantee's file for this compliance area complete?  Yes  No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# LABOR STANDARDS

Project No. \_\_\_\_\_

Reviewer \_\_\_\_\_

## 1. GENERAL

- A. Are wage rates correct as shown in the contract(s)?  Yes  No  N/A
- B. Are all contractors and subcontractors licensed to do business in Missouri and in good standing with the Secretary of State's Office? (*Exception: sole proprietorship with non-fictitious name.*)  Yes  No  N/A
- C. Is the contractor verification clearance correspondence in the file?  Yes  No  N/A
- D. Is the Start of Construction Notice on file?  Yes  No  N/A
- E. Is the Pre-Construction Conference Report on file?  Yes  No  N/A
- F. Is there a bulletin board in a central location at the work site where EEO provisions, wage determinations, health & safety regulations, Dept. of Labor wage notices, and the bilingual EEO notice are posted?  Yes  No  N/A
- G. If an irrevocable letter of credit from a FDIC bank was issued in place of a performance bond, do irrevocable status and dates cover the life of the project?  Yes  No  N/A

## 2. PAYROLL REVIEW

- A. Was the first payroll submitted to DECD for each contractor and subcontractor?  Yes  No  N/A
- B. Are payrolls signed by employer or authorized representative?  Yes  No  N/A
- C. Was a statement of compliance submitted with each payroll?  Yes  No  N/A
- D. Is the employer IRS identification number on record?  Yes  No  N/A
- E. Do the payrolls contain the following for each employee:
- i. Name?  Yes  No  N/A
  - ii. Address?  Yes  No  N/A
  - iii. Social Security Number?  Yes  No  N/A
  - iv. Work classification?  Yes  No  N/A
  - v. Hourly rates of wages paid?  Yes  No  N/A
  - vi. Daily number of hours worked (including any overtime)?  Yes  No  N/A
  - vii. Weekly number of hours worked (including any overtime)?  Yes  No  N/A
  - viii. Deductions made?  Yes  No  N/A
  - ix. Gross and net wages paid?  Yes  No  N/A
- F. Do wage rates on payrolls equal the rates in the wage decisions?  Yes  No  N/A
- G. If split work classifications, have separate daily time records been kept?  Yes  No  N/A
- H. If fringe benefits are paid into a plan, is amount/hour documented?  Yes  No  N/A
- I. Has grantee reviewed payrolls?  Yes  No  N/A
- J. Has overtime been correctly paid?  Yes  No  N/A

## 3. EMPLOYEE INTERVIEWS



A. List number of employee interviews conducted: \_\_\_\_\_

B. Were a representative number of trades covered for all contractors?  Yes  No  N/A

C. Were interviews compared against payrolls for compliance?  Yes  No  N/A

D. Were interviews compared against wage rates for compliance?  Yes  No  N/A

E. Were interviews signed by payroll examiner (labor standards officer)?  Yes  No  N/A

4. Is the grantee's file for this compliance area complete?  Yes  No

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

5. WAGE RATE COMPLIANCE

A. Federal Wage Decision: \_\_\_\_\_ B. State Annual Wage Order: \_\_\_\_\_

**Straight Time Compliance**

Pay No.	Name	Craft or Classification	Rate Paid			State Rate			Federal Rate			App
			Basic	Fringe	Total	Basic	Fringe	Total	Basic	Fringe	Total	

**Overtime Compliance**


NOTES:

# ACQUISITION

Project No. \_\_\_\_\_

Reviewer \_\_\_\_\_

1. What type of acquisition was required:

- Full Title  Yes  No
- Permanent Easement  Yes  No
- Long Term Lease  Yes  No
- Right of Way  Yes  No
- Temporary Easement (If checked, not subject to Uniform Act)  Yes  No
- Acquired from another public entity  Yes  No
- (If checked, not subject to Uniform Act)

2. Is there a separate file of each necessary acquisition?  Yes  No

3. Does each file contain the following:

File Name:

- Proof of ownership (Title or Deed)
- HUD Brochure (hand delivered or certified mail)
- Waiver of Rights to Just Compensation (if applicable)
- Waiver Right to an Appraisal (if applicable)
- If appraisal is not waived, a copy of the appraisal or determination of value in file.
- Copy of Review appraisal (if applicable)
- Was value of property valued at \$2500 or less? If yes, was the value based on a review of available market data (e.g., recent sales data, court awards, etc.)
- Written offer to purchase (hand delivered or certified mail)
- Proof of receipt of payment (if applicable)
- Recorded appropriate acquisition instrument (full title, permanent easement, long term lease, and right-of-way) (this should correspond to question #1)


- 4. Were all grantee's costs paid related to the acquisition and transfer of title (e.g., recording fees, boundary surveys, legal descriptions, mortgage penalties, transfer fee, pro-rated taxes, litigation expense, etc.)?  Yes  No
- 5. Were any grant funds used to clear the title? (no grant funds may be used to clear title)  Yes  No
- 6. If condemnation was required, does the judgment equal the amount paid?  Yes  No
- 7. Is the grantee's file for this compliance area complete?  Yes  No

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# RELOCATION

Project No. \_\_\_\_\_

Reviewer \_\_\_\_\_

## 1. GENERAL

A. Is there a separate relocation file for each displacee?  Yes  No  N/A

## 2. NOTICES

A. Did the displacee receive the grantee's Notice of Eligibility For Relocation Assistance?  Yes  No  N/A

i. Hand delivered signed receipt?  Yes  No  N/A  
or

ii. Certified mail receipt?  Yes  No  N/A

B. Did the displacee receive the applicable HUD brochure?  Yes  No  N/A

C. If yes, check the brochure received.

"Relocation Assistance to Tenants Displaced from Their Homes"

"Relocation Assistance to Displaced Homeowners"

"Relocation Assistance to Displaced Businesses, Nonprofit Organizations, and Farms"

i. Hand delivered signed receipt?  Yes  No  N/A  
or

ii. Certified mail receipt?  Yes  No  N/A

D. If applicable, did the displacee receive the 90-day Advance Notice to Move?  Yes  No  N/A

i. Hand delivered signed receipt?  Yes  No  N/A  
or

ii. Certified mail receipt?  Yes  No  N/A

iii. Date of Notice: \_\_\_\_\_

iv. Date occupant required to move: \_\_\_\_\_

## 3. RENTAL AGREEMENTS

A. If the grantee permitted an owner or tenant to occupy the real property acquired, was the rent charged equivalent to the fair rental value of the property?  Yes  No  N/A

B. Is there a short-term lease agreement in the file?  Yes  No  N/A

## 4. DETERMINATION OF DISPLACEE NEEDS BY GRANTEE

A. For families and individuals, are the following claim forms in the file:

i. Tenant Assistance or Downpayment Assistance?  Yes  No  N/A

ii. Replacement Housing Payment for 180-Day Homeowners?  Yes  No  N/A

iii. Moving and Related Expenses?  Yes  No  N/A

Fixed

Actual

B. For businesses, nonprofit organizations, and farm operations, are the following claim forms in the file:

- |     |  |                              |                             |                              |
|-----|--|------------------------------|-----------------------------|------------------------------|
| i.  | Actual Reasonable Moving and Related Expenses?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. | Fixed Payment in Lieu of Payment for Actual Moving and Related Expenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

5. DONATION OF DISPLACEE PROPERTY

- |      |  |                              |                             |                              |
|------|--|------------------------------|-----------------------------|------------------------------|
| A.   | Did the displacee donate their property in lieu of relocation payment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| i.   | If yes, was a signed donation/waiver in the file?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii.  | Hand delivered signed receipt?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|      | or   |                              |                             |                              |
| iii. | Certified mail receipt?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

6. PAYMENT DOCUMENTATION

- |     |  |                              |                             |                              |
|-----|--|------------------------------|-----------------------------|------------------------------|
| A.  | Is there payment documentation for: (i.e., copy of canceled check) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| i.  | Relocation assistance?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. | Moving expenses?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

7. COMPARABLE REPLACEMENT UNIT DOCUMENTATION

- |    |  |                              |                             |                              |
|----|--|------------------------------|-----------------------------|------------------------------|
| A. | Is the "Selection of Most Representative Comparable Replacement Dwelling" form in the file?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. | Was a referral to at least one comparable replacement dwelling included in the notice of eligibility for relocation assistance?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. | Is there evidence that the grantee inspected the replacement dwelling to determine that it met the decent, safe, and sanitary standards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

8. LAST RESORT UNIT DOCUMENTATION

- |     |  |                              |                             |                              |
|-----|--|------------------------------|-----------------------------|------------------------------|
| A.  | Has the grantee determined that:   |                              |                             |                              |
| i.  | The unit is not feasible to rehabilitate? (i.e., rehabilitation cost estimate exceeds \$15,000)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. | No comparable replacement unit exists in the grantee's jurisdiction? (i.e., copy of letter from realtor addressing the unavailability of comparable replacement units) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

9. INTERVIEW OF PROJECT DISPLACEE

- |    |  |                              |                             |                              |
|----|--|------------------------------|-----------------------------|------------------------------|
| A. | Did the displacee receive notice of eligibility for relocation assistance?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. | Was the grantee's relocation assistance payment adequate?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. | Was the grantee's moving expenses payment adequate?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. | Were the grantee's advisory services sufficient?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E. | Does the displacee consider the grantee's treatment and relocation assistance to be fair and reasonable? (interview) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

10. SECTION 104(d) ANTIDISPLACEMENT COMPLIANCE

- A. Has the grantee demolished or converted any occupiable low to moderate income dwellings?  Yes  No  N/A
- B. Has DECD determined that the grantee has a sufficient number of low to moderate income units to grant an exception to the one-for-one replacement requirements?  Yes  No  N/A
- C. If not, does grantee have a specific one-for-one replacement plan approved by DECD?  Yes  No  N/A
- D. Was the displacee notified of relocation assistance available under 104(d), including option to choose Uniform Act Relocation Assistance?  Yes  No  N/A
- E. Which relocation assistance did the displacee choose?  104(d)  Uniform Act

11. Is the grantee's file for this compliance area complete?  Yes  No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# DEMOLITION

Project No. \_\_\_\_\_

Reviewer \_\_\_\_\_

1. How many units or structures were demolished with CDBG funds?

2. Is there evidence that the units were inspected for asbestos?  Yes  No  N/A

If so, state address of units or structures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

House # _____	House # _____	House # _____
Yes, No, N/A	Yes, No, N/A	Yes, No, N/A

- |   |                              |                             |       |
|---|------------------------------|-----------------------------|-------|
| 3. Was the asbestos inspector certified?  | _____                        | _____                       | _____ |
| 4. Did the inspector find friable asbestos?   | _____                        | _____                       | _____ |
| 5. If so, was a licensed abatement contractor procured?   | _____                        | _____                       | _____ |
| 6. Are the abatement contractor and demolition contractor the same?   | _____                        | _____                       | _____ |
| 7. If not, was a demolition contractor procured?  | _____                        | _____                       | _____ |
| 8. Was the asbestos waste disposed of at a sanitary landfill, demolition landfill, or a hazardous waste facility? | _____                        | _____                       | _____ |
| 9. Is an asbestos post-notification form in the file for each demolition unit or structure?                       | _____                        | _____                       | _____ |
| 10. Was the demolition debris disposed of at a sanitary landfill or demolition landfill?                          | _____                        | _____                       | _____ |
| 11. Are landfill receipts in each demolition file?  | _____                        | _____                       | _____ |
| 12. Was there hazardous waste in any demolition debris?   | _____                        | _____                       | _____ |
| 13. If so, was the hazardous waste disposed of at a facility that specializes in hazardous waste disposal?        | _____                        | _____                       | _____ |
| 14. Are receipts from the hazardous waste facility in the file of each such demolition?                           | _____                        | _____                       | _____ |
| 15. If local in kind included fire department exercises:  | _____                        | _____                       | _____ |
| A. Is there a copy of the DNR burn permit in the file?  | _____                        | _____                       | _____ |
| B. Was asbestos/hazardous material removed prior to burning?  | _____                        | _____                       | _____ |
| C. Has the site been completely cleared?  | _____                        | _____                       | _____ |
| 16. Is the grantee's file for this compliance area complete?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# ECONOMIC DEVELOPMENT

Project No. \_\_\_\_\_

Reviewer \_\_\_\_\_

## 1. GENERAL

### A. Company(s) Involved:

Name	Jobs to be Created/Retained	Existing Employees
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### B. LMI Company Owners:

Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Private Investment Release Date: \_\_\_\_\_

D. Pledged private investment: \_\_\_\_\_

E. Amount of private investment documented: \_\_\_\_\_

F. Does this amount meet or exceed the pledged amount?  Yes  No  N/A

G. Other contributions: \_\_\_\_\_

## 2. ON-SITE REVIEW

A. Number of pledged jobs created/retained: \_\_\_\_\_

B. If pledged job creation/retention goals have not been reached, explain why not and when this goal will be achieved.

\_\_\_\_\_

\_\_\_\_\_

C. Was payroll listing, including dates of hire, available and reviewed?  Yes  No  N/A

D. Was payroll listing compared to Employment Status Statements?  Yes  No  N/A

E. Is job documentation on file with the grantee?  Yes  No  N/A

F. Breakdown of jobs and applicants:

Name	Present Employment	New/Retained Jobs	Number Low/Mod Income	Number Low Income	Number Very Low Income

	Jobs		Applicants	
	Total Direct Beneficiaries	Hispanic Direct Beneficiaries	Total Direct Beneficiaries	Hispanic Direct Beneficiaries
White:				
Black/African American:				
Asian:				
American Indian/Alaskan Native:				
Native Hawaiian/Other Pacific Islander:				
American Indian/Alaskan Native & White:				
Asian & White:				
Black/African American & White:				
Am. Indian/Alaskan Native & Black/African Am.:				
Asian & Native Hawaiian/Other Pacific Islander:				
All Others:				
<b>TOTAL</b>				
Female Head of Household:				
Handicapped (Disabled):				
Elderly:				

G. Is applicant documentation on file with the grantee?

3. Is the grantee's file for this compliance area complete?

Yes  No

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# MICROENTERPRISE

Project No. \_\_\_\_\_

Reviewer \_\_\_\_\_

**1. GENERAL**

**A. Non LMI Company(s) Involved:**

Name	Jobs to be Created/Retained	Existing Employees
_____	_____	_____
_____	_____	_____
_____	_____	_____

**B. LMI Company Owners:**

Name	Jobs to be Created/Retained	Existing Employees
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Is there an environmental assessment and release of funds for each company?     Yes     No     N/A

D. Pledged private investment: \_\_\_\_\_

E. Other contributions: \_\_\_\_\_

**2. ON-SITE REVIEW**

A. Is there a job created for every \$15,000 of loan funds?     Yes     No     N/A

B. How many microenterprise loans were made? \_\_\_\_\_

C. Were Loans made for eligible activities?     Yes     No     N/A

D. Are there an income surveys available to prove the LMI status?     Yes     No     N/A

E. How many loans were made to LMI owners? \_\_\_\_\_

F. Number of pledged jobs created/retained: \_\_\_\_\_

G. If pledged job creation/retention goals have not been reached, explain why not and when this goal will be achieved.

\_\_\_\_\_

H. Was payroll listing, including dates of hire, available and reviewed?     Yes     No     N/A

I. Was payroll listing compared to Employment Status Statements?     Yes     No     N/A

J. Is job documentation on file with the grantee?     Yes     No     N/A

K. Do jobs meet the full time permanent definition?     Yes     No     N/A

L. Have individual loans exceeded \$25,000?     Yes     No     N/A

M. If job retention has occurred, is there adequate “but for” documentation?     Yes     No     N/A

N. Has the local microenterprise program delivery been consistent with the local program guidelines established?     Yes     No     N/A

O. Is there evidence of a loan review board representing fair loan decisions?     Yes     No     N/A

- P. Is there an executed contract for every microenterprise loan made?  Yes  No  N/A
- Q. Has a RLF been established and is there a tracking method for repayment?  Yes  No  N/A
- R. Has a file been established for each microenterprise applicant?  Yes  No  N/A
- S. Does each microenterprise file contain the required documents? (contract, income status statements, current payroll register, etc.)  Yes  No  N/A
- T. Has the original \$100,000 of loan funds been loaned to microenterprise?  Yes  No  N/A
- U. Of the loans without LMI owners, have 51% of the jobs created been provided to LMI persons (list below)

Name	Present Employment	New/Retained Jobs	Number Low/Mod Income	Number Low Income	Number Very Low Income

	Company Name		Company Name	
	Total Direct Beneficiaries	Hispanic Direct Beneficiaries	Total Direct Beneficiaries	Hispanic Direct Beneficiaries
White:				
Black/African American:				
Asian:				
American Indian/Alaskan Native:				
Native Hawaiian/Other Pacific Islander:				
American Indian/Alaskan Native & White:				
Asian & White:				
Black/African American & White:				
Am. Indian/Alaskan Native & Black/African Am.:				
Asian & Native Hawaiian/Other Pacific Islander:				
All Others:				
<b>TOTAL</b>				
Female Head of Household:				
Handicapped (Disabled):				
Elderly:				

V. Is applicant documentation on file with the grantee?

Yes       No       N/A

W. Breakdown of applicants:

	Company Name	
	Total Direct Applicants	Hispanic Direct Applicants
White:		
Black/African American:		
Asian:		
American Indian/Alaskan Native:		
Native Hawaiian/Other Pacific Islander:		
American Indian/Alaskan Native & White:		
Asian & White:		
Black/African American & White:		
Am. Indian/Alaskan Native & Black/African Am.:		
Asian & Native Hawaiian/Other Pacific Islander:		
All Others:		
<b>TOTAL</b>		
Female Head of Household:		
Handicapped (Disabled):		
Elderly:		

3. MICROENTERPRISE

A. Has educational component described in application been successfully implemented and documentation of file?

Yes       No       N/A

# MICROENTERPRISE

(complete this form for each loan)

Grantee \_\_\_\_\_ Project No. \_\_\_\_\_

Use of funds: \_\_\_\_\_

Loan made to (name of company)	Amount of Loan	\$ _____
	Pledged Private Investment	\$ _____
	Other Contributions	\$ _____

Total amount of project: \_\_\_\_\_ x 70% = \_\_\_\_\_

Does Microenterprise loan exceed 70% of the total project cost?  Yes  No  N/A

Does loan exceed \$25,000?  Yes  No  N/A

Non LMI Company?  Yes  No LMI Company Owners?  Yes  No

Name	Jobs to be Created/Retained	Existing Employees
_____	_____	_____
_____	_____	_____

Are income surveys available to prove the LMI status?  Yes  No  N/A

Was payroll listing, including dates of hire, available and reviewed?  Yes  No  N/A

Is there a job created for every \$15,000 of loan funds?  Yes  No  N/A

Was Loan made for eligible activities?  Yes  No  N/A

If pledged job creation/retention goals have not been reached, explain why not and when this goal will be achieved. \_

\_\_\_\_\_

Was payroll listing compared to Employment Status Statements?  Yes  No  N/A

Do jobs meet the full time permanent definition?  Yes  No  N/A

(Two permanent part-time jobs are equal to one permanent full-time position)

Does file contain the following:

Executed contract?  Yes  No  N/A

Proof of ownership? (land & building purchases)  Yes  No  N/A

Environmental assessment?  Yes  No  N/A

SHPO clearance?  Yes  No  N/A

Has a RLF been established and is there a tracking method for repayment?  Yes  No  N/A

Has a file been established for each microenterprise applicant  Yes  No  N/A

Has educational component been implemented and documentation of file?  Yes  No  N/A

Was construction or rehab a part of the project?  Yes  No  N/A

Was prevailing wage paid correctly?  Yes  No  N/A