

**E-3: ON-SITE MONITORING CHECKLISTS**

**Monitoring Preparation Checklist (pages 1-4)**

**Updated: July 2022**

<b>General Information</b>	Grantee:	
	Contract Number:	
	Grant Program Year:	
	Grant Type [PF, HO, ED, DN, LS]:	
	Entity [Village, City, Town, Parish]:	

<b>Contacts</b>	Chief Elected Official:	
	Consultant:	
	Engineer:	
	LGR:	

<b>Dates</b>	Date of Application:	
	Authorization to Incur Costs:	
	Transmittal of Contract:	
	Consultant Cleared:	
	Engineer Cleared:	
	Consultant Contract:	
	Engineer Contract:	
	CDBG Contract Ends:	
Monitoring Visit:		

<b>Amounts/Activities/Nat'l Objective</b>	Grant Award Amount:	
	Percent Drawn to Date:	
	Local Funds:	
	Other Funds:	
	<b>Activity:</b>	
	National Objective:	
	ORIGINAL Budgeted Amount for Activity:	
	Most recent REVISED Budgeted Amount for Activity:	
	Expenditures to Date:	
	<b>Activity:</b>	
	National Objective:	
	ORIGINAL Budgeted Amount for Activity:	
	Most recent REVISED Budgeted Amount for Activity:	
	Expenditures to Date:	
	<b>Activity:</b>	
	National Objective:	
	ORIGINAL Budgeted Amount for Activity:	
	Most recent REVISED Budgeted Amount for Activity:	
	Expenditures to Date:	
	<b>Activity:</b>	
	National Objective:	
	ORIGINAL Budgeted Amount for Activity:	
	Most recent REVISED Budgeted Amount for Activity:	
	Expenditures to Date:	

Grant Award (ORIGINAL BUDGET):	
Grant Award (REVISED BUDGET):	\$0.00
Total Expenditures to Date:	

<b>Acquisition</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Did application include acquisition by purchase or donation?			

<b>Anti-Displacement</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
2. Does plan identify a person who is responsible for displacement and relocation compliance? ~ If <b>Yes</b> , note name of contact person:			
3. Was a person or business displaced as a result of this program? ~ If <b>Yes</b> , print Part 2 of the Checklist.			

<b>Financial</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
6. Does grantee have more than one open CDBG grant?			
10. Date 1st administration invoice: _____ Period covered: _____			
Date 1st construction invoice: _____ Period covered: _____			

**Labor Standards** (Tip: Consider visiting the site first and do the checklist last.)

1. Did grantee have prior approval from OCD to use Force Account?

Yes No N/A

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

**Procurement**

4. Were grant funds used for all or part of a professional service contract(s)?

Yes No

(If Yes, continue.)

5. Consulting Fees OCD allowed for;

pre-agreement: \$ \_\_\_\_\_  
administration: \$ \_\_\_\_\_

Engineering Fees OCD allowed for;

pre-agreement: \$ \_\_\_\_\_  
basic engineering: \$ \_\_\_\_\_  
inspection: \$ \_\_\_\_\_  
topo survey: \$ \_\_\_\_\_  
property survey: \$ \_\_\_\_\_  
testing: \$ \_\_\_\_\_  
construction staking: \$ \_\_\_\_\_  
other: \$ \_\_\_\_\_

14. Amount grantee awarded for general admin: \$ \_\_\_\_\_

**Program Performance-Administration**

3. Is the program progressing in accordance with the time schedule?

Yes No N/A

**Record Keeping**

3. Does the grantee have another on-going grant, conditionally closed grant or grant that received a final closeout in the last four years?

Yes No

**Public Facilities**

Enter 'X'  if monitoring a street project.

(answer: Yes, No or N/A)

Enter bid ad publication dates for each prime contractor:

Prime 1: \_\_\_\_\_  
Prime 2: \_\_\_\_\_  
Prime 3: \_\_\_\_\_

6. Budget changes greater than 10% or program changes that delete, add or change an approved activity require prior written approval. Was a Request for Program Amendment submitted?

Yes No

7. a. Identify resident inspector: \_\_\_\_\_

b. Was inspector's Qualification Certificate sent to OCD prior to construction?

Yes No

**Consultant Interview (Complete prior to monitoring visit)**

Physical address of city hall or parish courthouse: \_\_\_\_\_  
Was voluntary acquisition involved? \_\_\_\_\_  
Number of parcels acquired: \_\_\_\_\_  
Any site or activity change since original ERR? \_\_\_\_\_  
~ If yes above, was the ERR amended? \_\_\_\_\_  
How many subcontractors? \_\_\_\_\_  
How far do we have to travel to see the project? \_\_\_\_\_  
Is there current proof of bonding? \_\_\_\_\_

**Comments / Description of Project / etc.:**

Project Description: \_\_\_\_\_  
\_\_\_\_\_

Program Amendment(s): \_\_\_\_\_  
\_\_\_\_\_

Budget Revision(s): \_\_\_\_\_  
\_\_\_\_\_

Change Order(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acquisition of Property (Part 1)**

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

Yes    No    N/A

1. What is the date of submission of the application for Federal financial assistance or the date of site control (purchase agreement if grant funds are used to acquire property), if later?  
\_\_\_\_\_

Yes    No

2. Will the activity(ies) trigger:  
a. URA requirements?  
    -If Yes, proceed to Part Two: Acquisition of Property \_\_\_\_\_  
b. Section 104(d) requirements?  
    -If Yes, complete the Displacement and relocation checklist. \_\_\_\_\_

**Acquisition Not Subject to 49 CFR Part 24 Subpart B Requirements**

*\*\*Complete this section when there is acquisition.*

3. Was a public solicitation notice published in the local newspaper prior to any voluntary acquisition activity? \_\_\_\_\_

a. If **Yes**, did the notice explain or were the owners advised that unless the local governing body and the property owners agree on the terms and conditions of the sale, the property could not otherwise be acquired? 49 CFR 24.101(b)(1)(iii) \_\_\_\_\_

b. Did the notice state that no specific site or property needs to be acquired; and that the property to be acquired will not be part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within the specific time limits? 49 CFR 24.101(b)(1)(i)(ii) \_\_\_\_\_

c. Was the property owner informed in writing of what the grantee believes market value of the property? 49 CFR 24,101(b)(1)(iv) \_\_\_\_\_

d. Was the acquisition of real property from a federal agency, state, or state agency? 49 CFR 24.101(b)(3) \_\_\_\_\_

e. Was the acquisition by leasing where the lease term, including option(s) for extension, is 15 years or more? 49 CFR 24.101(c)(1) \_\_\_\_\_

f. Was the acquisition by permanent and/or temporary easements necessary for the project? 49 CFR 24.101(c)(2) \_\_\_\_\_

Comments: \_\_\_\_\_

**Acquisition of Property (Part 2)**

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

1. Address of property acquired. \_\_\_\_\_
2. Use of property prior to the beginning of the acquisition process.  
 single family residential       industrial       non-profit organization       multi-family residential  
 commercial       other [identify] \_\_\_\_\_
3. Owners (Indicate whether occupant). \_\_\_\_\_
4. Tenants. \_\_\_\_\_
5. Current address and home and business telephone numbers of owners(s) to be interviewed.  
(Interviews should be conducted if review finds there may be some impropriety with the acquisition process.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Significant dates. (Reviewer must determine that event actually occurred and was in compliance with HUD regulations. Reviewer must review the timing of these events and the reasons for any delays in order to determine if the owner was caused an unnecessary hardship that would warrant negative findings.)
  - a. Date of Determination to Acquire: (Date of LCDBG Application). \_\_\_\_\_
  - b. Date of "Notice of Intent to Acquire": \_\_\_\_\_
  - c. When a Public Agency Acquired Your Property. Date grantee provided owner with the notice of land acquisition procedures? (usually the same date as b. above) \_\_\_\_\_

**Appraisal Process**

7. Was an appraisal required? **Yes** \_\_\_ **No** \_\_\_  
~ If **No**, explain why an appraisal was not required. (i.e., if the value of property was less than \$10,000; voluntary acquisition; etc.)  
\_\_\_\_\_  
\_\_\_\_\_ Acquisition (Part 2) \_\_\_\_\_

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

~ If **Yes**,

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

Yes \_\_\_ No \_\_\_ Amt. \_\_\_\_\_ Date \_\_\_\_\_

> If **Yes**, continue.

b. Was a review appraisal conducted? Yes \_\_\_ No \_\_\_ Amt. \_\_\_\_\_ Date \_\_\_\_\_

c. Does the appraisal and review appraisal disregard the influence of the project on the fair market value? Yes \_\_\_ No \_\_\_

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

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

~ If **Yes**, explain. \_\_\_\_\_

f. Were the owners invited to accompany the appraisers on their inspection of the property? Yes \_\_\_ No \_\_\_

8. Was an administrative settlement made? Yes \_\_\_ No \_\_\_

a. Did the grantee prepare a written justification for using an administrative settlement? Yes \_\_\_ No \_\_\_

b. Is there evidence of good faith negotiations after the initial offer was rejected? Yes \_\_\_ No \_\_\_

c. If the settlement was greater than \$10,000, did the grantee obtain OCD's prior approval? Yes \_\_\_ No \_\_\_

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

9. a. Purchase Offer. Prior to any bargaining, did grantee furnish owner a firm written offer stating all basic terms and conditions to purchase his property at the full amount determined to be just compensation? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

b. Date owner accepts offer to donate, or rejects offer. \_\_\_\_\_

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

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

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

> If **Yes**, explain. \_\_\_\_\_

c. Date final contract entered into: (all parties) \_\_\_\_\_

d. Date condemnation proceedings initiated, if applicable: \_\_\_\_\_

e. Date Quick Take proceedings initiated, if applicable: \_\_\_\_\_

f. Date estimated just compensation deposited with court: \_\_\_\_\_

g. Date title vested in agency: \_\_\_\_\_

h. Date 90-day notice to vacate property: \_\_\_\_\_

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

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

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

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

Comments / Recommended Corrective Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Anti-displacement (Part 1)**

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Was a person or business displaced as a result of this program? ~ If <b>Yes</b> , complete the Residential Relocation/Displacement Checklist (Part 2). ~ If <b>Yes</b> , was the acquisition subject to the Uniform Act? ~ If <b>Yes</b> , complete the Anti-displacement Checklist (Part 2).	_____	_____	_____

Comments / Recommended Corrective Action: \_\_\_\_\_

**Compliance with National Objectives**

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

Comments/Recommended Corrective Action: \_\_\_\_\_

\* LMA = principal benefit to low-to-moderate income persons      S/B = prevention/elimination of slum and blight  
 LMC = principal benefit to low-to-moderate income clientele      U/N = urgent need  
 LMJ = low to moderate job creation/retention benefit  
 N/A = not applicable

**Citizen Participation**

	<u>Yes</u>	<u>No</u>
1. Were any complaints filed? ~ If yes, was the complaint procedure in the Citizen Participation Plan followed?	_____	_____

Comments: \_\_\_\_\_

**Environmental**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Has an activity or project site changed since review of the ERR and/or grant application? (View Site) ~ If <b>Yes</b> , was the ERR amended and sent to OCD for review? ~If <b>No</b> , note the date an amended ERR will be submitted: _____	_____	_____	_____
2. Did any tribe request to be a consulting party? ~ If <b>Yes</b> , what were the conditions of their request? _____ ~ Were the conditions of their request met?	_____	_____	_____

Comments / Recommended Corrective Action: \_\_\_\_\_



**Anti-displacement (Part 1)**

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

Yes    No    N/A

1. Was a person or business displaced as a result of this program?  
 ~ If **Yes**, complete the **Residential Relocation/Displacement Checklist (Part 2)**.  
 ~ If **Yes**, was the acquisition subject to the Uniform Act?  
     ~ If **Yes**, complete the **Anti-displacement Checklist (Part 2)**.

Comments / Recommended Corrective Action: \_\_\_\_\_

**Compliance with National Objectives**

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

Comments/Recommended Corrective Action: \_\_\_\_\_

\* LMA = principal benefit to low-to-moderate income persons      S/B = prevention/elimination of slum and blight  
 LMC = principal benefit to low-to-moderate income clientele      U/N = urgent need  
 LMJ = low to moderate job creation/retention benefit  
 N/A = not applicable

**Citizen Participation**

Yes    No

1. Were any complaints filed?  
 ~ If yes, was the complaint procedure in the Citizen Participation Plan followed?

Comments: \_\_\_\_\_

**Environmental**

Yes    No    N/A

1. Has an activity or project site changed since review of the ERR and/or grant application?  
 (View Site)  
 ~ If **Yes**, was the ERR amended and sent to OCD for review?  
     ~If **No**, note the date an amended ERR will be submitted: \_\_\_\_\_
2. Did any tribe request to be a consulting party?  
 ~ If **Yes**, what were the conditions of their request?  
 \_\_\_\_\_  
 ~ Were the conditions of their request met?

Comments / Recommended Corrective Action: \_\_\_\_\_

**Civil Rights**

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

**Title VI - Program Participation**

**Yes No**

- 1. Does this project require individual beneficiary applications? \_\_\_\_\_  
~If **Yes**, continue.
- a. Does the grantee maintain records of all applicants in addition to selected beneficiaries? \_\_\_\_\_
- b. Is the grantee collecting information on race, ethnicity, and gender of single headed households? 24 CFR 570.506(g)(2) \_\_\_\_\_

**Section 504**

Summary of Previous Actions Taken

**Yes No N/A**

- 2. Based on your observations of the grantee's facilities, are there any obvious areas of non-compliance?  
a. If **Yes**, identify \_\_\_\_\_

**Equal Employment Opportunity**

- 3. Is LCDBG funding the grantee's employment in whole or in part? (24 CFR 570.506(g)(3)) \_\_\_\_\_
- 4. Does the funded grantee's operating unit have 15 or more employees? ~ If **Yes**, continue. If **No**, skip to question 8. \_\_\_\_\_
- 5. Are EEO posters displayed? \_\_\_\_\_
- 6. Is employment data maintained? (EEO-4 form if grantee has 100 or more employees; Workforce Analysis in handbook if 15-99 employees) 24 CFR 6.6(b); 29 CFR 1602.30 \_\_\_\_\_
- 7. Has grantee been cited by a state or federal agency for EEO non-compliance or discrimination in hiring? (24 CFR 570.506(g)(7)) 24 CFR 6.4(a)(3)(i) \_\_\_\_\_

**Limited English Proficiency**

- 8. Has the Language Access Plan been reviewed/updated annually? \_\_\_\_\_

**Fair Housing**

- 9. Identify actions taken or scheduled to be taken to further fair housing during this project/contract period. (Need 2 activities)  
\_\_\_\_\_

Comments / Recommended Corrective Action: \_\_\_\_\_

**Financial Management**

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Reporting** Reference: 2 CFR 200.302(b)

- |   | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|---|------------|-----------|------------|
| 1. Is a YTD financial statement available?<br>[Statement of Revenues, Expenditures & Changes in Net Assets and Balance Sheet or General Ledger] | _____      | _____     | _____      |
| 2. Are the YTD financial records reasonably current?  | _____      | _____     | _____      |
| 3. Are the financial records accurate?  | _____      | _____     | _____      |
| 4. Does grantee have more than one open LCDBG grant?<br>~ If <b>Yes</b> , are they accounted for separately?                                    | _____      | _____     | _____      |
| 5. Has program income been received?<br>~ If <b>Yes</b> , has it been returned to the State?  | _____      | _____     | _____      |

Comments / Recommended Corrective Action: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Accounting Records** Reference: 2 CFR 200.302

- |   | <u>Yes</u>   | <u>No</u> | <u>N/A</u> |                           |       |                                      |  |                               |  |                   |  |                          |  |                             |  |                   |  |
|---|--|-----------|------------|---------------------------|-------|--------------------------------------|--|-------------------------------|--|-------------------|--|--------------------------|--|-----------------------------|--|-------------------|--|
| 6. Does grantee properly maintain program records? [contract, authorization to incur costs, program amendments, budget revisions, etc.]     | _____  | _____     | _____      |                           |       |                                      |  |                               |  |                   |  |                          |  |                             |  |                   |  |
| 7.  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Authorizations and Awards</th> <th style="width: 50%; text-align: center;">Dates</th> </tr> </thead> <tbody> <tr> <td>Authorization to Incur Costs letter:</td> <td></td> </tr> <tr> <td>First administrative invoice:</td> <td></td> </tr> <tr> <td>• Period covered:</td> <td></td> </tr> <tr> <td>Release of Funds letter:</td> <td></td> </tr> <tr> <td>First construction invoice:</td> <td></td> </tr> <tr> <td>• Period covered:</td> <td></td> </tr> </tbody> </table> |           |            | Authorizations and Awards | Dates | Authorization to Incur Costs letter: |  | First administrative invoice: |  | • Period covered: |  | Release of Funds letter: |  | First construction invoice: |  | • Period covered: |  |
| Authorizations and Awards   | Dates  |           |            |                           |       |                                      |  |                               |  |                   |  |                          |  |                             |  |                   |  |
| Authorization to Incur Costs letter:  |  |           |            |                           |       |                                      |  |                               |  |                   |  |                          |  |                             |  |                   |  |
| First administrative invoice:   |  |           |            |                           |       |                                      |  |                               |  |                   |  |                          |  |                             |  |                   |  |
| • Period covered:   |  |           |            |                           |       |                                      |  |                               |  |                   |  |                          |  |                             |  |                   |  |
| Release of Funds letter:  |  |           |            |                           |       |                                      |  |                               |  |                   |  |                          |  |                             |  |                   |  |
| First construction invoice:   |  |           |            |                           |       |                                      |  |                               |  |                   |  |                          |  |                             |  |                   |  |
| • Period covered:   |  |           |            |                           |       |                                      |  |                               |  |                   |  |                          |  |                             |  |                   |  |
| 8. Was there evidence costs (other than approved pre-agreement costs) were being incurred prior to the Authorization to Incur Costs letter? | _____  | _____     | _____      |                           |       |                                      |  |                               |  |                   |  |                          |  |                             |  |                   |  |

Comments / Recommended Corrective Action: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Internal Controls** Reference: 2 CFR 200.303

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
9. Does the internal control structure support the representations made in the financial management questionnaire? <ul style="list-style-type: none"> <li>• approval of invoices</li> <li>• recording of LCDBG financial transactions</li> <li>• signing of the checks</li> </ul>	_____	_____	_____
10. Are there two signatures on the checks?	_____	_____	_____
11. Are checks pre-signed?	_____	_____	_____
12. Do the grantee's controls over the design and use of documents and records provide reasonable assurance that transactions and events are properly documented, recorded, and auditable?	_____	_____	_____

Comments / Recommended Corrective Action: \_\_\_\_\_

**Budget Control** Reference: 2 CFR 200.302(b)(5)

Eligible Activities	Original Budget	Obligated	Unobligated Balance	Expenditures to Date

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
13. Was there evidence that funds were obligated in excess of the LCDBG award and/or other sources of funds?	_____	_____	_____
14. Were any costs incurred after the grant agreement and/or procured contract(s) expiration(s)?	_____	_____	_____

	Amount Drawdown	RFP#	Revenue Reported
FYE:			
FYE:			
FYE:			
FYTD:			

Ledger Cash Balance \_\_\_\_\_ Date \_\_\_\_\_ Bank Statement Cash Balance \_\_\_\_\_ Date \_\_\_\_\_

15. Are there any discrepancies in the reporting of revenues and expenditures and the approved budget?	_____	_____	_____
--	-------	-------	-------

Comments / Recommended Corrective Action: \_\_\_\_\_

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

**Source Documentation** Reference: 2 CFR 200.302

- |  | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| 16. Are accounting records [journal entries] supported by adequate source documentation? [cancelled checks, invoices, contracts]   | _____      | _____     | _____      |
| 17. Was employee time charged to the LCDBG Program adequately documented with time sheets and/or other source documents? 2 CFR 200.430(i)<br>~ If <b>Yes</b> , are the transactions regarding employee time recorded properly in the accounting records? | _____      | _____     | _____      |

Comments / Recommended Corrective Action: \_\_\_\_\_

**Cash Management** Reference: 2 CFR 200.305

- |   | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|---|------------|-----------|------------|
| 18. Is the Grantee using a separate bank account to deposit and disburse funds?<br>-If <b>No</b> , did grantee obtain OCD permission to use a central bank or clearing account? | _____      | _____     | _____      |
| 19. Are LCDBG funds deposited in a non-interest bearing account?  | _____      | _____     | _____      |
| 20. Are all checks pre-printed and pre-numbered?  | _____      | _____     | _____      |
| 21. Are 'other' funds deposited in the LCDBG account?   | _____      | _____     | _____      |
| 22. Are bank statements reconciled upon receipt?  | _____      | _____     | _____      |
| 23. Is there evidence of a violation of the '3-day rule'?   | _____      | _____     | _____      |

	Date Deposited	Check #	Dollar Amt.	Check Written	Check Cleared *
RFP#:					
RFP#:					
RFP#:					

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

24. Financial Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_
25. Last cash disbursement: Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_  
Payment made to: \_\_\_\_\_

Comments / Recommended Corrective Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- |   | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|---|------------|-----------|------------|
| 26. Does grantee have adequate financial records? [Statement of Revenues, Expenditures & Changes in Fund Balance and Balance Sheet or General Ledger] (2 CFR 200.302(b)(2))                     | _____      | _____     | _____      |
| 27. Were the grantee's accounting records and financial practices sufficient to:  |            |           |            |
| a. permit the preparation of required financial reports? (2 CFR 200.302(a))   | _____      | _____     | _____      |
| <b>and / or</b>   |            |           |            |
| b. permit the tracing of LCDBG funds to establish that such funds have not been used in violation of the restrictions & prohibitions of applicable statutes and regulations? (2 CFR 200.302(a)) | _____      | _____     | _____      |
| 28. Were all costs charged to the program reasonable and necessary? (24 CFR 570.489(d))   | _____      | _____     | _____      |
| 29. Were any program funds used for general government expenses? (24 CFR 570.489(d))  | _____      | _____     | _____      |
| 30. Were there any instances that gave rise to the Questioned Cost criteria?  | _____      | _____     | _____      |

-If **Yes**, identify:

- |  |  |
|--|--|
| <input type="checkbox"/> Inadequate documentation                    | <input type="checkbox"/> Unallowable under program regulations           |
| <input type="checkbox"/> Expenditure unrelated to the project        | <input type="checkbox"/> Required pre-expenditure approvals not obtained |
| <input type="checkbox"/> Incurred outside the grant agreement period |  |

What are the specific problems? \_\_\_\_\_  
 \_\_\_\_\_

Questions 27-28, if **No**, or Questions 29-30, if **Yes**: inform grantee funds cannot be requested or disbursed until deficiencies are corrected.

Comments / Recommended Corrective Action: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Labor Standards**

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

**Force Account**

- |  |            |           |            |
|--|------------|-----------|------------|
|  | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
| 1. Did grantee have prior written approval from OCD to use 'Force Account'?      | _____      | _____     | _____      |
| ~ If <b>Yes</b> , did grantee follow the "LCDBG Guidelines for 'Force Account'?" | _____      | _____     | _____      |
| <i>[Refer to the guidelines to review.]</i>                                      |            |           |            |
| ~ If <b>No</b> , complete the following:   |            |           |            |

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

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

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

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

Employee Interviews

Interviews shall include employees of the following contractors:

- All Prime Contractors and any subcontractor with a contract of \$100,000 or more
- Subcontractors with a large number of payroll problems with contracts of less than \$100,000
- Other subcontractors, not listed above, that are on the jobsite on the date of the above interviews

One person of each classification present on the interview date(s) and 50% of all laborers should be interviewed.

<b>Primes and Subs</b> (from page one)		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
2.	Were interviews completed? (as defined on page 1)	_____	_____	_____	_____	_____	_____	_____
3.	Were weekly payrolls submitted and properly reviewed?	_____	_____	_____	_____	_____	_____	_____
4.	Did a company owner/officer or a person with written authorization sign the payrolls?	_____	_____	_____	_____	_____	_____	_____
5.	Did inspection reports provide the basic elements needed to verify Davis-Bacon; i.e., a description of work performed, worker classifications, equipment on jobsite?					Yes _____ No _____		
6.	Did the wage decision(s) have all job classifications needed by each contractor based on factors such as inspection reports, project type, site visits, etc. ?	_____	_____	_____	_____	_____	_____	_____
	Yes      No							
7.	Were proper additional classifications requested?	_____	_____	_____	_____	_____	_____	_____
8.	Did the payrolls (or corrected payrolls) properly classify workers?	_____	_____	_____	_____	_____	_____	_____
9.	Did the wage decision(s) require fringes for any classification used by each contractor?	_____	_____	_____	_____	_____	_____	_____
	No      Yes							
10.	If fringes were required, did the contractor check Box 4-b indicating payment in cash?	_____	_____	_____	_____	_____	_____	_____
	Yes      No							
11.	Did Box 4-a indicate fringe benefit payment(s) into an approved plan?	_____	_____	_____	_____	_____	_____	_____
	No      Yes							
	[When answering #12 below, allow credit for no more than the fringe amount listed on the wage decision unless a schedule of fringe benefit payments indicates a higher amount(s).]							
12.	Is there any reason to further investigate "Box 4-a" fringe payments?	_____	_____	_____	_____	_____	_____	_____
	Yes      No							
13.	Were Davis-Bacon compensation requirements met? (Without having to make restitution)	_____	_____	_____	_____	_____	_____	_____
	Yes      No							
	Describe deficiency(ies):	_____						
		_____						
		_____						
		_____						
		_____						



<b>Primes and Subs</b> (from page one)		1	2	3	4	5	6	7
14.	Who detected the Davis-Bacon deficiency(ies)? _____							
15.	Have Davis-Bacon restitution procedures been initiated and/or completed?	_____	_____	_____	_____	_____	_____	_____
16.	Was there any overtime? No Yes	_____	_____	_____	_____	_____	_____	_____
17.	Was there any deficiency in the calculation of overtime rates? No Yes	_____	_____	_____	_____	_____	_____	_____
18.	Describe the overtime deficiency(ies): _____							
19.	Who detected the overtime deficiency(ies)? _____							
20.	Have overtime restitution procedures been initiated and/or completed?	_____	_____	_____	_____	_____	_____	_____
21.	Have liquidated damages procedures been initiated and/or completed? (Applicable only to contracts over \$100,000.00 under CWHSSA)	_____	_____	_____	_____	_____	_____	_____
A Labor Standards Enforcement Report (LSER) is required if restitution by a contractor exceeds \$ 1,000.00								
22.	Has the requirement for a LSER been triggered? No Yes	_____	_____	_____	_____	_____	_____	_____
23.	Has the process of submitting a LSER been initiated and/or completed?	_____	_____	_____	_____	_____	_____	_____
24.	Based on activity thus far, should the Final Wage Compliance Report reflect restitution? (If yes, inform the Consultant.)	_____	_____	_____	_____	_____	_____	_____
25.	Were there "other" deductions on the payroll reports? No Yes	_____	_____	_____	_____	_____	_____	_____
26.	If there were "other" deductions, were employee consent forms used?	_____	_____	_____	_____	_____	_____	_____
27.	Were payrolls complete? If No, explain _____	_____	_____	_____	_____	_____	_____	_____
28.	Were payrolls accurate? If No, explain _____	_____	_____	_____	_____	_____	_____	_____
<b>Prime Contractors Only</b>						<b>1</b>	<b>2</b>	<b>3</b>
(answer: Yes, No or N/A)								
29.	Was the <u>proper</u> wage decision made a part of the construction contract?	_____	_____	_____	_____	_____	_____	_____

Comments / Recommended Corrective Action: \_\_\_\_\_

**Procurement**

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

1. If grant funds were used for all or part of a professional service contract(s),

Purchase type	Method of Procurement				Contract Type	
	Competitive Proposals		Small Purchase	Number of Quotes or Proposals Received	Non competitive <small>(If only one RFP/RFQ was received)</small>	Fixed Price
Professional Service	RFP	RFQ				
Administrative Consulting						
Engineer						
Appraiser						
Testing						
Legal						
Auditor						

a. Did the grantee adopt the State's sample procurement policy? Yes \_\_\_ No \_\_\_  
 -Date adopted: \_\_\_\_\_ (If prior to 2015, they must re-adopt.)

b. Date contractor(s) cleared, if applicable: \_\_\_\_\_  
 -Is clearance date before contract date? (Consultant) (Engineer) (Other)  
 Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_

c. Is there an active UEI number for the... Yes \_\_\_ No \_\_\_ N/A \_\_\_

- administrative consultant \_\_\_\_\_
- engineer \_\_\_\_\_
- prime contractors \_\_\_\_\_
- subcontractors \_\_\_\_\_

2. For the Small Purchase method, does the file have... (answer: Yes, No or N/A)

	<u>Consultant</u>	<u>Engineer</u>	<u>Other</u>	<u>Other</u>
• what was the item purchased _____				
• a minimum of 3 quotes [\$10k-\$20k] 5 quotes [\$20k-\$30k] rec'd by phone, fax or mail	_____	_____	_____	_____
• documentation for basis of selection	_____	_____	_____	_____
• was the purchase for a definable work product	_____	_____	_____	_____
• do the payment terms state upon completion and delivery	_____	_____	_____	_____

3. The Competitive Proposal Method (answer: Yes, No or N/A)

a. Using "Requests for Proposals/Qualifications", does the file have...

	<u>Consultant</u>	<u>Engineer</u>	<u>Other</u>	<u>Other</u>
• a copy of the solicitation for the Request for Proposal?				
• was the solicitation reviewed and approved by OCD?	_____	_____	_____	_____
• how was the RFP/RFQ solicited? _____	_____	_____	_____	_____
• copies of proposals/qualifications received?	_____	_____	_____	_____
• was more than one responsive proposal/qualification received?	_____	_____	_____	_____
~If No, see Noncompetitive Proposals				
• a written evaluation of each proposal received?	_____	_____	_____	_____
• how was cost reasonableness determined?				
• selection was preponderantly based on price/cost and with adequate competition; or	_____	_____	_____	_____
• detailed cost analysis	_____	_____	_____	_____

(answer: Yes, No or N/A)

	Consultant	Engineer	Other	Other
a. Using "Requests for Proposals/Qualifications", does the file have... (continued from previous page)				
• what evaluations factors were used?				
• Qualifications <input type="text"/>	_____		_____	_____
• Experience	_____		_____	_____
• Capabilities	_____		_____	_____
• Past Performance	_____		_____	_____
• Approach	_____		_____	_____
• Cost	_____		_____	_____
• did the solicitation specifically identify the evaluation items to be submitted for evaluation? [Capabilities, Past Performance, approach]	_____		_____	_____
• does the grantee have a written evaluation method for its evaluation criteria [Capabilities, Past Performance, Approach]?	_____		_____	_____
• evidence the selection process was thorough and uniform and the criteria & point system identified in the RFP was used to make the selection?	_____		_____	_____
• were only the publicized items in the solicitation's scope of work contained in the contract?	_____		_____	_____
c. Was there any evidence of situations restricting competition?	_____	_____	_____	_____
• Contractors involved in the procurement process competing for a contract award? 2 CFR 200.319(a)	_____	_____	_____	_____
• Any other non-competitive or arbitrary actions?	_____	_____	_____	_____
4. For the <b>Non-competitive Proposals</b> method, does the file have...				
• rationale for using this procurement method?	_____	_____	_____	_____
• were any of the following applicable 2 CFR 200.320(f)				
-item is available only from a single source	_____	_____	_____	_____
-public exigency or emergency for the requirement	_____	_____	_____	_____
-OCD authorized in response to a written request	_____	_____	_____	_____
• <b>Inadequate competition</b>				
After solicitation of a number of sources, competition is determined inadequate				
• did the applicant sufficiently publicize the solicitation?	_____	_____	_____	_____
• what was the solicitation period?	_____	_____	_____	_____
• what was the solicitation media?	_____	_____	_____	_____
• was there evidence of restrictive requirements or arbitrary actions?	_____	_____	_____	_____
• was the RFP/RFQ resolicited?	_____	_____	_____	_____
• was competition determined to be inadequate?	_____	_____	_____	_____
• was a complete cost breakdown obtained and a cost analysis of the proposed price/cost performed?	_____	_____	_____	_____
5. Does the contract include the following:				
• scope of services with breakout of prices or estimated costs by services	_____	_____	_____	_____
• contract amount, for fixed price contracts	_____	_____	_____	_____
• contract ceiling for cost reimbursement	_____	_____	_____	_____
• method of compensation	_____	_____	_____	_____
• types of prices utilized in the contract	_____	_____	_____	_____
• type of price identified for each program task	_____	_____	_____	_____
• contract dates begin and end (make note of)	_____	_____	_____	_____
• Access to Records Clause	_____	_____	_____	_____

		<u>Consultant</u>	<u>Engineer</u>	<u>Other</u>	<u>Other</u>
6.	<p style="text-align: center;"><i>(answer: Yes, No or N/A)</i></p> <p>Are the following federal contract provisions included:</p> <ul style="list-style-type: none"> <li>• Contracts for more than simplified acquisition threshold</li> <li>• Cause and Convenience</li> <li>• Rights to Inventions Made Under a Contract</li> <li>• Clean Air Act and the Federal Water Pollution Control Act</li> <li>• Debarment and Suspension</li> <li>• Byrd Anti-Lobbying Amendment</li> </ul>	_____	_____	_____	_____
7.	<p>Was contract amended?</p> <p>~ If <b>Yes</b>, why? _____</p> <p>~ Did it add any additional scope of work? _____</p>	_____	_____	_____	_____
8.	<p>Was contract(s) executed (<i>signed</i>) by all parties before work was initiated(including pre-agreement activities)?</p> <p>~ If <b>No</b>, document dates involved: _____</p>	_____	_____	_____	_____
9.	<p>Does consultant's contract stipulate 10% of each billing will be held until program is conditionally closed?</p>		<u>Yes</u>	<u>No</u>	<u>N/A</u>
			_____	_____	_____
10.	<p>Amount awarded grantee for general admin less pre-agreement: (<i>Example: \$35,000 Admin total for consultant plus local government.</i>)</p> <p>~ Did grantee hold 5% for their administrative expenses?</p>		\$ _____		
			_____	_____	_____

**Program Performance-Administration**

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

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

**Record Keeping**

	<u>Yes</u>	<u>No</u>
1. Were the local government's files available for review, and not the administrative consultant's?	_____	_____
2. Was it difficult to find information or documentation during the review?	_____	_____
~ If <b>Yes</b> , explain: _____		
3. Does grantee have another active grant, conditionally closed grant or grant that received a final closeout in the last four years?	_____	_____
~ If <b>Yes</b> , view the <u>local government's</u> CDBG grant files and review past monitoring letters for repetitive deficiencies.		
Comments / Recommended Corrective Action: _____		
_____		
_____		

**Public Improvements**

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ FY: \_\_\_\_\_ Type: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ LGR: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor 1: \_\_\_\_\_ Contract Amount: \_\_\_\_\_  
 Contractor 2: \_\_\_\_\_ Contract Amount: \_\_\_\_\_  
 Contractor 3: \_\_\_\_\_ Contract Amount: \_\_\_\_\_  
 Sub-contractor 1: \_\_\_\_\_ Sub-contractor 2: \_\_\_\_\_

	Contractor 1	Contractor 2	Contractor 3
<b>Bid Ad Dates</b>			
<b>Bid Opening Date</b>			
<b>Award Date</b>			
<b>Description of Work</b>			

1.
  - a. Is there a Certificate for Compliance with Minimum Standards for Accessibility by the Physically Handicapped? \_\_\_\_\_
  - b. Has the State Fire Marshall issued a 'certificate of occupancy'? \_\_\_\_\_
- 2.\*
  - a. If grant provides hook-ups or service line repairs to L/M income families, does the residents' application for services include documentation which supports amount of annual income? \_\_\_\_\_
  - b. Were work authorizations obtained from the property owners? \_\_\_\_\_
- 3.\*
 

**\*National Objective**

 Were special assessments levied on property owners as a result of this project? (hook-up or tap-on fees) **\*Program Performance** \_\_\_\_\_
- 4.\*
 

**\*Program Performance**

 Budget changes more than 10% or program changes that delete, add or change an activity require prior written approval. If applicable, was a Request for a Program Amendment submitted to OCD? **\*Program Performance** \_\_\_\_\_
- 5.\*
 a. Identify resident inspector: \_\_\_\_\_
- 6.\*
 Are inspection reports available for review?  
 ~ If **Yes**, are they signed by the inspector identified above? \_\_\_\_\_
 

(answer: <b>Yes, No or N/A</b> )	<b>Contractors:</b>	<b>1</b>	<b>2</b>	<b>3</b>
----------------------------------	---------------------	----------	----------	----------
7. Did the selected bidder provide a signed attestation document re: past criminal convictions & verification of employees? \_\_\_\_\_
8. Was a bid guarantee equivalent to 5% of bid submitted by the lowest bidder? (bid bond, certified check) \_\_\_\_\_
9. Did bid/contract document contain the following?
  - a. Federal Wage Decision(s) - #s \_\_\_\_\_
  - b. Federal Labor Standards Provisions \_\_\_\_\_

**\*a-b Labor**

  - c. EO Provisions (A.) for contracts not subject to EO11246 [\$10,000 & under] \_\_\_\_\_
  - d. EO Provisions (B. & C.) for contracts subject to EO11246 [above \$10,000] \_\_\_\_\_  
 (must have goals included for minority and female participation)
  - e. Section 3 Compliance for Training, Employment, Business Opportunities \_\_\_\_\_

**\*c-e Civil Rights**

		Contractors:	1	2	3
(answer: <b>Yes</b> , <b>No</b> or <b>N/A</b> )					
f.	Louisiana Uniform Public Work Bid Form		_____	_____	_____
g.	Certification of Compliance with Air and Water Acts [above \$150,000]		_____	_____	_____
h.	Access to Records/Maintenance of Records		_____	_____	_____
i.	Conflict of Interest		_____	_____	_____
j.	Bonding and Insurance Requirements		_____	_____	_____
<b>*f-j Procurement</b>					
10.	If applicable, were copies of all addenda sent to all bidders & <u>OCD</u> ?		_____	_____	_____
<b>Questions 11-20 are regarding Section 3 under the Civil Rights compliance area.</b>					
<i>[If grant is less than \$200,000, Section 3 requirements do not apply.]</i>					
11.	Is grantee maintaining a certification file for Section 3 employees and businesses? If any Sec. 3 businesses or employees are claimed, the certification must be on file.		_____	_____	_____
a.	How many Sec. 3 businesses are on file? _____				
b.	How many Sec. 3 workers are on file? _____				
	-If Sec. 3 workers were claimed, was an Employee Data Form and Self-Certification completed for each employee?		_____	_____	_____
	-Was each Employee Data Form and Self-Certification submitted with the first payroll in which the employee appeared?		_____	_____	_____
12.	Contractor(s) 'Section 3' Documents [applicable for grants over \$200,000]				
a.	Was a 'Section 3' plan completed?		_____	_____	_____
b.	Section 3 Certification		_____	_____	_____
c.	Was a Section 3 Contractor/Subcontractor Eligibility Form completed?		_____	_____	_____
	-If yes, did the Eligibility Form have any affirmative answers?		_____	_____	_____
	~ If yes, was a Section 3 Business Concern, Contractor/Subcontractor Certification submitted to the grantee?		_____	_____	_____
13.	Subcontractor(s) 'Section 3' Documents				
a.	Section 3 and Segregated Facilities Certification [required by all subs]		_____	_____	_____
b.	Section 3 Plan [for projects over \$200,000]		_____	_____	_____
c.	Was a Section 3 Contractor/Subcontractor Eligibility Form completed?		_____	_____	_____
	-If yes, did the Eligibility Form have any affirmative answers?		_____	_____	_____
	~ If yes, was a Section 3 Business Concern, Contractor/Subcontractor Certification submitted to the grantee?		_____	_____	_____
14.	a. Did the prime contractor(s) have any new hires who qualify as Section 3 workers?		_____	_____	_____
	~ If <b>Yes</b> ,				
	~ was an Employee Data Form and Self-Certification		_____	_____	_____
	~ did the contractor(s) meet the Section 3 goal?		_____	_____	_____
	-Was each Employee Data Form and Self-Certification submitted with the first payroll in which the employee appeared?		_____	_____	_____
	b. Did the prime contractor(s) hire any subcontractors?		_____	_____	_____
	~ If <b>Yes</b> , did the contractor(s) meet the 10% goal?		_____	_____	_____
15.	Did the subcontractor(s) have any new hires?		_____	_____	_____
	~ If <b>Yes</b> , did the subcontractor(s) meet the Section 3 goal?		_____	_____	_____
	-If Sec. 3 workers were claimed, was an Employee Data Form and Self-Certification completed for each employee?		_____	_____	_____
	-Was each Employee Data Form and Self-Certification submitted with the first payroll in which the employee appeared?		_____	_____	_____

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
16. Is the grantee maintaining a Good Faith Efforts File? ~ Does documentation in file support attempts to comply with Section 3? <i>i.e. Does it contain memoranda, correspondence, advertisements, etc. illustrating the grantee's and the contractor's attempts to reach eligible persons and businesses?</i>	_____	_____	_____
17. Was a complaint made to HUD by a Section 3 resident or business that challenged non-compliance with Section 3 on the part of the grantee, prime or sub? ~ If <b>Yes</b> , explain. _____ a. What is the status of the complaint? _____ b. Was there a finding of non-compliance? _____	_____	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
(answer: <b>Yes</b> , <b>No</b> or <b>N/A</b> )	<u>1</u>	<u>2</u>	<u>3</u>
18. Is there a performance bond and a payment bond for the contract amount?	_____	_____	_____
19. Were the U.S. Treasury Dept. and the LA Insurance Commissioner's Office contacted regarding the surety company?	_____	_____	_____
20. Did the contract document include all items contained in the bid package and was it executed by the contractor?	_____	_____	_____
21. Were change order(s) approved by OCD prior to execution by grantee?	_____	_____	_____
22. Was a copy of the executed change order with all necessary signatures submitted to OCD?	_____	_____	_____
23. Has there been a final inspection of work?	_____	_____	_____
24. Has the 'Certificate of Substantial Completion' been recorded?	_____	_____	_____
25. Has final payment been made to contractor less retainage?	_____	_____	_____
26. Has the 'Clear Lien Certificate' been issued?	_____	_____	_____
27. Has contractor been paid their retainage?	_____	_____	_____

Comments / Recommended Corrective Action: \_\_\_\_\_

**NOTE: Unless otherwise noted with an asterisk (\*), questions on the Public Improvements Checklist are in the procurement compliance area.**



**Exit Conference**

Grantee: \_\_\_\_\_ Contract #: \_\_\_\_\_ LGR: \_\_\_\_\_

Program Areas Reviewed	Identify Problems to be Corrected
Acquisition (05)	
Anti-displacement (14)	
Citizen Participation(13)	
Civil Rights: 504 / EO / MBE/Sec. 3/FH (04)	
Economic Development (14)	
Environmental (02)	
Financial Management (01)	
Labor Standards (03)	
National Objective (10)	
Program Performance- Administration (09)	
Procurement (08)	
Public Improvements	
Record Keeping (12)	