

## E-5: LOCAL GOVERNMENT QUESTIONNAIRE

### Local Government Questionnaire

This questionnaire must be completed in its entirety and returned with the information requested. It must be signed by the chief elected official.

	Question	Yes	No	N/A
1.	At this time, has a person or business been displaced as a result of this program? (If yes, contact OCD-LGA immediately)			
2.	Is it anticipated that any person or business will be displaced as a result of this program? (If yes, contact OCD-LGA immediately)			
3.	Does your local government operate a 24-hour emergency service?			
	<ul style="list-style-type: none"> <li>If yes, does your local government use a functioning TDD?</li> </ul>			
4.	If your local government does not have a functioning TDD, does it utilize the LA Relay Service?			
	<ul style="list-style-type: none"> <li>A copy of the newspaper advertisement of the published telephone numbers within six months of the Authorization to Incur Costs letter date must be returned with this questionnaire.</li> </ul>			
5.	Does the local government have any disabled employees?			
	<ul style="list-style-type: none"> <li>If yes, provide the policy stating that reasonable accommodations, such as restructuring/relocating job, modifying schedule, acquiring or modifying equipment, providing reader/interpreter, are made.</li> </ul>			
6.	Does your local government's operating unit have 15 or more employees?			
	<ul style="list-style-type: none"> <li>If yes, has the local government taken appropriate initial and continuing steps to notify "participants, beneficiaries, applicants, and employees, including those with impaired vision or hearing, and unions or professional organizations holding collective bargaining or professional agreements with the grantee" that it does not discriminate on the basis of disability in violation of this part?</li> </ul>			
	<ul style="list-style-type: none"> <li>If yes, did the grantee make the initial notification required within 90 days of receipt of the executed contract with the State for each new grant?</li> </ul>			
	<ul style="list-style-type: none"> <li>If yes, documentation of initial and continuing notifications must be returned with this questionnaire.</li> </ul>			
7.	Has your local government acquired an "existing" facility (construction prior to July 11, 1988) that is not accessible and will renovate it prior to occupying it?			
8.	Has the U.S. Justice Department required your local government to make a facility physically accessible?			

	<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>9.</b>	Has your local government ever been cited by a state or federal agency for Equal Employment Opportunity (EEO) non-compliance?			
	<ul style="list-style-type: none"> <li>• <i>If yes, please submit documentation of non-compliance and final determination.</i></li> </ul>			
<b>10.</b>	At this time, have any fair housing complaints been recorded?			
	<ul style="list-style-type: none"> <li>• <i>If yes, proper documentation of the complaint procedures will be reviewed during the on-site monitoring visit.</i></li> </ul>			
<b>11.</b>	Did your local government hold a pre-construction conference with the prime contractor(s) and any known subcontractor(s) prior to the start of construction?			
	<ul style="list-style-type: none"> <li>• If yes, date of conference:</li> </ul>			
	<ul style="list-style-type: none"> <li>• Date construction began:</li> </ul>			
<b>12.</b>	Were the following posters displayed at the job site:			
	<ul style="list-style-type: none"> <li>• Project wage sheet or applicable wage decision(s)?</li> </ul>			
	<ul style="list-style-type: none"> <li>• Employee Rights Under the Fair Labor Standards Act?</li> </ul>			
	<ul style="list-style-type: none"> <li>• Employee Rights Under the Davis-Bacon Act?</li> </ul>			
	<ul style="list-style-type: none"> <li>• Equal Employment Opportunity is the Law?</li> </ul>			
	<ul style="list-style-type: none"> <li>○ <i>Documentation for the above must be submitted to OCD.</i></li> </ul>			
<b>13.</b>	Did your local government adopt the State's sample procurement policy?			
	<ul style="list-style-type: none"> <li>• If yes, what is the date of adoption: (Note: If adopted prior to 2015, the current sample policy must be adopted.)</li> </ul>			
<b>14.</b>	Did your local government meet the criteria of being a parish with a population over 20,000 or a municipality with a population over 10,000?			
	<ul style="list-style-type: none"> <li>• If yes, did your local government provide for electronic submission of bids through either your own website or a third-party commercial website?</li> </ul>			
<b>15.</b>	At this time, was a complaint made by a Section 3 resident or business that challenged non-compliance with Section 3 on the part of your local government, prime contractor(s), or subcontractor(s)?			

	<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	<ul style="list-style-type: none"> <li><i>If yes, please provide documentation of the complaint procedure and responses.</i></li> </ul>			
<b>16.</b>	Will grantee transfer ownership of system to another entity?			
	<ul style="list-style-type: none"> <li>If yes, has a Cooperative Endeavor Agreement been signed executed regarding transfer of ownership?</li> </ul>			

**17.** If grant funds were used for all of part of a contract(s), please provide the UEI number and active status for the following contracts:

<b>Contract</b>	<b>Name</b>	<b>UEI Number</b>	<b>Expiration Date</b>
Administrative Consultant			
Project Engineer			
Prime Contractor 1			
Prime Contractor 2			
Subcontractor 1			
Subcontractor 2			
Subcontractor 3			

I hereby certify that the answers on this questionnaire are true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Chief Elected Official Signature

\_\_\_\_\_  
Chief Elected Official Name

\_\_\_\_\_  
Date