

CDBG MONITORING PRE-VISIT REVIEW

All portions of this sheet must be completed prior to the monitoring visit.

Grantee: _____

Grant Title: _____

Contract Number: _____

Date of Review: _____

Monitor: _____

Persons Interviewed: _____

1. Beneficiaries

Have the final application beneficiary numbers been entered on the Beneficiaries page? _____

2. Contract

Enter the contract scope: _____

Has the scope been changed or amended? _____

If so, what is the new scope? _____

3. Labor

Does the grant require labor? _____

If yes, complete questions below.

	Decision Type	Decision Number	Modification Number	Date
Phase/Contract 1				
Phase/Contract 2				
Phase/Contract 3				
Phase/Contract 4				
Phase/Contract 5				

Was an addendum issued based on 10-day wage check? _____

If so, are the correct rates listed? _____

Did a rebid require new wage rates? _____

If so, are the correct rates listed? _____

4. Contract/Subcontract Activity Report

Has a Report been submitted in the past month? _____ Date: _____

(Obtain the most recent report prior to the visit)

COMPLIANCE OVERVIEW

Summary of Findings

Additional Notes

- 1. Recordkeeping _____
- 2. Program Benefit _____
 - Target Area Surveys _____
- 3. Environmental Review _____
- 4. Acquisition _____
- 5. Procurement _____
- 6. Equal Opportunity / Fair Housing _____
- 7. Title VI and Site Visit _____
- 8. Labor _____
 - Contractors Certification _____
 - Payrolls _____
- 9. Equipment _____
- 10. Housing Rehabilitation _____
- 11. Relocation _____

RECORDKEEPING

Check that all files listed on the file system checklist have been established and that the the required doucmentation is present.

- 1. Application _____
- 2. Citizen Participation _____
- 3. Administration Procurement _____
- 4. Engineering/Architectural Procurement _____
- 5. Audit _____
- 6. Contract _____
- 7. Financial Management _____
- 8. Environmental Review Record _____
- 9. Fair Housing/Equal Opportunity _____
- 10. Acquisition _____
- 11. Bidding and Award _____
- 12. Construction Contract _____
- 13. Labor _____
- 14. Equipment _____
- 15. Housing Rehabilitation _____
- 16. Relocation _____
- 17. Monitoring _____
- 18. Closeout _____
- 19. General Correspondence _____

GRANT BENEFICIARIES

1. Application

Is a copy of the application is on file? _____

2. Beneficiary Information (LMI% will autofill)

	Final Application	At time of monitoring
Total Persons Served		
LMI Persons Served		
LMI%		
Total Households Served		

How does the applicant as LMI? _____

3. Direct Beneficiaries (leave blank if not a Direct Beneficiary activity)

Have any of the beneficiary numbers changed from the projected numbers in the final application? _____

If yes, please explain below.

Have the required number of beneficiaries been met at the time of monitoring? _____

If no, what is the plan to ensure target numbers will be met?

4. Findings and Concerns

Are any findings or concerns present related to the Beneficiaries? _____

If "Yes", number and list the findings and concerns below.

Target Area Survey Review

This is a review to check the accuracy of the Target Area Surveys of the indirect beneficiary projects that meet LMI not using the Census numbers. Before the monitoring visit the ECD representative will review the Map Survey Form in the the application and randomly select 10 house numbers. The information will then be input in the table and compared with the actual Target Area Survey in the file at the time of monitoring.

Inconsistencies will result in a finding and may result in a more thorough review of the Target Area Survey file.

1. Target Area Survey Review

Total Houses Surveyed: _____

Duplicates:

TAS Number	Application		On-Site	
	Household Total	LMI Total	Household Total	LMI Total

Fill Numbers

2. Findings and Concerns

Are any findings or concerns present related to the Target Area Surveys? _____

If "Yes", number and list the findings and concerns below.

Additional Notes

ENVIRONMENTAL REVIEW & ACQUISITION SUMMARY

1. Environmental Review

- Is the Environmental Review Record on file? _____
- Is the LOREC on file? _____
- Is the FNORCC on file? _____
- Was a Environmental Addendum required? _____
- If yes, are the documents on file? _____
- If yes, is the TNECD approval on file? _____

2. Real Property Acquisition and Relocation Summary

If either of the following questions is answered affirmatively, the appropriate additional checklist will be used to ensure the proper procedures were followed concerning acquisition of real property and/or relocation of beneficiaries.

- Did the grant activity require the acquisition or donation of real property, including easements? _____
- Did the grant activity result in the relocation of beneficiaries? _____

3. Findings and Concerns

- Are any findings or concerns present related to Environmental Review? _____
- If "Yes", number and list the findings and concerns below.

Additional Notes

PROCUREMENT AND BIDDING

1. Professional Service Procurement

Are the engineer procurement reviews on file? _____

Are the administrator procurement reviews on file? _____

2. Bidding and Procurement

What type of procurement was used to select the contractor/vendor? _____

Were all activities requiring public bidding advertised a daily newspaper? _____

Is the bid advertisement in the file? _____

Is documentation of submission of plans and specs to TDOT DBE and/or GoDBE in the file? _____

Were minority and female firms solicited in the county and/or surrounding counties? _____

What documentation is in the file to support this? _____

3. Awarded Contracts

The following information must be completed for all contracts awarded under the grant. A firm must be more the 50% minority-owned to be classified as a minority contractor.

Name of Firm	Type of Contract	Minority Contractor	Dollar Amount	Debarment Certification*

*Required for equipment vendors.

Is the Contract/Subcontract Activity Report in the file? _____

Does the date match the date of the most recent report submitted to ECD? _____

4. Findings and Concerns

Are any findings or concerns present related to Procurement or Bidding? _____

If "Yes", number and list the findings and concerns below.

FAIR HOUSING & EQUAL OPPORTUNITY

1. Fair Housing

Does the grant file contain a copy of the Executive Summary of the 2013 Tennessee Analysis of Impediments to Fair Housing Choice? _____

Has a fair housing activity been completed? _____

If yes, what activity was conducted?

Was the fair housing activity approved by ECD? _____

If a fair housing activity has not been completed, what is the plan to meet this requirement?

2. Section 3

Has the Section 3 Questionnaire been completed? _____

Has the Lower Income Clarification form been completed, or is a copy of the Income Limits from the application year included? _____

3. Employment Policies

Does the grant file include a copy of the grantee's hiring policies? _____

Is the Policy of Non-Discrimination posted? _____

4. Findings and Concerns

Are any findings or concerns present related to Fair Housing or Equal Opportunity? _____

If "Yes", number and list the findings and concerns below.

Additional Notes

TITLE VI COMPLIANCE & SITE VISIT REPORT

1. Title VI Interim Checklist

- Is the data provided by the grantee sufficient for determining that benefits and services were made available without discrimination on the basis of race, color, or national origin? _____
- Did the grantee provide the racial composition of the target area? _____
- Did the grantee provide the population, actually served by the project, by race, color, or national origin? _____
- Did the location of this project have the effect of or deny access to any person on the basis of race, color, or national origin? _____

The following questions must be answered by an employee of the grantee, other than the mayor, who works with or is involved in the Title VI process.

- Has a federal or state agency found the applicant in noncompliance with any civil rights requirement? _____
- Has a civil rights compliance review been conducted at the grantee's site by any federal or state agency within the last two years? _____
- If "Yes", has a copy of the finding of the compliance review letter been saved in the ECD file? _____

Name: _____

Title: _____

2. Site Visit

- Was physical project viewed (construction or equipment)? _____
- Does the physical project appear to be in-scope? _____
- If "No", what portion of he project appear out-of-scope?

3. Findings and Concerns

- Are any findings or concerns present related to Title VI or the site visit? _____
- If "Yes", number and list the findings and concerns below.

REAL PROPERTY ACQUISITION CHECKLIST

Complete This Portion for a Selection of Acquired Properties:
(Add more columns if needed)

	Acquisition 1	Acquisition 2	Acquisition 3	Acquisition 4
1. Property Information				
Property Owner:				
Location (Address):				
Type of acquisition:				
Reason for acquisition:				
2. Recordkeeping				
Is there an adequate recordkeeping system in place for the acquisition? (Each acquisition should be in a separate file.)				
3. Informing the Owner				
Is there documentation showing that a copy of the "Preliminary Acquisition Notice" was given to the owner?				
Is there a certification slip or signed acknowledgement for this letter?				
Is there documentation showing that a copy of "When a Public Agency Acquires Your Property" was given to the homeowner?				
Is there a certification slip or signed acknowledgement for this document?				
4. Donations				
Did owner waive his right to an appraisal and just compensation by signing the waiver? (If yes, go to 8.)				
5. Appraisal				
The appraisal was done by a qualified appraiser and the report is on file.				
Appraiser Name:				
Appraiser License #:				
The review appraisal was done by a qualified person and the report.				
Review Appraiser Name:				
Review Appraiser License #:				
Does the file include documentation that the owner was invited to accompany the appraiser on inspection of the property?				
6. Offer to Purchase				
Was the owner given a written offer to purchase?				
Was the owner given a "Statement of the Basis for Determination of Just Compensation"?				
7. Settlement				

Is a copy (front and back) of the cancelled check indicating payment acceptance of just compensation in the file?				
Is a statement of settlement costs included in the file?				
If the City/County decided not to purchase, was there a written notice of "Determination Not to Acquire" in the file?				

8. Record of Deed

Is there proof of recording the Deed in the file?				
Date of Deed recording:				

9. Significant Dollar Amounts

First Appraisal:				
Date:				
Amount:				
Review Appraisal:				
Date:				
Amount:				
Just Compensation Determination				
Date:				
Amount:				
Initial Written Offer				
Date:				
Amount:				
Acquisition				
Date:				
Amount:				

10. Acquisition Price Exceeds Just Compensation

If the acquisition price was more than the Just Compensation, is an approval letter from ECD on file?				
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11. Findings and Concerns

Are any findings or concerns present related to Acquisition? _____

If "Yes", number and list the findings and concerns below.

Additional Notes:

EQUIPMENT CHECKLIST

1. Plans and Specifications

Are the equipment specifications on file? _____
Is the copy of TNECD approval of specifications on file? _____

2. Bidding

Is the advertisement for bid on file? _____
Were solicitation letters sent, and are they on file? _____
If "yes", are copies of the solicitation letters in the file? _____
If "yes", how many solicitation letters were sent? _____
Are bid tabs for all equipment procurement on file? _____
Is a copy of TNECD bid tab approval on file? _____

3. Proof of Ownership

Is proof of ownership on file? _____
(Must be the title for vehicles)

4. Findings and Concerns

Are any findings or concerns present related to the Equipment purchases? _____
If "Yes", number and list the findings and concerns below.

Additional Notes

HOUSING REHABILITATION CHECKLIST

1. Activity Progress

	<u>Contract</u>	<u>Completed to Date</u>
Rehab		
Relocate		
Acquisition		
Clearance		
Other		

2. Recordkeeping

Does the Grantee have on file a copy of their Policies and Procedures with resolution of adoption by the City? _____

Does the Grantee have a copy of the General Conditions and Specifications for rehabilitation? _____

3. Program Design

Does the Grantee have a prioritized list of eligible homeowners indicating the order in which the work will be done? _____

Did a review of the program guidelines including the applicants screening process show that the grantee had followed the guidelines? _____

Does the City have a master list of all dwellings? The "Cumulative Housing Rehabilitation Report" should provide this information. _____

Was a conflict of interest check completed? _____

Does the completed work appear to be satisfactory and consistent with the contract/work write-ups? _____

4. Findings and Concerns

Are any findings or concerns present related to Housing Rehabilitation? _____

If "Yes", number and list the findings and concerns below.

Additional Notes

HOUSING REHABILITATION INDIVIDUAL CASE FILES

Separate case files must be kept for each dwelling in the target area that is being rehabilitated.

1. General Information

	1	2	3	4
Homeowner Name:				
Priority List Number:				
Address:				
Grant Amount:				
Type of Assistance:				
Site Visit:				

2. Documentation

Homeowner				
Housing rehabilitation application				
Ineligible for assistance (if applicable)				
Approval for rehabilitation assistance				
Rehabilitation work write-up				
Contract for rehabilitation				
Grant agreement				
Right of Rescission				
Lead poisoning notice provided to homeowner				
Status of Compliance completed				
Statement of Clearance completed				
Rehab bid tabulation				
Notice to Proceed				
Certificate of Escrow Account				
Inspection report(s)				
Change Orders (if necessary)				
Non-Kickback Certification				
Certification of Completion and Final Inspection				
Final Invoice, Release of Liens and Warranty				
Receipt of final payment				
Copies of contractor payments (cancelled checks)				
Follow-up visits				
Written complaints and resolution, correspondence				

3. Findings and Concerns

Are any findings or concerns present related to the Housing Rehabilitation Individual Case Files? _____

If "Yes", number and list the findings and concerns below.

Additional Notes

RELOCATION CHECKLIST

1. General Information

- Is a separate file established for each household? _____
- Is the relocation voluntary? _____
- Are Policies and Procedures for relocation in the file?

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2. Voluntary Relocation

	1	2	3	4
Homeowner Name:				
Address:				
Did the relocated homeowner receive the General Information Notice - 180 Day Homeowner?				
Is a copy of the Claim for Replacement Housing Payment - Voluntary on file?				
Is a copy of the Letter of acknowledgment of Services and Payments Rendered on file?				
Did the Relocation involve the acquisition of a dilapidated dwelling? <i>(Check the Acquisition file to see if it is complete)</i>				

3. Involuntary Relocation

	1	2	3	4
Homeowner Name:				
Address:				
Is a completed case record form in the file?				
Did the relocated homeowner receive the General Information Notice - 180 Day Homeowner?				
Is the Notice of Eligibility for Relocation Assistance in the file?				
Is evidence of receipt by the relocated homeowner in the file?				
Is evidence of referrals to replacement housing in the file?				
Is a copy of 30 Day notice and evidence of receipt in the file?				
Is a copy of 90 Day notice and evidence of receipt in the file?				
Is the Record of inspection of replacement and referral units in the file?				
Is evidence that advisory services were provided to the relocated homer in the file?				
Is a copy of the relocation claim, worksheet, and supporting documentation in the file?				
Is evidence of the verification of claim in the file?				
Are copies of canceled checks in the file?				
Is the acknowledgment of payments and services rendered in the file?				
Are copies of all appeals and dispostions in the file?				
Is evidence the displaced homeowner was advised of his/her/their rights under the Fair Housing Act in the file?				
Are records of the race and sex of each person in the household relocated in the file?				
Is a record of the address/location of the relocated homeowner in the file?				
If the relocated homeowner is a minority, is a signed statement by relocated homeowner that he/she/they were offered housing outside minority areas in the file?				
If a court case was filed, how was the case resolved and, what assistance was provided?				

3. Findings and Concerns

Are any findings or concerns present related to Housing Rehabilitation Relocation? _____

If "Yes", number and list the findings and concerns below.

Additional Notes