## A1301

## TxCDBG Monitor Review Checklist

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| **CLOSE-OUT DOCUMENTATION CHECKLIST** |
| GRANT RECIPIENT:  | Cog:  |
| Contract NO/Fund:  | Grant Period:  |
| Grant Amount:  | Monitor:  |
| Match:  | SPECIALIST:  |
| Consultant:  |  |
| **Documents** | **Date Rec'd** | **Revised/ Comment** |
| Project Completion report |   |   |
| Certificate of construction completion (CoCC) |   |   |
| Final Wage Compliance Report |   |   |
| Fair Housing Activity |   |   |
| Final Public Hearing |   |   |
| Report ON Real Property Acquisition |   |   |
| Other: |   |   |
| **Monitoring** | **Date** | **Follow-up** |
| Monitor REVIEW(s) |   |   |
| Monitor Report |   |   |
| PCR REceived by monitor |   |   |
| ADMINISTRATIVELY COMPLETE |   |   |

**TxCDBG MONITORING CHECKLIST**

Grant Recipient: Contract No.

Region:

Chief Elected official: Address:

Administrator:

Engineer:

Contract Specialist: Program Monitor:

Contract Start Date: Ending Date: Extension:

Contract Amount: Amount Drawn: % Match:

Project Description/Comments:

Persons Present for Review:

**MONITORING REVIEW DATE:**  **Interim:**  **Close-out:**

**Standard Checklist Sections:**

\_\_\_\_\_ Procurement of Professional Services**/**Administration Services Review

\_\_\_\_\_ Financial Management Review

\_\_\_\_\_ Environmental Review

\_\_\_\_\_ Construction/Materials/Equipment Contract Review

\_\_\_\_\_ Labor Standards Review

\_\_\_\_\_ Civil Rights Review

\_\_\_\_\_ Acquisition

**Special Sections:**

\_\_\_\_\_ Force Account

\_\_\_\_\_ Housing Rehabilitation

\_\_\_\_\_ Demolition/Clearance

\_\_\_\_\_ Relocation

\_\_\_\_\_ Other:

**PROCUREMENT OF PROFESSIONAL SERVICES/ADMINISTRATION SERVICES**

**No. Findings:**

**Summary of Findings:**

**Summary of Concerns:**

**Administration Services and Professional Services**

**NOTE: As of 2/1/2018, Grant Administration Services with an anticipated contract cost ≤ $50,000 must be procured according to the prequalification procurement method.** **All administration and professional services related to TxCDBG projects must be procured competitively, regardless of the source of funds that will pay for the service contracts.**

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| **PROCUREMENT OF ADMINSTRATION SERVICES/OTHER PROFESSIONAL SERVICES** |
|  | **(Desk Review Questions (A-C)** | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| A. | Did the Grant Recipient receive approval for Non-competitive negotiation before contracting for professional services**/**administration services? (Applies to Disaster Relief/Urgent Need) |  |  |  | Date of Waiver: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B. | Did the Grant Recipient designate a nonprofit public agency to administer TxCDBG contract activities? |  |  |  | * Council of Government (COG)
* Water District, River Authority
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| C. | Did the Grant Recipient self-administer the project with their own local government staff? |  |  |  | Name/title of the community’s grant administrator:  |
| D. | Did the Grant Recipient award the contracts for administration and engineering to the same firm? |  |  |  |  |
| ***Desk Review Questions:*** ***If you answered YES to either question A or B, then skip to question NO. 6 - 10.*** |
| **PREQUALIFICATION PROCUREMENT METHOD** |
| Note: Mandatory method for grant administration contracts $50,000 or less procured on or after 2/1/2018. |
| 1. | Did the Grant Recipient form an Evaluation Team which contained at least one local official? |  |  |  | List Members and Titles: |
| 2. | Did the Evaluation Team select at least three firms from the pre-qualified list for further consideration? |  |  |  | List Firm(s): |
|  | Was at least one firm self-identified as a MBE, WBE, SBE, or a Section 3 firm? |  |  |  | List Firm(s): |
| 3. | Did the Grant Recipient email the *Request for Project-Specific Proposal* (FormA506) to firms selected by the Evaluation Team? |  |  |  |  |
| 4. | Did the A506 contain include the following: |  |  |  |  |
|  | 1) A description of the project  |  |  |  |  |
|  | 2) Anticipated scope of work |  |  |  |  |
|  | 3) Evaluation criteria |  |  |  |  |
|  | 4) Cost |  |  |  |  |

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| **PROCUREMENT OF PROFESSIONAL SERVICES/ADMINSTRATION SERVICES** |
|  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 5. | Did the Grant Recipient receive proposals from firms who were sent RFPs? (Either a *Response from Service Provider* (Form A507) or a proposal in the firm’s own format.) |  |  |  | List firms that responded: |
| 6. | Is there evidence that the Grant Recipient evaluated each proposal according to evaluation criteria in the RFP? |  |  |  |  |
| 7. | Did the Evaluation Team recommend award to most responsive and responsible firm? |  |  |  | Name of successful respondent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. | DEBARMENT: Was SAM eligibility verified before contract award?  |  |  |  | Date of verification:  |
| 9. | Is there evidence that the governing body (Commissioner's Court/Council) awarded the contract to the recommended firm? |  |  |  | Date of meeting:  |
| **TRADITIONAL PROCUREMENT METHOD** |
| Note: Mandatory method for contracts greater than $50,000 paid in whole or in part with TxCDBG funds. |
| 1. | Did the Grant Recipient establish and use written selection criteria that included, *at a minimum*, a clear and accurate description of the technical requirements of the services to be procured? |  |  |  |  |
| 2. | Does the RFP provided offer detailed instructions and identify the criteria to be used in evaluating proposals? |  |  |  |  |
| 3. | Did the Grant Recipient advertise the RFP in a locally distributed newspaper, and submit the RFP to at least 5 individuals/firms?  |  |  |  | Adv.: Letters:\_\_\_\_ Email:\_\_\_\_ Fax:\_\_\_\_No. of respondents: Name of successful respondent:   |
| 4. | Were any firms certified with the Texas Comptroller as a SBE/MBE/WBE included in the solicitation for proposals? |  |  |  | List SBE/MBE/WBE firms: |
| 5. | Is the deadline for receipt of proposals no earlier than 10 days after the date of public advertisement and/or mailing dates of the RFPs? |  |  |  | Date(s) of solicitation:  Deadline:  |

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| **PROCUREMENT OF PROFESSIONAL SERVICES/ADMINSTRATION SERVICES(Administrative or Professional Services Paid with TxCDBG Funds)** |
|  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 6. | Did the Grant Recipient successfully negotiate a contract with the most highly qualified service provider/firm? |  |  |  |  |
| **If No,** did the Grant Recipient formally end negotiations with that person/firm? |  |  |  |  |
| 7. | DEBARMENT: Was SAM eligibility verified before contract award?  |  |  |  | Date of verification:  |
| 8. | Is there evidence that the governing body (Commissioner's Court/Council) authorized the approval to proceed with contract execution? |  |  |  | Date of meeting:  |
| **PRE-AGREEMENT AND REQUIRED CONTRACT PROVISIONS** |
| 9. | Was there a pre-agreement request? |  |  |  | Pre-Agreement Start Date:  |
| 10. | Does the contract document include all of the following provisions? |  |  |  |  |
| Names of both parties |  |  |  |  |
| What is the effective date to begin performing services? |  |  |  | Contract start date: Time of Performance start date if different:  |
| Scope of services |  |  |  |  |
| Firm fixed-price compensation |  |  |  |  |
| Procedure for amending contract |  |  |  |  |
| Termination for convenience and for cause clause(s)(For contracts >$10,000) |  |  |  |  |
| Procedures for determining the party responsible for any disallowed costs as a result of non-compliance |  |  |  |  |
| Conflict of Interest |  |  |  |  |
| Local Program Liaison |  |  |  |  |
| Equal Opportunity Clause(For contracts >$10,000) |  |  |  |  |
| Section 3 of the HUD Act of 1968(For contracts >$100,000 |  |  |  |  |
| Access to Records (2 CFR 200.336) |  |  |  |  |
| Retention of records for three years from closeout of the grant to the State  |  |  |  |  |

**Engineering/Architectural Services Paid with TxCDBG Funds**

**All professional services related to TxCDBG projects must be procured competitively, regardless of the source of funds that will pay for the service contracts.**

| **PROCUREMENT OF PROFESSIONAL SERVICES/ADMINISTRATION SERVICES(Engineering/Architectural Services Paid with TxCDBG Funds)** |
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|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| A. | Did the Grant Recipient receive approval for non-competitive negotiation before contracting for professional services**/**administration services? (Applies to Disaster Relief/Urgent Need) |  |  |  | Date of Waiver: \_\_\_\_\_\_\_\_\_\_\_\_ |
| B. | Did the Grant Recipient designate a nonprofit public agency to administer TxCDBG contract activities? |  |  |  | * Council of Government (COG)
* Regional Planning Commission
* Public Housing Authority
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| ***If you answered Yes to either question A or B, then skip to questions 9 - 13.*** |
| 1. | Did the Grant Recipient establish and use written selection criteria that included, *at a minimum*, a clear and accurate description of the technical requirements of the services to be procured? |  |  |  |  |
| 2. | Does the written selection procedure contain only non-price criteria? |  |  |  |  |
| 3. | Did the Grant Recipient advertise the RFP in a locally distributed newspaper and submit the RFP to at least 5 individuals or firms?  |  |  |  | Adv.: Letters:\_\_\_ Email:\_\_\_\_ Fax\_\_\_\_# of respondents: Name of successful respondent:   |
| 4. | Were any SBE/MBE/WBE included in the solicitation for proposals? |  |  |  | List SBE/MBE/WBE firms: |
| 5. | Is the deadline for receipt of proposals no earlier than 10 days after the date of public advertisement and/or mailing dates of the RFPs? |  |  |  | Date(s) of solicitation:  Deadline:  |
| 6. | Does the RFP provide offers detailed instructions and identify the criteria to be used in evaluating proposals? |  |  |  |  |
| 7. | Did the Grant Recipient successfully negotiate a contract with the most highly qualified service provider/firm? |  |  |  | ***If No,*** question 8 is applicable. |

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| **PROCUREMENT OF PROFESSIONAL SERVICES/ADMINISTRATION SERVICES(Engineering/Architectural Services Paid with TxCDBG Funds)** |
|  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 8. | Did the Grant Recipient formally end negotiations with that person/firm? |  |  |  |  |
| 9. | DEBARMENT: Was SAM eligibility verified before contract award?  |  |  |  | Date of verification:  |
| 10. | Is there evidence that the governing body (commissioner's court/council) authorized the approval to proceed with contract execution? |  |  |  | Date of meeting:  |
| 12. | Is the selected engineer/architect registered to practice in the state of Texas? |  |  |  |  |
| **PRE-AGREEMENT AND REQUIRED CONTRACT PROVISIONS** |
| 11. | Was there a pre-agreement request? |  |  |  | Pre-Agreement Start Date:  |
| 13. | Does the contract document include all of the following provisions? |  |  |  |  |
| Names of both parties |  |  |  |  |
| Begin date after starting date of TxCDBG contract or pre-agreement letter on file |  |  |  | Contract start date: Time of Performance start date if different:  |
| Scope of services |  |  |  |  |
| Firm fixed-price compensation |  |  |  |  |
| Procedure for amending contract |  |  |  |  |
| Termination for convenience and for cause clause(s)(For contracts >$10,000) |  |  |  |  |
| Procedures for determining the party responsible for any disallowed costs as a result of non-compliance |  |  |  |  |
| Conflict of Interest |  |  |  |  |
| Local Program Liaison |  |  |  |  |
|  Equal Opportunity Clause (contracts >$10,000) |  |  |  |  |
|  | Section 3 of the HUD Act of 1968(For contracts > $100,000) |  |  |  |  |
|  | Retention of records for three years from closeout of the grant to the State |  |  |  |  |
| Access to Records(2 CFR 200.336) |  |  |  |  |

**ENVIRONMENTAL REVIEW**

**There are three (3) levels to this checklist. When completing the review, ensure the correct section is used for the appropriate level.**

1. **Full EA - beginning on Page #10**
2. **Categorically Excluded Subject to §58.5 – beginning on Page #12**
3. **Categorically Excluded Not Subject to §58.5 / Converting to Exempt / Exempt – beginning on Page #15**

**No. Findings:**

**Summary of Findings:**

**(List any findings and corrective action taken here. Attach to this checklist supporting evidence of a finding, evidence of a remediated finding, or a Corrective Action Plan (CAP), if applicable.)**

**Summary of Concerns:**

| **ENVIRONMENTAL REVIEW** |
| --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS AND CORRECTIVE ACTION TAKEN** |
| 1. | **Level of Review** |  |  |  | **Full Environmental****Assessment** |
| 2. | Did the Grant Recipient commit HUD funds or non-HUD funds or undertake a choice-limiting action prior to the State’s environmental clearance? |  |  |  | CDBG Contract Start date: ENV Clearance date: Execution Date for:Construction Contract: Property purchase/conveyance: \_\_\_\_\_\_\_\_\_Adverse impact or choice-limiting action:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Did the Grant Recipient authorize a Certifying Officer by resolution of the local governing body? |  |  |  | Name and title of Certifying Officer:  |
| 4. | Did the Grant Recipient submit the appropriate HUD Environmental Checklist for the level of review? |  |  |  | Date Checklist Signed: Date RROF Signed:  |
| 5. | Was the RROF signed after the checklist signature? |  |  |  |  |
| 6. | Does the project description include the following? |  |  |  |  |
|  Project name, funding source and location; |  |  |  |  |
|  Use of project  |  |  |  |  |
|  Size of project (sq. ft., No. of units, etc.) |  |  |  |  |
|  Type of Construction |  |  |  |  |
| 7. | Is the project description similar in quantities and locations to the most current Performance Statement (Exhibit A) in the contract)?  |  |  |  |  |
| 8. | Is the project description in the environmental review record (ERR) the same project that was constructed? |  |  |  |  |
| 9. | Does the ERR include a complete A302 Checklist with maps and verifiable source documentation? |  |  |  |  |
| 10. | Does the ERR include Request for Release of Funds and Certification form **(HUD Form 7015.16)?** |  |  |  |  |
| 11. | Did the Grant Recipient contact the Texas Historical Commission (THC) or cleared through the Programmatic Agreement with TDA?  |  |  |  | Date of THC Notification letter: Date of THC Response letter: Date Cleared through PA:  |
| 12. | Were Native American Interests Reviewed? (If cleared through the PA then this is N/A) to satisfy Section 106 of the National Historic Preservation Act? **(Note: for Alabama-Coushatta Tribe of Texas, the Grant Recipient must consult with the THPO).** |  |  |  | Date of Consult Letter(s):Date: \_\_\_\_\_\_\_\_\_ Tribe: \_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ Tribe: \_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ Tribe: \_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ Tribe: \_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ Tribe: \_\_\_\_\_\_\_\_\_\_ |
| 13. | Did the Grant Recipient have a flood plain map with the location of the project indicated on the map (if available)?  |  |  |  |  |
| 14. | ***If NO map***, were flow studies completed, or did the reviewer rely on other sources to determine if project area is prone to flooding?  |  |  |  |  |
| 14. | Did the Grant Recipient have a Wetlands Inventory Map with the location of the project indicated on the map? |  |  |  |  |
| 16. | Did the Grant Recipient comply with Executive Order 11988 (Floodplains), Executive Order 11990 (Wetlands), and 24CFR55.20 and complete the 8-Step Process?  |  |  |  | Early Public Notice: Public Comment Deadline: Notice of Explanation: Public Comment Deadline:  |
| 17. | Does the ERR contain a copy of the posted/ published Finding of No Significant Impact and Notice of Intent to Request a Release of Funds and posting/publisher’s affidavit?  |  |  |  | **Combined Notice Published (15 days)**Newspaper: Date Published: Local Comment Period: **Combined Notice Posting (18 days)**Posting Date Period: Location of Postings: Local Comment Period:  |
| 18. | Was the local comment period 15-days beginning the following date of the publication (18-days if posted). |  |  |  |  |
| 19. | Was the RROF signed after the end of the local comment period? |  |  |  |  |
| 20. | Was the FONSI Notice sent to local news media, interest groups, local, State agencies, regional office of the EPA, and TDA? Note: The FONSI must at minimum be sent to the regional office of the EPA. |  |  |  | **EPA** Date: **Other Interest Groups *(if applicable)***Name: Name:  |
| 21. | Were any public comments received? |  |  |  |  |
| 22. | ***If YES,*** *did the Grant Recipient address and resolve these comments before proceeding with completion of the RROF Certification form?* |  |  |  |  |
| 23. | Does the ERR contain an Authority to Use Grant Funds (AUGF) issued by TDA? |  |  |  | Date AUGF issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Effective date of AUGF if different: \_\_\_\_\_\_\_\_ |
| 24. | Did the magnitude or extent of the project remain substantially unchanged (i.e., changes in target area, project activities)? |  |  |  | ***If NO,*** *questions A, B, C, D are applicable.* |
| A. | Did the Grant Recipient submit a **TxCDBG Contract Amendment/Modification Request (Form A1101)**? |  |  |  |  |
| B. | Did the Grant Recipient re-evaluate the original environmental findings? |  |  |  |  |
| C. | Were the original environmental findings still valid? |  |  |  |  |
| D. | If the original findingswere no longer valid did the Grant Recipient prepare an environmental assessment addressing changes to the project? |  |  |  |  |
| 25. | Did TDA issue an updated Authority to Use Grant Funds for the modified project?  |  |  |  | Date AUGF issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Effective date of AUGF if different:\_\_\_\_\_\_\_\_\_ |
| **ENVIRONMENTAL REVIEW** |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS AND CORRECTIVE ACTION TAKEN** |
| 1. | **Level of Review** |  |  |  | **Categorically Excluded Subject to §58.5** |
| 2. | Did the Grant Recipient commit HUD funds or non-HUD funds or undertake a choice-limiting action prior to the State’s environmental clearance? |  |  |  | CDBG Contract Start date: ENV Clearance date: Execution Date for:Construction Contract: Property purchase/conveyance: \_\_\_\_\_\_\_\_\_Adverse impact or choice-limiting action:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Did the Grant Recipient authorize a Certifying Officer by resolution of the local governing body? |  |  |  | Name and title of Certifying Officer:  |
| 4. | Did the Grant Recipient submit the appropriate HUD Environmental Checklist for the level of review? |  |  |  | Date Checklist Signed: Date RROF Signed:  |
| 5. | Was RROF signed after the checklist signature? |  |  |  |  |
| 6. | Does the project description include the following? |  |  |  |  |
|  Project name, funding source and location |  |  |  |  |
|  Use of project  |  |  |  |  |
|  Size of project (sq. ft., No. of units, etc.) |  |  |  |  |
|  Type of Construction |  |  |  |  |
| 7. | Is the project description similar in quantities and locations to the most current Performance Statement Listed as Exhibit A in the contract)?  |  |  |  |  |
| 8. | Is the project description in the environmental review record (ERR) the same project that was constructed? |  |  |  |  |
| 9. | Does the ERR include a complete A302 Checklist with maps and verifiable source documentation? |  |  |  |  |
| 10. | Does the ERR include Request for Release of Funds and Certification form **(HUD Form 7015.16)?** |  |  |  |  |
| 11. | Did the Grant Recipient contact the Texas Historical Commission or cleared through the Programmatic Agreement (PA) with TDA?  |  |  |  | Date of THC Notification letter: Date of THC Response letter: Date Cleared through PA:  |
| 12. | Were Native American Interests Reviewed? (If cleared through the PA then this is N/A) to satisfy Section 106 of the Nat. Historic Preservation Act?**(Note: for Alabama-Coushatta Tribe of Texas, the Grant Recipient must consult with the THPO).** |  |  |  | Date of Consult Letter(s):Date: \_\_\_\_\_\_\_\_\_ Tribe: \_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ Tribe: \_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ Tribe: \_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ Tribe: \_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ Tribe: \_\_\_\_\_\_\_\_\_\_ |
| 13. | Did the Grant Recipient have a floodplain map with the location of the project indicated on the map (if available)? |  |  |  |  |
| 14. | If ***NO*** map, were flow studies completed, or did the reviewer relay on other sources to determine if the project area is prone to flooding?  |  |  |  |  |
| 15. | Did the Grant Recipient have a Wetlands Inventory Map with the location of the project indicated on the map? |  |  |  |  |
| 16. | Did the Grant Recipient comply with E.O. 11988 (Floodplains), E.O. 11990 (Wetlands), and 24 CFR55.20 and complete the 8-step process? |  |  |  | Early Public Notice: Public Comment Deadline: Notice of Explanation: Public Comment Deadline:  |
| 17. | Does the ERR contain a copy of the published *Notice of Intent to Request a Release of Funds* and publisher’s affidavit?  |  |  |  | **NOI-RROF Published (7 days)**Newspaper: Date Published: Local Comment Period: **NOI-RROF Posting (10 days)**Posting Date Period: Location of Postings: Local Comment Period:  |
| 18. | Was the local comment period 7-days beginning the following date of publication (10-days if posted)? |  |  |  |  |
| 19. | Was the RROF signed after the end of the local comment period? |  |  |  |  |
| 20. | Were any public comments received? |  |  |  |  |
| 21. | If ***Yes***, did the Grant Recipient address and resolve these comments before proceeding with the RROF Certification form. |  |  |  |  |
| 22. | Does the ERR contain an Authority to Use Grant Funds (AUGF) issued by TDA? |  |  |  | Date AUGF issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Effective date of AUGF if different: \_\_\_\_\_\_\_\_\_ |
| 23. | Did the magnitude or extent of the project remain substantially unchanged (i.e. changes in target area, project activities)? |  |  |  | *If* ***No****, questions A, B, C, D are applicable.* |
| A. | Did the Grant Recipient submit a **TxCDBG Contract Amendment/Modification Request (Form A1101)**? |  |  |  |  |
| B. | Did the Grant Recipient re-evaluate the original environmental findings? |  |  |  |  |
| C. | Were the original environmental findings still valid? |  |  |  |  |
| D. | If the original findingswere no longer valid did the Grant Recipient prepare an environmental assessment addressing changes to the project? |  |  |  |  |
| 24. | Did TDA issue an updated Authority to Use Grant Funds for the modified project?  |  |  |  | Date AUGF issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective date of AUGF if different: \_\_\_\_\_\_\_\_\_ |
| **ENVIRONMENTAL REVIEW** |
|  |  | **Y** | **N** | **N/A** |  |
| 1. | **Level of Review** |  |  |  | **Categorically Excluded Not Subject to §58. 5 / Converting to Exempt / Exempt**  |
| 2. | Is the Environmental Review Record available for public review? |  |  |  | Name of Certifying Officer:  |
| 3. | Did the Grant Recipient submit the appropriate HUD Environmental Checklist for the level of review? |  |  |  |  |
| 4. | Does the project description include the following: |  |  |  |  |
|  Project name, funding source and location; |  |  |  |  |
|  Use of project  |  |  |  |  |
|  Size of project (sq. ft., No. of units, etc.) |  |  |  |  |
|  Type of Construction |  |  |  |  |
| 5. | Is the project description similar in quantities and locations to the Performance Statement Listed as Exhibit A in the contract?  |  |  |  |  |
| 6. | Is the project description in the Environmental Review the same project that was constructed? |  |  |  |  |
| 7. | Does the ERR contain the Exemption Determination for Activities Listed at 24 CFR §58.34 Checklist, including written documentation of its determination that each activity or project is Exempt and meets the conditions specified for such exemption? |  |  |  |   |
| 8. | Did the project convert to Exempt from Categorically Excluded Subject to §58.5 under 24 CFR §58.34(a)(12)? |  |  |  |  |
| 9. | Is the original Environmental Clearance Letter from the Department for Exempt on file?  |  |  |  |  |

**FINANCIAL MANAGEMENT REVIEW**

**No. Findings:**

**Summary of Findings:**

**Summary of Concerns:**

| **FINANCIAL MANAGEMENT REVIEW** |
| --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 1. | Is a filing system maintained to provide readily accessible documentation and records that adequately identified the source and application of funds for grant supported activities? |  |  |  |  |
| 2. | Has the Grant Recipient submitted all required Financial Interest Reports? |  |  |  |  |
| 3. | Are separate accounting records (e.g. ledger, check register) established and maintained for TxCDBG project funds? |  |  |  |  |
| 4. | Are TxCDBG funds held in a Non-interest bearing account?  |  |  |  | ***If NO, Questions A & B apply.*** |
| A. | Is the amount of interest earned more than $500.00 per fiscal year?  |  |  |  |  |
| B. | ***If YES,*** *has the Recipient taken steps to return any interest earned over $500 by remitting payment to the DHHS Payment Management System per* *2 CFR 200.305(b)(9)?* |  |  |  | Amount of interest earned to be refunded: $\_\_\_\_\_\_\_ |
| 5. | Is the following source documentation available for review? |  |  |  |  |
|  | Copies of draw down requests |  |  |  |  |
| Deposit slips |  |  |  |  |
| Monthly bank statements |  |  |  |  |
| Purchase orders, invoices, and construction estimates, receipts, etc. |  |  |  |  |
| 6. | Were all TxCDBG funds spent in accordance with the budgeted line items from which they were drawn or corrected via the Notification of Balance Adjustment? |  |  |  |  |
| 7. | Were draw down requests limited to the amount of funds needed at the time of the request?  |  |  |  |  |
| 8. | Were TxCDBG funds generally disbursed within 5 business days of receipt/deposit, or as soon as administratively feasible? |  |  |  |  |
| 9. | Were transfers of funds between budgeted line items approved by the Department via budget modification/amendment? |  |  |  |  |
| 10. | Was reconciliation of the monthly bank statements made by someone other than the person responsible for handling cash or issuing checks (where feasible)? |  |  |  |  |
| 11. | Is authorization of payments and issuance of checks handled by different individuals (where feasible)? |  |  |  |  |
| 12. | Is there documentation that each employee or official having access to project assets, accounting records, or checks is bonded or insured? (Recommended). |  |  |  | Name of Company: Amount of Bond:  |
| 13. | Were all contract-related expenses (except audit) incurred within the TxCDBG contract period? |  |  |  |  |
| 14. | Do all costs appear allowable? |  |  |  | Questioned Costs: |
| **SINGLE AUDIT / AUDIT CERTIFICATION FORM**  |
| 1. | Was the Grant Recipient's most recent financial audit (CAFR) available for public review? |  |  |  | Fiscal Year Ending:   |
| 2. | Has the Grant Recipient submitted the applicable Audit Certification Form(s) |  |  |  |  |
| 3. | Did the Audit Certification Form(s) reflect expenditures of at least $750,000 or more in federal funds during the applicable fiscal year(s)?($500,000 for fiscal years beginning prior to 12/26/2014) |  |  |  |  |
| 4. | ***If YES,***has the Grant Recipient submitted required single audits to the Federal Audit Clearinghouse? |  |  |  |  |

| **FINANCIAL MANAGEMENT REVIEW** |
| --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
|  | **Did the Grant Recipient make a commitment to provide match to this project?** |  |  |  |  |
| **Match Dollar Amount:**   | **Percentage of TxCDBG Funds:**   |
| 1. | Are separate accounting records (e.g., ledger, check register) established and maintained to track local match expenditures for the project? |  |  |  |  |
| 2. | Is acceptable source documentation maintained to support local match expenditures (e.g. time sheets, personnel cost calculation forms, invoices, etc.)? |  |  |  |  |
| 3. | Were all of the expenditures claimed as match allocable under the TxCDBG project (i.e., all costs associated with carrying out the scope of activities in the Performance Statement? |  |  |  |  |
| 4. | Has the Grant Recipient expended an adequate amount of allowable local match to meet its percentage of TxCDBG funds commitment?  |  |  |  | Amount:  |
|  | ***If NO,*** *question 5 is applicable.*  |  |  |  |  |
| 5. | Has the Grant Recipient contracted or anticipates additional expenditures that will meet its local match commitment? |  |  |  |  |

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| **Local Match Budget Line Item:** | M**atch Expended to Date:** | **Match Obligated Not Spent:** | **TOTAL TO DATE** |
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**CONSTRUCTION / MATERIALS / EQUIPMENT**

**PROCUREMENT REVIEW**

**No. Findings:**

**Summary of Findings:**

**Summary of Concerns:**

| **CONSTRUCTION / MATERIALS / EQUIPMENT PROCUREMENT REVIEW** |
| --- |
|  **Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| **SEALED BIDDING PROCUREMENT** |
| 1. | Were the advertisements for construction bids published in a newspaper in the municipality (city), or of general circulation if (county) for two consecutive weeks (at least seven days apart)?  |  |  |  | * No local newspaper
* City □ County

Advertising Dates: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 2. | Was the advertising date at least 14 days before the bid opening date? |  |  |  |  |
| 3. | Is there evidence that proper competitive bidding procedures were used? (e.g., bid opening minutes, bid tabulation, etc.)  |  |  |  | Number of bids received:   |
| 4. | Are all bids received maintained in the Grant Recipient's files? |  |  |  |  |
| 5. | Were there any bid addendums?  |  |  |  |  |
|  | ***If Yes,***is there evidence that all bidders received the addendums? |  |  |  |  |
| 6. | Is the contract award date (not execution date) within 90 days of the bid opening?  |  |  |  | Bid opening: Award date: Execution date:  |
| 7. | Was the contract amount the same as the base + alternates bid items awarded? |  |  |  |  |
| 8. | Was the contract awarded to the lowest responsible bidder? |  |  |  |  |
| 9. | SAM Clearance: Was verification of the prime construction contractor received before contract award?  |  |  |  | Date of verification:  |
| 10. | SAM Clearance: Did the Grant Recipient request/receive verification for all sub-contractors?  |  |  |  | Number of subs:   |
| 11. | Does the project described in the bid/contract substantially agree with the TxCDBG Performance Statement? |  |  |  | Differences:  |
| ***If No***, was a performance statement modification requested? |  |  |  | Date:  |
| 12. | Were the plans/specifications prepared by a registered engineer/architect and carry the affixed seal? |  |  |  | Name of Engineer/Architect:  Seal #:   |

| **CONSTRUCTION / MATERIALS / EQUIPMENT PROCUREMENT REVIEW** |
| --- |
| **Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| **SMALL PURCHASE PROCUREMENT** |
| 1. | Did the Grant Recipient utilize the small purchase procurement?  |  |  |  |  |
|  | ***If Yes****, Did the Grant Recipient obtain price quotations from an adequate number (3 minimum) of qualified sources?* |  |  |  |  |
| 2. | Did total purchases remain below the $50,000 aggregate limit? |  |  |  | Estimated Small Purchases:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Is there any appearance of separate, sequential, or component purchases to avoid competitive bidding requirements? |  |  |  |  |
| 4. | SAM Clearance: Was verification of the prime construction contractor received before contract award?  |  |  |  | Date of verification:  |

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| **CONSTRUCTION** |
| **Description of Construction Activity** | **Estimated Cost** | **Number of Quotes** |
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| **MATERIALS / EQUIPMENT** |
| **Description of Materials or Equipment** | **Estimated Cost** | **Number of Quotes** |
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| **CONSTRUCTION / MATERIALS / EQUIPMENT PROCUREMENT REVIEW** |
| --- |
|  **Contractor Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| **PROCUREMENT THROUGH A PURCHASING COOPERATIVE**  |
| 1. | Did the purchasing cooperative publish an invitation for bids in a newspaper during two consecutive weeks (at least seven days apart)?  |  |  |  | Name of newspaper:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Advertising Dates: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | Was the advertising date at least 14 days before the bid opening date? |  |  |  |  |
| 3. | Is there evidence that proper competitive bidding procedures were used? (e.g., bid tabulation)  |  |  |  | Number of bids received:   |
| 4. | Were there any bid addendums?  |  |  |  |  |
|  | ***If Yes,***is there evidence that all bidders received the addendums? |  |  |  |  |
| 5. | Is there documentation demonstrating that the cooperative took affirmative steps to include MBEs and WBEs in contracting opportunities? |  |  |  |  |
| 6. | Was the vendor cleared on the System for Award Management for non-debarment status? |  |  |  | Date of verification:  |
| 7. | Was the vendor contract awarded to the lowest responsible bidder? |  |  |  | Bid opening: Award date: Execution date:  |
| 8. | Is there an executed interlocal agreement between the Grant Recipient and the third party purchasing cooperative? |  |  |  | Cooperative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Execution Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. | Was the purchase agreement/purchase order amount the same as the base bid + any selected options included in the vendor’s bid? |  |  |  |  |
| 10. | Were any options not included in the vendors bid added to the final cost of the item purchased? |  |  |  |  |
|  | ***If Yes,***did the options increase the base cost of the item purchased by 25% or more?Note: Considered tantamount to a change order. |  |  |  | Base Price: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cost of non-bid items added:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % Increase: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **CONSTRUCTION / MATERIALS / EQUIPMENT PROCUREMENT REVIEW** |
| **Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| **CONSTRUCTION COMPLETION** |
| 1. | Is construction complete? |  |  |  | In process:  |
| 2. | Does the Grant Recipient have "as-built" plans on the premises? |  |  |  | Was evidence available for the desk review? Yes \_\_\_ No \_\_\_ |
| 3. | Have all payment requests from prime and/or sub-contractor(s) been resolved? (Affidavit of All Bills Paid or COCC certifying no unpaid claims) |  |  |  |  |
| 4. | Has a Certificate of Construction Completion been completed? |  |  |  |  |
| **SPECIAL ASSESSMENTS (FIRST-TIME UTILITIES)** |
| 5. | Special Assessments: Were any special assessments levied on property owners and LMI occupants (e.g., service connections, tap-on fees/charges, monitoring fees, deposits, capital recovery fees), as a result of this project? |  |  |  |  |
| ***If Yes,*** *questions 20 and 21 are applicable.* |  |  |  |  |
| 6. | Did the Grant Recipient pay for all assessments for low-income households? |  |  |  |  |
| 7. | Did the Grant Recipient certify that it does/did not have sufficient TxCDBG funds to pay the assessment on behalf of the moderate-income occupants? |  |  |  |  |
| **CHANGE ORDERS (PER CONTRACT)** |
| 8. | Were all cumulative change orders that **increased** the contract price within 25% of the original contract price?  |  |  |  | % Cumulative Increase  |
| 9. | *(****County Only exception) If No****, were the change orders required to comply with federal or state law or regulation?* |  |  |  |  |
| 10. | Did the contractor consent to all cumulative change orders that **decreased** the contract price within 25% of the original contract price if a municipality or by 18% if a county? Loc. Gov. Code §§ 252.048(d) & 262.031(b) |  |  |  | % Cumulative Decrease  |
| 11. | Did TxCDBG approve all change orders (except final quantity changes)? |  |  |  | No. of change orders: No. approved:  |
| 12. | Is an executed contract PS amendment or modification on file for significant changes in the scope of work resulting from change orders or alternates? |  |  |  |  |



**SPECIAL CONDITIONS**

**No. Findings:**

**Summary of Findings:**

**Summary of Concerns:**

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| --- |
| **SPECIAL CONDITIONS** |
|  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 1. | Did the Grant Recipient submit the permits and approval certification Form A401?Types of Permits/Approvals:* TCEQ
* TDLR
* THC
* TxDOT
* Other approvals required
 |  |  |  |  |
| 2. | If the project is exempt from the Texas Engineering Practice Act requirement that public works projects must be designed, supervised, inspected, and accepted by a registered professional engineer, did the Grant Recipient document the exception through a letter certified by the chief local official? |  |  |  |  |
| 3. | Did the Grant Recipient submit a letter from TCEQ that the constructed water well is approved for interim use and may be temporarily placed into service pursuant to Title 30, TAC, Chapter 290-Rules and Regulations for Public Water Systems prior to the submission of the PCR? |  |  |  |  |
| 4. | Did the Grant Recipient provide documentation that final plans, specifications and installation of its sewer systems improvements have been reviewed and approved by the City or County Health Department through authority granted by TCEQ. |  |  |  |  |
| 5. | Did the Grant Recipient provide documentation of decommissioned abandoned septic tank, cesspool, seepage pit, etc. |  |  |  |  |
| 6. | Did the Grant Recipient provide documentation from TDLR concerning compliance with the Elimination of Architectural Barriers Act? (Applies to construction of a building or public facility with an estimated cost ≥ $50,000). |  |  |  |  |
| 7. | Did the Grant Recipient erect/place legible temporary project signage in a prominent visible public area at the construction project site or along a major thoroughfare within the community? |  |  |  | * Temporary Signage Photo
* Permanent Signage Photo
 |

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| **RESULTS OF ON-SITE INSPECTION CONDUCTED** |
|  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 1. | Project site visit conducted? |  |  |  | Date: Accompanied by:  |
| 2. | Were activities completed in accordance with the performance statement or change order/pay estimates?* Work completed per Performance Statement
* Construction Still in Progress

 % complete (approximate)  □ Other |  |  |  |  |
| 3. | Are beneficiaries being served? |  |  |  |  |
| 4. | Method of validation of beneficiaries served? |  |  |  |  |

**LABOR STANDARDS REVIEW**

**No. Findings:**

**Summary of Findings:**

**Summary of Concerns:**

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| --- | --- | --- |
| **List Contractors****Prime/Subs** | **No. Payrolls Available** | **Interviews****Conducted****YES / NO** |
| □ Prime □ Sub |  |  |
| □ Prime □ Sub |  |  |
| □ Prime □ Sub |  |  |
| □ Prime □ Sub |  |  |
| □ Prime □ Sub |  |  |

**This checklist is completed for cities/counties with TxCDBG funded construction contracts over $2,000 that include labor (except for rehabilitation of residential property where fewer than 8 units were rehabilitated under one construction contract or fewer than 8 are in one complex, or demolition/clearance that is not preparatory to construction). If the prime construction contract is over $2,000, all labor standards procedures, including Davis-Bacon prevailing wage requirements, apply and payrolls must be obtained for the subcontracted workers regardless of the amount of the subcontract.**

| **LABOR STANDARDS REVIEW** |
| --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 1. | Was the Appointment of a Labor Standards Officer (LSO) (Form A701) submitted via email to the Department’s Labor Standards Specialist (LSS) Labors@TexasAgriculture.gov prior to the first construction drawdown request? |  |  |  | Name of appointed LSO:  |
| 2. | Was the labor activity DBRA exempt? |  |  |  | Applicable DBRA exemption for the contract, if any, disclosed on A503: * Construction contract of $2,000 or less
* Single-family residential property < 8 contiguous units
* Demolition and/or clearance activities only (i.e. debris removal)
* Prime contract where labor charges are < 13% of the total price
* Construction by a public utility extending its own system
* No federal funds were used to pay for the contract
 |
| 3. | Did the LSO obtain a General Wage Decision (GWD) from <https://beta.sam.gov> prior to the advertising or soliciting of bids? |  |  |  |  |
| 4. | Did the LSO complete the Wage Rate Issuance Notice (form A702) and retain a copy in the labor standards project records? |  |  |  |  |
| 5. | Did the LSO submit a Ten Day Confirmation Form (Form A703) to TDA’s Labor Standards Specialist for approval at least ten days, but not less than five days, prior to the bid opening? |  |  |  | 10-day Call \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date TDA Confirmed)Bid Opening \_\_\_\_\_\_\_\_\_\_\_\_\_\_ GWD\_\_\_\_\_\_\_\_\_\_ Mod \_\_\_\_\_\_\_\_\_ |
|  | 10-day Call \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date TDA Confirmed)Bid Opening \_\_\_\_\_\_\_\_\_\_\_\_\_\_ GWD\_\_\_\_\_\_\_\_\_\_ Mod \_\_\_\_\_\_\_\_\_ |  |  |  | 10-day Call \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date TDA Confirmed)Bid Opening \_\_\_\_\_\_\_\_\_\_\_\_\_\_ GWD\_\_\_\_\_\_\_\_\_\_ Mod \_\_\_\_\_\_\_\_\_ |
| 6. | Is a copy of the current GWD retained in the Grant Recipient’s contract files with other labor standards documentation? |  |  |  |  |
| 7. | Were wage rates modified between the Ten Day Confirmation date and bid opening date? |  |  |  |  |
| A. | ***If Yes to #7****, did the LSO provide support for not having time to contact all bidders prior to bid opening?*  |  |  |  |  |
| B. | ***If No to A,*** *does the contract file show evidence the TxCDBG Labor Standards Specialist was contacted for resolution?* |  |  |  |  |
| 8. | Did the Grant Recipient award the construction contract(s) within 90 days of the bid opening? |  |  |  | Award date: \_\_\_\_\_\_\_\_\_\_\_\_Award date: \_\_\_\_\_\_\_\_\_\_\_\_ |
| ***If No,*** *did the Grant Recipient obtain an extension or an update of the GWD?*  |  |  |  |  |
| 9. | Was the current GWD included in the bid package(s)?  |  |  |  |  |
| 10. | Is the current GWD included in the awarded/executed construction contract documents and specifications package? |  |  |  |  |
| 11. | Did the Grant Recipient hold a pre-construction conference(s) for each prime construction contract in excess of $2,000?  |  |  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12. | Did the Grant Recipient submit labor standards data on a Financial Interest Report (Form A503) for each prime construction contract in > $2,000 to CDBGReporting@TexasAgriculture.gov? |  |  |  |  |
| 13. | Were all classifications reported on the certified weekly payrolls listed on the GWD? |  |  |  |  |
| 14. | Were classifications not listed on GWD issuance letter requested as additional classifications used on the project? |  |  |  |  |
| 15. | Did the Grant Recipient appoint a designated inspector to conduct on-site project employee interviews in the case the LSO is not available? |  |  |  | Name of Designated Inspector:  |
| 16. | Did the LSO or designated inspector conduct on-site project employee interviews? |  |  |  |  |
| 17. | Was the employee interview information recorded on the Record of Employee Interview (Form A707) or HUD-Form 11 or facsimile? |  |  |  |  |
| 18. | If employees were not available for interview by the LSO or designated inspector, did the LSO document 1. The date of the on-site visit?
 |  |  |  |  |
| 1. The reason employees were not available?
 |  |  |  |  |
| 1. The attempt to obtain the required information through other means, e.g., mailed questionnaires?
 |  |  |  |  |
| 19. | Are certified weekly payroll reports for prime and sub-contractors signed (including the payroll Statement of Compliance) and maintained in the Grant Recipient contract files, beginning with the first week in which project construction begins and for every week until the work is completed? |  |  |  |  |
| 20. | Are “NO WORK” weekly payroll report(s) or a note that states “NO WORK” that indicates a break in project work included in the certified weekly payroll report(s)?  |  |  |  |  |
| 21. | Do the “NO WORK” weekly payroll report(s) state an approximate date when the construction contractor will return to the project site?  |  |  |  |  |
| 22. | Is there evidence that certified weekly payroll report(s) were compared against employee interviews and the GWD to verify that correct wages were paid? |  |  |  |  |
| 23. | Were all project workers paid, at least, the specified Davis-Bacon wage rates (including fringe benefits) that applied to this project? |  |  |  |  |
| *If* ***No****, the following questions apply:* |  |  |  |  |
| Did the Grant Recipient notify the prime contractor(s) of the violation(s) of the underpayments in writing? |  |  |  |  |
| Did the prime contractor correct the underpayments in 30 days? |  |  |  |  |
| Has wage restitution been paid by the prime contractor to the affected employee(s)? |  |  |  |  |
| Has the Grant Recipient obtained corrected certified weekly payrolls, including signed Statement(s) of Compliance, and copies of both sides of the canceled check(s) as proof of payments from the prime contractor(s)? |  |  |  |  |
|  | ***As of October 10, 1995, construction contracts of $100,000 or less are exempt from CWHSSA overtime, health, and safety provisions. However, even where CWHSSA overtime pay is not required, Fair Labor Standards Act (FLSA) overtime pay is probably still applicable.***  |
| 24. | Were all non-exempt workers paid at a rate of one and one-half times the hourly rate for all hours in excess of 40 hours in a work week? |  |  |  |  |
| 25. | Did the Grant Recipient notify the prime contractor(s) in writing on its official letterhead and signed by an authorized elected official of the amount of liability for liquidated damages? (DOL updates CWHSSA penalty annually) |  |  |  | Notice of the Determination to Assess Liquidated Damages:Date:  |
| 26. | Did the construction contractor submit a request for a waiver with support documentation to the Department within 60 days of notification?  |  |  |  | Date:  |
| 27. | Have the liquidated damages been paid or waived by HUD/DOL?  |  |  |  | Date:  |
| 28. | Were any workers complaints received by the Department, HUD, or DOL? |  |  |  |  |
| 29. | Were cases referred to the appropriate agency? |  |  |  |  |

**CIVIL RIGHTS REVIEW**

**No. Findings:**

**Summary of Findings:**

**Summary of Concerns:**

| **CIVIL RIGHTS REVIEW** |
| --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 1. | Has the Grant Recipient appointed a Civil Rights Officer? (CRO serves as Section 504 Coordinator and Fair Housing Officer)  |  |  |  | Name and/or Title of CRO:  |
| 2. | Has the Grant Recipient’s local governing body passed a resolution adopting/affirming required civil rights, equal opportunity, and citizen participation policies and procedures? |  |  |  | Date Resolution Passed:  |
| 3. | Was the resolution adopted or reaffirmed no more than two years prior to the contract start date? |  |  |  |  |
| **SECTION 3 POLICY COMPLIANCE** |
| 4. | Did the Grant Recipient prepare and make available their written Section 3 Policy to the public? |  |  |  |  |
| 5. | Did the Grant Recipient implement the Section 3 Policy? |  |  |  |  |
| **MBE COMPLIANCE** |
| 6. | Is there evidence that the Grant Recipient affirmatively publicized to small, minority and women-owned businesses whenever possible? ***Check affirmative action(s) taken below:*** |  |  |  |  |
| Emailed a copy of the request for proposal/qualifications or invitations for bids to MWBE@texasagriculture.gov |  |  |  |  |
| Placed qualified small, MBE, and WBE firms in solicitation lists and solicited whenever they were potential sources |  |  |  |  |
| When economically feasible, divided project requirements into smaller tasks or quantities to allow participation by small businesses, MBEs, and WBEs. |  |  |  |  |
| Established delivery schedules to encourage participation by small businesses, MBEs, and WBEs |  |  |  |  |
| Utilized the Small Business Administration, Minority Business Development Agency of the Department of Commerce, minority chambers of commerce, or other resources. |  |  |  |  |
| Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed above. |  |  |  |  |

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| **CIVIL RIGHTS REVIEW** |
| **SECTION 504 COMPLIANCE** |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 7. | Did the Grant Recipient implement procedures that allow individuals with disabilities to obtain information concerning the existence and location of accessible services, activities, and facilities? |  |  |  |  |
| 9. | Has the Section 504 Self-Evaluation Review (Form A1006) been completed? |  |  |  |  |
| 10. | Does the Grant Recipient employ fifteen or more persons? |  |  |  | ***If Yes,*** *questions 11, 12, and 13 are applicable.* |
| 11. | Did the Grant Recipient designate Section 504 coordinator? (Same as Civil Rights Officer) |  |  |  | Name:  |
| 12. | Did the Grant Recipient publish a notice in that identifies its Section 504 compliance coordinator, and states, where appropriate, that it does not discriminate in admission or access to, or treatment or employment in, its federally assisted programs? |  |  |  | Newspaper Publication: Posted in Public Building and target area or website:  |
| 13. | Did the Grant Recipient adopt grievance procedures that incorporate due process standards and allow for prompt resolution of complaints alleging any action prohibited by 24 CFR Part 8?  |  |  |  |  |
|  | **CITIZEN PARTICIPATION REQUIREMENTS** |
| 14. | Has the Grant Recipient adopted a Citizen Participation Plan? |  |  |  |  |
| 15. | Does the Grant Recipient maintain written citizen complaint procedures? |  |  |  |  |
| 16. | Do the procedures provide a timely written response to complaints and grievances? |  |  |  | Number of Days:  |
| 17. | Has the Grant Recipient notified its citizens of the location and hours at which they may obtain a copy of the written procedures and the address and telephone number for submitting complaints? |  |  |  | Newspaper Publication: Posted in Public Building and target area or website:  |
| 18. | Were there any written complaints about the current TxCDBG project(s)?  |  |  |  |  |
| 19. | Did the Grant Recipient address the complaint(s)? |  |  |  |  |

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| **CIVIL RIGHTS REVIEW** |
|  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| **EXCESSIVE FORCE POLICY** |
| 20. | TxCDBG CONTRACT: CERTIFICATION: Has the Grant Recipient adopted and enforced a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individual engaged in nonviolent civil rights demonstrations; and a policy of enforcing applicable state and local laws against physically barring entrance to or exit from a facility or location which is the subject of such nonviolent civil rights demonstration within its jurisdiction? |  |  |  | Date adopted:  |
|  | **FAIR HOUSING REVIEW** |
| ***TxCDBG CONTRACT CERTIFICATION (2): This TxCDBG Program will be conducted and administered in conformity with the Civil Rights Act of 1964 (42 U.S.C. SEC. 2000a et seq.) and the Fair Housing Act (42 U.S.C. Sec. 3901 et. seq.), and that it will affirmatively further fair housing.*** |
|  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 21. | Did the Grant Recipient conduct acceptable activities to affirmatively further fair housing during the contract period? |  |  |  |  |
| 22. | Proclamation / Declaration / Resolution(*Circle activity performed*) |  |  |  | Date Performed:  |
| 23. | Has the Grant Recipient adopted a Fair Housing Ordinance (municipalities only) |  |  |  | Date adopted/amended:  |
| Does the ordinance/policy include all 7 federally protected classes? (race, color, religion, sex, handicap, familial status, and national origin) |  |  |  |  |
| Does the ordinance contain a penalty clause? |  |  |  |  |
| 24. | Fair Housing Statement |  |  |  | Date: |
| 25. | Policies |  |  |  | Date: |
| 26. | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | Date: |
| 27. | Message included on/with utility bill |  |  |  | Date: |

|  |
| --- |
| **CIVIL RIGHTS REVIEW** |
| **LIMITED ENGLISH PROFICIENCY (LEP)** |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 28. | Does the Grant Recipient have any Limited English Proficiency (LEP) speaking populations within its community? (LEP group is >5% or >1,000 individuals according to U.S. Census Bureau Data) |  |  |  |  |
| 29. | If the Grant Recipient identified an LEP group(s) did they prepare an LEP plan? |  |  |  |  |
| 30. | Does the LEP Plan call for acceptable procedures for meeting LEP group needs (e.g. translated vital documents, translated public notices, translation services, or adequate number of bilingual staff)?(See also safe harbor written language assistance recommendations.) |  |  |  |  |

**ACQUISITION OF REAL PROPERTY**

**No. Findings:**

**Summary of Findings:**

**Summary of Concerns:**

| **ACQUISITION REVIEW** |
| --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 1. | Has the Grant Recipient submitted its TxCDBG *Initial Acquisition Report* (Form A600)? |  |  |  |  |
| 2. | Did the Grant Recipient report on the *Initial Acquisition Report* that acquisition of real property is required for the project? |  |  |  | ☐ Voluntary Acquisition☐ Involuntary Acquisition |
| 3. | If Involuntary Acquisition, did the Grant Recipient receive TDA approval to proceed?  |  |  |  | Date TDA Approved:  |
|  | ***If Yes****, is acquisition included in the TxCDBG contract Performance Statement scope of activities?*  |  |  |  |  |
| 4. | If Involuntary Acquisition, did the Grant Recipient report that the estimated value of the property to be acquired is $10,000 or less and request for TDA to approve waiver valuation of the property? |  |  |  | Date TDA Approved:  |
| 4. | Did the Grant Recipient submit a request to TDA for HUD approval to waive appraisal requirements if the property was estimated to be greater than $10,000 but less than $25,000 in value. |  |  |  | Date HUD Approved: Date HUD Denied:  |
| 5. | Is there evidence that any relocation or displacement resulted from the acquisition activities?  |  |  |  | ***If Yes,*** *complete the relocation checklist.* |
| 6. | Did the Grant Recipient submit the *TxCDBG Acquisition Report* (Form A601) that included all parcels acquired for the project? |  |  |  | Number of Parcels Acquired:Voluntary Voluntary Donation Involuntary ­Involuntary Donation  |
| 7. | Is an updated TxCDBG *Acquisition Report* required? |  |  |  |  |
| 8. | If acquiring entity has eminent domain authority, was the acquisition properly established to be voluntary? |  |  |  | ☐ Not site specific ☐ Not part of planned area☐ Owner informed of market value☐ Owner informed eminent domain will not be used to acquire property. |

|  |
| --- |
| **ACQUISITION REVIEW** |
| **Voluntary Acquisition ONLY** |
|  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 9. | If the acquiring entity lacks eminent domain authority, was the acquisition properly established to be voluntary? |  |  |  | ☐ Sub-recipient (other than a municipality or county) lacks eminent domain authority.☐ Property acquired is owned by federal, state, local government, or a political subdivision such as a school district.☐ Acquisition of property is for economic development purposes (unless project is for elimination of slum or blighted areas). |
| 10. | Was each owner notified in writing that eminent domain authority will not be used to acquire his/her property if an amicable agreement is not reached? |  |  |  |  |
| 11. | Was each owner informed in writing of the estimated market value of his/her property? |  |  |  |  |
| 12. | Did the owner accept the offer for market value of the property? |  |  |  |  |
| 13. | Did the parties agree to a negotiated settlement for purchase of the property? |  |  |  |  |
| 14. | Did the owner agree in writing to donate the property? |  |  |  |  |
| 15. | Is there evidence that deeds for utility easements or tracts acquired were recorded with the County? |  |  |  |  |
| **Involuntary Acquisition ONLY** |
| 16. | Did the Grant Recipient notify the landowner, in writing, of interest acquiring his/her property? |  |  |  |  |
| 17. | Was the estimated value of the property to be acquired $10,000 or less and was waiver valuation used to determine the market value of the land? |  |  |  |  |
| 18. | Did the landowner agree in writing to donate his/her property and waive the right to receive just compensation? |  |  |  |  |
| 19. | Is there evidence that the landowner received required landowner rights brochures (e.g. certified mail delivery, signature receipt acknowledgement)? |  |  |  | ☐ 1) HUD’s *When a Public Agency Acquires Your Property* booklet and ☐ 2) *Landowner’s Bill of Rights*?  |
| 20. | If an appraisal was required, was the landowner invited in writing to accompany the appraiser? |  |  |  |  |
| **ACQUISITION REVIEW** |
|  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 21. | Was a review appraisal conducted? |  |  |  |  |
| 22. | Did the Grant Recipient provide the owner with a written offer for the amount determined to be just compensation? Did the offer include a summary statement?  |  |  |  |  |
| 23. | Did the owner accept the offer of just compensation for the property? |  |  |  |  |
| 24. | Did the parties agree to a negotiated settlement for purchase of the property? |  |  |  |  |
|  | If a negotiated settlement was reached (for more or less than the just compensation amount) and federal funds were used for purchase of the property, did the Grant Recipient prepare an Administrative Settlement document? |  |  |  | **Note:** For negotiated sales using federal funds, the Administrative Settlement document must be filed with the *Acquisition Report* (Form A601). |
| 25. | Was the owner reimbursed for any expenses incidental to transfer of title to the Grant Recipient, including recording fees, transfer taxes, documentary stamps, evidence of title, boundary surveys, legal descriptions of the real property, and similar expenses incidental to conveying the real property? |  |  |  |  |
| 26. | Did the owner agree in writing to donate the property and to waive his/her right to just compensation? |  |  |  |  |
| 27. | Is there evidence that deeds for utility easements or tracts acquired were recorded with the County? |  |  |  |  |
| **Environmental Review** |
| 28. | Was a deed, agreement for donation of property or a long-term lease executed prior to TDA environmental clearance and authorization to use grant funds? |  |  |  | TDA Environmental Clearance Date:­ Date of Executed Deed/Agreement:­­­­  |
| **Condemnation** |
| 29. | If negotiations for involuntary acquisition of property failed, did the Grant Recipient seek TDA approval to proceed with condemnation of private property through use of eminent domain authority? |  |  |  | TDA Determination for Use of Condemnation:Denied: Approved:  |

**FORCE ACCOUNT REVIEW**

**No. Findings:**

**Summary of Findings:**

**Summary of Concerns:**

| **FORCE ACCOUNT REVIEW** |
| --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 1. | Did the Grant Recipient notify the Department in writing that force account labor would be used? |  |  |  |  |
| 2. | Are all employees whose time is being charged to the TxCDBG contract treated as employees in accordance with the Grant Recipient’s personnel policies? |  |  |  |  |
| 3. | Were any employees classified as temporary employees? |  |  |  |  |
| **If Yes**, do the personnel policies include provisions for temporary employees? |  |  |  |  |
| 4. | Is the time charged to the project supported by time and attendance or equivalent records for all employees? |  |  |  |  |
| 5. | Are salaries and wages of employees that were chargeable to more than one cost objective supported by appropriate time distribution records? |  |  |  |  |
| 6. | Do the amounts charged to the contract reconcile with the hours on time and attendance sheets X hourly rates? |  |  |  |  |
| 7. | Were fringe benefits charged in accordance with the personnel policies? |  |  |  |  |
| 8. | Were the non-exempt employees charged to the TxCDBG project paid 1.5 times straight time for all hours worked in excess of 40 hours/week?  |  |  |  |  |
|  | **EQUIPMENT AND MATERIALS** |  |  |  |  |
|  | **Method Used for Charging Equipment Costs****\_\_\_\_ FEMA \_\_\_\_ Depreciation \_\_\_\_ Lease/Rental \_\_\_\_ Lease/Purchase \_\_\_\_ Use Allowance** |
| 9. | Did TDA require additional justification if rental costs were significantly higher than the FEMA rate? |  |  |  |  |
| 10. | Were time records maintained for equipment used on this project? |  |  |  |  |
| 11. | Were fuel, repairs and lubricant costs also charged to this project? |  |  |  |  |
| **Lease/Rental** |
| 12. | Did the Grant Recipient follow proper procedures in procuring the lease/rental of the equipment? |  |  |  |  |
| 13.14. | Was equipment used solely for the TxCDBG project? |  |  |  |  |
| ***If No,*** *was an hourly rate calculated and only those hours used on the project charged to the project?* |  |  |  |  |
| 15. | Does the lease/rental agreement include interest payments?  |  |  |  | ***If Yes,*** *question 16 is applicable.* |
| 16. | Was the amount of interest deducted from the amount reimbursed by the TxCDBG fund? |  |  |  | Amount of Interest:  |

**TxCDBG DEMOLITION/CLEARANCE REVIEW**

**No. Findings:**

**Summary of Findings:**

**Summary of Concerns:**

| **DEMOLITION/CLEARANCE REVIEW** |
| --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 1. | Is any code enforcement that is not directly for Administering the TxCDBG housing rehab or demolition/clearance activity being conducted by the Grant Recipient? |  |  |  |  |
| 2. | ***If YES to 1****, what standards/codes are being used to determine which lots/structures are to be included within the demolition/clearance activity?* |  |  |  |  |
| Local Building |  |  |  |  |
| Local Trash |  |  |  |  |
| Local Junk |  |  |  |  |
| Local Weeds |  |  |  |  |
| Section 8 Existing |  |  |  |  |
| 3. | Is the Grant Recipient paying for the code enforcement activity from or local or other sources? (i.e., not charged to TxCDBG or counted as match) |  |  |  |  |
| 4. | Are all of the following included for each demolition contract? |  |  |  |  |
| Bid documents |  |  |  |  |
| Award of contract |  |  |  |  |
| Contractor's insurance certificate |  |  |  |  |
| Contractor verification form |  |  |  |  |
| Notice to Proceed |  |  |  |  |
| Final Inspection |  |  |  |  |
| Request for payment(s) |  |  |  |  |
| 5. | Did the demolition/clearance activity occur within the approved target area? |  |  |  |  |
| 6. | Did any relocation/displacement occur? ***If YES,*** *complete the relocation/displacement checklist.* |  |  |  |  |
| 7. | Was any property acquired?***If YES,*** *complete the acquisition checklist.* |  |  |  |  |
| 8. | Pull a semi-random set of case files, but insure a cross section of early-late cases, contractors, and locations. Complete the attached case file checklist for each.  |  |  |  |  |
| 9. | Did the Grant Recipient demolish or convert for another use occupied or vacant low/moderate income dwelling as defined below? |  |  |  |  |
| 10. | The demolished or converted dwelling units met one of the following criteria: |  |  |  |  |
| Standard vacant unit |  |  |  |  |
| Substandard condition but suitable for rehabilitation |  |  |  |  |
| Dwelling unit occupied at any time within one year before the TxCDBG contract start date |  |  |  |  |
| 11. | ***If YES to any of the above,*** *do the dwelling units meet the definition of occupied or vacant occupiable?* |  |  |  |  |
| 12. | Did the demolished or converted dwelling units meet the definition of a low/moderate income dwelling unit? |  |  |  |  |
| 13. | Does the market rent exceed existing fair market rent? |  |  |  |  |
| ***If NO,*** *is the unit a low/moderate income dwelling?* |  |  |  |  |
| 14. | **Number of dwelling units demolished \_\_\_\_\_ or converted \_\_\_\_\_** |  |  |  |  |
| 15. | Did the Grant Recipient request and receive approval for an exception to the one-for-one replacement of low/moderate income dwelling unit requirements? |  |  |  |  |
| ***If NO,*** *questions 6 through 9 are applicable. Question 10 may be applicable if the Grant Recipient has started to comply with its one-for-one replacement of low/moderate income dwelling units responsibilities.* |  |  |  |  |
| 16. | Did the Grant Recipient prepare and implement an anti-displacement and relocation assistance plan that provides for one-for-one replacement of low/moderate income dwelling units prior to the TxCDBG contract start date? |  |  |  |  |

|  |
| --- |
| **DEMOLITION AND CLEARANCE REVIEW** |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCE****AND COMMENTS** |
| 17. | Did the city make public and provide the following information in writing to the Department? |  |  |  |  |
| Description of proposed activity map with number of dwelling units by size to be demolished or converted |  |  |  |  |
| Time schedule for demolition |  |  |  |  |
| Map with the number of replacement dwelling units by size |  |  |  |  |
| Source of funding and time schedule for commencement provision of replacement dwelling units |  |  |  |  |
| Basis for conclusion that dwelling units will remain low/moderate income dwelling units for at least 10 years |  |  |  |  |
| Information that any replacement of dwelling units with smaller dwelling units is consistent with the housing needs of low/moderate income households in the jurisdiction |  |  |  |  |
| Identify public notice documentation (full newspaper advertisement, publisher's affidavit, minutes of public hearing, or similar documentation |  |  |  |  |
| 18. | Did any displacement of low/moderate persons occur? (Refer to attached definition of displaced person? |  |  |  |  |
| 19. | Did displaced low/moderate income persons receive relocation assistance specifically described in 24 CFR Section 570? 496a(s) (2) or under the levels of the *Uniform Relocation Assistance and Real Property Acquisition Policies Act*? |  |  |  |  |
| 20. | If assistance was provided under the *Uniform Relocation Assistance and Real Property Acquisition Policies Act,* complete the *Relocation Monitoring Review form* provided under the *Relocation monitoring checklist.*If assistance was provided under Section 570.496a(c) (2), complete the attached review form. |  |  |  |  |
| 21. | Did the displaced person receive the proper relocation assistance? |  |  |  |  |

|  |
| --- |
| **DEMOLITION AND CLEARANCE REVIEW** |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCE****AND COMMENTS** |
| 22. | If the demolition or conversion is in progress or completed is the Grant Recipient following its one-for-one replacement of low/moderate income dwelling units plan? |  |  |  |  |
|  | One-for-one replacement of low/moderate income dwelling units is being completed according to the residential anti-displacement and relocation assistance plan/maps submitted and approved by the Department. |  |  |  |  |
|  | Replacement units are located in the jurisdiction of the Grant Recipient, and to the extent feasible, located within the same neighborhood  |  |  |  |  |
|  | Replacement units are smaller than those converted or demolished, and approval was provided by HUD via the Department |  |  |  |  |
|  | The Grant Recipient notified the public of its plans to replace dwelling units converted or demolished with smaller units and that this action is consistent with the housing needs of lower income households in the jurisdiction |  |  |  |  |
|  | The replacement of low/moderate income dwelling units are made available, or will, be made available one year before the date of submission of the residential anti displacement and relocation assistance plan or within three years after the commencement of the demolition or conversion activities. |  |  |  |  |
|  | Replacement units are in standard condition or are expected to be in standard condition.  |  |  |  |  |
|  | The Grant Recipient has documentation to indicate that market conditions of the neighborhood, or the nature of the assistance provided, will allow the market rent of the replacement dwelling units to remain at or below the Fair Market Rent for at least 10 years. |  |  |  |  |

|  |
| --- |
| **DEMOLITION AND CLEARANCE REVIEW** |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCE****AND COMMENTS** |
| 23. | Documentation should include a description of the current market rents in the neighborhood, supported by statements from property managers, and/or realtor; whether the units are receiving project-based assistance; and indication of whether gentrification is expected.) |  |  |  |  |

**Review of Relocation Assistance Provided
Under 24 CFR Section 570.496 a(c) (2)**

Grant Recipient: Contract No.

Name of relocation assistance recipient:

Address of Demolished/Converted Unit:

Dwelling unit status:

 \_\_\_\_ Demolished \_\_\_\_ Converted for other use

 \_\_\_\_ Owner-occupied \_\_\_\_ Rental unit

Relocation assistance provided under 24 CFR Section 670.496a(c) (2)

|  |  |
| --- | --- |
|  | Advisory services are described in 24 CFR 42.350(a) and 49 CFR 24.205(c). . |
|  | Payment for moving expenses, as described in 49 CFR Part 24 Subpart D.Amount Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Interim living costs incurred as a result of temporary relocation, including moving costs and increased housing costs. |
|  | 1) The person relocated temporarily because continued occupancy constituted a substantial danger to the health or safety of the displaced person or the public; or |
|  | 2) None of the available comparable dwelling units qualify as a low/ moderate income dwelling unit, and a suitable one-for-one low/moderate income dwelling unit is scheduled to become available. Amount Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Was the relocation assistance correctly calculated? \_\_\_\_ Yes \_\_\_\_ No |
|  | New amount owed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DEMOLITION/CLEARANCE CASE FILE CHECKLIST**

(Fill out one for **each** randomly selected case)

Case No. Construction Contractor:

Address:

**Does the file contain each of the following?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Y** | **N** | **N/A** |
|  | Preliminary inspection report |  |  |  |
|  | Written authorization from the owner |  |  |  |
|  | Title verification |  |  |  |
|  | Before/after photos |  |  |  |
|  | Notification to Texas Historical Commission (if building is over 50 years old) |  |  |  |
|  | **Inspect the sites and determine if the lot is free from:** |  |  |  |
|  | Dilapidated buildings |  |  |  |
|  | High weeds |  |  |  |
|  | Brush |  |  |  |
|  | Junk |  |  |  |
|  | **Are the Recipient taking appropriate measures to assure that the lot is being maintained?** |  |  |  |

**HOUSING REHABILITATION CHECKLIST**

**No. Findings:**

**Summary of Findings:**

**Summary of Concerns:**

| **HOUSING REHABILITATION CHECKLIST** |
| --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 1. | Are the Grant Recipient’s housing rehabilitation program guidelines approved by the Department? |  |  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | Were the program housing guidelines approved by local resolution prior to the release of funds? |  |  |  | Date adopted: \_\_\_\_\_\_\_\_\_\_\_\_\_First release of funds date: \_\_\_\_\_\_\_ |
| 3. | Were subsequent revisions approved by the Department prior to adoption/approval by the Grant Recipient?  |  |  |  |  |
| 4. | According to local program housing rehabilitation guidelines, were acceptable construction standards used? |  |  |  | * Section 8 Existing Housing Quality Standards Excusable Loans
* Local Housing Code (should be at least as stringent as Section 8)
* Southern Building Code
* Texas Minimum Construction Standards
 |
| 5. | Has the Grant Recipient developed complaint and appeals procedures? |  |  |  |  |
|  | **FINANCING** |  |  |  |  |
| 1. | Which method(s) was used for financing the rehabilitation? |  |  |  | * Forgivable Loans
* Grants (allowable for funding year prior to 1996)
* Low Interest Loans
* Deferred Loan
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 2. | Forgivable Loans: Is the term 5 years or more? |  |  |  | Term: \_\_\_\_\_\_\_\_\_ |
| 3. | If required, has the Grant Recipient filed liens against the property(s)? |  |  |  |  |
| 4. | Is the amount of the liens in the amount stipulated on a related promissory note? |  |  |  |  |
| 5. | Does the contract between the Grant Recipient and homeowner contain tenancy and resale restrictions? |  |  |  |  |
| 6. | Has any home been sold prior to termination of the loan or grant period? |  |  |  | Homeowner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***If YES,*** *did the homeowner pay off the loan or grant in accordance with the loan or grant agreement?* |  |  |  |  |
| 7. | Were these funds received by the Grant Recipient managed properly? |  |  |  | * Returned to the Department:  Date:
* Loan Revolving Loan Fund: Date:
* Other:
 |
| 8. | If applicable, has the Grant Recipient developed revolving loan fund or program income guidelines? |  |  |  |  |
| 9. | Did the Grant Recipient receive any program income during the TxCDBG contract period? |  |  |  |  |
| ***If YES,*** *were the program income funds expended before drawing down any housing funds from the TxCDBG contract?* |  |  |  |  |
|  | **Selection Of Owner-Occupied Units** |  |  |  |  |
| 1. | Which selection process was used : |  |  |  | * Rating Criteria
* First Come – First Serve
 |
| 2. | Did the application outreach effort of the Grant Recipient adequately inform the citizens about the housing rehabilitation program? |  |  |  | * Newspaper Advertisement Date:
*
* Poster:
* Brochures:
* Other:
 |
| 3. | Were the income limits used in the housing rehabilitation guidelines less than or equal to Section 8 income limits? |  |  |  |  |
| 4. | Did interested homeowners complete a pre-application to determine program eligibility? |  |  |  |  |
| 5. | Did the Grant Recipient maintain a record of all applications received and the ranking of each application? |  |  |  |  |
| 6. | Did the Grant Recipient follow the local housing rehabilitation program guidelines in the method used for ranking applications? |  |  |  |  |
| 7. | Are all units located inside the target area as outlined in the map of the housing rehabilitation program guidelines? |  |  |  |  |
| 8. | Were the awards of the rehabilitation assistance approved by the city council or commissioners’ court? |  |  |  |  |
| 9. | Has each unit selected been owned and occupied by the recipient for the time period specified in the guidelines? |  |  |  |  |
| 10. | Is the documentation for income verification acceptable? |  |  |  |  |
| 11. | Are all families assisted within the income limit(s) of the TxCDBG contract? |  |  |  |  |
| 12. | Is there evidence of any conflict of interest? |  |  |  |  |
|  | ***If YES,*** *did the Grant Recipient request a waiver from the Department?* |  |  |  |  |
| ***If YES,*** *did the Department issue a determination on this issue?* |  |  |  | * Determined that a conflict of interest did exist
* Determined that a conflict of interest did not exist
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Initial Inspection** |
| 1. | Did the Grant Recipient file a *Home Inspector Qualification Certification* (Form C8) with TDA? |  |  |  |  |
| 2. | Were preliminary inspections conducted to determine the condition of the unit and to prepare a list of the code deficiencies to be corrected or repaired? |  |  |  |  |
| 3. | Does the preliminary inspection determine the following: |  |  |  |  |
| * The house is structurally sound enough to justify any lever of rehabilitation?
 |  |  |  |  |
| * The repairs desired by the homeowner match the eligible program?
 |  |  |  |  |
| * In a competitive program, the repairs are serious and merit rehabilitation?
 |  |  |  |  |
| **Work Write-Ups** |
| 1. | Were housing rehabilitation work write-ups prepared for each unit? |  |  |  |  |
| 2. | Did the Grant Recipient submit the first five (5) housing rehabilitation work write-ups to the Department for review and approval? |  |  |  |  |
| 3. | Did the homeowners approve and sign the housing rehabilitation work write-ups? |  |  |  |  |

|  |
| --- |
| **Lead Based Paint** |
| 1. | Did the homeowner and Housing Rehabilitation Coordinator file the *Status of Compliance with Lead-Based Paint Regulations* (Form C2-a) with TDA? |  |  |  |  |
| 2. | Did each homeowner certify on Form C2-a that his/her home was built after 1977?  |  |  |  |  |
| 3. | Did the Housing Rehabilitation Coordinator and homeowner certify aNOther exception to lead based paint requirements under 24 CFR §35.115 using the *Certification of Lead-Based Paint Exemption* (Form C2-b)? |  |  |  |  |
| 4. | Did the selected homeowners acknowledge the notification of the dangers of lead-based paint? |  |  |  |  |
| **Contractor Specifications/Selection** |
| 1. | Is there evidence that local construction contractors and suppliers were encouraged to participate? |  |  |  |  |
| 2. | What method(s) of contracting were used? |  |  |  | * Contract between the Grant Recipient and the contractor?
* Contract between the homeowner and contractor?
 |
| 3. | If required per housing rehabilitation program guidelines, were contractors pre-approved prior to submitting bids? |  |  |  |  |
| 4. | **Method 1:** Did the Grant Recipient follow the bid process in accordance with the TxCDBG Project Implementation Manual? |  |  |  |  |
| 5. | Did the process include the following: |  |  |  |  |
| Advertisements? |  |  |  |  |
| Deadlines for bid proposals? |  |  |  |  |
| Public bid openings? |  |  |  |  |
| Bid tabulations? |  |  |  |  |
| 6. | Were the awards of housing rehabilitation construction contracts approved by the city council or commissioners’ court? |  |  |  |  |
| 7. | **Method 2:** Were the homeowners provided guidance on how to select a contractor? |  |  |  |  |
| 8. | Was the contractor eligibility verification for all contractors/subcontractors received by the Department? |  |  |  |  |
| 9. | Was an escrow account established? |  |  |  |  |
| 10. | Were the funds disbursed within 10 working days from the date of deposit? |  |  |  |  |
|  | **Change Orders and Cost Overruns** |  |  |  |  |
| 1. | Were all change orders over $500 submitted to the Department for approval before proceeding? |  |  |  |  |
| 2. | Do the frequencies and dollar amounts of change orders indicate the work write-ups did NOt adequately describe the deficiencies?  |  |  |  | No. of change orders: No. of change orders approved: \_\_\_\_\_ Dollar amount of change orders: $\_\_\_\_\_\_  |
| ***If YES,*** describe deficiencies not noted in work write-ups. |  |  |  |  |
|  **Inspections - Acceptance - Warranties – Payments** |  |  |  |  |
| 1. | Were interim inspections conducted and documented? |  |  |  |  |
| 2. | Did the homeowner **and** contractor sign the inspection sheets? |  |  |  |  |
| 3. | Were final inspections conducted to guarantee that all work was completed according to specification? |  |  |  |  |
| 4. | Did the homeowner **and** contractor sign off on the punch list? |  |  |  |  |
| 5. | Were the following documents executed: |  |  |  |  |
| Contractor Certificate of Release? |  |  |  |  |
| Certificate of Final Inspection signed by owner **and** inspector? |  |  |  |  |
| Contractor Warranty? |  |  |  |  |
| 6. | Were follow-up inspections conducted 60 to 90 days after completion? |  |  |  |  |
|  | **Reporting Requirements** |  |  |  |  |
| 1. | Has the Annual Beneficiary Report (C1) been submitted timely and as required to the Department? |  |  |  |  |
|  | **On-Site Home Tour** |  |  |  |  |
| 1. | Did the work completed substantially agree with the work write-up? |  |  |  | Homeowners:   |
| 2. | Were any complaints or concerns received? |  |  |  | Comments:   |
| 3. | Has the Contractor Locality resolved these complaints? |  |  |  |  |

**TxCDBG RELOCATION REVIEW**

**No. Findings:**

**Summary of Findings:**

**Summary of Concerns:**

| **TxCDBG RELOCATION CHECKLIST** |
| --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
|  | Has the Grant Recipient submitted a Report on Relocation/Displacement Activities? |  |  |  |  |
|  | Has the Grant Recipient adopted the anti-displacement and relocation assistance program guidelines? |  |  |  | Date:  |
|  | Did the Grant Recipient identify individuals to be relocated in a timely manner? |  |  |  |  |
|  | Did the Grant Recipient send a notice of Displacement within 30 days of receipt of the written offer to purchase if the occupant is going to be relocated? |  |  |  |  |
|  | Did the notice of Displacement include a copy of the Grant Recipient's relocation policy and the appropriate HUD brochure? |  |  |  |  |
|  | If applicable, did the Grant Recipient send the occupant a notice of Right to Continue in Occupancy? |  |  |  |  |
|  | Was there evidence that occupants received all notices? |  |  |  |  |
|  | Did the Grant Recipient interview each recipient to determine his/her need for assistance? |  |  |  |  |
|  | Did the Grant Recipient prepare the relocation record? |  |  |  |  |
|  | Did the Grant Recipient prepare an inventory of available housing? |  |  |  |  |
|  | Did the Grant Recipient have grievance procedures?  |  |  |  |  |
|  | Has the Grant Recipient requested an exemption under the one-for-one replacement housing requirement? |  |  |  | Publication:  Date:  |
|  | **Types of payments:** |  |  |  |  |
| * Moving
 |  |  |  |  |
| * Fixed moving expenses
 |  |  |  |  |
| * Actual moving and related expenses
 |  |  |  |  |
| * Replacement Housing
 |  |  |  |  |
| * 180-day Owner-occupant (max - $22,500)
 |  |  |  |  |
| * Rental assistance
 |  |  |  |  |
| * Down payment assistance payment
 |  |  |  |  |
| * Last Resort Replacement Housing
 |  |  |  |  |
|  | Did all relocatees wait for Grant Recipient to locate suitable units? |  |  |  |  |
|  | ***If NO,*** *were all replacement units up to standards?* |  |  |  |  |
|  | If replacements units were below standards, did the Grant Recipient upgrade the unit to minimum code in order to entitle the relocate to benefits?  |  |  |  |  |
|  | If remedial action to bring the unit to code was not available, did the Grant Recipient inform the relocates that if they remain in or move into a substandard unit they would be eligible only for moving expenses and not for replacement housing payments? |  |  |  |  |
|  | Did the Grant Recipient inform relocatees that if they moved into standard housing within a year from the date they received payment for their acquired dwelling or from the date they moved from the acquired dwelling, whichever is later, and filed a claim within 18 months, they would be eligible for a replacement housing payment? |  |  |  |  |
|  | Has the Grant Recipient denied any claims? |  |  |  |  |
| ***If YES,*** *did the Grant Recipient notify the claimant in writing of the basis for that determination?* |  |  |  |  |
|  | Were the claims denied for the following reasons? |  |  |  |  |
|  | The unit was substandard  |  |  |  |  |
| The move was not completed within 1 year of the date of removal from the acquired dwelling or the date of receipt of final payment, whichever is later |  |  |  |  |
| The claim was not submitted within 18 months of the move |  |  |  |  |