

Commissioner Sid Miller

**Office of Rural Affairs**

**Texas Community Development Block Grant Program**

**SELF-MONITORING REVIEW CERTIFICATION**

|  |  |  |
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| Grant Recipient: | TxCDBG No. | |
| By signing this Self-Monitoring Review Certification, I certify to the best of my knowledge and belief that the attached monitoring review checklists are true, complete, and accurate and that they were completed by a person possessing a current certificate for successful completion of TxCDBG Program Project Implementation training.  I also certify that any findings of non-compliance have been accurately self-reported. A copy of this Self-Monitoring Review will be retained in local files with all project records in accordance with TxCDBG program project implementation policy. | | |
| Chief Elected Official Signature | | Title: |
| Printed Name: | | |
| Date: |  | |

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| Based on my examination of pertinent project records for the referenced TxCDBG contract, I hereby certify that I have truthfully and accurately completed the attached Self-Monitoring Review checklist. | | |
| Signature of Reviewer: | | Reviewer Title or Name of Firm: |
| Printed Name: | | |
| Date: |  | |

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| ***TDA Use Only***  **Acceptance of Self-Monitoring Review** | |
| TxCDBG Program Monitor Signature: | Date: |
| Printed Name: | |

**TxCDBG SELF-MONITORING CHECKLIST**

Grant Recipient: Contract No.

Chief Elected official:

Grant Administrator:

Engineer:

Contract Start Date: Ending Date: Extension:

Contract Amount: Amount Drawn: % Match:

Project Description/Comments:

**SELF-MONITORING REVIEW DATE:**

**Standard Checklist Sections:**

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

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

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

\_\_\_\_\_ Construction Contract Review

\_\_\_\_\_ Special Conditions 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:**

**(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:**

**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 ADMINISTRATION SERVICES/OTHER PROFESSIONAL SERVICES** | | | | | |
|  | **(Self-Monitoring Review Questions: (A-D)** | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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? |  |  |  |  |
| ***Self-Monitoring 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 |  |  |  |  |
| **PROCUREMENT OF PROFESSIONAL SERVICES/ADMINISTRATION SERVICES** | | | | | |
|  | | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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/ADMINISTRATION SERVICES** | | | | | |
|  | | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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)** | | | | | |
| --- | --- | --- | --- | --- | --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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 SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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: |
| 11. | Is the selected engineer/architect registered to practice in the state of Texas? |  |  |  |  |
| **PRE-AGREEMENT AND REQUIRED CONTRACT PROVISIONS** | | | | | |
| 12. | 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  (includes site inspections) |  |  |  |  |
| 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 24CFR§55.20 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? |  |  |  |  |

**CONSTRUCTION / MATERIALS / EQUIPMENT**

**PROCUREMENT REVIEW**

**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:**

| | **CONSTRUCTION / MATERIALS / EQUIPMENT PROCUREMENT REVIEW** | | | | | | --- | --- | --- | --- | --- | | **Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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? |  |  |  |  |
| 8. | Was the contract awarded to the lowest responsible bidder? |  |  |  |  |
| 9. | SECTION 23. DEBARMENT: Was verification of the prime construction contractor received before contract award? |  |  |  | Date of verification: |
| 10. | SECTION 23. DEBARMENT: 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/PCR? |  |  |  | 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 SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| **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: |

|  |  |  |
| --- | --- | --- |
| **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 SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| **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 SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| **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? |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **CONSTRUCTION / MATERIALS / EQUIPMENT PROCUREMENT REVIEW** | | | | | |
| **Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| **CONTRACT PROVISIONS** | | | | | |
|  | Did the contract contain the following provisions and documents as required in the TxCDBG PIM? |  |  |  |  |
| Contract Period |  |  |  |  |
| A provision for a at least 5% retainage |  |  |  |  |
| Bid Bonds |  |  |  |  |
| Payment Bonds |  |  |  |  |
| Performance Bonds |  |  |  |  |
| Grant Recipient's adopted Section 3 Plan |  |  |  |  |
| Equal Opportunity Guidelines for Construction Contractors (Form A1001) |  |  |  |  |
| Construction Contractor Section 3 Plan |  |  |  |  |
| Statement of Bidder's Qualifications |  |  |  |  |
| Certificate of Owner's Attorney |  |  |  |  |
| Certificate of Insurance |  |  |  |  |
| Compliance with Air and Water Acts (>$150,000) |  |  |  |  |
| Equal Opportunity (>$10,000) |  |  |  |  |
| Section 3 Clause (contracts >$100,000) |  |  |  |  |
| Remedies for Breach of Contract  (>$50,000) |  |  |  |  |
| Byrd Anti-Lobbying Certification (≥$100,000) |  |  |  |  |
| Technical Specification/Drawings |  |  |  |  |
| HUD 4010 Form |  |  |  |  |
| Wage Decision(s) |  |  |  | GWD No.: Mod:  GWD No.: \_\_\_\_\_\_\_\_\_\_ Mod: |
| Termination Clause(s) for Cause and Convenience (all contracts >$10,000) |  |  |  |  |
| Access to Records by grantee, sub-grantee, Federal grantor agency, the Comptroller General of the U.S. |  |  |  |  |
| Retention of Records (For three years from closeout of the grant to the State) |  |  |  |  |

**SPECIAL CONDITIONS**

**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:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SPECIAL CONDITIONS** | | | | | |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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 |

**LABOR STANDARDS REVIEW**

**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:**

|  |  |  |
| --- | --- | --- |
| **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** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **YES** | | **NO** | | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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 GR 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 > $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 subcontractors 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? ($10 per day per violation) |  |  | |  | | 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:**

**(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:**

| **CIVIL RIGHTS REVIEW** | | | | | |
| --- | --- | --- | --- | --- | --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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 the 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](mailto: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 SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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 SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| **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 SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 21. | Did the Grant Recipient conduct acceptable activities to affirmatively further fair housing during the contract period? |  |  |  |  |
| 22. | Proclamation/Declaration/Resolution |  |  |  | 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 SOURCE AND 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:**

**(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:**

| **ACQUISITION REVIEW** | | | | | |
| --- | --- | --- | --- | --- | --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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 request TDA approval to waive appraisal requirements if the property was estimated to be greater than $10,000 but less than $25,000 in value. |  |  |  | Date TDA Approved:    Date TDA 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** | | | | | |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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** | | | | | |
| 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 less than $10,000 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? |  |  |  |  |
| 21. | Was a review appraisal conducted? |  |  |  |  |
| **ACQUISITION REVIEW** | | | | | |
|  | | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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:**

**(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:**

| **FORCE ACCOUNT REVIEW** | | | | | |
| --- | --- | --- | --- | --- | --- |
|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCE, COMMENTS, AND CORRECTIVE ACTION TAKEN** |
| 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. | Was equipment used solely for the TxCDBG project? |  |  |  |  |
| 14. | ***If NO,*** *was an hourly rate calculated and only hours used on the project reimbursed?* |  |  |  |  |
| 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: |