

LOUISIANA COMMUNITY
DEVELOPMENT BLOCK
GRANT PROGRAM

PROGRAM EVALUATION
AND MONITORING PLAN

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Overview

Section 104 of Title I of the Housing and Community Development Act of 1974, as amended, (Title 1) and 24 CFR Part 570.492 requires Louisiana to monitor its CDBG recipients. Program evaluation and monitoring is the mechanism by which the state's Office of Community Development – Local Government Assistance (OCD-LGA) provides administrative oversight to Louisiana Community Development Block Grant (LCDBG) recipients. OCD-LGA's review process ensures that recipients are in compliance with three key areas:

- Approved activities have been carried out in a timely manner,
- Recipients' activities and certifications have been carried out in accordance with the requirements and the primary objectives of Title 1 and with other applicable laws, and
- Recipient has a continuing capacity to carry out approved activities in a timely manner.

During the course of an LCDBG project, OCD-LGA's Local Government Representatives (LGRs) will evaluate and monitor grant recipients both remotely and through periodic on-site visits. Under the LCDBG program, there are three major components of program evaluation and monitoring:

- Education: The provision of workshops, manuals, and handouts training recipients in program requirements and their basis. The primary educational efforts are the mandatory post-award workshops and the Grantee Handbook.
- Technical Assistance: Imparting information that will enable recipients to comply with the various state and federal requirements for their grants.
- Evaluation and Monitoring: A systematic process used to maintain contact with all recipients in order to track their progress, make comparisons between and among grantees, and identify grantees needing technical assistance.

In carrying out OCD-LGA's Title I responsibilities, one or more monitoring and/or technical assistance visits will be made during the project period for each grant.

Education

- Grantee Handbook: Revised and distributed annually to all grant recipients for that particular program year.
- Grantee Workshop: An official from each recipient's governing body is required to attend the Grantee Workshop held for that funding year's recipients. In the course of this annual workshop all facets of the LCDBG Program are explained and discussed. In addition, recipients are provided with copies of any revised or updated applicable state and/or federal regulations. As of Funding

Year (FY) 2020, Grantee Workshops are being held virtually, recorded and included on OCD-LGA's YouTube channel at <https://www.youtube.com/channel/UCWcJm1k2CZCcsdVywhhmr-A>. Attendance is verified for each required workshop.

- Additional Training: Additional workshops are conducted and informational memorandums are distributed as training needs are identified. The OCD-LGA will designate recipients as high risk, medium risk, or low risk after considering the following factors:
 - Administrator
 - Complexity of activities involved in grant
 - Recipient previous performance

Those recipients designated as high risk will receive an on-site technical assistance visit from OCD-LGA staff prior to the recipient monitoring visit. Those recipients designated as medium risk will have the option of requesting an on-site technical assistance visit from OCD-LGA staff prior to the recipient monitoring visit. Those recipients designated as low risk will receive technical assistance on an as needed basis.

- Policies and other information are available to grant recipients on the OCD-LGA website.

Technical Assistance

This may be done on-site or remotely. The grant's LGR can use technical assistance to achieve early resolution of problems encountered with a project. Technical assistance examples include:

- Explanation of project start-up requirements and assistance with establishment of program files. A project's filing system must provide a historic account of the recipient's activities, be easy to use and centrally located. (NOTE: Private consultants administering a grant for a local government should not keep original project files – original project files must be maintained at the recipient's location. Consultants may keep a duplicate set of project files.)
- Advice on technical requirements such as preparation of the Environmental Review Record, property acquisition, job creation, labor standards, procurement, civil rights compliance, etc.
- Visits to high and medium risk recipients to review compliance requirements on-site.

Beginning FY 2019, all grants except planning grants will receive a desktop monitoring. A letter will be mailed to the grantee when approximately 25% of the funds have been drawn requesting the submittal of information and the completion of a questionnaire. Areas of compliance that are reviewed are: Civil Rights, Labor, Acquisition, and Financial. This monitoring is to provide technical assistance and findings

are not issued at this time. The grantees have the opportunity to rectify the issue prior to on-site monitoring.

Evaluation and Monitoring

LGRs have the responsibility to ensure that recipients carry out their programs in accordance with all applicable laws and regulations. It is mandatory that Local Government Representatives (LGRs) be familiar with the program requirements. The Grantee Handbook and regulation updates are the primary tools for gaining knowledge of the federal and state regulations. State staff with specialist assignments can provide additional support in their areas. The objectives of the LCDBG staff in evaluating and monitoring grant projects are to determine if recipients are:

- Carrying out their LCDBG programs as approved in their application
- Complying with applicable federal and state regulations
- Carrying out their programs in accordance with the most current program (time) schedule
- Demonstrating a continuing capacity to carry out the approved programs
- Requesting reimbursement only for approved project costs

Ongoing Remote Evaluation

Ongoing remote evaluation is the primary method of tracking grantee performance/compliance on a daily basis, determining the need for technical assistance, obtaining data to plan for the routine site visits, and determining the need for exception site visits. To the extent possible, this evaluation utilizes existing data that is routinely submitted for other purposes. Much of the data is captured on the office's in-house electronic grants management tracking system, Granting and Underwriting Monies to Benefit Others (GUMBO). The following are examples of data submitted which are utilized:

- Recipient's application
- Performance schedule
- Recipient's contract
- Request for payment (RFP)
- Request for release of funds
- Request for a wage rate decision
- Verification of contractor eligibility
- Notice of contract award
- Final wage compliance report
- Citizen complaints
- Audits

The first ongoing evaluation activity is to examine the recipient's performance schedule, approved application, and contract. All activities included on the schedule should be consistent with the approved application (and any pertinent program amendments). The time period indicated should be reasonable and consistent with the project's LCDBG contract period. It shows, by quarter, expected milestones and expenditures by activity. The performance schedule and any subsequent revisions or amendments must be placed in the grantee's financial management and drawdown files in order to be compared with actual drawdown notes. Any discrepancies must be resolved with the recipient. Contract conditions established in the recipient's contract are also tracked for timely completion.

Each Request for Payment (RFP) submitted by the recipient indicates the budget line item for which the draw is being made. The RFP is entered into GUMBO and the invoice tracker and approved for payment. The invoice tracker identifies details of the financial data that is entered into GUMBO. It is printed and filed in the Request for Payment file.

The RFPs, invoice tracker, and program time schedule provide the most current information on the performance of the recipient's program. The RFP file can be used as a tool to:

- Compare cumulative drawdowns with funds budgeted to make sure the amount drawn does not exceed the budgeted amount without appropriate changes.
- Determine if activity drawdown rates reflect the performance schedule submitted by the recipient. Discrepancies between the schedule and the amount drawn are discussed with the recipient.
- Activities on the schedule for which no funds have been drawn after the proposed scheduled initiation date are discussed with the recipient.
- Determine if a revised performance schedule is needed as the result of a project delay, program amendment, or contract extension.

When appropriate, a revised performance schedule is requested as well as an explanation for the reason the program activities are behind schedule. The recipient must submit a detailed timeline indicating the realistic proposed time of completion of the activities. The timeline duration should not exceed the time frame of the current contract.

Other sources for charting the recipient's performance include:

- Change in activities due to program amendments and budget revisions
- Changes in funds budgeted due to program amendments and budget revisions
- Changes in completion dates due to revised schedules and contract extensions

A Budget Reconciliation Report is required when there is a change in the category of expenditure as requested in a previous RFP. In this report, actual expenditures are compared with budgeted amounts and amounts requested (24 CFR 85.2(b)(4)). If amounts on the Certificate of Completion (closeout) differ from the LCDBG records, budget reconciliation will be mandatory prior to closeout.

Any complaints made to OCD-LGA about a recipient's program are sources of valuable compliance information. A record of the complaints received, identifying the actions taken and the results of the actions is maintained in the permanent grant file. The validity of all complaints suggesting problems in performance or compliance should be included in the assessment of the recipient's need for regular or exception monitoring.

To assist LGRs in managing the on-going evaluation of recipients, monthly tickler and exception reports are produced by GUMBO. Tickler reports remind the LGR of certain steps to be taken as a project progresses. Such reminders include, but are not limited to: monitoring due, close-out due, audit due, et cetera.

The exception report is provided to the Director of the Office of Community Development and lists those items previously reported to the LGR on the tickler report that were not accomplished. It is each LGR's responsibility to inform the Director and to document the file as to why the actions were not accomplished.

The Director of the Office of Community Development also maintains a Grant Status Spreadsheet on the G drive where LGRs are required to provide information about each of their active grants by Friday of each week.

On Site Monitoring

LCDBG staff monitors the following areas which include but are not limited to:

- Program progress
- General organization of files
- Financial and general contract management
- Labor standards
- Civil Rights
- Environmental review
- Real property acquisition
- Demolition/clearance activities
- Public facilities
- Procurement
- Housing rehabilitation/replacement
- Economic development
- Local complaint procedures
- Program benefit – compliance with national objectives

- Citizen participation

There are two types of on-site compliance assistance visits: exception and regularly scheduled monitoring.

EXCEPTION VISITS:

When there is a serious problem in performance or other issues, an exception visit may be required. The Community Development Director/Supervisor should be notified of the potential problems. If there is concurrence, the LGR or an LGR program area specialist (depending on the nature of the anticipated problem) will be instructed to initiate a site visit.

REGULARLY SCHEDULED MONITORING VISITS:

Each recipient will be monitored on site at least once during grant implementation. When the overall expenditures on a program reach or exceed fifty percent, the recipient will be scheduled for and notified of the upcoming monitoring visit.

Due to COVID-19 and also for any future events where it might be necessary, grants will be monitored in-house. Grantees will be notified by mail that they are required to submit grant files to OCD-LGA within 30 days. Monitoring Checklists are completed and a monitoring letter is sent to the grantee using the same process described below. A site visit to the project is also conducted.

SCHEDULING THE SITE VISIT:

The LGR assigned to the grant will contact the grant consultant and/or recipient to schedule the visit. A letter confirming the date is then sent to the recipient indicating that all program files will be reviewed and a visit to the project site will be made during the monitoring visit.

STEPS IN THE SITE VISIT PROCESS:

Preparation for Site Visit

OCD-LGA utilizes monitoring checklists in the performance of site visits to ensure compliance with all applicable laws and requirements. The LGR should complete the Monitoring Preparation Checklist prior to the visit. This pre-populates certain information on the checklists, saving time during the visit.

Entrance Conference

The monitoring visit begins with an entrance conference with the grant administrator, a representative of the recipient, and others the recipient deems should attend. The LGR will explain the purpose of the monitoring visit and the areas to be monitored. The monitoring visit will be conducted in accordance with OCD-LGA's monitoring procedures.

Review Recipient Files Using Monitoring Checklists

The monitoring checklists are the primary tool used to monitor recipient performance in the LCDBG program. The monitoring checklists are revised whenever necessary to reflect changes made in program guidelines and regulations.

All pertinent monitoring checklists must be completed with findings and areas of concern noted during the site visit. This will require the participation of the local government, the administrative consultant, and possibly the project engineer. If problems are identified during the review, an attempt should be made to correct them on-site. When the problem cannot be remedied completely on-site, the steps necessary to correct the problem should be explained to the recipient.

A comprehensive review of program performance must be made using the appropriate checklists. A checklist has been prepared for each program area as well as each compliance area. The specific items to be reviewed will depend on the stage of progress when visited, the type of project, and whether or not it is the first or a subsequent visit. Each program and/or compliance area has a unique monitoring code. The following provides the monitoring code for each program and/or compliance area and a brief description of its checklist:

01 Financial Management

The review of the recipient's financial management system checks its compliance with 24 CFR 85.20 and Uniform Grant Guidance 2 CFR Part 200. These circulars can be used as reference items during monitoring. The financial management checklist is completed by an OCD-LGA staff member. The checklist assists in determining if the following criteria have been met:

- the grantee's financial management system provides for current, accurate and complete disclosure of financial results
- there is adequate and clear identification of the sources and uses of funds
- there is effective property management and control
- the grantee's records allow for comparison of actual and budgeted amounts by activity
- there are procedures for minimizing the time elapsing between the receipt and expenditure of grant funds

- there are procedures in place for determining if the costs are reasonable, allowable and correctly allocated in accordance with state and federal regulations

02 Environmental Review

Since each grant recipient receives environmental clearance prior to contract release, the task of the on-site monitor is to ensure that the approved Environmental Review Record (ERR) is still relevant. The as-built plans and specifications, the description and map in the application (or program amendment, if applicable), and the map included in the approved ERR are compared to the physical site to ensure that no project sites have changed. If a project site has changed, the ERR would require an amendment.

If the project involves housing rehabilitation or emergency spot repairs, it is confirmed that all homes rehabilitated are located within the target area. If the location of a house falls outside the cleared target area, the ERR must be amended.

The letters in the ERR from other agencies are reviewed for any additional requirements, such as permits, inadvertent discovery clause requirements, etc. Particular attention is given to the letter from the State Historic Preservation Office in case they require photographs of certain houses before rehabilitation.

03 Labor Standards

The objective is to ensure that the required procedures were implemented in accordance with the statutory/regulatory provisions (Davis-Bacon Act, Contract Work Hours and Safety Standards Act, Copeland Anti-Kickback Act and other requirements). When monitoring, the bid and contract documents are reviewed for the inclusion of the federal labor standards provisions and the correct federal wage determination. Other documentation should include notices of contract award and preconstruction conference (if applicable) and preconstruction conference minutes if a pre-construction conference was conducted, evidence that the federal wage decision, any additional classifications, and the Davis-Bacon poster have been posted at the construction site, and that proper contractor clearances were obtained timely.

Weekly payrolls are reviewed carefully. Each contractor and subcontractor must submit weekly payrolls from the time work is started until it is completed for each week in which work occurred. Each payroll submitted must be accompanied by a Statement of Compliance signed by an officer or designee of the company.

In examining the payrolls, it is verified that only classifications appearing on the wage determination are used and that a disproportionate employment of laborers to mechanics does not exist. Wage rates reported on the payroll must be at least equal to the wage decision. If a

lesser rate was paid, the grantee's files should include records of restitution made. Payroll computations are spot-checked; deductions made are reviewed for any non-permissible deduction. The information on the employee interview form is checked against the wage determination and applicable payroll sheet. Also reviewed is that overtime pay for work in excess of 40 hours in one week was paid correctly.

04 Civil Rights

Review of Civil Rights is primarily concerned with the locality's actions undertaken on its own behalf. There are specific areas to be reviewed:

- actions taken to further fair housing,
- the local government's equal employment opportunity practices,
- Section 3 requirements,
- Language Access Plan (LAP)
- Section 504 Compliance, and
- Minority Business Enterprise (MBE) participation.

In the area of fair housing, the local government agreed by signing the assurances in the application and the grant contract to implement measures to affirmatively further fair housing in their community. Whether or not they have implemented a program which addresses this issue is reviewed.

In reviewing equal opportunity personnel practices, it is determined if the locality gives fair and equitable treatment with respect to hiring, salary and promotional opportunities to all job applicants and employees.

It is verified that the locality has adopted a written Section 3 plan containing certain criteria and that they are abiding by their plan.

A Language Access Plan must be prepared within one year of the Authorization to Incur Costs letter and reviewed/updated on an annual basis.

Compliance with the accessibility requirements of Section 504 is also reviewed.

It is also confirmed that the grantee encouraged and/or achieved MBE participation.

05 Acquisition

The review of real property acquisition covers compliance with the Uniform Relocation Assistance and Real Property Acquisitions Policy Act of 1970 (Uniform Act). The Uniform Act is very specific about which acquisitions are subject to its requirements and the procedures which must be followed to acquire property. Therefore, there are two separate components of review:

- It is determined if exempt or non-exempt acquisition occurred for the project's implementation. Any non-exempt acquisition initiated after submission of the application must comply with the Uniform Act regardless of the source of funds. Additionally, property obtained prior to application submission on which LCDBG activities will take place may be subject to the Uniform Act.
- Specific acquisitions under the project are reviewed, if any, to ensure that proper Uniform Act procedures were followed during the acquisition of each parcel of property.

06 Residential Relocation/Displacement Checklist

The review of relocation covers compliance with the relocation provisions of the Uniform Act. For those relocations not subject to the Uniform Act, the locally adopted displacement policy is reviewed and a determination is made as to whether or not the grantee followed their policy in completing their non-Uniform Act relocation activities. For those grantees with relocation covered by the Uniform Act, the Part 2 checklist for each displacement is completed.

07 Housing Rehabilitation

When LCDBG funds are used for housing rehabilitation or reconstruction, the units must be brought up to the Section 8 Housing Quality Standards and Cost Effective Energy Conservation Standards. Part I of the housing rehabilitation checklist covers the overall program. Part II covers the inspections of a representative sample of individual properties. The number and types of individual property files selected constitute a representative sample of the entire rehabilitation and reconstruction case inventory, generally 10 percent but at least one of each type of unit if there are both rehabilitated and reconstructed homes in the project. In addition, any property on which the local jurisdiction has received a complaint is reviewed. On-site property inspection is conducted to determine if funds were expended for the completion of identified planned work. If funds expended are not clearly reflected in the work accomplished, the LGR further investigates to determine the possible cause of the discrepancy.

All construction contracts must include the language and requirements specified in applicable federal, state and local laws governing the program. Unless construction is undertaken in a structure with eight or more units, the Davis-Bacon and other labor standards provisions do not apply.

08 Procurement Procedures

The procurement procedures checklist is used to verify that the solicitation and subsequent award of contracts was in accordance with the procedures established by the federal Uniform Grant Guidance, state bid laws, and LCDBG program directives. Administrative consulting, engineering, and/or construction contracts procured with CDBG funds are reviewed. A sample of other professional services contracts (appraisers, review appraisers, auditing firms, legal services, etc.) is also reviewed. All sole source contracts are reviewed.

In general, documentation is reviewed to ensure that: (1) recipients have documentation to justify the method of procurement used to select the provider; (2) cost analysis was performed to determine the reasonableness of the contract price; (3) contracts contain clear description of the provider's duties and responsibilities and; (4) payments are adequately justified and documented.

09 Program Performance - Administration

The Request for Payment file, the invoice tracker, and the performance schedule are used to compare planned vs. actual progress. Reasons for delays should be noted and the need for a revised schedule discussed with the recipient.

In discussing major problems which may affect the feasibility of or delay the entire program, the problems and possible results are noted on the performance checklist. Examples of such problems include litigation, inability of developer to obtain financing, loss of local funding commitments, etc. Early notification of major problems permits the State to provide technical assistance and assist with contingency plans.

10 Compliance with National Objectives

The purpose of this review is to ascertain that the grantee has documentation on file which supports that one of the national objectives is being addressed by the program.

12 Record Keeping

The record keeping requirements included in the Grantee Handbook are specific. The grantee's overall filing system is reviewed for adequacy.

13 Citizen Participation

Citizen Participation files are reviewed to determine that the local community has made every effort to involve the community's citizens during the application process and in the on-going grant activities. The specific requirements are presented in the application packages, on OCD-LGA's website, in grantee handbooks, and in the State's Citizen Participation Plan.

14 Other:

(a) Anti-Displacement

As part of this review, the Residential Anti-Displacement and Relocation Plan, adopting resolution and certification are reviewed. If a person or business has been displaced as a result of the LCDBG Program, Part 2 of the checklist is completed.

(b) Clearance/Demolition

The review of clearance/demolition covers the locally adopted clearance/demolition policy and its compliance with the LCDBG regulations and state laws, and determines if the activities conformed to those outlined in the approved application.

(c) Economic Development

The review of the economic development portion of the grantee's files is to ensure that the contractual provisions contained in their contract with the State have been accomplished.

The checklist is used to assist in determining if the following criteria have been met:

- the number and percent of low/moderate income jobs have been or are being achieved
- the developer has submitted the required financial reports
- the projected sources and uses of funds have been realized
- the LCDBG loan (if applicable) has been properly secured and repayments are being made according to schedule
- program income (if any) is being accounted for and returned to OCD-LGA

Employment is verified by reviewing the most recent payroll records rather than a compilation of job applications to ensure that job replacements are not being counted in the employment total.

[Visit the Construction Site](#)

The actual construction site must be visited to ascertain that it corresponds to the site approved by the Office of Community Development in the application, plans and specifications, environmental review record, and program amendments (if any). It also enables the LCDBG staff to complete certain questions on the checklists.

Exit Conference

At the conclusion of the monitoring visit, an exit conference is held with the recipient's representative, anyone else the recipient deems appropriate, and the grant administrator. The purpose of the conference is to summarize the results of the visit based on the Exit Conference report completed during the monitoring review. The exit conference may notify the recipient that no problems were found during monitoring review and the project is in compliance with applicable requirements. Should there be problems, the recipient is encouraged to participate through the provision of explanations and additional data which may resolve and correct any issues. Identified problems with fiscal implications are particularly stressed. Problems/issues are presented and discussed in the following context:

- A "Finding" is an action or lack of action(s) in direct violation of a statutory requirement, regulation, or policy. Findings are rated as one of the following:
 - Minor
 - Serious
 - Very Serious

Findings of deficiency identified as "very serious" issued during the grant will affect future scoring in the rating of Public Facilities applications. Points will not be awarded under the Past Performance category for five years.

Repetitive findings in multiple grants also indicates that a finding should be identified as "very serious."

Findings normally require the recipient take corrective action as outlined in the monitoring letter from the State.

- An "Area of Concern" is a non-statutory issue that involves program management. Recommendations may be provided to address the identified concern. The recipient is not required to take any corrective action, but it is encouraged to give consideration to the state's recommendation.

Monitoring Follow-Up Procedures

A monitoring letter is sent to the recipient, reporting the results of the monitoring visit. The monitoring letter to the recipient includes the following information:

- Contract number
- Date of the visit
- Scope of the monitoring visit
- Monitoring findings (merits and/or deficiencies and concerns) supported by the facts considered in reaching the conclusions
- Specific corrective actions/recommendations if necessary (i.e., means by which a finding of deficiency can be resolved)
- Due date of any necessary corrective action (generally 30-45 days, depending upon the nature of the findings)
- If appropriate, the offer of technical assistance

Monitoring letters are mailed within 30 days after the visit. All findings of deficiency included in the letter will be entered into GUMBO for tracking purposes.

When issuing findings of deficiency, the following codes are used.

1. CONTRACT NUMBER
2. SOURCE OF FINDING (1 Digit)
 - 0 = Ongoing Monitoring
 - 1 = On site
 - 2 = Complaints
 - 3 = HUD Oversight
 - 4 = Audit
 - 5 = Other
 - 6 = In-House
3. SERIOUSNESS OF FINDING (1 Digit)

- 0 = Minor
- 1 = Serious
- 2 = Very Serious

4. PROGRAM AREA (2 Digits)

- 01 = Financial Management
- 02 = Environmental Review
- 03 = Labor Standards
- 04 = Civil Rights
- 05 = Acquisition
- 06 = Relocation
- 07 = Housing Rehabilitation
- 08 = Procurement
- 09 = Program Performance-Administration
- 10 = National Objectives
- 12 = Record Keeping
- 13 = Citizen Participation
- 14 = Other (including but not limited to: Anti-displacement, Clearance/Demolition,
and Economic Development)

5. FINDING NUMBER

Contract # – Source of Finding – Seriousness of Finding – Program Area and Finding Number*

101-3007 – 1 – 2 – 091

*In numbering findings, the program area is expanded to three digits to include the sequential number of the finding. For example, the first finding under program performance-administration would be 091, then 092.

Upon receipt of the monitoring response from the recipient, the LGR decides whether or not the information is sufficient to resolve/clear the finding. A status letter to the recipient addressing the recipient's response to each finding of deficiency is prepared. Findings which are not properly addressed or resolved remain open and a new target date for clearance is given to the recipient in this letter. Each LGR continues to provide technical assistance to the recipient until all finding(s) of deficiency are resolved. As each finding is cleared, the clearance date is entered into GUMBO and a new status letter is sent to the recipient.

In the event that a recipient is unwilling or unable to clear the finding(s), the State may impose one or more sanctions outlined in the section herein entitled Sanctions and further addressed in the State's Policy on Corrective and Remedial Actions.

Sanctions

Sanctions become necessary when every effort has been made to clear findings of deficiency within the prescribed time period and findings remain unresolved. The State's Policy on Corrective and Remedial Actions includes the following sanctions:

- Termination of the grant
- Reduction of the grant amount
- Debarment from future program participation
- Imposition of additional contract conditions
- Recapture of funds
- Litigation/suit

The internal procedures for issuing/clearing sanctions are implemented in accordance with the policy then in effect.

Closeout and Audit Review

Closeout

All findings of deficiency (audit and/or monitoring) must be resolved prior to closeout of a grant. The LGR requests closeout documents when a recipient has requested ninety percent of the LCDBG funds. When closeout documents are received, they are reviewed by the LGR for completeness and accuracy. In addition, prior to preparing the closeout letter, the following must occur:

- The Certificate of Completion form must be approved by the OCD-LGA Policy and Programs Coordinator.
- A copy of the Final Wage Compliance Report must be cleared by the Labor Compliance Officer.
- Three Certificates of Completion (all with original signatures) must have accompanied the recipient's closeout documents.

Generally, a conditional close-out is issued if all LCDBG expenditures have not been covered in financial reports. A recipient cannot receive a final closeout until financial reports covering all expended funds have been received and approved. Once executed, the closeout letter and Certificates of Completion are distributed as follows: one to the recipient, one to the Office of Finance and Support Services, and one to the permanent file.

Audit Review

Each recipient is required to provide OCD-LGA with a financial report for each fiscal year during which the grant is open. A letter requesting the financial report is sent to each recipient thirty days prior to the financial report due date. If a financial report becomes delinquent, a series of audit past-due letters are sent requesting the financial report. If the grant is not closed-out, a finding of deficiency will result after the audit is 60 days past due. If the grant is closed out, a sanction is issued after the audit is 120 days past due. In addition, state law requires that a grantee cannot receive funds from a state agency if the audit is 15 days past due. A letter is sent to the grantee which indicates that they are on the State Legislative Auditor's delinquent list and that they cannot receive further grant funds until the audit is submitted.

When an audit is received, the financial report reviewer reviews the information in the audit to determine financial report compliance and agreement with LCDBG program records.

Letters for unacceptable financial reports, questioned costs, et cetera are developed individually for each specific situation. Any resulting audit findings are tracked following the same procedures as previously outlined for monitoring findings. Any corrections requested must be resolved prior to final close-out.

If a recipient has received program income prior to final closeout, then these funds must be returned to OCD-LGA. Any program income received after final close-out must follow the rules set forth in the State's Consolidated Annual Action Plan for the grant's corresponding program funding year.

EXHIBITS

1: Invoice Tracking Worksheet

2: Request for Payment Entry in GUMBO

GUMBO - Production
 File Edit Application Grant Log Drawdown Report Reference Window Help

Drawdown:1

Application #: PF-2010-051 Bunkie LGR: jmartin Contract #: 705394

Request for Payment Total RFP Drawdown Amount: \$33,446.30 Approved: Yes No Pending

RFP #: 2 RFP Letter: Action: Drawdown (D) RFP Received Date: 08/20/2012

Activity Information

| Activity | Drawdown Amount | Comments | Cumulative Drawn/Deobligated | Balance Remaining | On Schedule |
|------------------------------|-----------------|----------|------------------------------|-------------------|---|
| Acquisition of Real Property | \$2,800.00 | | \$4,600.00 | \$1,000.00 | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Sewer | \$30,646.30 | | \$80,846.30 | \$680,953.70 | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Rehabilitation Loans/Grants | \$0.00 | | \$0.00 | \$31,400.00 | <input type="radio"/> Yes <input type="radio"/> No |

Grant Information

Grant Amount: \$798,800.00 Balance Remaining: \$713,353.70

Cumulative Drawn/Deobligated: \$85,446.30 10.70% Contract Expiration Date: 5/11/2014

Retrieve Save New Delete

3: Program Performance Schedule

Authorization to incur Costs Date: _____

| LCDBG PERFORMANCE SCHEDULE | | APPLICANT NAME: | | | | | | | | | | | | | | | |
|---|----------------------------|--------------------------|--------------------------|---------------------------|----------------------------|--------------------------|--------------------------|---------------------------|----------------------------|---------------------------|---------------------------|----------------------------|-----------------------------|---------------------------|---------------------------|----------------------------|--|
| ACTIVITIES | Quarter 1 July- Sept | Quarter 2 Oct- Dec | Quarter 3 Jan- Mar | Quarter 4 Apr- June | Quarter 5 July- Sept | Quarter 6 Oct- Dec | Quarter 7 Jan- Mar | Quarter 8 Apr- June | Quarter 9 July- Sept | Quarter 10 Oct- Dec | Quarter 11 Jan- Mar | Quarter 12 Apr- June | Quarter 13 July- Sept | Quarter 14 Oct- Dec | Quarter 15 Jan- Mar | Quarter 16 Apr- June | |
| Activity #1 Milestones a. b. c. d. e. | | | | | | | | | | | | | | | | | |
| Activity #2 Milestones a. b. c. d. e. | | | | | | | | | | | | | | | | | |
| Activity #3 Milestones a. b. c. d. e. | | | | | | | | | | | | | | | | | |
| Activity #4 Milestones a. b. c. d. e. | | | | | | | | | | | | | | | | | |

**State of Louisiana
Office of Community Development**

Tickler Report

LGR: Buckli Stanga

| Contract Number | Application Number | Recipient Name | Financial Report Number | Date Due | PCT Drawn | Action Due |
|-----------------|--------------------|-------------------|-------------------------|------------|-----------|---|
| 684996 | ED-2008-004 | Tangipahoa Parish | | 5/31/2011 | | ED status report due |
| 698535 | DN-2010-001 | Ferriday | | 9/7/2012 | | Final closeout is past due |
| 671604 | PF-2008-189 | Delta | | 11/15/2012 | | Final closeout is past due |
| 714983 | PF-2012-052 | New Llano | | 12/5/2012 | | Bid Advertisement Published date is due |
| 684996 | ED-2008-004 | Tangipahoa Parish | | | 96% | Closeout request due |
| 648468 | ED-2006-008 | Winn Parish | | | 99% | Closeout request due |
| 708694 | PF-2010-050 | Bossier Parish | | | 100% | Monitoring visit due |

4: Tickler Report

**State of Louisiana
Office of Community Development**

Exception Report

LGR: Buckli Stanga

| Contract Number | Application Number | Recipient Name | Financial Report Number | Date Due | PCT Drawn | Action Due |
|-----------------|--------------------|-------------------|-------------------------|-----------|-----------|----------------------------|
| 684996 | ED-2008-004 | Tangipahoa Parish | | 6/30/2011 | | ED status report past due |
| 684996 | ED-2008-004 | Tangipahoa Parish | | 8/10/2012 | | Contract has expired |
| 698535 | DN-2010-001 | Ferri day | | 10/7/2012 | | Final closeout is past due |
| 708694 | PF-2010-050 | Bossier Parish | | | 100% | Monitoring visit due |

valuation & Monitoring Plan

6: Desktop Monitoring Request Letter and Local Questionnaire

Date

Honorable John Smith
Mayor, Village of Someplace
Post Office Box 123456
Someplace, Louisiana 99999

RE: Desktop Monitoring Request Letter
FY 20xx LCDBG Public Facilities Program
Contract Number 77777

Dear Mayor Smith:

According to the Program records, twenty-five percent of the Village's FY 20xx Community Development Block Grant (LCDBG) funds have been requested. At this time, the Office of Community Development (OCD) will conduct a desktop monitoring of various compliance areas.

Please complete the attached questionnaire and submit the required documentation listed below to OCD by October 20, 20xx.

REQUIRED DOCUMENTATION

1. Documentation of ownership of grantee-owned property involved with this project. If property was acquired (including parcels, servitudes, leases, and right-of-way), proper documentation will be monitored during the on-site monitoring visit.
2. Citizen Participation Plan, with the corresponding complaint procedure, along with the resolution adopting the Plan.
3. Roster of those in attendance, as well as the minutes, for the first public hearing.
4. *Summary of Previous Actions taken to Achieve Compliance with Section 504*. If a *Summary* is not available, please submit a copy of the self-evaluation of current policies and practices with respect to communications, employment, and program/physical accessibility to determine whether, in whole or in part, they do not or may not meet the requirements of being accessible to individuals with disabilities.
5. Language Access Plan (LAP), which should have been prepared within the first year from the Authorization to Incur Costs date of the grant. Also include the resolution adopting the LAP.
6. Executed Fair Housing Assessment.
7. Project wage sheet.
8. Pictures of project sign in target area and labor posters.
9. Chart of Accounts relative to the current LCDBG project.
10. Proof of current bonding or other insurance for all individuals listed on the Financial Management Questionnaire as authorized to sign checks.

Once the desktop monitoring has been completed, the Village will be notified of potential deficiencies and those deficiencies should be corrected prior to the on-site monitoring visit. Once fifty percent of the Village's grant funds have been requested, the on-site comprehensive review of your FY 20xx LCDBG

Program will follow. A letter will be sent detailing the monitoring visit and the information required for review at that time. If there are any questions, please contact Fred Jones at (225) 342-7412.

Sincerely,

Traci Watts
Director, Local Government Assistance
Office of Community Development

Attachment

c: Howe Consulting, LLC, Administrative Consulting Firm
Fred Jones, Office of Community Development
File: FY 20xx, Public Facilities, Monitoring

Local Government Questionnaire

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

| | Question | Yes | No | N/A |
|----|---|-----|----|-----|
| 1. | At this time, has a person or business been displaced as a result of this program? (If yes, contact OCD-LGA immediately) | | | |
| 2. | Is it anticipated that any person or business will be displaced as a result of this program? (If yes, contact OCD-LGA immediately) | | | |
| 3. | Does your local government use a functioning TDD or the Relay System? <ul style="list-style-type: none"> • <i>A copy of the newspaper advertisement published within six months of the Authorization to Incur Costs letter date must be returned with this questionnaire.</i> | | | |
| 4. | Does your local government operate a 24-hour emergency service? | | | |
| 5. | Does your local government's operating unit have 15 or more employees? | | | |
| | <ul style="list-style-type: none"> • If yes, has the local government taken appropriate initial and continuing steps to notify "participants, beneficiaries, applicants, and employees, including those with impaired vision or hearing, and unions or professional organizations holding collective bargaining or professional agreements with the grantee" that it does not discriminate on the basis of disability in violation of this part? | | | |
| | <ul style="list-style-type: none"> ○ If yes, did the grantee make the initial notification required within 90 days of receipt of the executed contract with the State for each new grant? | | | |
| | <ul style="list-style-type: none"> ○ <i>If yes, documentation of initial and continuing notifications must be returned with this questionnaire.</i> | | | |
| 6. | Has your local government ever been cited by a state or federal agency for Equal Employment Opportunity (EEO) non-compliance? | | | |
| | <ul style="list-style-type: none"> • <i>If yes, please submit documentation of non-compliance and final determination.</i> | | | |
| 7. | At this time, have any fair housing complaints been recorded? | | | |

| | | | | |
|-----|--|--|--|--|
| | <ul style="list-style-type: none"> If yes, proper documentation of the complaint procedures will be reviewed during the on-site monitoring visit. | | | |
| 8. | Has your local government acquired an “existing” facility (construction prior to July 11, 1988) that is not accessible and will renovate it prior to occupying it? | | | |
| 9. | Has the U.S. Justice Department required your local government to make a facility physically accessible? | | | |
| 10. | Did your local government hold a pre-construction conference with the prime contractor(s) and any known subcontractor(s) prior to the start of construction? | | | |
| | <ul style="list-style-type: none"> If yes, date of conference: | | | |
| | <ul style="list-style-type: none"> Date construction began: | | | |
| 11. | Were the following posters displayed at the job site: | | | |
| | <ul style="list-style-type: none"> Project wage sheet or applicable wage decision(s)? | | | |
| | <ul style="list-style-type: none"> Employee Rights Under the Fair Labor Standards Act? | | | |
| | <ul style="list-style-type: none"> Employee Rights Under the Davis-Bacon Act? | | | |
| | <ul style="list-style-type: none"> Equal Employment Opportunity is the Law? | | | |
| | <ul style="list-style-type: none"> Documentation for the above must be submitted to OCD-LGA. | | | |
| 12. | Did your local government adopt the State’s sample procurement policy? | | | |
| | <ul style="list-style-type: none"> If yes, what is the date of adoption: (Note: If adopted prior to 2015, the current sample policy must be adopted.) | | | |
| 13. | Did your local government meet the criteria of being a parish with a population over 20,000 or a municipality with a population over 10,000? | | | |
| | <ul style="list-style-type: none"> If yes, did your local government provide for electronic submission of bids through either your own website or a third-party commercial website? | | | |

| | | | | |
|-----|--|--|--|--|
| 14. | At this time, was a complaint made by a Section 3 resident or business that challenged non-compliance with Section 3 on the part of your local government, prime contractor(s), or subcontractor(s)? | | | |
| | <ul style="list-style-type: none"> <i>If yes, please provide documentation of the complaint procedure and responses.</i> | | | |

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

| Contract | Name | DUNS Number | Expiration Date |
|---------------------------|------|-------------|-----------------|
| Administrative Consultant | | | |
| Project Engineer | | | |
| Prime Contractor 1 | | | |
| Prime Contractor 2 | | | |
| Subcontractor 1 | | | |
| Subcontractor 2 | | | |
| Subcontractor 3 | | | |

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

Chief Elected Official Signature

Chief Elected Official Name

Date

7: Desktop Review

| Desktop Review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------|-------|------------------------|-------|--------------|-------|--------------|-------|-----------|-------|---------------------|-------|--|-------|---|-------|-----------------------|-------|-----------|-------|---------------------|-------|--|-------|---|-------|-----------------------|-------|-----------|-------|---------------------|-------|--|-------|---|-------|-----------------------|-------|-----------|-------|---------------------|-------|--|-------|---|-------|-----------------------|-------|--------------------------------|-------|-------------------------------|--------|-----------------------------|-------|
| General Information | Grantee: _____ Contract Number: _____ Grant Program Year: _____ Grant Type [PF, HO, ED, DN, LS]: _____ Entity [Village, City, Town, Parish]: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contacts | Chief Elected Official: _____ Consultant: _____ Engineer: _____ LGR: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates | Date of Application: _____ Authorization to Incur Costs: _____ Transmittal of Contract: _____ Consultant Cleared: _____ Engineer Cleared: _____ Consultant Contract: _____ Engineer Contract: _____ CDBG Contract Ends: _____ Desktop Review Letter Sent: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amounts/Activities/Nat'l Objective | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Grant Award Amount:</td><td style="width: 50%; text-align: right;">_____</td></tr> <tr><td>Percent Drawn to Date:</td><td style="text-align: right;">_____</td></tr> <tr><td>Local Funds:</td><td style="text-align: right;">_____</td></tr> <tr><td>Other Funds:</td><td style="text-align: right;">_____</td></tr> <tr><td>Activity:</td><td style="text-align: right;">_____</td></tr> <tr><td>National Objective:</td><td style="text-align: right;">_____</td></tr> <tr><td>ORIGINAL Budgeted Amount for Activity:</td><td style="text-align: right;">_____</td></tr> <tr><td>Most recent REVISED Budgeted Amount for Activity:</td><td style="text-align: right;">_____</td></tr> <tr><td>Expenditures to Date:</td><td style="text-align: right;">_____</td></tr> <tr><td>Activity:</td><td style="text-align: right;">_____</td></tr> <tr><td>National Objective:</td><td style="text-align: right;">_____</td></tr> <tr><td>ORIGINAL Budgeted Amount for Activity:</td><td style="text-align: right;">_____</td></tr> <tr><td>Most recent REVISED Budgeted Amount for Activity:</td><td style="text-align: right;">_____</td></tr> <tr><td>Expenditures to Date:</td><td style="text-align: right;">_____</td></tr> <tr><td>Activity:</td><td style="text-align: right;">_____</td></tr> <tr><td>National Objective:</td><td style="text-align: right;">_____</td></tr> <tr><td>ORIGINAL Budgeted Amount for Activity:</td><td style="text-align: right;">_____</td></tr> <tr><td>Most recent REVISED Budgeted Amount for Activity:</td><td style="text-align: right;">_____</td></tr> <tr><td>Expenditures to Date:</td><td style="text-align: right;">_____</td></tr> <tr><td>Activity:</td><td style="text-align: right;">_____</td></tr> <tr><td>National Objective:</td><td style="text-align: right;">_____</td></tr> <tr><td>ORIGINAL Budgeted Amount for Activity:</td><td style="text-align: right;">_____</td></tr> <tr><td>Most recent REVISED Budgeted Amount for Activity:</td><td style="text-align: right;">_____</td></tr> <tr><td>Expenditures to Date:</td><td style="text-align: right;">_____</td></tr> <tr><td>Grant Award (ORIGINAL BUDGET):</td><td style="text-align: right;">_____</td></tr> <tr><td>Grant Award (REVISED BUDGET):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Total Expenditures to Date:</td><td style="text-align: right;">_____</td></tr> </table> | Grant Award Amount: | _____ | Percent Drawn to Date: | _____ | Local Funds: | _____ | Other Funds: | _____ | Activity: | _____ | National Objective: | _____ | ORIGINAL Budgeted Amount for Activity: | _____ | Most recent REVISED Budgeted Amount for Activity: | _____ | Expenditures to Date: | _____ | Activity: | _____ | National Objective: | _____ | ORIGINAL Budgeted Amount for Activity: | _____ | Most recent REVISED Budgeted Amount for Activity: | _____ | Expenditures to Date: | _____ | Activity: | _____ | National Objective: | _____ | ORIGINAL Budgeted Amount for Activity: | _____ | Most recent REVISED Budgeted Amount for Activity: | _____ | Expenditures to Date: | _____ | Activity: | _____ | National Objective: | _____ | ORIGINAL Budgeted Amount for Activity: | _____ | Most recent REVISED Budgeted Amount for Activity: | _____ | Expenditures to Date: | _____ | Grant Award (ORIGINAL BUDGET): | _____ | Grant Award (REVISED BUDGET): | \$0.00 | Total Expenditures to Date: | _____ |
| Grant Award Amount: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percent Drawn to Date: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Funds: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Funds: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Objective: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORIGINAL Budgeted Amount for Activity: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Most recent REVISED Budgeted Amount for Activity: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenditures to Date: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Objective: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORIGINAL Budgeted Amount for Activity: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Most recent REVISED Budgeted Amount for Activity: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenditures to Date: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Objective: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORIGINAL Budgeted Amount for Activity: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Most recent REVISED Budgeted Amount for Activity: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenditures to Date: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Objective: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORIGINAL Budgeted Amount for Activity: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Most recent REVISED Budgeted Amount for Activity: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenditures to Date: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grant Award (ORIGINAL BUDGET): | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grant Award (REVISED BUDGET): | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Expenditures to Date: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Anti-displacement | | | |
|-------------------|--|--|-------|
| | Yes | No | N/A |
| 1. | Are the following included in the Residential Anti-displacement and Relocation Plan documents: | | |
| | a. | Residential Anti-displacement and Relocation Plan | _____ |
| | b. | resolution adopting the Plan | _____ |
| | c. | Residential Anti-displacement/Relocation Certification | _____ |
| | d. | if applicable, regulations, information booklets, relocation claim forms | _____ |
| 2. | Does the Plan identify a person who is responsible for displacement and relocation compliance? | | |
| | _____ | | |
| | ~ If Yes , identify: _____ | | |
| 3. | Has a person or business been displaced as a result of this program? | | |
| | _____ | | |
| | ~ If Yes, complete the Residential Relocation/Displacement Checklist (Part 2). | | |
| | ~ If Yes, was the acquisition subject to the Uniform Act? | | |
| | _____ | | |
| | ~ If Yes, complete the Anti-displacement Checklist (Part 2). | | |

| Citizen Participation | | | |
|-----------------------|--|----|-------|
| | Yes | No | |
| 1. | Does grantee have an adopted Citizen Participation Plan? | | _____ |
| | ~ If Yes , was the plan adopted prior to the first public hearing? | | _____ |
| | ~ If No , was it prepared before hearing but adopted after hearing w/o changes? | | _____ |
| 2. | Does the plan... | | _____ |
| | ● provide citizens with reasonable access to local meetings, information concerning the State's method of distributing funds and the use of funds under Title I? | | _____ |
| | ● provide for LCDBG-related public hearings to obtain views on the development of needs, the review of proposed activities and the review of program performance? | | _____ |
| | ● provide for and encourages participation, particularly persons of low/mod income residing in blighted areas and/or in areas where CDBG funds will be used? | | _____ |
| | ● provide TA to facilitate participation where requested? | | _____ |
| | ● address accommodations at hearings for non-English speaking persons? | | _____ |
| | ● address accommodations at public hearings for persons with disabilities? | | _____ |
| | ● provide for public hearings to obtain views concerning program amendments? | | _____ |
| | ~ Was a program amendment requested and approved? | | _____ |
| | ~ If YES , was a public hearing conducted prior to the request? | | _____ |
| | ● provide for a public hearing on performance at closeout? | | _____ |
| 3. | Does the Citizen Participation Plan include a complaint procedure? | | _____ |
| | ~ If Yes , does the complaint procedure identify; | | _____ |
| | ● how a citizen should file a complaint? | | _____ |
| | ● the manner in which a complaint is processed? | | _____ |
| | ● a response time to the complainant - maximum of 15 working days? | | _____ |
| 4. | Did first public notice for the public hearing state the following would be discussed? | | _____ |
| | ● amount of funds available for community development and housing needs | | _____ |
| | ● the range of eligible activities and the estimated amounts for activities that will benefit low/mod income persons | | _____ |
| | ● the applicant's plans for minimizing displacement and the provision of benefits should displacement occur | | _____ |
| | ● information of the applicant's past LCDBG performance | | _____ |
| 5. | Did the notice encourage citizens, particularly those of low/mod income & residents of slum/blight areas to submit their views on community development and housing needs? | | _____ |
| 6. | Did the notice state accommodations would be provided for non-English speaking and disabled individuals? | | _____ |
| 7. | Were five calendar days allowed for notification of the public hearing? | | _____ |

| | Yes | No |
|---|-------|-------|
| 8. Is there a roster of those in attendance of the public hearing? | _____ | _____ |
| 9. Are there minutes of the public hearing? | _____ | _____ |
| ~ If Yes, do they state the items in #4 above were discussed? (Reference to items is not necessary if no one was in attendance.) | _____ | _____ |
| 10. Was the second public notice published: | | |
| • After the first public hearing was held? | _____ | _____ |
| • After all forms in the application were dated? | _____ | _____ |
| • Prior to application submittal? | _____ | _____ |
| 11. Was the second public notice published a minimum of 7 calendar days prior to application submittal? | _____ | _____ |
| 12. Was the following information included in the grantee's second public notice? | | |
| • proposed objectives | _____ | _____ |
| • proposed activities | _____ | _____ |
| • location of proposed activities | _____ | _____ |
| • activity amounts | _____ | _____ |
| • application submittal date | _____ | _____ |
| • the opportunity to comment on the application and the place and time to review the application | _____ | _____ |

| |
|---------------------|
| Civil Rights |
| Section 504 |

Summary of Previous Actions Taken

| | Yes | No | N/A |
|---|-------|-------|-------|
| 1. Has the grantee prepared a "Summary of Previous Actions Taken"? | _____ | _____ | _____ |
| a. Does it identify when the grantee conducted its Self-Evaluation? | _____ | _____ | _____ |
| b. According to the "Summary", did the Self-Evaluation address: | | | |
| ⇨ Physical Accessibility | _____ | _____ | _____ |
| ⇨ Communications | _____ | _____ | _____ |
| ⇨ Employment | _____ | _____ | _____ |

Physical Accessibility

| | | | |
|--|-------|-------|-------|
| 2. According to the "Summary of Previous Actions Taken", ... | | | |
| a. did Self-Evaluation identify all non-housing facilities owned by grantee? | _____ | _____ | _____ |
| b. were facilities identified as "new" and "existing"? ("existing" means constructed, altered or designed before July 11, 1988; "new" means after this date.) | _____ | _____ | _____ |
| c. did the Self-Evaluation identify any physical barriers that impede accessibility to any programs or activities? ~ If Yes, continue. | _____ | _____ | _____ |
| d. did the grantee make physical alterations to provide for accessibility? | _____ | _____ | _____ |
| e. were all physical barriers identified in the Self-Evaluation removed? ~ If No, continue. | _____ | _____ | _____ |
| 3. For "existing" facilities with continuing physical barriers, according to the "Summary of Previous Actions", | | | |
| a. have new policies or practices been adopted or existing ones modified or revised in order to achieve accessibility such as relocation, home visits, selective alterations? (24 CFR 8.21(2)) | _____ | _____ | _____ |
| b. has community's adopted policies and/or practices been modified to achieve accessibility for all physical barriers identified? ~ If No, continue. | _____ | _____ | _____ |
| c. has grantee determined that making facility accessible and usable by individuals with handicaps would impose either an undue financial and administrative burden, or demonstrated that it would result in a fundamental alteration in the nature of the program or activity? (24 CFR 8.21 (b)(I)(ii)) | _____ | _____ | _____ |
| d. did the grantee identify any facilities as "new"? ~ If Yes, continue. | _____ | _____ | _____ |
| e. did the grantee identify all "new" facilities as accessible? ~ If No, inaccessibility must be addressed in Transition Plan below. | _____ | _____ | _____ |

| | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| <u>Communications</u> | | | |
| 4. | | | |
| a. | | | |
| b. | | | |
| <u>Employment</u> | | | |
| 5. | | | |
| a. | | | |
| b. | | | |
| <u>Current Policies</u> | | | |
| 6. | | | |
| a. | | | |
| b. | | | |
| c. | | | |
| d. | | | |
| e. | | | |
| Other Section 504 Requirements, as applicable | | | |
| If grantee has less than 15 employees, go to 'Transition Plan'. Otherwise continue. | | | |
| 7. | | | |
| a. | | | |
| b. | | | |
| c. | | | |
| i. | | | |
| ii. | | | |
| iii. | | | |
| Grantee's Transition Plan (Subsequent to Evaluation & original Transition Plan) | | | |
| 8. | | | |
| a. | | | |
| b. | | | |
| c. | | | |

| | Yes | No | N/A |
|---|-------|-------|-------|
| 9. Has a plan been developed listing all steps needed to complete the changes? ~ If Yes, | _____ | _____ | _____ |
| a. Does the plan identify a compliance officer? | _____ | _____ | _____ |
| b. Does it list handicap resources used in writing the plan? | _____ | _____ | _____ |
| c. Does the plan identify all impediments? | _____ | _____ | _____ |
| d. Does it describe how all facilities will be made accessible? | _____ | _____ | _____ |
| e. Is there a time schedule for rectifying all impediments? Note time period - _____ | _____ | _____ | _____ |
| i. Are the renovations on schedule? | _____ | _____ | _____ |
| ii. If No, should the time schedule be revised? | _____ | _____ | _____ |

Limited English Proficiency

| | | | |
|--|-------|-------|-------|
| 10. Did the grantee conduct the four part analysis? | _____ | _____ | _____ |
| 11. Did the analysis determine that the grantee did not meet the "safe harbor" requirements? | _____ | _____ | _____ |
| 12. Did the grantee prepare and adopt a Language Access Plan in the first year of the grant? | _____ | _____ | _____ |
| 13. Has the Language Access Plan been reviewed/updated annually? | _____ | _____ | _____ |

Fair Housing

| | Yes | No | N/A |
|---|-------|-------|-------|
| 14. FAIR HOUSING ASSESSMENT: | | | |
| a. Did the grantee complete the assessment within its jurisdiction? | _____ | _____ | _____ |
| b. Is the assessment complete and are the responses reasonable? | _____ | _____ | _____ |
| c. Do all "N/A's" have an explanation or are confirmed by the numbers in Part I of the assessment? | _____ | _____ | _____ |
| d. Does Part II of the assessment indicate the contact or source of information and describe the policies and/or practices? | _____ | _____ | _____ |
| e. Did the assessment identify any impediments? | _____ | _____ | _____ |
| f. Is Part III marked "N/A" only in the case of Part II being marked "N/A" or "None"? | _____ | _____ | _____ |
| g. Has grantee taken steps to remedy impediments? | _____ | _____ | _____ |
| h. Has the assessment been signed by the Preparer and the CEO? | _____ | _____ | _____ |
| i. Do grantees' records maintain the assessment and actions taken? | _____ | _____ | _____ |
| 15. Have any fair housing complaints been recorded? ~ If Yes, explain. | _____ | _____ | _____ |
| _____ | | | |
| a. Was complaint sent to HUD if discrimination was alleged? | _____ | _____ | _____ |
| b. Did grantee notify complainant of HUD's involvement? | _____ | _____ | _____ |
| c. What is the status of the complaint? | _____ | _____ | _____ |
| _____ | | | |

| Environmental | | | |
|--|-------|-------|-------|
| | Yes | No | N/A |
| 1. Were all activities exempt from the environmental review process? ~ If No, complete remainder of checklist. | _____ | _____ | _____ |
| 2. Did any tribe request to be a consulting party? ~ If Yes, what were the conditions of their request? _____ | _____ | _____ | _____ |
| ~ Were the conditions of their request met? | _____ | _____ | _____ |
| 3. Did the Historic Preservation Officer request additional information before or during construction? ~ If Yes, is there documentation to show compliance? | _____ | _____ | _____ |

| Financial Management | | | |
|--|--------------------------------|-------|-------|
| Financial Reporting | Reference: 2 CFR 200.302(a) | | |
| | Yes | No | N/A |
| 1. Are there any delinquent annual financial reports? | _____ | _____ | _____ |
| Internal Controls | Reference: 24 CFR 85.20 (b)(3) | | |
| | Yes | No | N/A |
| 2. Were there internal control findings relevant to the CDBG program in the most recent audit? | _____ | _____ | _____ |
| 3. Are all employees handling financial transactions bonded? | _____ | _____ | _____ |

| Labor Standards | | | |
|---|--------------------------|-------|-------|
| Prime Contractors Only | (answer: Yes, No or N/A) | | |
| | 1 | 2 | 3 |
| 1. Did the local government receive a fully executed Verification of Wage Decision and Contractor Eligibility form from OCD prior to the award of the construction contract? Yes No | _____ | _____ | _____ |
| 2. Does a resolution from the local government state that the award will be contingent on verification of wage decision and contractor eligibility? | _____ | _____ | _____ |
| 3. Was the "Notice of Contract Award" sent to OCD? No Yes | _____ | _____ | _____ |
| 4. Was the Notice of Contract Award rec'd by OCD within 30 days of the award date? | _____ | _____ | _____ |
| 5. Was the construction contract awarded more than 90 days after bid opening? | _____ | _____ | _____ |

| Procurement | | | |
|---|-------|-------|-------|
| Minority Business Enterprise (MBE) | | | |
| 1. Did grantee encourage and/or achieve MBE participation? (Methods: SBA, newspaper ads, direct solicitation, divided project into smaller contracts, etc.) ~ If No, explain. | _____ | _____ | _____ |
| _____ | | | |
| _____ | | | |

Public Improvements

1. Did DHH review/approve plans/specs for the sewer/water project? _____
 ~ If Yes, is DHH's letter dated prior to start of construction? _____
- 2.* Is a project sign prominently displayed in each target area of the project? _____
 *Program Performance
3. a. Identify resident inspector: _____
 b. Was inspector's Qualification Certificate sent to OCD prior to construction? _____
4. Was ad for bids published once a week for 3 weeks according to State Bid Law?
 (First ad must appear at least 25 days prior to bid opening and cannot be on a Sunday or holiday.) _____
5. Did advertisement for bids include time/place of bid opening? _____
6. Did advertisement for bids call bidders attention to the following?
 • conditions of employment and minimum wages _____
 • Section 3 _____
 • E. O. 11246 _____
 • Segregated Facility _____
 *Civil Rights
- (answer: Yes, No or N/A) Contractors: 1 2 3
7. Were there minutes of the bid opening and a tabulation of bids?
 ~ Did grantee send OCD the itemized bid tabulation? _____
8. Was the contract awarded to the lowest responsible bidder? _____
9. Was the contract awarded within the time frame established in State Bid Law?
 [45 days; time frame may be extended in 30-day increments by mutual consent.] _____
10. Will grantee transfer ownership of system to another entity?
 ~ If Yes, was this approved during application review? _____ Yes _____ No
 _____ Yes _____ No

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

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

8: Desktop Monitoring Report

DATE

Honorable John Smith
Mayor, Village of Someplace
Post Office Box 123456
Someplace, Louisiana 99999

RE: Desktop Monitoring Report
FY 20xx LCDBG Public Facilities Program
Contract Number 77777

Dear Mayor Smith:

On October 18, 20xx, we received the completed Local Government Questionnaire and documentation requested for the Desktop Monitoring of your Public Facilities grant. The Office of Community Development (OCD) has completed its review and has determined that corrections are necessary as discussed below. These deficiencies should be remedied prior to the onsite comprehensive review, which will be scheduled when approximately 50% of the grant funds have been drawn.

AREA OF DEFICIENCY

Labor: There was no documentation that the Employee Rights Under the Davis-Bacon Act Poster was displayed at the job site.

Corrective Action: Display this poster at the job site and provide documentation prior to the onsite comprehensive review.

If the Village has any questions, please call Fred Jones at (225) 342-7412.

Sincerely,

Traci Watts
Director, Local Government Assistance
Office of Community Development

c: Ms. Debbie Howe, Grant Consultant
Uptown & Associates, Engineering Firm
Mr. John Doe, Office of Community Development
Ms. Jane Public, Office of Community Development
Mr. Fred Jones, Local Government Representative
File: Public Facilities, FY 20xx, Monitoring

9: Monitoring Visit Letter

Date

Honorable John Smith
Mayor, Village of Someplace
Post Office Box 123456
Someplace, Louisiana 99999

RE: Monitoring Visit
FY 20xx LCDBG Public Facilities Program
Contract Number 777777

Dear Mayor Smith:

This letter is to confirm that John Doe, Jane Public, and Fred Jones will conduct a comprehensive review of your FY 20xx Louisiana Community Development Block Grant (LCDBG) Program on March 13, 20xx. They should arrive at the Village Hall between 1:30 p.m. and 2:30 p.m. They will want to talk to the people carrying out the program as well as review program files and visit the project site(s). Please have all files available for their review, as OCD staff will monitor the grantee's files, not the files belonging to the grant consultant.

Please ensure that current proof of bonding or insurance covering those who handle LCDBG financial transactions is available for review.

It is required that you or your representative attend the exit conference that will be held at the conclusion of the staff review. If you have any questions, please contact Fred Jones at (225) 342-7412.

Sincerely,

Traci M. Watts
Director, Louisiana Community
Development Block Grant Program

c: Ms. Debbie Howe, Grant Consultant
Uptown & Associates, Engineering Firm

Mr. John Doe, Office of Community Development
Ms. Jane Public, Office of Community Development
Mr. Fred Jones, Local Government Representative
File: Public Facilities, FY 20xx, Monitoring

10: LCDBG Evaluation and Monitoring Checklists

STANDARD CHECKLISTS

FOR USE ON

ALL PROJECT MONITORINGS BEGINNING FY 2019

- applicant's plans for minimizing displacement and the provision of benefits should displacement occur, and
 - information of the applicant's past CDBG performance.
6. Did the notice encourage citizens, particularly those of low/mod income and residents of slum/blight areas to submit their views on community development and housing needs?
7. Did the notice state that accommodations would be provided for non-English speaking and disabled individuals?
8. Were five calendar days allowed for notification of the public hearing?
11. Was the second public notice published:
- after the first public hearing was held
 - after all forms in the application were dated
 - prior to application submittal?
12. Was the second public notice published a minimum of 7 calendar days prior to application submittal?
13. Was the following information included in the grantee's second public notice?
- proposed objectives
 - proposed activities
 - location of proposed activities
 - activity amounts
 - application submittal date
 - the opportunity to comment on the application & place and time to review

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

| Labor Standards (Tip: Consider visiting the site first and do the checklist last.) | | Yes | No | N/A |
|--|--|-----|----|-----|
| 1. | Did grantee have prior approval from OCD to use Force Account? | | | |

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

- | | P.C. 1 | P.C. 2 | P.C.3 |
|---|--------|--------|-------|
| 29. Did the local government receive a fully executed Verification of Wage Decision and Contractor Eligibility form from OCD prior to the award of the construction contract? (Answer: Yes, No or N/A) | | | |
| 31. Was the "Notice of Contract Award" sent to OCD? (Answer: Yes, No or N/A) | | | |
| No Yes | | | |
| 32. Was the Notice of Contract Award received by OCD within 30 days of the award date? (Answer: Yes, No or N/A) | | | |
| 33. Was the construction contract awarded more than 90 days after the bid opening? (Answer: Yes, No or N/A) | | | |

| Procurement | | Yes | No |
|-------------|--|-----|----|
| 4. | Were grant funds used for all or part of a professional service contract(s)? | | |

(If Yes, continue.)

- applicant's plans for minimizing displacement and the provision of benefits should displacement occur, and
 - information of the applicant's past CDBG performance.
6. Did the notice encourage citizens, particularly those of low/mod income and residents of slum/blight areas to submit their views on community development and housing needs?
7. Did the notice state that accommodations would be provided for non-English speaking and disabled individuals?
8. Were five calendar days allowed for notification of the public hearing?
11. Was the second public notice published:
- after the first public hearing was held
 - after all forms in the application were dated
 - prior to application submittal?
12. Was the second public notice published a minimum of 7 calendar days prior to application submittal?
13. Was the following information included in the grantee's second public notice?
- proposed objectives
 - proposed activities
 - location of proposed activities
 - activity amounts
 - application submittal date
 - the opportunity to comment on the application & place and time to review

| Financial | | Yes | No | N/A |
|-----------|--|--------------------------|--------------------------|--------------------------|
| 6. | Does grantee have more than one open CDBG grant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Date 1st administration invoice: <input type="text"/> Period covered: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Date 1st construction invoice: <input type="text"/> Period covered: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Labor Standards (Tip: Consider visiting the site first and do the checklist last.) | | Yes | No | N/A |
|--|--|--------------------------|--------------------------|--------------------------|
| 1. | Did grantee have prior approval from OCD to use Force Account? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | P.C. 1 | P.C. 2 | P.C.3 |
|---|--------------------------|--------------------------|--------------------------|
| 29. Did the local government receive a fully executed Verification of Wage Decision and Contractor Eligibility form from OCD prior to the award of the construction contract? (Answer: Yes, No or N/A) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Was the "Notice of Contract Award" sent to OCD? (Answer: Yes, No or N/A) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No Yes | | | |
| 32. Was the Notice of Contract Award received by OCD within 30 days of the award date? (Answer: Yes, No or N/A) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Was the construction contract awarded more than 90 days after the bid opening? (Answer: Yes, No or N/A) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Procurement | | Yes | No |
|-------------|--|--------------------------|--------------------------|
| 4. | Were grant funds used for all or part of a professional service contract(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (If Yes, continue.) | | |

- | | Yes | No | N/A |
|--|-----|----|-----|
| 1. Did application include acquisition by purchase or donation or lease? ~ If No , should the application have included acquisition? | | | |
| 2. What is the date of submission of the application for Federal financial assistance, or the date of site control, if later? | | | |
| 3. Was documentation of ownership or maintenance on file for grantee owned property or servitude acquired? | | | |
| Attorney's Name: _____ | | | |
| Documentation: _____ | | | |
| Date of Documentation: _____ | | | |
| Comments: _____ | | | |
| | | | |
| | Yes | No | |
| 4. Will the activity(ies) trigger: | | | |
| a. URA requirements? ~If Yes, proceed to Part Two: Acquisition of Property | | | |
| b. Section 104(d) requirements? ~If Yes, complete the Displacement and relocation checklist. | | | |

Acquisition Not Subject to 49 CFR Part 24 Subpart B Requirements

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

- | | | | |
|---|--|--|--|
| 5. Was a public solicitation notice published in the local newspaper prior to any voluntary acquisition activity? | | | |
| a. If Yes , did the notice explain or were the owners advised that unless the local governing body and the property owners agree on the terms and conditions of the sale, the property could not otherwise be acquired? 49 CFR 24.101(b)(1)(iii) | | | |
| b. Did the notice state that no specific site or property needs to be acquired; and that the property to be acquired will not be part of an intended, planned, or designated project area? 49 CFR 24.101(b)(1)(i)(ii) | | | |
| c. Was the property owner informed in writing of what the grantee believes market value of the property? 49 CFR 24,101(b)(1)(iv) | | | |
| d. Was the acquisition of real property from a federal agency, state, or state agency? 49 CFR 24.101(b)(3) | | | |
| e. Was the acquisition by leasing where the lease term, including option(s) for extension, is 15 years or more? 49 CFR 24.101(c)(1) | | | |
| f. Was the acquisition by permanent and/or temporary easements necessary for the project? 49 CFR 24.101(c)(2) | | | |
| Comments: _____ | | | |

| Acquisition of Property (Part 2) | | | |
|----------------------------------|-------------------|-------------|-------------|
| Grantee: _____ | Contract #: _____ | FY: _____ | Type: _____ |
| Reviewer: _____ | LGR: _____ | Date: _____ | |

1. Address of property acquired. _____
2. Use of property prior to the beginning of the acquisition process.

| | | | |
|--|---|--|---|
| <input type="checkbox"/> single family residential | <input type="checkbox"/> industrial | <input type="checkbox"/> non-profit organization | <input type="checkbox"/> multi-family residential |
| <input type="checkbox"/> commercial | <input type="checkbox"/> other [identify] _____ | | |
3. Owners (Indicate whether occupant). _____
4. Tenants. _____
5. Current address and home and business telephone numbers of owners(s) to be interviewed.
(Interviews should be conducted if review finds there may be some impropriety with the acquisition process.)

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

Appraisal Process

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

_____ Acquisition (Part 2) _____
 - ~ If an appraisal was not conducted because the property was valued at less than \$10,000, list the documentation used to determine the fair market value of the property.

- Acquisition (Part 2) Page 1 of 3
- ~ If Yes,
 - a. If requested by owner, did the grantee obtain an appraisal?

| | | |
|--|------------|------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Amt. _____ | Date _____ |
|--|------------|------------|
 - > If Yes, continue.
 - b. Was a review appraisal conducted?

| | | |
|--|------------|------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Amt. _____ | Date _____ |
|--|------------|------------|
 - c. Does the appraisal and review appraisal disregard the influence of the project on the fair market value?

| |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

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

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

~ If Yes, explain. _____

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

8. Was an administrative settlement made? Yes ___ No ___

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

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

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

Act of Sale/Donation/Condemnation/Quick Take

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

b. Date owner accepts offer to donate, or rejects offer. _____

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

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

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

> If Yes, explain. _____

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

d. Date condemnation proceedings initiated, if applicable: _____

e. Date Quick Take proceedings initiated, if applicable: _____

f. Date estimated just compensation deposited with court: _____

Acquisition (Part 2) Page 2 of 3

g. Date title vested in agency: _____

h. Date 90-day notice to vacate property: _____

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

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

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

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

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

~ If Yes, explain. _____

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

8. Was an administrative settlement made? Yes ___ No ___

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

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

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

Act of Sale/Donation/Condemnation/Quick Take

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

b. Date owner accepts offer to donate, or rejects offer. _____

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

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

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

> If Yes, explain. _____

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

d. Date condemnation proceedings initiated, if applicable: _____

e. Date Quick Take proceedings initiated, if applicable: _____

f. Date estimated just compensation deposited with court: _____

Acquisition (Part 2) Page 2 of 3

g. Date title vested in agency: _____

h. Date 90-day notice to vacate property: _____

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

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

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



10. General Acquisition Process. Based on the available evidence, did the grantee carry out the acquisition process in a manner that minimized hardships to the owners, and was the grantee consistent with its' treatment of other owners? (Section 301)

Yes ___ No ___

Comments / Recommended Corrective Action: _____

| Anti-displacement (Part 1) | | | Yes | No | N/A |
|--|-------------------|-------------|-------|-------|-------|
| Grantee: _____ | Contract #: _____ | FY: _____ | _____ | _____ | _____ |
| Reviewer: _____ | LGR: _____ | Date: _____ | _____ | _____ | _____ |
| 1. Was a person or business displaced as a result of this program? | | | _____ | _____ | _____ |
| ~ If Yes, complete the Residential Relocation/Displacement Checklist (Part 2). | | | _____ | _____ | _____ |
| ~ If Yes, was the acquisition subject to the Uniform Act? | | | _____ | _____ | _____ |
| ~ If Yes, complete the Anti-displacement Checklist (Part 2). | | | _____ | _____ | _____ |

Comments / Recommended Corrective Action: _____

| Compliance with National Objectives | | |
|-------------------------------------|-------------------------|---------------|
| Activity(ies): | National Objective(s)*: | Verification: |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments/Recommended Corrective Action: _____

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

| Citizen Participation | | Yes | No |
|--|--|-------|-------|
| 1. If any complaints were filed, was the complaint procedure in the Citizen Participation Plan followed? | | _____ | _____ |
| Comments: _____ | | | |

Environmental

| | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| 1. Has an activity or project site changed since review of the ERR and/or grant application? (View Site) ~ If Yes, was the ERR amended and sent to OCD for review? ~If Not, note the date an amended ERR will be submitted: _____ | _____ | _____ | _____ |

Comments / Recommended Corrective Action:

| | | | |
|---|-------------------|-------------|-------------|
| Anti-Displacement/Compliance with National Objectives/Citizen Participation/Environmental | Page 1 of 1 | | |
| Civil Rights | | | |
| Grantee: _____ | Contract #: _____ | FY: _____ | Type: _____ |
| Reviewer: _____ | LGR: _____ | Date: _____ | |

| <u>Title VI - Program Participation</u> | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Does this project require individual beneficiary applications? ~If Yes, continue. | _____ | _____ |
| a. Does the grantee maintain records of all applicants in addition to selected beneficiaries? | _____ | _____ |
| b. Is the grantee collecting information on race, ethnicity, and gender of single headed households? 24 CFR 570.506(g)(2) | _____ | _____ |

Section 504

Summary of Previous Actions Taken

| | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| 2. Based on your observations of the grantee's facilities, are there any obvious areas of non-compliance? a. If Yes, identify _____ | _____ | _____ | _____ |

Equal Employment Opportunity

| | | | |
|---|-------|-------|-------|
| 3. Is LCDBG funding the Grantee's employment in whole or in part? (24 CFR 570.506(g)(3)) | _____ | _____ | _____ |
| 4. Does the funded grantee's operating unit have 15 or more employees? ~ If Yes, continue. If No, skip to question 14. | _____ | _____ | _____ |
| 5. Are EEO posters posted? | _____ | _____ | _____ |
| 6. Is employment data maintained? (EEO-4 form if grantee has 100 or more employees; Workforce Analysis in handbook if 15-99 employees) 24 CFR 6.6(b); 29 CFR 1602.30 | _____ | _____ | _____ |
| 7. Has grantee been cited by a state or federal agency for EEO non-compliance or discrimination in hiring? (24 CFR 570.506(g)(7)) 24 CFR 6.4(a)(3)(i) | _____ | _____ | _____ |

Limited English Proficiency

| | | | |
|---|-------|-------|-------|
| 8. Has the Language Access Plan been reviewed/updated annually? | _____ | _____ | _____ |
|---|-------|-------|-------|

Fair Housing

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

Comments / Recommended Corrective Action: _____

| Financial Management | | | |
|----------------------|-------------------|-------------|-------------|
| Grantee: _____ | Contract #: _____ | FY: _____ | Type: _____ |
| Reviewer: _____ | LGR: _____ | Date: _____ | |

Financial Reporting Reference: 2 CFR 200.302(b)

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

Comments / Recommended Corrective Action: _____

Accounting Records Reference: 2 CFR 200.302

| | Yes | No | N/A | | | | | | | | | | | | | | |
|---|---|-------|-------|---------------------------|-------|--------------------------------------|--|-------------------------------|--|-------------------|--|--------------------------|--|-----------------------------|--|-------------------|--|
| 6. Is the chart of accounts being used by the grantee adequate for the transactions of the program? | _____ | _____ | _____ | | | | | | | | | | | | | | |
| 7. Does the grantee's chart of accounts include a complete listing of the accounts used to support the control needed to ensure that resources used to not exceed resources authorized? | _____ | _____ | _____ | | | | | | | | | | | | | | |
| 8. Does grantee properly maintain program records? [contract, authorization to incur costs, program amendments, budget revisions, etc.] | _____ | _____ | _____ | | | | | | | | | | | | | | |
| 9. | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ffffcc;"> <th style="width: 50%;">Authorizations and Awards</th> <th style="width: 50%;">Dates</th> </tr> </thead> <tbody> <tr> <td>Authorization to Incur Costs letter:</td> <td></td> </tr> <tr> <td>First administrative invoice:</td> <td></td> </tr> <tr> <td> • Period covered:</td> <td></td> </tr> <tr> <td>Release of Funds letter:</td> <td></td> </tr> <tr> <td>First construction invoice:</td> <td></td> </tr> <tr> <td> • Period covered:</td> <td></td> </tr> </tbody> </table> | | | Authorizations and Awards | Dates | Authorization to Incur Costs letter: | | First administrative invoice: | | • Period covered: | | Release of Funds letter: | | First construction invoice: | | • Period covered: | |
| Authorizations and Awards | Dates | | | | | | | | | | | | | | | | |
| Authorization to Incur Costs letter: | | | | | | | | | | | | | | | | | |
| First administrative invoice: | | | | | | | | | | | | | | | | | |
| • Period covered: | | | | | | | | | | | | | | | | | |
| Release of Funds letter: | | | | | | | | | | | | | | | | | |
| First construction invoice: | | | | | | | | | | | | | | | | | |
| • Period covered: | | | | | | | | | | | | | | | | | |
| 10. Was there evidence costs (other than approved pre-agreement costs) were being incurred prior to the Authorization to Incur Costs letter? | _____ | _____ | _____ | | | | | | | | | | | | | | |

Comments / Recommended Corrective Action: _____

Source Documentation Reference: 2 CFR 200.302

| | Yes | No | N/A |
|--|-------|-------|-------|
| 18. Are accounting records [journal entries] supported by adequate source documentation? [cancelled checks, invoices, contracts] | _____ | _____ | _____ |
| 19. Was employee time charged to the LCDBG Program adequately documented with time sheets and/or other source documents? 2 CFR 200.430(i) ~ If Yes, are the transactions regarding employee time recorded properly in the accounting records? | _____ | _____ | _____ |

Comments / Recommended Corrective Action: _____

Cash Management Reference: 2 CFR 200.305

| | Yes | No | N/A |
|---|-------|-------|-------|
| 20. Is the Grantee using a separate bank account to deposit and disburse funds? ~If No, did grantee obtain OCD permission to use a central bank or clearing account? | _____ | _____ | _____ |
| 21. Are LCDBG funds deposited in a non-interest bearing account? | _____ | _____ | _____ |
| 22. Are all checks pre-printed and pre-numbered? | _____ | _____ | _____ |
| 23. Are 'other' funds deposited in the LCDBG account? | _____ | _____ | _____ |
| 24. Are bank statements reconciled upon receipt? | _____ | _____ | _____ |
| 25. Is there evidence of a violation of the '3-day rule'? | _____ | _____ | _____ |

| | Date Rec'd | Check # | Dollar Amt. | Check Written | Check Cleared * |
|-------|------------|---------|-------------|---------------|-----------------|
| RFP#: | | | | | |
| RFP#: | | | | | |
| RFP#: | | | | | |

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

26. Financial Institution: _____ Account Number: _____

27. Last cash disbursement: Check # _____ Date _____ Amount _____

Payment made to: _____

Comments / Recommended Corrective Action: _____

Financial Management Page 3 of 4

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



31. Were any program funds used for general government expenses? (24 CFR 570.489(d)) _____

32. Were there any instances that gave rise to the Questioned Cost criteria?
 ~If Yes, identify: _____

- Inadequate documentation
- Expenditure unrelated to the project
- Incurred outside the grant agreement period
- Unallowable under program regulations
- Required pre-expenditure approvals not obtained

What are the specific problems? _____

Questions 29-32: If No to any, inform grantee funds cannot be requested or disbursed until deficiencies are corrected.

Comments / Recommended Corrective Action: _____

| Labor Standards | | | |
|-----------------|-------------------|-------------|-------------|
| Grantee: _____ | Contract #: _____ | FY: _____ | Type: _____ |
| Reviewer: _____ | LGR: _____ | Date: _____ | |

Force Account

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

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

10. If fringes were required, did the contractor check Box 4-b indicating payment in cash?
 Yes No

11. Did Box 4-a indicate fringe benefit payment(s) into an approved plan?
 No Yes

12. [When answering #12 below, allow credit for no more than the fringe amount listed on the wage decision unless a schedule of fringe benefit payments indicates a higher amount(s).]
 Is there any reason to further investigate "Box 4-a" fringe payments?
 Yes No

13. Were Davis-Bacon compensation requirements met? (Without having to make restitution)
 Yes No

Describe deficiency(ies):

| Primes and Subs | | <i>(from page one)</i> | | | | | | |
|--|--|------------------------|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. | Who detected the Davis-Bacon deficiency(ies)? | | | | | | | |
| 15. | Have Davis-Bacon restitution procedures been initiated and/or completed? | | | | | | | |
| 16. | Was there any overtime? | | | | | | | |
| 17. | Was there any deficiency in the calculation of overtime rates? | | | | | | | |
| 18. | Describe the overtime deficiency(ies): | | | | | | | |
| 19. | Who detected the overtime deficiency(ies)? | | | | | | | |
| 20. | Have overtime restitution procedures been initiated and/or completed? | | | | | | | |
| 21. | Have liquidated damages procedures been initiated and/or completed? (Applicable only to contracts over \$100,000.00 under CWHSSA) | | | | | | | |
| <p>A Labor Standards Enforcement Report (LSER) is required if restitution by a contractor exceeds \$1,000.00</p> | | | | | | | | |
| 22. | Has the requirement for a LSER been triggered? | | | | | | | |
| 23. | Has the process of submitting a LSER been initiated and/or completed? | | | | | | | |



↓ ↓

24. Based on activity thus far, should the Final Wage Compliance Report reflect restitution?
(If yes, inform the Consultant.) _____

25. Were there "other" deductions on the payroll reports?
No Yes _____

26. If there were "other" deductions, were employee consent forms used?
↓ ↓ _____

27. Were payrolls complete?
If No, explain _____

28. Were payrolls accurate?
If No, explain _____

Prime Contractors Only 1 2 3
(answer: Yes, No or N/A)

29. Was the proper wage decision made a part of the construction contract? _____

Comments / Recommended Corrective Action: _____

| Procurement | | | |
|-----------------|-------------------|-------------|-------------|
| Grantee: _____ | Contract #: _____ | FY: _____ | Type: _____ |
| Reviewer: _____ | LGR: _____ | Date: _____ | |

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

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

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

b. Date contractor(s) cleared, if applicable: _____
~Is clearance date before contract date? (Consultant) (Engineer) (Other)
Yes ___ No ___ Yes ___ No ___ Yes ___ No ___

c. Is there an active DUNS number for the... Yes No N/A

- administrative consultant _____
- engineer _____
- prime contractors _____
- subcontractors _____

(answer: Yes, No or N/A)

| | Consultant | Engineer | Other | Other |
|--|------------|----------|-------|-------|
| 2. For the <u>Small Purchase</u> method, does the file have... | | | | |
| • a minimum of 3 quotes rec'd by phone, fax or mail | _____ | | _____ | _____ |
| • documentation for basis of selection | _____ | | _____ | _____ |
| • was the purchase for a definable work product | _____ | | _____ | _____ |
| • do the payment terms state upon completion and delivery | _____ | | _____ | _____ |

(answer: Yes, No or N/A)

| | Consultant | Engineer | Other | Other |
|--|------------|----------|-------|-------|
| 3. The <u>Competitive Proposal Method</u> | | | | |
| a. Using "Requests for Proposals", does the file have... | | | | |
| • a copy of the solicitation for the Request for Proposal? | _____ | | _____ | _____ |
| • how was the RFP solicited? _____ | _____ | | _____ | _____ |
| • copies of proposals received? | _____ | | _____ | _____ |
| • was more than one responsive proposal received? | _____ | | _____ | _____ |
| ~If No, see Noncompetitive Proposals | _____ | | _____ | _____ |
| • a written evaluation of each proposal received? | _____ | | _____ | _____ |
| • how was reasonableness determined? | _____ | | _____ | _____ |
| • selection was preponderantly based on price/cost and with adequate competition; or | _____ | | _____ | _____ |
| • detailed cost analysis | _____ | | _____ | _____ |

(answer: Yes, No or N/A)

| | Consultant | Procurement Engineer | Other | Other |
|---|------------|----------------------|-------|-------|
| a. Using "Requests for Proposals", does the file have... (continued from previous page) | | | | |
| • evidence the selection process was thorough and uniform and the criteria & point system identified in the RFP was used to make the selection? | _____ | | _____ | _____ |
| • were the qualitative evaluation factors – [choose one] | _____ | | _____ | _____ |
| • Significantly more important than cost or price | _____ | | _____ | _____ |
| • Approximately equal to cost or price; or | _____ | | _____ | _____ |
| • Significantly less important than cost or price | _____ | | _____ | _____ |
| • were only the publicized items in the solicitation's scope of work contained in the contract? | _____ | | _____ | _____ |

| | | | | |
|--|-------|--|-------|-------|
| b. Using "Statements of Qualifications", does the file have... | | | | |
| • how was the RFQ solicited? _____ | _____ | | _____ | _____ |
| • copies of statements received? | _____ | | _____ | _____ |
| • was more than one responsive Statement received? | _____ | | _____ | _____ |
| ~If No, see Noncompetitive Proposals | _____ | | _____ | _____ |
| • a written evaluation of each statement received? | _____ | | _____ | _____ |
| • evidence the selection process was thorough and uniform and the criteria & point system identified in the RFP Qualification Statements was used to make the selection? | _____ | | _____ | _____ |
| c. Was there any evidence of situations restricting competition? | _____ | | _____ | _____ |
| • Contractors involved in the procurement process competing for a contract award? 2 CFR 200.31(a) | _____ | | _____ | _____ |
| • Any other non-competitive or arbitrary actions? | _____ | | _____ | _____ |

| | | | | |
|---|-------|-------|-------|-------|
| 4. For the <u>Non-competitive Proposals</u> method, does the file have... | | | | |
| • rationale for using this procurement method? | _____ | _____ | _____ | _____ |
| • were any of the following applicable 2 CFR 200.320(f) | _____ | _____ | _____ | _____ |
| ~item is available only from a single source | _____ | _____ | _____ | _____ |
| ~public exigency or emergency for the requirement | _____ | _____ | _____ | _____ |
| ~OCD authorized in response to a written request | _____ | _____ | _____ | _____ |
| • Inadequate competition | | | | |
| After solicitation of a number of sources, competition is determined inadequate | _____ | _____ | _____ | _____ |
| • did the applicant sufficiently publicize the solicitation? | _____ | _____ | _____ | _____ |



2. Do you think the grantee can meet the current time schedule? _____
- ~ If **No**, explain: _____
3. Was a revised schedule discussed? _____
4. Are there problems which could make the overall program infeasible? _____
- Comments / Recommended Corrective Action: _____

Record Keeping

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

Comments / Recommended Corrective Action: _____

Public Improvements

Grantee: _____ Contract #: _____ FY: _____ Type: _____

Reviewer: _____ LGR: _____ Date: _____

Contractor 1: _____ Contract Amount: _____

Contractor 2: _____ Contract Amount: _____

Contractor 3: _____ Contract Amount: _____

Sub-contractor 1: _____ Sub-contractor 2: _____

| | Contractor 1 | Contractor 2 | Contractor 3 |
|---------------------|--------------|--------------|--------------|
| Bid Ad Dates | | | |
| Bid Opening Date | | | |
| Award Date | | | |
| Description of Work | | | |

1. a. Is there a Certificate for Compliance with Minimum Standards for Accessibility by the Physically Handicapped? _____
- b. Has the State Fire Marshall issued a 'certificate of occupancy'? _____
- 2.* a. If grant provides hook-ups or service line repairs to L/M income families, _____



| | | | | | |
|--|---|-----------------------------|----------|----------|----------|
| | does the residents' application for services include documentation which supports amount of annual income? | | _____ | _____ | _____ |
| | b. Were work authorizations obtained from the property owners? | | _____ | _____ | _____ |
| | | *National Objective | | | |
| 3.* | Were special assessments levied on property owners as a result of this project? (hook-up or tap-on fees) | *Program Performance | _____ | _____ | _____ |
| 4.* | Budget changes more than 10% or program changes that delete, add or change an activity require prior written approval. If applicable, was a Request for a Program Amendment submitted to OCD? | *Program Performance | _____ | _____ | _____ |
| 5.* | a. Identify resident inspector: | | _____ | _____ | _____ |
| 6.* | Are inspection reports available for review? ~ If Yes, are they signed by the inspector identified above? | | _____ | _____ | _____ |
| | (answer: Yes, No or N/A) | Contractors: | <u>1</u> | <u>2</u> | <u>3</u> |
| 7. | Did the selected bidder provide a signed attestation document re: past criminal convictions & verification of employees? | | _____ | _____ | _____ |
| 8. | Was a bid guarantee equivalent to 5% of bid submitted by the lowest bidder? (bid bond, certified check) | | _____ | _____ | _____ |
| 9. | Did bid/contract document contain the following? | | | | |
| | a. Federal Wage Decision(s) - #s _____ | | _____ | _____ | _____ |
| | b. Federal Labor Standards Provisions | *a-b Labor | _____ | _____ | _____ |
| | c. EO Provisions (A.) for contracts not subject to EO11246 | [\$10,000 & under] | _____ | _____ | _____ |
| | d. EO Provisions (B. & C.) for contracts subject to EO11246 | [above \$10,000] | _____ | _____ | _____ |
| | (must have goals included for minority and female participation) | | | | |
| | e. Section 3 Compliance for Training, Employment, Business Opportunities | *c-e Civil Rights | _____ | _____ | _____ |
| | | Public Improvements | | | |
| | (answer: Yes, No or N/A) | Contractors: | <u>1</u> | <u>2</u> | <u>3</u> |
| | f. Louisiana Uniform Public Work Bid Form | | _____ | _____ | _____ |
| | g. Certification of Compliance with Air and Water Acts | [above \$150,000] | _____ | _____ | _____ |
| | h. Access to Records/Maintenance of Records | | _____ | _____ | _____ |
| | i. Conflict of Interest | | _____ | _____ | _____ |
| | j. Bonding and Insurance Requirements | *f-j Procurement | _____ | _____ | _____ |
| 10. | If applicable, were copies of all addenda sent to all bidders & OCD? | | _____ | _____ | _____ |
| Questions 11-20 are regarding Section 3 under the Civil Rights compliance area. [If grant is less than \$200,000, Section 3 requirements do not apply.] | | | | | |
| 11. | Is grantee maintaining a certification file for Section 3 employees and businesses? If any Sec. 3 businesses or employees are claimed, the certification must be on file. | | _____ | _____ | _____ |
| | a. How many Sec. 3 businesses are on file? | | _____ | | |
| | b. How many Sec. 3 employees are on file? | | _____ | | |
| 12. | Did grantee hire employees to work on this project? ~ If Yes, what percentage were Section 3 residents? | | _____ | _____ | _____ |
| | | % | | | |
| 13. | Did grantee enter into construction contracts over \$100,000? ~ If Yes, did grantee meet the 10% contracting goal? | | _____ | _____ | _____ |
| 14. | Was the 3% contracting goal met for professional services? | | _____ | _____ | _____ |



- 23. Were there minutes of the bid opening and a tabulation of bids?
~ Did grantee send OCD the itemized bid tabulation? _____
- 24. Was the contract awarded within the time frame established in State Bid Law?
[45 days; time frame may be extended in 30-day increments by mutual consent.] _____
- 25. Was the contract awarded to the lowest responsible bidder? _____
- 26. Did the contract document include all items contained in the bid package and was it executed by the contractor? _____
- 27. Is there a performance bond and a payment bond for the contract amount? _____
- 28. Were the U.S. Treasury Dept. and the LA Insurance Commissioner's Office contacted regarding the surety company? _____
- 29. a. Identify resident inspector: _____
b. Was inspector's Qualification Certificate sent to OCD prior to construction? _____
- 30. Are inspection reports available for review?
~ If Yes, are they signed by the inspector identified above? _____
- 31. Were change order(s) approved by OCD prior to execution by grantee? _____
- 32. Was a copy of the executed change order with all necessary signatures submitted to OCD? _____
- 33. Has there been a final inspection of work? _____
- 34. Has the 'Certificate of Substantial Completion' been recorded? _____
- 35. Has final payment been made to contractor less retainage? _____
- 36. Has the 'Clear Lien Certificate' been issued? _____
- 37. Has contractor been paid their retainage? _____

Comments / Recommended Corrective Action: _____

| | | | |
|---|-------------------------------|--------------|-------------|
| Program Performance-Administration | | October 2016 | |
| Grantee: _____ | Contract #: _____ | FY: _____ | Type: _____ |
| Reviewer: _____ | LGR: _____ | Date: _____ | |
| Contract End Date: _____ | Percent Drawn To- Date: _____ | | |

- 1. Were special assessments levied on property owners as a result of this project? (hook-up or tap-on fees) _____



2. Budget changes more than 10% or program changes that delete, add or change an activity require prior written approval. If applicable, was a Request for a Program Amendment submitted to OCD? _____
- ~ If Yes, was the Program Amendment approved? _____
3. Is a project sign prominently displayed at each target area of the project? _____
4. Is the program progressing in accordance with the current time schedule? _____
- ~ If No, list the activity(ies) that is behind schedule and explain why.
- Activity: _____ Reason for delay: _____
- Activity: _____ Reason for delay: _____
5. Do you think the grantee can meet the current time schedule? _____
- ~ If No, explain: _____
6. Was a revised schedule discussed? _____
7. Are there problems which could make the overall program infeasible? _____
- Comments / Recommended Corrective Action: _____

| Record Keeping | | Oct-16 |
|----------------|-------------------|-----------------------|
| Grantee: _____ | Contract #: _____ | FY: _____ Type: _____ |

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

| Exit Conference | | Oct-16 |
|-----------------|-------------------|------------|
| Grantee: _____ | Contract #: _____ | LGR: _____ |

| Program Areas Reviewed | Identify Problems to be Corrected |
|---------------------------|-----------------------------------|
| Acquisition (05) | |
| Anti-displacement (14) | |
| Citizen Participation(13) | |



| | |
|---|--|
| Civil Rights: 504 / EO / MBE/Sec. 3/FH (04) | |
| Economic Development (14) | |
| Environmental (02) | |
| Financial Management (01) | |
| Housing Rehabilitation (07) | |
| Labor Standards (03) | |
| National Objective (10) | |
| Program Performance-Administration (09) | |
| Procurement (08) | |
| Record Keeping (12) | |
| Relocation (06) | |



Specialized Monitoring Checklists

1. Economic Development, Part 1
2. Economic Development, Part 2
3. Housing Rehabilitation, Part 1
4. Housing Rehabilitation, Part 2
5. Clearance/Demolition
6. Relocation, Part 1
7. Relocation, Part 2
8. Antidisplacement, Part 2

ECONOMIC DEVELOPMENT (part 1)

November, 1996

Grantee: _____ Contract #: _____ FY: _____

Reviewed By: _____ LGR: _____ Date: _____

Company Name: _____

Address: _____

Responsible Official: _____

Activity Description: _____

(JTPA participants are acceptable as low/moderate beneficiaries except those participants on the dislocated workers program.)

Yes No N/A

1. Date of last financial review _____ for the period ending _____ .

Number of reviews conducted to date: _____ .

Date of last annual statement review _____ for period ending _____ .

2. Has the grantee's loan to the developer been secured (mortgage, etc.) in the manner described in Exhibit D of our contract with the contractor? ___ ___ ___

Comments: _____

3. In general, have all currently applicable provisions of our contract with the grantee been carried out as described, especially Exhibits A - E? ___ ___ ___

Comments: _____



VERIFICATION OF JOBS CREATED AND/OR RETAINED

- 4. Number of jobs to be created and/or retained as stated in contract: _____
- 5. Review payroll prior to grant award, if applicable. Mainly _____ or expansions.
Date of payroll: _____ Number of existing jobs: _____
- 6. Review current payroll.
Date of payroll: _____ Number of existing jobs: _____
- 7. Review job certifications.
 - a) Number of jobs to be created and/or retained: _____
 - b) Number of jobs given to persons of low/moderate income households: _____
 - c) Number of jobs given to low income households: _____
 - d) Number of jobs given to high income households: _____
- 8. Does the current payroll match the job certifications? _____ Yes _____ No _____ N/A
- 9. What is the low/moderate income limits for this locality? \$ _____
- 10. What is the percent of low/moderate new hires? _____ %
- 11. Has this grant met its job creation goals? _____ Yes _____ No _____ N/A
~ If No, explain: _____

- 12. LCDBG funds less administration \$ _____ divided by total number of jobs _____
= cost per job \$ _____ .
- 13. Was the National Objective met? _____ Yes _____ No _____ N/A
- 14. Is another monitoring visit required to verify job creation and compliance with the National Objective?
_____ Yes _____ No _____ N/A

* If Yes, plan a second monitoring visit & send a letter to the grantee informing them of their lack of compliance in this area.

All other applicable monitoring checklists must be completed. (i.e., Program Performance, FH/EO, Financial Management, Labor Standards (if Davis-Bacon is applicable), etc.

| | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|---|------------|-----------|------------|
| 9. Did any individual grant/loan exceed the locally determined maximum average amount, if applicable? | _____ | _____ | _____ |
| ~ If Yes , explain. _____ | | | |

Comments / Recommended Corrective Action: _____

Housing Rehabilitation Plan

| | | | |
|--|-------|-------|-------|
| 10. Have Rehabilitation guidelines [policies/procedures] been developed and approved by the local governing body? | _____ | _____ | _____ |
| 11. Do the guidelines... | | | |
| • state eligibility requirements for participation including household income, assets, ownership, occupancy, need for Rehabilitation, geographical boundaries, rehabilitation feasibility, etc.? | _____ | _____ | _____ |
| • establish a maximum average grant and/or loan limitation considering the condition of the targeted housing stock and the needs of the Program clientele? | _____ | _____ | _____ |
| • identify a property rehabilitation standard? (<i>Section 8 Housing Quality Standards, Southern Standard Housing Code, local housing code, etc.</i>) | _____ | _____ | _____ |
| • require each Rehabilitated unit to comply at a minimum with the Section 8 Housing Quality Standards and Cost Effective Energy Conservation Standards? | _____ | _____ | _____ |
| • require each unit to comply with the Fire Administration Authorization Act of 1992? (at a minimum, installed 2 hard-wired and/or battery operated smoke detectors) | _____ | _____ | _____ |
| • establish procedures to ensure compliance with the Lead-Based Paint regulations? | _____ | _____ | _____ |
| • clearly identify eligible Rehabilitation costs? | _____ | _____ | _____ |
| • define the roles and responsibilities of program staff and the property owner and contractor through all phases of program delivery? | _____ | _____ | _____ |
| • include or reference all procedures and forms for application processing and financial and construction management? | _____ | _____ | _____ |
| • <i>if applicable</i> , establish a coordinated relationship with the local code enforcement program? | _____ | _____ | _____ |
| • include actions to recruit and assist contractors? (<i>small, minority and/or female</i>) | _____ | _____ | _____ |
| • include minimum qualifications for contractors, and provide for the evaluation of contractor credentials, including the contractor's license/registration number? | _____ | _____ | _____ |
| • include appropriate measures to deny participation to contractors who fail to perform in a satisfactory manner? | _____ | _____ | _____ |
| • require the preparation of a detailed work write-up and cost estimate for each unit? | _____ | _____ | _____ |
| • include general Rehabilitation specifications that adequately prescribe materials, methods and workmanship quality? | _____ | _____ | _____ |
| • include a grievance procedure or other mechanism to correct deficiencies in the Housing Rehabilitation program after final inspection? | _____ | _____ | _____ |

Comments / Recommended Corrective Action: _____

Grantee: _____ Contract #: _____ FY: _____ Type: _____
 Reviewer: _____ LGR: _____ Date: _____

This checklist must be completed for each unit reviewed.

Owner/Occupant (*Head of Household*) _____

Address _____

Deferred loan amount \$ _____

Check all that apply: single family duplex upper income HH low/moderate income HH

_____ Number of units in structure undergoing rehabilitation

_____ Date of final verification of all household application data

_____ Date work write-up and cost estimate prepared

_____ Date of advertisement for bids for this unit

_____ Date contract signed

_____ Date Notice to Proceed issued

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Was household income data verified? | _____ | _____ |
| 2. Is information available which indicates that the eligibility criteria of the program guidelines have been met? | _____ | _____ |
| 3. Was the work write-up and/or plans signed by the owner? | _____ | _____ |
| 4. Were bids in line with the preliminary cost estimates and work write-up? | _____ | _____ |
| 5. Was contracting done on a competitive basis? | _____ | _____ |
| 6. Contractor: _____ Date cleared: _____ | | |
| Contractor: _____ Date cleared: _____ | | |
| Was the prime contractor(s) clear prior to contract execution? | _____ | _____ |
| 7. Was D.S.S. contracted to verify that the contractor(s) is current in his child support payments, if applicable? | _____ | _____ |
| 8. Was contractor's general liability and workman's compensation insurance verified? | _____ | _____ |

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 9. Does the contract include: | | |
| • Title VI Clause | _____ | _____ |
| • E.O. 11246 Standard Clause (<i>above \$10K</i>) or 3 paragraph E.O. Provisions (<i>\$10K or less</i>) | _____ | _____ |
| • Notice of Requirement for Affirmative Action (<i>above \$10,000</i>) | _____ | _____ |
| • Standard E.O. 11246 Specifications (<i>goals inserted - above \$10,000</i>) | _____ | _____ |
| • Section 109 Clause | _____ | _____ |
| • Section 3 Clause | _____ | _____ |
| • Segregated Facilities Clause | _____ | _____ |
| • Lead Base Paint Clause | _____ | _____ |
| • Fire Administration Authorization Act of 1992 | _____ | _____ |
| • Access to Records/Maintenance of Records Clause | _____ | _____ |
| • Conflict of Interest | _____ | _____ |
| • Contractor/Subcontractor certification of EEO HUD 950.1 and 950.2 (<i>above \$10,000</i>) | _____ | _____ |
| 10. Was the homeowner required to temporarily relocate to another unit? | _____ | _____ |
| ~ If Yes : | | |
| • Was the unit inspected for Section 8 compliance? | _____ | _____ |
| • Did this unit pass _____ or fail _____ Section 8 compliance? | _____ | _____ |
| • Was the homeowner notified of the pass/fail status of this unit? | _____ | _____ |
| 11. Were systematic site inspections made prior to making progress payments? | _____ | _____ |
| 12. Was a final inspection made upon receipt of the final invoice from the contractor? | _____ | _____ |
| 13. Is there a dated notification "Watch Out for Lead-Based Paint Poisoning" form signed by the homeowner or tenant? | _____ | _____ |
| 14. Are homeowners being insured through the national flood insurance program? | _____ | _____ |
| 15. Was this home in a flood zone? | _____ | _____ |
| ~ If Yes , did grantee follow its adopted Floodplain Ordinance for construction? | _____ | _____ |
| 16. Did grantee address deficiencies identified in the application? (handicapped features, etc.) | _____ | _____ |
| 17. Was the job completed in accordance with the contract and warranty? | _____ | _____ |
| 18. Was a "Notice of Acceptance of Work" issued? | _____ | _____ |
| 19. Was a "Notification of Release of Lien" and applicable warranties received from the contractor, all subcontractors and suppliers? | _____ | _____ |
| 20. Was final payment made at the end of the required lien period? | _____ | _____ |
| 21. Was a lien filed on the rehab unit at the clerk of court's office as per our minimum five year deferred loan program policy? | _____ | _____ |

Comments / Recommended Corrective Action: _____

CLEARANCE AND DEMOLITION

November, '96

Grantee: _____ Contract #: _____ FY: _____

Reviewed By: _____ LGR: _____ Date: _____

| | Yes | No | N/A |
|--|-----|-----|-----|
| 1. a) Does the grantee have an adopted code enforcement policy or condemnation policy? | ___ | ___ | ___ |

↳ If Yes, what code(s) is being used? (i.e., Section 8, Southern Building Code, local code, etc.)

| | | | |
|--|-----|-----|-----|
| b) Are condemnation procedures for demolition purposes following the requirements set forth in the <u>LCDBG Handbook</u> ? | ___ | ___ | ___ |
|--|-----|-----|-----|

| | | | |
|--|-----|-----|-----|
| ↳ If Yes, is the acquisition of property involved? | ___ | ___ | ___ |
|--|-----|-----|-----|

(If Yes, use the appropriate Acquisition Checklist(s))

| | | | |
|--|-----|-----|-----|
| ↳ If No, did the grantee execute a clearance/demolition agreement or a similar document with the property owner prior to starting such activities? | ___ | ___ | ___ |
|--|-----|-----|-----|

| | | | |
|---|-----|-----|-----|
| ↳ If Yes, does the agreement comply with R.S. 33:4761 as set forth in the <u>LCDBG Grantee Handbook</u> ? | ___ | ___ | ___ |
|---|-----|-----|-----|

Comments: _____

2. How many units were approved by the State for demolition? _____

| | | | |
|---|-----|-----|-----|
| 3. Does demolition involve more than 8 housing units in one contract or 8 under one roof? (check Davis-Bacon applicability) | ___ | ___ | ___ |
|---|-----|-----|-----|

Comments: _____

4. How many units will not be replaced of the total units to be demolished? _____

Comments: _____

| | | | |
|--|-----|-----|-----|
| 5. Does the number of units scheduled for demolition correspond to the number approved for demolition? | ___ | ___ | ___ |
|--|-----|-----|-----|

↳ If No, explain: _____

6. What criteria was used to determine the unit was suitable for demolition?

(The criteria can be in the form of photographs, a completed Section 8 checklist, a letter from the board of health which condemns structures or from the chief elected official's office.)

7. How many units were inhabited just prior to demolition? _____

How many of those were scheduled for replacement? _____

If they were inhabited and not scheduled for replacement, explain why: _____

8. What problems, if any, has the grantee faced with demolition? _____

9. Do you feel the grantee needs assistance with demolition? ___ ___ ___

If Yes, explain: _____

10. Are there clear lien certificates on the units that have been demolished? ___ ___ ___

Comments: _____

Grantee: _____ Contract #: _____ FY: _____

Reviewed By: _____ LGR: _____ Date: _____

Review grantee's involvement in permanent relocation of persons displaced by acquisition of property and non-Uniform Act activities. The checklist is for both relocation activities under the Uniform Act and non-Uniform Act. A minimum of five parcels must be reviewed if the total number of relocations is less than fifty. For more than fifty, a total of 10% or a maximum of twenty must be reviewed for compliance.

Uniform Act Relocation And Displacement

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| 1. Was or is permanent displacement anticipated as a result of the LCDBG Program? Comments: _____ ↳ If Yes, continue. If No, it is not necessary to complete this checklist. | ___ | ___ | ___ |
| 2. Total number of displacements subject to the Uniform Act: _____ • How many are 180 day owner occupied? _____ • How many are 180 day renter occupied? _____ • How many are 180 day business related? _____ • How many are 180 day farm related? _____ • Other (specify): _____ Comments: _____ | | | |
| 3. Total number of displacements not be subject to the Uniform Act: _____ | | | |
| 4. Were the displacements carried out in accordance with the Act? ↳ If No, explain how these relocations do not conform to the Act? _____ _____ | ___ | ___ | ___ |
| 5. Were replacement units inspected for Section 8 compliance? Comments: _____ | ___ | ___ | ___ |
| 6. Were relocation/displacement payments made in accordance with Uniform Act requirements? | ___ | ___ | ___ |

Comments: _____

Complete the “Residential Relocation/Displacement Checklist (part 2)” for Uniform Act activities.

Non-Uniform Act Relocation And Displacement

Yes No N/A

1. Does the grantee have a locally adopted relocation policy covering non-Uniform Act relocation procedures? _____ _____ _____

Comments: _____

2. Were non-Uniform Act displacements carried out in accordance with the relocation policy? _____ _____ _____

Comments: _____

RESIDENTIAL RELOCATION / DISPLACEMENT (part 2)
 (For Uniform Act Activities Only)

November, '96

Grantee: _____ Contract #: _____ FY: _____ Reviewed By: _____

~ Parcel A ~

1. Relocation No: _____
 Address: _____
 Name of Head of Household: _____
 ___ 180-day homeowner ___ 90-day homeowner ___ tenant
 Relocation (other): ___ business ___ farm
Relocation Status:
 Prior to Notice of Displacement: _____
 Date of 90-day Notice: _____
 Date of Move: _____
 Date of Claim Payment: _____

~ Parcel B ~

Relocation No: _____
 Address: _____
 Name of Head of Household: _____
 ___ 180-day homeowner ___ 90-day homeowner ___ tenant
 Relocation (other): ___ business ___ farm
Relocation Status:
 Prior to Notice of Displacement: _____
 Date of 90-day Notice: _____
 Date of Move: _____
 Date of Claim Payment: _____

~ Parcel B ~

~ Parcel A ~

| | <u>Yes</u> | <u>No</u> | <u>Comment</u> |
|--|------------|-----------|----------------|
| 2. Is there a file on the displaced person? | — | — | — |
| 3. Was a "Notice of Displacement" sent? | — | — | — |
| 4. Did the "Notice of Displacement" include: | — | — | — |
| • the required brochure or procedures? | — | — | — |
| • a copy of the grievance procedure? | — | — | — |
| • the name and phone number of a contact person? | — | — | — |
| 5. Is there evidence of receipt of the "Notice of Displacement?" | — | — | — |
| 6. Was a household survey done? | — | — | — |
| 7. Were at least 3 referrals made for replacement housing? | — | — | — |
| 8. If referrals were made, were replacement units: | — | — | — |
| • decent, safe and sanitary? | — | — | — |
| • suitable or comparable? | — | — | — |
| • affordable? | — | — | — |
| • located outside low/mod or minority concentrations (at least one unit)? | — | — | — |
| 9. Did the displaced person encounter housing discrimination? | — | — | — |
| 10. If the displaced person faced discrimination, was assistance provided? | — | — | — |

| | ~ Parcel A ~ | | ~ Parcel B ~ | |
|--|----------------|-----------|----------------|-----------|
| | <u>Yes</u> | <u>No</u> | <u>Yes</u> | <u>No</u> |
| | <u>Comment</u> | | <u>Comment</u> | |
| 11. Was a 90-day "Notice to Vacate" issued? | — | — | — | — |
| 12. If a 90-day notice was issued, was it: | — | — | — | — |
| • issued <i>after</i> the Notice of Displacement? | — | — | — | — |
| • issued <i>after</i> referrals to replacement housing? | — | — | — | — |
| • received by the displaced person? | — | — | — | — |
| • followed by a 30-day "Notice to Vacate?" | — | — | — | — |
| 13. Is there evidence of receipt of the 30-day "Notice to Vacate?" | — | — | — | — |
| 14. Was the displaced person moved into an inspected housing unit? | — | — | — | — |
| 15. If the displaced person moved into a substandard unit, was required letter sent? | — | — | — | — |
| 16. Is there evidence of receipt of that letter? | — | — | — | — |
| 17. Was a claim for moving costs submitted? | — | — | — | — |
| 18. If a moving costs claim was submitted, was the claim: | — | — | — | — |
| • completely documented? | — | — | — | — |
| • verified? | — | — | — | — |
| • paid? | — | — | — | — |
| 19. Was a claim for replacement housing assistance (homeowner, or down payment assistance or rental assistance) submitted? | — | — | — | — |

~ Parcel B ~

~ Parcel A ~

Yes No Comment

Yes No Comment

20. If a claim was submitted, was the claim:
- completely documented? _____
 - verified? _____
 - paid in a lump sum? _____
21. If any claims were not paid, is there documentation of the basis for denial? _____
22. Did grantee invoke "Last Resort Replacement Housing" provisions in this case? _____
23. If "Last Resort" was invoked, note the form and amount of assistance provided: _____
24. Comments / Recommended Corrective Action: _____

Grantee: _____ Contract #: _____ FY: _____

Reviewed By: _____ LGR: _____ Date: _____

Yes No N/A

Identification of Occupants.

(Occupants include households: families, individuals and non-residential persons.)

1. Are there records identifying all households by name, number of members, gross income, rent, utility costs and apartment size, and identifying other persons occupying the property on the date of application submittal to grantee? _____

↳ If Yes,

a) what is the number of households? _____

b) what is the number of non-residential persons? _____

Comments: _____

2. Are there records identifying all households by name, number of members, gross income, rent, utility costs and apartment size, and identifying other persons who moved into the property after the owner's application submittal but before completion of project? _____

↳ If Yes, what is the number of households? _____

Comments: _____

3. Are there records identifying all of the occupants, and ownership or rental status after completion of the project? _____

↳ If Yes, what is the number of households? _____

Comments: _____

4. Is there an acceptable explanation for the cause of the move of any person that was permanently relocated but was not displaced? _____

↳ If Yes, what is the number of households? _____

Comments: _____

Records On Displacement.

| | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| (Persons forced to move permanently are considered “displaced”.) | | | |
| 5. If anyone was displaced as a result of this program, is there proper documentation of file? | ___ | ___ | ___ |
| ↳ If Yes, review a random sample of case files with the following. | | | |
| Does the case file contain: | | | |
| ·copy of a timely general information notice? | ___ | ___ | ___ |
| ·copy of a timely notice of eligibility for relocation assistance? | ___ | ___ | ___ |
| ·a record of personal contacts & advisory services provided? | ___ | ___ | ___ |
| ·evidence of referrals to comparable or suitable (affordable) replacement housing? | ___ | ___ | ___ |
| ·copy of the 90-day advance notice of required date of move? | ___ | ___ | ___ |
| ·identification of actual replacement property/rent/utility costs of dwelling and date of relocation? | ___ | ___ | ___ |
| ·copy of replacement dwelling inspection report and date of inspection? | ___ | ___ | ___ |
| ·evidence eligible tenant/owner received a Section 8 certificate or cash replacement housing assistance? | ___ | ___ | ___ |
| ·approval form for, or evidence of payment of moving expenses? | ___ | ___ | ___ |
| ·Have copies of the displacement been sent to the State? | ___ | ___ | ___ |
| Comments: _____ | | | |

Records On Persons Not Displaced.

Review a random sample of case files.

| | | | |
|---|-----|-----|-----|
| 6. Does the case file contain the following: | | | |
| ↳ a time notice explaining persons would not be displaced, and information on after-rehabilitation rents? | ___ | ___ | ___ |
| ↳ evidence the person was reimbursed for out-of-pocket expenses if temporary relocation or move within property was required? | ___ | ___ | ___ |
| Comments: _____ | | | |

Monitoring Of Owner:

| | | | |
|--|-----|-----|-----|
| 7. Was the displacement made public in the newspaper prior to the recognition of the contract? | ___ | ___ | ___ |
| Comments: _____ | | | |

| | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--------------------|---|------------|-----------|------------|
| Replacement Units. | | | | |
| 8. a) | Was the total number of units to be rehabilitated reduced? (i.e., changing a four-plex into a duplex) | ___ | ___ | ___ |
| | ↳ If Yes, explain: _____ | | | |
| b) | Were the applicable steps followed for “one for one” replacement under Section 104D to accomplish the reduction? | ___ | ___ | ___ |
| c) | Was it made public in newspaper prior to recognition of contract? | ___ | ___ | ___ |
| | ↳ If No, explain: _____ | | | |
| d) | Does the grantee have the following: | | | |
| | -a description of the assisted activity? | ___ | ___ | ___ |
| | -a map with the location and number of dwelling units by size (# of bedrooms) that will be demolished or converted to a use other than for low/mod income units as a result of the activity? | ___ | ___ | ___ |
| | -a time schedule for the commencement and completion of the demolition or conversion? | ___ | ___ | ___ |
| | -a map with location & number of dwelling units by size (# of bedrooms) that will be provided as replacement dwelling units? | ___ | ___ | ___ |
| | -a source of funding and a time schedule for the provision of replacement dwelling units? | ___ | ___ | ___ |
| | -the basis for concluding that each rental replacement dwelling unit will remain a low/mod income unit for at least 10 years from the date of initial occupancy? | ___ | ___ | ___ |
| | -information demonstrating that any proposed replacement of units with smaller units (i.e., a two-bedroom unit with two one bedroom units) is consistent with the housing needs of low/mod income households in the jurisdiction? | ___ | ___ | ___ |
| | ↳ If No, explain: _____ | | | |

Appeals/Complaints/Need For A Follow-Up:

| | | | | |
|-----|---|-----|-----|-----|
| 9. | Has there been appropriate responses to any appeals/complaints? | ___ | ___ | ___ |
| 10. | Is additional technical assistance, monitoring, or training on tenant assistance requirements needed? | ___ | ___ | ___ |
| | Comments: _____ | | | |

Antidisplacement (Part 2)

Page 3 of 3

11: Program Evaluation and Monitoring Report Codes

1. CONTRACT NUMBER
2. SOURCE OF FINDING (1 Digit)
 - 0 = Ongoing Monitoring
 - 1 = On site
 - 2 = Complaints
 - 3 = HUD Oversight
 - 4 = Audit
 - 5 = Other
 - 6 = In-House
3. SERIOUSNESS OF FINDING (1 Digit)
 - 0 = Minor
 - 1 = Serious
 - 2 = Very Serious
4. PROGRAM AREA (2 Digits)
 - 01 = Financial Management
 - 02 = Environmental Review
 - 03 = Labor Standards
 - 04 = Civil Rights
 - 05 = Acquisition
 - 06 = Relocation
 - 07 = Housing Rehabilitation
 - 08 = Procurement
 - 09 = Program Performance-Administration

10 = National Objectives

12 = Record Keeping

13 = Citizen Participation

14 = Other (including but not limited to: Anti-displacement, Clearance/Demolition,
and Economic Development

12: Monitoring Letter

DATE

Honorable John Smith
Mayor, Village of Someplace
Post Office Box 123456
Someplace, Louisiana 99999

RE: Monitoring Report
FY 20xx LCDBG Public Facilities Program
Contract Number 777777

Dear Mr. Smith:

On March 13, 20xx, a visit to the Village was conducted for the purpose of monitoring your FY 20xx Louisiana Community Development Block Grant (LCDBG) program. This office appreciates the courtesy and cooperation extended to the staff members during their visit.

A review was conducted in the following areas: Acquisition, Anti-displacement, Citizen Participation, Civil Rights, Environmental Review, Financial Management, Labor Standards, National Objectives, Procurement, Program Performance, and Record Keeping.

The monitoring review indicated that the Village has the continuing capacity to carry out the program activities in a timely manner. The Program has been implemented in accordance with the requirements and primary objectives of the Housing and Community Development Act and other applicable laws with the exceptions identified herein. Although other deficiencies may exist, they were not detected during the review.

FINDINGS OF DEFICIENCY

CITIZEN PARTICIPATION

The citizen participation files were reviewed for completeness and accuracy.

Finding Number 777777-1-1-131

The Village's Citizen Participation Plan was adopted on December 11, 20xx, which was after the first public hearing on September 30, 20xx. Page 12 of the FY 20x0/20x1 Application Package states, "The local Citizen Participation Plan must be made available to the public at the first public hearing."

Honorable John Smith

Date

Page 2

Corrective Action Required: The Village must send us an explanation as to why the program requirements for the timely adoption of the Citizen Participation Plan and presentation at the public hearing were not followed and written assurance that required Citizen Participation procedures will be followed under the remainder of this program and under any future LCDBG programs.

Finding Number 777777-1-1-132

During our review we noted that the Village did not have a roster of attendance or minutes of the first public hearing. Task A-14 in the FY 20xx Grantee Handbook indicates that Citizen Participation is a major file category which should contain "...List of persons attending public hearings and minutes of the meetings...."

Corrective Action Required: The Village must provide us with an explanation as to why there was no roster of attendance and minutes of the first public hearing and written assurance that program requirements regarding Citizen Participation will be followed under the remainder of this program and under any future LCDBG programs.

PROCUREMENT

The Village's general files on procurement were reviewed in addition to the procurement procedures utilized in hiring consulting and engineering services.

Finding Number 777777-1-1-081

We received documentation which indicated that engineering costs were reviewed for reasonableness but such documentation was not signed until the day of our monitoring visit. The FY 20x0/20x1 Application Package, on page 31, states, "If qualification statements are requested, the cost and price detail form must be used when negotiations on the fees to be charged begin with the firm that was selected based on the evaluation of the selection criteria." Therefore, the cost and price detail form should have been completed prior to the execution of the contract with the engineering firm.

Corrective Action Required: The Village must provide us a written explanation of the reason(s) why documentation which indicated that engineering costs were reviewed for reasonableness was not prepared and signed at the appropriate time.

Honorable John Smith

Date

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FINDINGS OF MERIT

ACQUISITION

The Town's files were reviewed to determine compliance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. Acquisition of property was not necessary to carry out the street project according to a certification from the Village's Attorney, Surely Smart, Jr., dated June 10, 20xx.

ANTI-DISPLACEMENT

The Village's Anti-Displacement Plan, certification, and resolution were checked and found to be in accordance with program requirements. Additionally, no displacement occurred as a result of this project.

CIVIL RIGHTS

The review of this area encompassed recipient employment, Section 3 requirements, fair housing, equal opportunity and Section 504 requirements. The Village is in compliance in the areas of civil rights.

ENVIRONMENTAL REVIEW

No activities or project sites have changed from those cleared in the original Environmental Review Record; therefore, your Environmental Review Record remains relevant and complete.

FINANCIAL MANAGEMENT

A review of the financial management records of the FY 20x0 LCDBG Program was conducted to determine compliance with the standards for financial management systems.

(24 CFR Part 85.20)

LABOR STANDARDS

A review was made of the bid documents, payroll sheets, employee interviews, the applicable federal wage decision and inspection reports for the water project. Based on our review of these records, the Village was found to be in compliance with federal labor standards requirements.

NATIONAL OBJECTIVES

Program benefit was reviewed by the staff of the Office of Community Development. Based on the local survey forms and/or census data and an inspection of the target area, seventy-five percent of the persons benefiting

from the water project are of low and moderate income. Therefore, the Village was found to be in compliance with the national objective requirements of 24 CFR 570.483 (b).

Honorable John Smith

Date

Page 4

PROGRAM PERFORMANCE

The Village's progress in completing the program activities in accordance with the Time Schedule submitted with your original application for funding under the LCDBG Program was reviewed. The Village's project has progressed in a timely manner. The water project will be completed prior to the contract termination date of August 24, 20XX.

RECORD KEEPING

The Village is maintaining the program records in accordance with the State's program requirements. When the staff requested specific information during the monitoring visit, the supporting documentation was easily retrievable.

Please submit the items required to address the findings of deficiency to us no later than April 30, 20XX. Also, please make a copy of this letter available to your auditor, who will determine which of the above noted deficiencies, if any, are material and should be included in any of the applicable financial reports. Your cooperation in this matter is appreciated. Should you have any questions, please call Fred Jones at (000) 000-0000.

Sincerely,

Traci M. Watts

Director, Louisiana Community

Development Block Grant Program

c: Ms. Debbie Howe, Grants Consultant
Uptown & Associates, Engineer
Mr. John Doe, Office of Community Development
File: Public Facilities, FY 20xx, Monitoring

13: Corrective and Remedial Actions Policy

Louisiana Community Development Block Grant (LCDBG) Program

Corrective and Remedial Actions

aka Sanction Policy

Introduction

This policy describes the types of administrative actions that can be taken by the Office of Community Development-Local Government Assistance in cases of improper or inadequate performance by recipients of LCDBG Program grants. In each instance, to the extent possible under the circumstances, the action taken will be intended, first, to prevent a continuation of the deficiency; second, to mitigate any adverse effects or consequences of the deficiency; and, third, to prevent a recurrence of the same or similar deficiencies.

Types of Deficiencies

A deficiency is an instance of non-performance of activities or non-compliance with requirements set forth in the contract between the State of Louisiana and the recipient of LCDBG funds. Examples of deficiencies include, but are not limited to, the following:

1. Failure to clear monitoring findings within 120 days of the issuance date by the Office of Community Development. An on-site monitoring visit (for the purpose of assuring the grant recipient's compliance with the federal and state requirements governing the LCDBG Program) may be conducted as a matter of routine monitoring or whenever problems come to the attention of the Office of Community Development. Following the monitoring visit, a letter is written to the grant recipient which identifies findings of deficiency as well as findings of merit, the corrective action required to clear findings of deficiency, and a target date for the accomplishment of the corrective actions. Upon receipt and review of the grant recipient's response, the Office of Community Development determines whether or not the response is sufficient to resolve the findings. If any monitoring findings are not properly resolved by the initial target date, the grant recipient is advised of such and is assigned a second target date for the clearance of those findings. All monitoring findings not resolved by the second target date remain open until resolved.
2. Failure to file reports as required or failure to file reports within established timeframes. Such reports include but are not limited to the Minority Business Report, financial reports, and closeout documents.
3. Failure to resolve an audit finding within 120 days of the issuance date by the Office of Community Development.

4. Incurring costs for ineligible activities in accordance with state and federal regulations.
5. Lack of continuing capacity to administer the LCDBG program.
6. Failure to execute approved activities in accordance with the program (time) schedule included between the State and the grant recipient.
7. The implementation of a program change without prior written approval from the Office of Community Development.

Notice of Deficiency

The first step in the corrective procedure is for the Office of Community Development-Local Government Assistance to send a written Notice of Deficiency to the grant recipient. The notice will describe the deficiency specifically and objectively, describe actions the grant recipient must take in order to remedy the deficiency and a deadline for doing so, and describe the consequences for failure to remedy the deficiency (i.e. administrative sanctions or legal action).

Sanctions

If the deficiency remains uncorrected, one or more sanctions will be imposed. The choice of the sanction(s) to be issued is governed by the objectives identified in the Introduction, the type of deficiency, and the seriousness of the deficiency. Possible sanctions include but are not limited to:

1. Required administrative change: For example, if the consultant administering the program is doing a poor job but the grant recipient has the continuing capacity to administer the grant, the grant recipient may be required to discharge the consultant and engage someone else to administer the program.
2. Suspension of grant payments.
3. Reduction of grant amount.
4. Termination of grant.
5. Reimbursement of costs disallowed by the Office of Community Development-Local Government Assistance.
6. Disqualification from consideration for other LCDBG funds. The criteria for disqualification shall be consistent with, but not limited to, the State's threshold requirements for funding.
7. Legal action pursued by the State.

If the grant recipient does not address the cited problem after having been sanctioned, additional sanctions may be imposed, or the matter may be referred for legal action.

Appeals

The grant recipient may appeal any imposed sanctions through the following process. The grant recipient must submit a written request for an appeal within ten working days after the written notice of sanction has been received. A written decision shall be rendered within ten working days of receipt of the request for appeal unless additional time is agreed to by the recipient.

Duration of Imposed Sanction

The Office of Community Development-Local Government Assistance will maintain a sanction list of those sanctions which render the grant recipient ineligible for additional grant awards. The list will identify the grant recipient, a brief description as to why the sanction was imposed, and what steps must be taken to remove the sanction.

The sanction will remain in effect until the deficiency has been corrected or for no more than ten LCDBG program years with the following exception. Sanctions involving LCDBG funds which were expended for ineligible activities as identified in the federal regulations (24CFR 570.207) cannot be excused unless those funds have been repaid to the State or a satisfactory arrangement for the repayment of those funds have been made and payments are current. The grant recipient will be advised in writing when the sanction has been lifted.

Internal Procedures for Issuing/Clearing Sanctions

1. If a Local Government Representative (LGR) feels that he/she should issue a sanction, he/she should set up a meeting which includes his/her Program Manager, the Policy and Programs Coordinator, and the Community Development Director. The purpose of this meeting will be to determine if a sanction should be issued. If a determination is made to issue a sanction, the penalty/time frame attached to that sanction will also be determined. Every effort will be made to insure consistency among the sanctions imposed.
2. The LGR will advise the grant recipient in writing of the sanction. That letter will identify the deficiency which has resulted in the sanction, the steps that can be taken to correct the deficiency, the penalty which will be imposed, and any timeframe associated with the sanction. If the grant recipient will be prohibited from receiving LCDBG funds for a specified time period, the timeframe must be clearly and specifically identified. A copy of this letter will be given to the Director.
3. The Director will be responsible for maintaining the Sanction List which tracks those sanctions having an effect on a potential applicant's eligibility for future funding. The information contained in the letter issuing the sanction will be summarized on this list.
4. When the grant recipient corrects the deficiency or the timeframe associated with the sanction period ends, the LGR will advise the grant recipient of such in writing. A copy of that letter will be given to the Director who will remove the grant recipient from the Sanction List, if applicable.

5. The permanent working files for the grant associated with the sanction must remain in the Office of Community Development-Local Government Assistance as long as the sanction is in effect; these files cannot be archived until the sanction has been lifted.

6. The final determination of the issuance and clearance of each sanction rests with the Director of the Office of Community Development-Local Government Assistance.

Original Effective Date: August 20, 1987

Revised Date: July 1, 2020

14: Request for Closeout Documents Letter

DATE

Honorable John Smith
Mayor, Village of Someplace
Post Office Box 123456
Someplace, Louisiana 99999

RE: Request for Closeout Documents
FY 20xx LCDBG Public Facilities Program
Contract Number 777777

Dear Mayor Smith:

According to the Program records, eighty-six percent of the Village's FY 20xx Community Development Block Grant (LCDBG) funds have been requested. The Village should begin to undertake the procedures necessary to close out the Program. For a *conditional* closeout all program findings must have been cleared. *Final* closeout will be contingent on the receipt of financial reports or other acceptable documentation covering all LCDBG funds expended under the Program.

The closeout requirements as stated in Section E of the most recent Grantee Handbook are applicable for the closeout of all grants regardless of the funding year. The proper Program Completion Report forms for use in the preparation of closeout documents are available under the "Exhibits E" tab of the most recent Grantee Handbook, which is located on the Office of Community Development's website at <https://www.doa.la.gov/doa/ocd-lga/2020-grantee-handbook-exhibits/>. Two copies of the completed Program Completion Report must be submitted to this office.

Specific items which must be submitted as a part of the Program Completion Report include but are not limited to: (a) any change orders, including a final "reconciliation change order," that have not been previously submitted to the LCDBG staff engineer, (b) a copy of the recorded clear lien certificate(s) for any projects involving infrastructure improvements or housing improvements, (c) three copies of the Certificate of Completion, all of which must have original signatures and (d) a Final Wage Compliance Report if Davis-Bacon requirements were applicable to the project.

We look forward to a prompt closeout of your program. If you have any questions regarding closeout, please do not hesitate to contact Fred Jones at (225) 342-7412.

Sincerely,

Traci M. Watts
Director, LCDBG Program

c: Ms. Debbie Howe, Administrative Consultant
Mr. Fred Jones, Local Government Representative
File: Public Facilities, FY 20xx, Closeout

15: Financial Report Reminder Letter

DATE

Honorable John Smith
Mayor, Village of Someplace
Post Office Box 123456
Someplace, Louisiana 777777

RE: LCDBG Financial Report Requirements
FY 20xx Public Facilities Program—Contract Number 777777

Dear Mayor Smith:

The federal Office of Management and Budget's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards requires a single audit to be conducted by local governments having \$750,000 or more in **total federal funds expended** in a fiscal year. The single audit must meet federal, State and Louisiana Community Development Block Grant (LCDBG) requirements. Federal funds expended that total less than \$750,000 in the fiscal year do not require the completion of a single audit.

If it is determined that a single audit is not required, State law and the LCDBG contract require the submittal of one of the following financial reports based on **revenues received from all sources** (federal, state and local) during a fiscal year: 1) certification and sworn financial statements if revenue received was \$75,000 or less; 2) an annual compilation if revenue received was between \$75,000 and \$199,999; 3) a reviewed financial statement accompanied by an attestation report if revenue received was \$200,000 or greater, but less than \$500,000; or, 4) an annual audit if revenue received was \$500,000 or more. All reports must be prepared in accordance with the Louisiana Governmental Audit Guide and submitted directly to the Office of Community Development via hard or electronic copy.

Financial reports/audits are due annually to this office within six months of the local government's fiscal year end date. Small Cities LCDBG funds must be reported under CFDA number 14.228. Please provide the auditor with a copy of this letter. If there are any questions concerning audit requirements, please call Janelle Dickey at (225) 342-7412.

Sincerely,

Traci M. Watts
Director, LCDBG Program

c: Ms. Debbie Howe, Grant Administrator
Mr. Fred Jones, Local Government Representative
Public Facilities, FY 20xx, Financial Management

16: Past Due Financial Report Letter

DATE

Honorable John Smith
Mayor, Village of Someplace
Post Office Box 123456
Someplace, Louisiana 77777

RE: Request for Past-Due Financial Report
FY 20xx Public Facilities Program
Contract Number 77777

Dear Mayor Smith:

According to our records, the Village should have had a financial report prepared for the fiscal year ending December 30, 20xx; therefore, the financial report should have been submitted to us no later than June 30, 20xx, which was six months after the fiscal year end date. To date we have not received that financial report.

If our records are correct, please forward us a hard or electronic copy of the financial report and any supplemental letters, management reports, et cetera, which accompanied the financial report. If our records are incorrect, please notify us in writing of the period that will be covered in your next audit so that we can document our files accordingly.

If you have any questions about this, please contact Fred Jones at (225) 342-7412.

Sincerely,

Traci M. Watts
Director, LCDBG Program

c: Ms. Debbie Howe, Grant Administrator
Mr. Fred Jones, Local Government Representative
Public Facilities, FY 20xx, Financial Management

17: Conditional Closeout Letter

DATE

Honorable John Smith
Mayor, Village of Someplace
Post Office Box 123456
Someplace, Louisiana 999999

RE: Conditional Closeout
FY 20xx LCDBG Public Facilities Program
Contract Number 777777

Dear Mayor Smith:

The Office of Community Development has received the closeout documents submitted for the above referenced Louisiana Community Development Block Grant (LCDBG) Program. All of the documents required for a conditional closeout have been reviewed and accepted. All findings, if any, have been cleared. Therefore, a Certificate of Completion for contract number 777777 is enclosed.

The Program is closed out contingent upon approval by this office of an acceptable financial report(s) covering the unreported expenditures of \$492,300.25. Any questioned costs arising from the financial report(s) will have to be resolved. The Village will be responsible for disallowed costs, if any. Until the financial documentation is received and accepted, this office cannot issue a final closeout on this program.

Please note that all records and correspondence relating to the Program must be retained until the State issues authorization for them to be discarded. If you have any questions, please call Fred Jones at (225) 342-7412.

Sincerely,

Traci M. Watts
Director, LCDBG Program

Enclosure

c with enc: Ms. Debbie Howe, Administrative Consultant
Ms. Pat Robertson, Office of Finance and Support Services
Ms. Donna Lynn, Office of Community Development
Mr. Fred Jones, Local Government Representative
File: Public Facilities, FY 20xx, Closeout

18: Final Closeout without Conditional Closeout Letter

DATE

Honorable John Smith
Mayor, Village of Someplace
Post Office Box 123456
Someplace, Louisiana 999999

RE: Final Closeout
FY 20xx LCDBG-Public Facilities Program
Contract Number 777777

Dear Mayor Smith:

The Office of Community Development has received and reviewed the closeout documents submitted for the FY 20xx LCDBG Public Facilities Program and has found them acceptable. All findings, if any, relative to this program have been cleared. Also, all LCDBG funds received have been included in an acceptable financial report(s). Therefore, a Certificate of Completion for contract number 777777 is enclosed.

The Office of Community Development is officially closing out this LCDBG Program.

Please note that all records and correspondence relating to the FY 20xx LCDBG Public Facilities Program must be retained until the State issues authorization for them to be discarded.

Sincerely,

Traci M. Watts
Director, LCDBG Program

Enclosure

c: Ms. Debbie Howe
Ms. Pat Anderson, Office of Finance and Support Services
Ms. Donna Lynn, Office of Community Development
Mr. Fred Jones, Local Government Representative
File: Public Facilities, FY 20xx, Closeout

19: Final Closeout after Conditional Closeout Letter

DATE

Honorable John Smith
Mayor, Village of Someplace
Post Office Box 123456
Someplace, Louisiana 999999

RE: Final Closeout

FY 20xx LCDBG Public Facilities Program
Contract Number 777777

Dear Mayor Smith:

On February 31, 20x2, a letter and Certificate of Completion were sent to you conditionally closing out the FY 20xx Louisiana Community Development Block Grant (LCDBG) Program. In that letter it was stated that a final closeout would be issued upon our receipt and approval of an acceptable financial report covering the unaudited expenditures of \$123,123. This office has since received a financial report(s) covering all unaudited expenditures. All funds received and expended under this LCDBG Program have now been audited.

The Office of Community Development is officially closing out this LCDBG Program.

Please note that all records and correspondence relating to the FY 20xx LCDBG Program must be retained until the State issues authorization for them to be discarded.

Sincerely,

Traci M. Watts
Director, LCDBG Program

c: Ms. Debbie Howe, Administrative Consultant
Ms. Pat Anderson, Office of Finance and Support Services
Ms. Donna Lynn, Office of Community Development
Mr. Fred Jones, Local Government Representative
File: Public Facilities, FY 20xx, Closeout