

FORM 8-1: CDBG PROJECT MONITORING CHECKLIST

Subgrantee: _____

Grant Number: _____

Award Date: _____

Project Title: _____

Monitored By: _____

Date Monitored: _____

Persons Interviewed: _____

Monitoring Complete: Yes No

Incomplete Items Due: _____

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INITIAL REQUIREMENTS

Initial requirements must be completed prior to the Grantee’s first drawn request. The requirements were met on _____ (Date). These items will not be reviewed again during the final monitoring visit.

SUBMITTED WITH THE APPLICATION	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Authorizing Governmental Resolution (appointing Project Authorized Official):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equal Employment Opportunity Policy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolution Assuring Fair Housing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code of Conduct Policy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four Factor Analysis (with LAP, if required):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Lobbying Certification:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Free Workplace Policy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Force Policy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant Disclosure Report:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VAWA Certification (Form 1-9):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBMITTED PRIOR TO INITIAL DRAW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Signed Grant Agreement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Match Statement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation, Maintenance, & Repair Statement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relocation, Displacement, & Acquisition Plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOED Approval of Bid Specs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract Award Report (Form 1-4):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAM Registration/Unique Entity Identifiers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 504 Self-Evaluation and Assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complaints and Appeals Process:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DANR Plans & Specs Approval (if required):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any items are marked “NO,” identify required subgrantee action(s):

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CITIZEN PARTICIPATION

The first public hearing must be advertised and conducted prior to submission of application to GOED. Source documents were reviewed for compliance at the time of application. These items will not be reviewed again during the final monitoring visit.

The 2nd public hearing must be held prior to the close-out of the grant, but **no earlier than the projected mid-point**, to provide the status of the program.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Was the public hearing advertised a minimum of 7 days prior to hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the notice include all required content, per the UGLG Citizen Participation Requirements? <ul style="list-style-type: none"> • Date, time, location of hearing, • Project activities/description, • Amount of CDBG funding and total project cost, • Contact information. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the Grantee have all the required documentation of the meeting? <ul style="list-style-type: none"> • Publishers’ affidavit, • Tear sheet (the date that the notice was published must be clear on any submitted copy, • Final approved hearing minutes, • Sign-in sheet(s) of hearing attendees. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were all required items discussed at the hearing, per the UGLG Citizen Participation Requirements? <ul style="list-style-type: none"> • Project progress/status of completion and expected timeframe to completion. • Results to date and projected totals, such as the number of beneficiaries assisted, housing units completed, the portion of the project in service, or number of people served. • Funds expended, balance of funds available, and budget expectations to completion. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the Grantee receive any public comments during the comment period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , did the Grantee respond to those comments within 15 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the Grantee required to conduct additional hearings due to substantial changes in scope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , does the Grantee have all the required documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ACQUISITION

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| 1. Was property necessary for the project acquired prior to submission of the application but after the first public hearing for the Project? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the Grantee follow the requirements of the URA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the project application include any acquisition by purchase or donation?
If Yes , Did the Grantee follow the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) process for acquisition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the Grantee file include all required documentation of the acquisition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RELOCATION

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| 1. Did the project require any temporary or permanent displacements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the Grantee follow the requirements of the URA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Grantee have a separate file for each relocation?
((notices, correspondence, comparable unit list, record of payment, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Total Number of Temporary Displacements subject to the URA:
a. Number of Households: _____ | | | |
| 5. Total Number of Permanent Displacements subject to the URA:
a. 180 Owner Occupied: _____
b. 180 Renter Occupied: _____
c. 180 Business Occupied: _____
d. Other: _____ | | | |

ENVIRONMENTAL REVIEW

Environmental review is required to be completed prior to the subgrantee and State executing the grant agreement. The requirements were met on _____ (Date). These items will not be reviewed again during the final monitoring visit.

- | CHANGES IN THE ASSESSMENT | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| 6. Is there evidence that any funds were obligated prior to the Release of Funds? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were there any changes in the project scope after the initial Release of Funds?
If Yes , was the project re-evaluated and determined to change the findings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes , were the activities re-evaluated, clearance received, and required publication and public comment completed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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FINANCIAL MANAGEMENT

Financial Reporting

YES NO N/A

- 1. Are all Interim Financial Status Reports accurate and submitted on time?
- 2. Has interest been earned on CDBG funds prior to disbursement by the subgrantee?
 - A. **If Yes**, what is the amount earned? \$ _____
 - B. If required, has the subgrantee been notified that it must be returned to the state?
 - Date subgrantee informed? _____

Accounting Records

YES NO N/A

- 8. Does the Grantee properly maintain program financial records?
- 9. Is there any evidence of CDBG funds used to reimburse local funds expended prior to execution of Grant Agreement?
- 10. Are accounting records supported by adequate source documentation (checks, invoices, P.O.s, bank statements, etc.)?
- 11. Was any UGLG employee time charged to the CDBG project?
 - If Yes**, does the Grantee have proper documentation of employee time?

Budget Control

YES NO N/A

- 12. Were all costs charged to the program reasonable and necessary?
- 13. Were any program funds used for general government expenses?
- 14. Were all CDBG funds expended or otherwise transferred in three (3) days of receipt by the Grantee:
 - A. **If No**, how long were the funds held and why?

- 15. Has local match been spent in accordance with the subgrantee's budget?
 - If No**, explain:

- 16. Were any costs incurred after expiration of the Grant Agreement?

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Source Documentation

17. Checks tested:

	Drawdown #	Drawdown #	Drawdown #	Drawdown #
State Warrant/ACH#				
Subgrantee Check #				
Date Rec'd from GOED				
Date Expended				

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FAIR HOUSING / EQUAL OPPORTUNITY

Language Access (for FY 2023): **YES** **NO** **N/A**

1. Did the Grantee follow their Language Access Plan, if required?

Violence Against Women Requirements (for FY 2023): **YES** **NO** **N/A**

2. Did the Grantee have an ordinances/resolutions/policies that were required to be updated based on the VAWA Certification form submitted with the application?

If Yes, has the Grantee addressed and/or corrected any violating ordinances or procedures identified?

If No, why not? What is the status of correcting violating ordinances/policies?

Fair Housing: **YES** **NO** **N/A**

3. Did the Grantee include the HUD Fair Housing logo on all public materials?

4. Did the Grantee complete at least one fair housing activity (FY2024 forward)

a. List the activity: _____

5. Has the Grantee received any fair housing or EO complaints?

Equal Employment and Accessibility: **YES** **NO** **N/A**

6. Does the Grantee have a current Self-Evaluation and Transition Plan?

7. Does the Grantee have an identified ADA/Section 504 Coordinator? (see Chp 1, page 11)

8. Did the monitor witness or does the Grantee have documentation supporting the posting of all EEO posters at the municipality and on the job site(s)?

9. Did the Grantee provide written employment and personnel policies and practices with equal opportunity guidelines to the monitor for review?

10. Does the Grantee’s employment records provide sufficiently detailed data to allow assessment of those hired by (Grantees with ≥ 15 employees only):

Sex?

Race?

Religion?

National Origin?

Disability?

Age?

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PROCUREMENT and CONTRACTS

General Procurement Requirements:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Does the Grantee have a written procurement policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the local procurement policy followed if stricter than 2CFR requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the Grantee have a Conflict-of-Interest policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sealed Bid Procurement:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
4. Does the Grantee have evidence of publication including date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Publication _____ 2 nd Publication _____			
5. Did the Grantee’s LAP require publishing in a non-English newspaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , does the Grantee have documentation of the publication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the Bid Advertisement include the following?			
A. Evidence that bidders were allowed a minimum of two weeks to respond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bid Opening Date: _____			
B. Date, location, and time of the bid opening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the advertisement call out the following?			
A. Federal Labor Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Section 3 Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Buy America Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. EEO Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. SAM Registration/Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the Grantee have documentation (certified mail receipts, emails, etc.) that all Addendums were sent to prospective bidders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there minutes of the Bid Opening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , do they include the following:			
A. Tabulation of bids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the chosen contractor the low bidder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Not , is there a copy of a statement of justification sent to the low bidder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was a minimum of 3 bids received for the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If No , did the Grantee receive approval from GOED for sole source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a copy of the Notice of Award in the file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Has anything been omitted to render the bid null and void?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Does the Grantee have evidence of a Good Faith Effort to hire MBE/WBE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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F. Percentage of contractors or subcontractors that are certified (i.e., South Dakota SBA, North Central Minority Supplier Development Council) as MBE/WBE:

MBE ____ % Certified By: _____

WBE ____ % Certified By: _____

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| 12. Does the awarded contractor’s bid include: | | | |
| A. Evidence of Bid Bond? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Evidence of Payment Bond? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Evidence of Performance Bond? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. General conditions for the construction contract? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Form 3-1: Suspended or Debarred Contractor Certification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Form 3-4 BABA Certification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Form 3-5 Materials Certification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Form 3-8 Contract Subcontract Workforce Report? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Evidence that all addendums are included in the contractors’ bid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Construction Management:

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| 13. Are the plans and specs stamped by a registered engineer/architect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have plans and specs been reviewed by subgrantee’s attorney? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Contract Management:

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| 15. Is there a copy of a contract with the engineer or architect ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of Contract _____ | | | |

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 16. Is there a copy of a contract for all prime contractors ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of Contract(s) _____ | | | |

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 17. Does the contract include all of the following: | | | |
| A. Federal Wage Decision: # _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Federal Labor Standards Provisions (HUD 4010) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Section 3 Compliance Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. EO Provisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Language Certifying Compliance with Clean Air and Clean Water Acts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Breach of Contract/Liquidated Damages Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Termination for Cause and Convenience Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Procurement of Recovered Materials Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Drug Free Workplace Requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Access to Records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Conflict of Interest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Certification with BABA (for FY 2022) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Bonding and Insurance Requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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LABOR STANDARDS

- 1. Was a pre-construction conference held?
- A. Is there a copy of the minutes of the conference including attendees?
- B. Were the following items discussed?
 - 1. Weekly payrolls and statements of compliance?
 - 2. Conforming to and posting the wage rate decision?
 - 3. Overtime pay provisions?
 - 4. Payroll deductions?
 - 5. Employee interviews?
 - 6. Section 3 Requirements?
 - 7. BABA Requirements?
 - 8. Grantee Monitoring Requirements (site access, etc.)?

- 2. Is there a copy of the notice to proceed?
- 3. Was the project subject to Davis-Bacon prevailing wage?
- 4. Is there a copy of the Davis-Bacon prevailing wage determination?

A. What is the wage decision number and date?
 Decision number: _____ Date: _____

- B. Was the wage determination current when the contract was signed?
- C. Was there evidence of follow-up of the wage determination 10 days prior to bid opening?

If Yes, date of request for wage determination update: _____

Payrolls: **YES** **NO** **N/A**

- 5. Is there evidence the payrolls were received weekly?
- 6. Is there evidence that payrolls were reviewed in a timely manner?
- 7. Were the payrolls numbered including all weeks?
- 8. Does the computation of overtime appear correct?
- 9. Did the Grantee collect source documentation for all deductions not required by law? (social security, fed tax, state tax, workers comp, etc.)
- 10. Were there any underpayments by contractors or subcontractors?

If Yes:

- A. Has restitution been made to the employee?
- B. Does the file include signed Certified Correction Payrolls?
- C. If restitution ≥ \$1,000 was **Form 5-9** submitted to GOED?
- D. If the contractor disputed the underpayment, did the Grantee notify GOED?

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Interviews:

YES NO N/A

- 11. Does the Grantee have copies of the employee interview forms? YES NO N/A
- 12. Did the Grantee use **Form 5-6 (HUD Form-11)**? YES NO N/A
If No, was the form used equivalent? YES NO N/A
- 13. Were worker interviews conducted, documented and compared to appropriate payroll data? YES NO N/A

Posters:

YES NO N/A

- 14. Did the monitor witness or does the Grantee have documentation (i.e., photographs) that the required posters and wage determination were displayed at the job site? YES NO N/A

General Comments/Deficiencies Noted:

Suggested Corrective Actions:

SECTION 3 COMPLIANCE

- 1. Did the project include contraction, rehabilitation or demolition? YES NO N/A
If No, this section is complete.
If Yes, did the project receive \$200,000 or more in HUD covered funds? YES NO N/A
If Yes, Continue
- 2. Does the Grantee have **Form 3-8 Contract/Subcontractor Workforce Report** for all contractors and subcontracts on the project? YES NO N/A
- 3. Does the Subgrantee have records for all labor hours worked by Section 3 Workers and Targeted Section 3 Workers? YES NO N/A
- 4. Does the Grantee have Form 3-9 Final Section 3 Hours and Qualitative efforts for all contractors and subcontractors on the project? YES NO N/A
- 5. Is there evidence of outreach efforts to recruit Section 3 workers? YES NO N/A
- 6. Is there evidence of outreach efforts to recruit Section 3 businesses? YES NO N/A

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ELIGIBILITY OF ACTIVITY

1. List project activity:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
2. Are the activities being carried out the same as the activities approved in the grant contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If No, explain how they are different and whether this difference affects eligibility.

3. Has the Grantee changed the use of any CDBG funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If Yes:

A. Has the subgrantee provided citizens with reasonable notice of and opportunity to comment on changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B. Does the new use meet all applicable CDBG requirements, including those related to eligibility and national objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C. Has or is the subgrantee required to reimburse the state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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D. Is the project still eligible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. What records, evidence, source of information was reviewed to support conclusions reached?

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NATIONAL OBJECTIVES

1. Indicate the proposed National Objective. Complete only the National Objective sections necessary.

- Benefit to low- and moderate-income persons (LMI)
- Area Benefit (LMA) Job Creation/Retention (LMJ)
- Limited Clientele (LMC) Housing (LMH)
- Elimination of slum and/or blight conditions
- Area Basis Spot Basis
- Urgent Need

2. **Low Mod Area Benefit:** **YES** **NO** **N/A**

- A. For each activity determined to benefit LMI persons based on the area served by the activity:
- i. Are the boundaries of the service area consistent with the application? YES NO N/A
 - ii. Indicate data source or survey format.
-

- B. Did the project scope change from the application? YES NO N/A
- If Yes,** were new beneficiaries surveyed, or new census data provided? YES NO N/A
- If Yes,** does the project still meet the 51% LMI requirement? YES NO N/A

C. Is the project operating and serving beneficiaries? YES NO N/A

3. **Low Mod Limited Clientele:**

- A. For each activity, one of the following five types of documentation must be kept.
- i. Documentation showing that the activity is designed to be used exclusively by a segment of the population presumed by HUD to be LMI persons.

Explain: _____

- ii. Documentation describing how the nature and location of the activity establishes that it will be used predominantly by LMI persons.

Explain: _____

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iii. Data showing the size and annual income of the family of each person receiving benefit.

Explain: _____

iv. Data showing that barriers to mobility or accessibility have been removed and how the barrier removal was restricted to the extent feasible to one of the particular cases authorized under this subcategory.

Explain: _____

v. Documentation showing that the activity qualifies under the special conditions regarding job services where less than 51 percent of the persons benefiting are LMI persons.

Explain: _____

4. Low Mod Housing:

YES NO N/A

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| A. Does the Grantee have documentation of income verification for each assisted household? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Does the income verification show: | | | |
| - 100% LMI households for single-family housing; OR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - 51% LMI households for multi-family housing?
(duplexes must be 50%) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. If CDBG funds were used for construction (including rehabilitation) of real property located within the Special Flood Hazard Area (SFHA), are those assisted properties in compliance with the flood insurance purchase and community participation requirements at Sections 102(a) and 202(a) of the Flood Disaster Protection Act of 1973, as amended, and at 24 CFR 570.605. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Low Mod Jobs:

YES NO N/A

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| A. Was the project for the creation or retention of jobs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. If Yes , were at least 51% of jobs created or retained held (taken by) LMI persons (based on family income)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Describe the documentation provided:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| B. If the project was for the retention of jobs, does the Grantee have documentation to show that the jobs would be lost without CDBG assistance?
24 CFR 570.483(b)(4)(ii) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

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Describe the documentation provided:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
C. Is the project located in a presumed census tract or block group according to 570.483(b)(4)(v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Review the Job Certifications

- i. Number of Jobs anticipated to be created or retained _____
- ii. Number of jobs actually created/retained _____
- iii. Number of jobs held by LMI persons _____
- iv. Number of jobs held by non-LMI persons _____
- v. Percentage of LMI jobs created/retained _____

Notes:

E. Was the national objective met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If No , is another monitoring visit required to verify job creation and compliance with the national objective?			

Notes:

6. **Elimination of Blight - Area:** YES NO N/A

A. Did the project propose to prevent or eliminate blight in a defined area that was formally designated by the Grantee??	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , is a copy of the resolution on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Does the Grantee have documentation to prove the defined area met the state and federal definition of a blighted area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C. Does the project scope of work address one or more of the conditions that contributed to the deterioration of the defined area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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D. Did the project scope and location match the scope and area identified in the application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If No , describe how the overall project meets the National Objective.			

FORM 8-1: CDBG PROJECT MONITORING CHECKLIST

- | 7. Elimination of Blight – Spot | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| A. Did the project propose to eliminate specific conditions of blight on a specific property or parcel that is NOT located within a blighted area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the Grantee have documentation to prove the defined area met the state and federal definition of a blighted area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Were the activities undertaken in the scope of work limited to: | | | |
| i. Acquisition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Clearance/Demolition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Relocation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Historic Preservation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Remediation of environmentally contaminated properties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. Rehabilitation of buildings (limited to conditions that are detrimental to health and safety) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | 8. Urgent Need | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| A. Did the nature and degree of seriousness pose an immediate threat to the health or welfare of the community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If **Yes**, what agency has certified the urgent need?

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| B. Is there evidence that the CDBG activity was designed to address the urgent need? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Is there documentation that the condition developed or became critical within 18 months preceding the application for CDBG funds? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is there evidence confirming that other financial resources to alleviate the condition were not available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Note any deficiencies and the follow-up actions that are required.

FORM 8-1: CDBG PROJECT MONITORING CHECKLIST

ECONOMIC DEVELOPMENT

FOR PROJECTS PROVIDING ASSISTANCE TO FOR-PROFIT BUSINESSES:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Does the Subgrantee maintain project files that contain:			
A. Evidence of financial history or projections of the business seeking assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Evidence of leveraged funds, if any?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have all parties been informed of their CDBG obligations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there written documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there written agreement(s) regarding the CDBG funded activities between:			
A. The subgrantee and the business? Date of agreement: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The subgrantee and subrecipient? Date of agreement: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The subrecipient and the business? Date of agreement: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , do they contain:			
1) Duration of agreement? If Yes , from _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Amount of Assistance to be provided? If Yes , \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Use of Funds including project description, intention, and location? _____			
4) Amount of leveraged funds, if any? _____			
5. Number of jobs to be created/retained?			
A. Within 12 months _____			
B. Within 18 months _____			
C. Within 24 months _____			
6. Number of jobs for low/moderate income persons?			
A. Within 12 months _____			
B. Within 18 months _____			
C. Within 24 months _____			

FORM 8-1: CDBG PROJECT MONITORING CHECKLIST

7. For each activity determined to benefit LMI persons based on the retention or creation of jobs:

- A. What is the number of jobs created to date? _____
- B. What is the number of LMI jobs created to date? # _____
- C. The number of additional jobs expected to be created? # _____

YES NO N/A

8. Were employee interviews conducted?

By whom? _____

9. Was an offer made to enter into an agreement with the One Stop Career Center?

10. How are LMI persons being documented?

State survey sheets

Work Force Investment Act sheets