

# CHAPTER XIII

## COMPLIANCE CHECKLISTS

### I. INTRODUCTION

The ADECA will monitor each CDBG project for completeness and compliance with applicable State and Federal laws, regulations and guidelines. Instruments, entitled *Compliance Checklists*, have been developed to aid in this monitoring review. They identify each compliance area and the specific items which will be reviewed. Each question/item contained in each checklist directly corresponds to a compliance requirement as mandated by a particular law, regulation or guideline.

The following tasks are associated with the monitoring of your CDBG project:

- TASKS
- A: Schedule Monitoring Review.
  - B: Prepare for the Monitoring Review.
  - C: Attend the Entrance Conference, the Review, and the Exit Conference.
  - D: Review Completed Monitoring Report and Respond to Findings, if necessary.
  - E: Receive Resolution of Monitoring Findings, if any.

### II. REFERENCES

Refer to Section II (REFERENCES) in Chapters I - XIII and the Compliance Checklists in Section III of this chapter.

### III. COMPLIANCE AREAS

The following is a listing of the compliance areas:

- Citizen Participation/Eligibility/National Objective/Progress Disclosure Compliance (Exhibit XIII-1) Reference Chapter I (REQUIRED).
- Environmental Review Compliance (Exhibit XI-2) Reference Chapter II (REQUIRED).
- Common Rule Compliance (Exhibit XIII-3) Reference Chapter III (REQUIRED).
- Bidding and Contracting (Construction) Compliance (Exhibit XIII-4) Reference Chapter IV.
- Professional Services Compliance (Exhibit XIII-5) Reference Chapter IV.
- Civil Rights Compliance (Exhibit XIII-6) Reference Chapter V (REQUIRED).
- Labor Standards Compliance (Exhibit XIII-7) Reference Chapter VI.
- Housing Rehabilitation Compliance (Exhibit XIII-58) Reference Chapter VII.
- Monitoring for Uniform Act Land Acquisitions (Exhibit XIII-9) Reference Chapter VIII.
- Relocation Monitoring (Exhibit XIII-10) Reference Chapter Reference Chapter IX.
- Jobs for Low/Moderate Income Persons (Exhibit XIII-11) Reference Chapter XII.
- Planning Monitoring Guide (Exhibit XIII-12). Reference Chapter XII.

#### IV. TYPES OF PROJECT MONITORING

##### A. General Monitoring Review (REQUIRED).

After fifty percent (50%) of CDBG grant funds have been drawn down on your project, your ADECA Program Supervisor will contact you to schedule a general monitoring review of your project. During this evaluation, all the project's records and on-site activities will be reviewed to determine if the project is in compliance with applicable State and Federal laws, regulations and guidelines.

The following compliance areas will always be reviewed during the general monitoring review:

- Citizen Participation/Eligibility/National Objective/Progress Compliance.
- Common Rule Compliance.
- Environmental Review Compliance.
- Civil Rights Compliance.

Other compliance areas will be reviewed if applicable to your project.

##### B. Technical Assistance Review.

Various staff of the ADECA (your ADECA Program Supervisor, a CDBG Specialist or the ADECA auditors/accountants) are available, at your request, to provide technical assistance regarding a specific compliance area. These visits are usually most beneficial when scheduled early in the project. We encourage you to contact your ADECA Program Supervisor to arrange a technical assistance visit to your project.

##### C. Specialized Monitoring Review.

Any of the CDBG Specialists may contact you to schedule a specialized monitoring visit. Such a visit would focus on one specific compliance area, such as Civil Rights Compliance.

##### D. Intensive Monitoring Review

The intensive monitoring review is conducted for one of two reasons. A team of CDBG specialists will visit your project to conduct this review if (1) this is the first time you have received a CDBG grant and are therefore unfamiliar with CDBG rules and regulations, or (2) an individual/group has made an allegation of fraud associated with your CDBG program. In either case, you will be informed of the specific areas which will be reviewed.

#### V. TASKS

To assist you in making preparations for the monitoring review of your CDBG project, the following tasks are presented in this chapter.

##### TASK A: SCHEDULE MONITORING REVIEW

Your ADECA Program Supervisor will contact you to schedule the monitoring review. This review of the project's records will occur on the premises of the grantee. Your ADECA Program Supervisor will also visit the project site to examine construction activities and to determine if project improvements are consistent with those proposed in the approved grant application.

**TASK B: PREPARE FOR THE MONITORING REVIEW**

Assemble and have available all CDBG project files.

**TASK C: ATTEND THE ENTRANCE CONFERENCE, THE REVIEW, AND THE EXIT CONFERENCE.**

Your ADECA Program Supervisor will explain the purpose of the monitoring review during the entrance conference which should be attended by the Chief Elected Official or a community employee such as the clerk. After the review, which will include a site visit to the project, your ADECA Program Supervisor will conduct the exit conference which has the same attendees. Any instances of noncompliance, as well as appropriate corrective actions to bring the findings/concerns into compliance, will be discussed during this exit conference.

**TASK D: REVIEW COMPLETED MONITORING REPORT AND RESPOND TO FINDINGS, IF NECESSARY**

Within 45 working days from the date of the monitoring review, you should receive a letter from the ADECA which will summarize the monitoring review. As soon as you receive the monitoring report, you should review it and respond in writing, if required, to all findings and recommendations. Your response will be due to the ADECA within 30 days of the date of the letter.

**TASK E: RECEIVE RESOLUTION OF MONITORING FINDINGS, IF ANY**

The ADECA will review your response and notify you in writing of its acceptance or the need for additional corrective actions.

**VI. REQUIRED RECORDKEEPING AND FILES**

Complete and accurate records and files must be maintained. They must be physically located on the premises of the grantee. Refer to the Required Recordkeeping and Files Section of Chapters I - XII.



**MONITORING  
CHECKLISTS**



Grantee Name \_\_\_\_\_  
 Project No. \_\_\_\_\_  
 Preparer \_\_\_\_\_  
 Date Prepared \_\_\_\_\_  
 Follow-up Review Indicated \_\_\_\_\_

**Citizen Participation, National Objective, Eligibility, Progress, Disclosure Checklist**

**1. Citizen Participation**

		Yes	No	N/A	Notes
a.	Did the grantee have a written Citizen Participation Plan on file?				
b.	Give date the plan was adopted by the grantee.				
c.	How many public hearings were held prior to application submission?				
d.	Is the number of hearings consistent with the approved plan?				
e.	Was the required public hearing(s) adequately advertised?				
f.	Give the date(s) of the public hearing(s).				
g.	Was basic CDBG program information made available to the public?				
h.	Was a public hearing held to discuss each formal program amendment?				
i.	Was a public hearing held at project closeout to review program performance?				

## II. National Objective

		Yes	No	N/A	Notes
a.	Does program activity meet a national objective? State which objective.				
b.	Is there evidence to document compliance (L/M surveys)?				
c.	Does information on file match the application?				
d.	L/M Tally Sheet				

## III. Eligibility

		Yes	No	N/A	Notes
a.	Is the program activity one that is clearly eligible?				
b.	Can this be verified by a site visit?				

## IV. Progress

		Yes	No	N/A	Notes
a.	Is the project in compliance with the approved Implementation Schedule?				
b.	What percentage of the program activity has been completed? (For Housing Rehabilitation, give total number to be rehabbed and number actually rehabbed.)				
c.	What percentage of funds has been drawn?				

**V. Disclosure**

(for 1992 and later years)

		Yes	No	N/A	Notes
a.	Does the grantee maintain an updated Disclosure file?				
b.	From Part IC (Interested Parties) of the Disclosure file, list the names of the persons, firms, etc. with a reportable financial interest in the project.				

**LOW/MODERATE TALLY SHEET**

LOW/MODERATE

HIGHER INCOME

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LOW/MODERATE	HIGHER INCOME

Grantee Name \_\_\_\_\_  
 Project No. \_\_\_\_\_  
 Preparer \_\_\_\_\_  
 Date Prepared \_\_\_\_\_  
 Follow-up Review Indicated \_\_\_\_\_

**Environmental Review Compliance Checklist**

**Part A. Environmental Review Record**

		Yes	No	N/A	Notes
1.	Has the applicant established an ERR?				
2.	Does ERR document the environmental review process, including:				
	Environmental Assessment All environmental coordination Public notices/ads Determinations/Findings Impacts Certifications/Removal of Grant Conditions				
3.	If appropriate, is there a determination of exemption or categorical exclusion?				
4.	If yes, was there documentation to show why the project was exempt or categorically excluded from an assessment?				
5.	Documentation to show compliance with environmental procedures other than NEPA.				
6.	Were funds (private, local or grant) obligated on covered items prior to <i>Environmental Clearance Date</i> ?				

**Part B. Environmental Assessment**

		Yes	No	N/A	Notes
1.	Were recipient's activities coordinated with any other Federal or State agency responsible for implementing applicable laws?				
2.	Was the environmental assessment described with the following:  Signed by Chief Executive Officer Project Data Existing Environmental Conditions and Trends Environmental Impacts Alternatives/Safeguards Considered Level of clearance findings Public comments/applicant response				
3.	Was project located within a flood plain area: If yes, were two newspaper publications (2 ads) made and Executive Order 11988 considered?				
4.	Was evidence documented to assure compliance with Historical Preservation Act?				
5.	Was project located within the Coastal Zone? If yes, was the Coastal Zone Management Board advised of project?				

**Part C. Environmental Responsibilities for Housing Rehabilitation Projects**

		Yes	No	N/A	Notes
1.	Was project located within a flood plain area: If yes, were two newspaper publications (2 ads) made and Executive Order 11988 considered?				
2.	Was evidence documented to assure compliance with Historical Preservation Act?				
3.	Was project located within the Coastal Zone? If yes, was the Coastal Zone Management Board advised of project?				

**Part D. Publication of Findings for Public Comment**

		Yes	No	N/A	Notes
1.	Was proof of publication or posting of finds C2 Ads, etc.) in the ERR?				
2.	Was notice of finding no significant impact (FONSI) published or posted?				
3.	Was the public given a minimum of 15 days to respond to the applicant? Was notice posted a minimum of 18 days?				
4.	Was a notice to the public of request for release of funds published or posted?				
5.	Was the public given at least 15 days to respond to the State? Was request posted a minimum of 18 days?				
6.	Did the published or posted notices show separate minimum 15 day comment periods without overlapping?				
7.	Were the Finding of No Significant Impact and Request for Release of Funds sent to:				
	Local news media Interested individuals and groups Appropriate local, federal, and State agencies Local newspapers Local post office Regional EPA office				

**Part E. Actions Taken By Recipients to Request Release of Funds and Certification**

		Yes	No	N/A	Notes
1.	Was the request for release of funds and certification completed on the required form?				
2.	Was the form dated and signed by the certifying officer?				
3.	Was the form signed by the recipient's attorney?				

**Part F. Environmental Impact Statement**

		Yes	No	N/A	Notes
1.	Was a significant impact determined? If yes, a specialized visit is indicated.				
2.	Is there an EIS on file?				

Grantee Name \_\_\_\_\_  
 Project No. \_\_\_\_\_  
 Preparer \_\_\_\_\_  
 Date Prepared \_\_\_\_\_  
 Follow-up Review Indicated \_\_\_\_\_

**COMMON RULE - (Subpart C) Checklist**

**I. 85.20 Standards for Grantee Financial Management Systems.**

		Yes	No	N/A	Notes	
A.	Does the grantee's financial management system provide for:					
	1.	Records to identify the source and application of funds: (especially the local matching share and private investment)				
		a.	Is there a cash receipts journal? If so, record date and amount of most recent transaction.			
		b.	Is there a cash disbursements journal? If so, record date and amount of most recent transaction.			
		c.	Is there a general ledger? If so, record most recent date and balance.			
		d.	Are audit trails provided that permit tracing of any transaction back to the original source document and forward to summary records? Track at least one invoice per contract.			
		e.	What is the total amount of CDBG funds drawn/deposited in the CDBG account? _____			
		f.	What is the total amount of cash match deposited into the CDBG account? _____			

		Yes	No	N/A	Notes
	g.				What is the total amount expended for this project? (total checks) _____
	h.				Do deposits equal expenditures? _____ If not, why not?
	2.				The effective control over and accountability for all funds, property and assets:
	a.				Are there dual signatures on checks?
	b.				Are signature stamps used? If yes, does one person have access to both signatures?
	c.				Are signature stamps or plates locked up securely?
	d.				Are checks numbered consecutively?
	e.				Are blank checks unsigned?
	f.				Are unused checks kept in a secure area?
	g.				Are voided checks defaced?
	3.				A comparison of budget to actual grant expenditures:
					Does the program manager receive a monthly report comparing budgeted costs with actual costs?
	4.				Is there a federal cash control register? If not, provide State example and encourage its use.
	5.				Does the grantee report indirect costs? If yes, ask for a copy of approved plan.
	6.				Proper supporting documentation of accounting records.
	a.				Is there prior approval of invoices before payment, as evidenced by initial on invoice?

			Yes	No	N/A	Notes
		b. Are invoices coded with grant name and number as well as IDIS activity code and voucher number?				
		c. Do invoices include a description of the service being performed or the goods purchased, identification of the vendor, the unit price where appropriate, and the total cost to be charged to the CDBG program?				
		d. Does the system require that personnel costs charged to a grant be based on written authorization maintained in individual personnel files?				
		e. Are personnel charges supported by time and attendance records?				
		f. Are all contracts in writing?				
		g. Are travel costs, if charged to CDBG funds, based on:				
		(1) Written travel policies?				
		(2) Documentation showing the time, purpose, mode and points of travel, and the expense?				
	7.	Are there any unresolved audit or monitoring findings?				
	8.	Accurate, current, and complete disclosure regarding each federal grant:				
		a. Expenses charged to proper grant period?				
		b. Are bank accounts reconciled monthly?				
	9.	On projects involving private funds, is there evidence of private expenditures?				

**II. 85.24 Matching Share:**

		Yes	No	N/A	Notes
A.	Is matching share required?				
B.	If yes, does grantee's matching share consist of:				
	1. Costs financed with cash contributed by other non-federal sources?				
	2. Services or real property donated by other non-federal sources?				
C.	Do contributions meet the following criteria?				
	1. Are necessary for accomplishment of project objectives.				
	2. Verifiable from grantee's records.				
	3. Are not contributions from federal programs.				
	4. Are not paid from another federal grant unless authorized.				
	5. Are included in the grant budget.				
D.	Does the value of the grantee's in-kind contributions appear to be necessary and reasonable?				
E.	Are in-kind contributions valued in the following manner:				
	1. Expendable personal property:				
	Does the cost of donated expendable personal property exceed its fair market value at the time of donation?				
	2. Nonexpendable personal property:				
	a. Total value of donated property may be claimed if the grant was to provide a facility to the grantee; otherwise, depreciation charges should be used. Is the grant being charged properly?				

			Yes	No	N/A	Notes
	b.	Is the value of these types of property determined correctly?				
		(1) Space - value may not exceed fair market value of comparable space in the same locality.				
		(2) Nonexpendable personal property - may not exceed fair market value of equipment of the same age and condition.				
		(3) Loaned equipment (non-governmental) - may not exceed its fair rental value.				
		(4) Are construction equipment rates on force account or in-kind contributions consistent with state requirements?				
		(a) Is there evidence of approval and rates from ADECA?				
		(b) Was written ADECA approval obtained prior to usage?				
F.	Does the grantee keep records to show:					
	1.	The same information for volunteer services as is kept for its own employees, and				
	2.	The basis for valuation of personal services, material, equipment, buildings, and land?				
	3.	Are time and attendance reports maintained for grantee's own labor costs to include individual time and distribution sheets for each employee which account for all time and are signed by the employee and his supervisor?				
G.	Were in-kind contributions journalized into the books of account on a monthly basis?					

**III. 85-25 Program Income/Policy Letter #12:**

		Yes	No	N/A	Notes
A.	Does the grantee have any program income?				
B.	If program income is designated for a grant project, are the receipt and expenditure of receipts part of grant project transactions?				
	If no, grantee must immediately incorporate these transactions into grant records.				
C.	Is program income recorded in accounting records?				
D.	Does program income exceed \$25,000? If so, have funds been remitted to the state?				
E.	Was any interest earned on CDBG funds or program income pending disposition of the income.				
F.	What is the total amount of interest earned on CDBG funds and program incomes cumulatively. (If this amount is over \$100, has it been returned to the state?)				

**IV. 85.30 Changes and State Policy Letter #2:**

		Yes	No	N/A	Notes
A.	Are there amendments?				
B.	Were local amendments done in accordance with State criteria?				
C.	Were formal amendments approved by the State as required?				

**V. 85.31 Property Management Standards and Policy Letter #5:**

		Yes	No	N/A	Notes
A.	Does grantee have property acquired in whole or in part with state administered CDBG funds?				
B.	Does grantee's property management system include:				
	1. Description of the property				

		Yes	No	N/A	Notes
	2. Serial number, ID number				
	3. Source of property, including grant number				
	4. Title holder				
	5. Acquisition date and cost				
	6. Percent of federal participation in cost				
	7. Location, use and condition				
	8. Unit acquisition cost				
	9. Ultimate disposition data				
C.	Was prior written approval from State received on all property costing over \$1,500?				

**VI. 85-36 Procurement Standards and Policy Letter #1:**

		Yes	No	N/A	Notes
A.	Does grantee have written procurement policies?				
B.	Do procurement policies specify who has the authority to initiate purchase requests?				
C.	Does grantee follow policies to assure that small and minority business are utilized?				
D.	Does grantee have written selection procedures which include, but may not be limited to, a clear description of the job requirements? These requirements shall not be designed to restrict competition.				
E.	Does grantee require competitive sealed bids for construction or materials contracts of \$50,000 or more? Is bid accepted at lowest responsible price?				

		Yes	No	N/A	Notes	
F.	If formal advertising is used, are these conditions present?					
	1.	A complete, realistic specificatin of purchase item.				
	2.	Two or more suppliers willing and able to compete.				
	3.	Selection can be based on price.				
G.	If formal advertising is used, the following requirements must exist:					
	1.	Bids must be solicited from an adequate number of suppliers a sufficient number of days prior to their opening.				
	2.	Invitation for bid should clearly define the terms and services needed.				
	3.	All bids must be opened publicly.				
	4.	Lowest bids accepted, except for (5).				
	5.	Bids may be rejected if there is a sound business reason for doing so.				
H.	How is the contract's price determined?					
	1.	Cost reimbursable/not to exceed				
	2.	Cost plus percentage (not allowable)				
I.	Is there any evidence of conflict of interest by the parties involved?					

**VII. 85.42 Retention and Custodial Requirements for Records:**

	Yes	No	N/A	Notes
Is grantee aware that all pertinent records must be retained at least three years after closeout or the resolution of all audit findings?				
If audit findings are not resolved in three years, records must be retained for a longer period. Retention period starts when final expenditure report has been submitted, or for non-expendable property, from the date of final disposition.				

**VIII. State Policy Letter #1**

	Yes	No	N/A	Notes
Did procurement of professional services comply with State Policy Letter #1?				

**IX. State Policy Letter #10**

	Yes	No	N/A	Notes
A. Were ARC funds held more than the approved 14-16 days?				
B. Were more than 2 draws on ARC per month made? If so, was there prior State approval? (No limit on CDBG draws)				

X.

**Special Assessments**

		Yes	No	N/A	Notes
A.	Are CDBG funds used to pay the special assessment in behalf of all properties owned and occupied by low and moderate income persons?				
B.	Does the grantee collect funds through special assessments made against properties owned and occupied by households not of low and moderate income, where the special assessments are used to recover all or part of the non-CDBG, non-match portion of the public improvement? (These assessments do not constitute program income.)				
C.	Assessments of non-low and moderate income households not used in construction costs are program income. Do assessments exceed \$25,000? (These collections would be in water/sewer authority records)				
D.	Does the grantee collect funds through special assessments (or tap fees) made against properties owned and occupied by households not of low and moderate income, where the special assessments are used to recover all or part of the CDBG portion of the public improvement? (These assessments constitute program income.)				
E.	What is the total amount of funds (program income) collected through special assessments in a single year. (If this amount is \$25,000 or more and received in a single fiscal year, it must be returned to the state.)				

Grantee Name \_\_\_\_\_  
 Project No. \_\_\_\_\_  
 Preparer \_\_\_\_\_  
 Date Prepared \_\_\_\_\_  
 Follow-up Review Indicated \_\_\_\_\_

**Bidding and Contracting Construction Compliance Checklist**

**A. Bidding Procedures**

		Yes	No	N/A	Notes
1.	Did grantee use small purchase procedures if under \$50,000 or competitive sealed bids if over \$50,000? If competitive sealed bid:				
	a. Was project advertised?				
	(i) If by county, then once a week for 3 weeks?				
	(ii) If by municipality, once in newspaper of general circulation, published in that municipality or posted?				
	(iii) If over \$500,000, was it advertised additionally in 3 newspapers of general circulation throughout the State?				
	b. Did all bids on projects over \$50,000 include a State License number on the outside of the bid?				
	c. Were bids opened publicly?				
	d. Are there minutes to the opening?				
	e. Was the lowest bid accepted?				
	f. If not, is rejection based on sound reasons?				
	g. Is contractor adequately licensed?				

**B. Bonding and Insurance**

		Yes	No	N/A	Notes
1.	If grantee has construction contracts for public works exceeding \$5,000 but less than \$100,000, has the grantee obtained:				
	a. A bid guarantee of 5% or \$10,000, whichever is less?				
	b. A performance bond from contractor for 100% of contract price?				
	c. A payment bond from contractor for 50% of contract price?				
	d. Evidence of insurance as required by bid documents?				
2.	If grantee has construction contracts for other than public works exceeding \$5,000 but less than \$100,000 has the grantee obtained.				
	a. A bid guarantee as specified in the bid package (optional under \$10,000)?				
	b. A bond in a responsible sum for faithful performance with adequate surety as specified in the advertisement for bids?				
3.	If grantee has construction contracts exceeding \$100,000, has the grantee obtained:				
	a. A bid guarantee from each bidder equal to 5% of bid price?				
	b. A performance bond from contractor for 100% of contract price?				
	c. A payment bond from contractor for 100% of contract price?				
	d. Evidence of insurance as required by bid documents?				
4.	Are license requirements or the law itself stated in the contract?				

**C. Labor Requirements:**

		Yes	No	N/A	Notes
1.	Were wage rates included in the solicitation of bid specifications?				
2.	Were all required labor standards provisions included in bid specifications and contracts? (HUD 4010 or comparable language)				

**D. Equal Opportunity Requirements/Clauses**

		Yes	No	N/A	Notes
1.	Did the contract include clauses for compliance with Executive Order 11246 or the 3 paragraph E.O. Clause?				
2.	Were goals for minority and female participation stated?				
3.	Did the contract include a Certification of Nonsegregated Facilities?				
4.	Did contract include clauses for compliance with Title VI, Civil Rights Act of 1964 and Section 109 of the H&CD Act of 1974?				
5.	Was certification to "Section 3" compliance included?				
6.	Was there a clause for compliance to Section 504 of the Rehabilitation Act of 1974 (\$2,500 or more)?				
7.	Is there a clause for compliance with the Age Discrimination Act of 1975 (\$2,000 or more)?				
8.	Is there a clause for compliance with Section 402 of the 1974 Vietnam Veterans Act (\$10,000 or more)?				

**E. Does the contract provide for:**

		Yes	No	N/A	Notes
1.	Legal remedies for breach of contract by the contractor?				
2.	A termination clause for the grantee stating conditions under which this can happen in contracts over \$10,000?				
3.	The contractors to keep all records for three years?				
4.	Compliance to the Clean Air Act, Clean Water Act, and EPA regulations in all contracts over \$100,000?				
5.	Access to records?				

**F. Other Requirements:**

		Yes	No	N/A	Notes
1.	Were the bid documents and contract awards process certified to by the grantee's attorney?				
2.	Are contracts properly executed?				
3.	Were contracts entered into after the Removal of Grant Conditions?				
4.	Were contracts entered into after the effective date of the Grant Agreement?				

**G. Hook Ups:**

		Yes	No	N/A	Notes
1.	Were hookups a requirement for the project?				
2.	Is there a construction contract with the community to provide all documented hookups?				
3.	Are there individual rehabilitation contracts for all documented hookups?				
4.	Is there documentation for each household shown in the application that is not being hooked up?				
5.	Does number being hooked up correspond to approved application and contracts?				
6.	Are there temporary easements/rights of entry for each household that is being hooked up?				



Grantee Name \_\_\_\_\_  
 Project No. \_\_\_\_\_  
 Preparer \_\_\_\_\_  
 Date Prepared \_\_\_\_\_  
 Follow-up Review Indicated \_\_\_\_\_

**Professional Services (Engineering, Administration, Appraisals, Legal, Audit) Contracts Checklist - 1996 and Later**

**I. Preagreement Costs**

		Yes	No	N/A	Notes
	A. Were preagreement costs identified in the application and approved budget?				
	If so, list each cost item and the amount paid from grant/match funds:				
	B. Was a separate procurement process used (RFP or small purchase procedures) and contract awarded for application preparation?				
	C. Were all payments associated with approved preagreement costs properly documented and invoiced?				

**II. Post-Award Professional Services**

		Yes	No	N/A	Notes
	A. Are all contracts properly executed?				
	B. Were all services properly procured? (Request for Proposals or sealed bids if over \$100,000, small purchase procedures if less than or equal to \$100,000)				
	1. Is geographical preference given only to A/E services?				
	2. Do services provided in contracts coincide with those advertised?				

		Yes	No	N/A	Notes
	3. Were services advertised or solicited from an adequate number of contractors?				
	4. Were RFP's evaluated consistently with published system?				
	C. Are contracts dated after the effective date of the State's Grant Agreement?				
	D. Are contract services provided on a fixed fee basis rather than a percentage?				
	E. Are contracts with non-profit organizations (regions) cost reimbursable/not to exceed?				
	F. Are costs reasonable?				
	1. Do they fall within accepted industry standards?				
	G. Do contracts include required CDBG clauses?				
	1. Termination for cause.				
	2. Termination for convenience.				
	3. Three year records retention clause.				
	4. Title VI, Civil Rights Act of 1964.				
	5. Section 109, H&CD Act of 1974.				
	6. Conflict of interest.				
	7. "Section 3" Compliance.				
	8. Section 402 of the 1974 Vietnam Veterans Act (\$10,000 or more).				
	9. Section 3 Plan.				
	10. Section 504 Rehabilitation Act of 1973.				
	11. Age Discrimination Act of 1975.				
	12. Violation or breach of contract.				
	13. Access to records.				

		Yes	No	N/A	Notes
	H.	Does contract provide detailed references to contract clauses specifying scope of services?			
		1. Do invoices make detailed references to contract clauses specifying scope of services?			
		2. Do invoices have proper documentation, i.e. travel, time, etc?			



**CIVIL RIGHTS COMPLIANCE CHECKLIST**

Recipient: \_\_\_\_\_ Project No. \_\_\_\_\_

ADECA Reviewer: \_\_\_\_\_ Date of Review: \_\_\_\_\_

\_\_\_\_\_

Contact Person(s): \_\_\_\_\_

\_\_\_\_\_

**PART A: GENERAL REQUIREMENTS**

- |   | YES | NO  |
|---|-----|-----|
| 1. Has the grantee designated an Equal Opportunity Official?  | ( ) | ( ) |
| Name: _____   |     |     |
| Title: _____  |     |     |
| 2. Does the grantee maintain a separate file on Equal Opportunity?  | ( ) | ( ) |
| 3. Have any formal citizen complaints involving minority individuals been filed against the grantee's CDBG program? | ( ) | ( ) |

If yes, what actions were taken in response to these complaints?

\_\_\_\_\_  
\_\_\_\_\_

**PART B: PROGRAM BENEFITS/IMPACTS**

1. What is the racial/ethnic composition of the grantee jurisdiction's population?

(1) White \_\_\_\_%      (2) Black \_\_\_\_%      (3) Other \_\_\_\_%

2. Identify the number of direct beneficiaries for each primary program activity listed below:

Activity: \_\_\_\_\_

Total No. of Beneficiaries	_____	100%
Total Minority	_____	____%
Total Handicapped	_____	____%

Activity: \_\_\_\_\_

Total No. of Beneficiaries	_____	100%
Total Minority	_____	____%
Total Handicapped	_____	____%

3. Does the available data indicate deficiencies in providing services or benefits to any minority group? YES NO  
 ( ) ( )

If yes, what explanation does the recipient have for the deficiencies noted:

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**PART C: EQUAL EMPLOYMENT OPPORTUNITY**

1. Does the grantee have full-time employees? If no, then do not complete 2., 3., and 4.

**2. Employment Data**

- a. Does the grantee maintain personnel records sufficiently detailed to assess staff composition by sex and race? YES NO  
 ( ) ( )
- b. Identify the total number of employees which correspond to the categories listed below.

Category	No. of Employees	Percent of Workforce
<b>Total Employment</b>	_____	<b>100%</b>
<b>White</b>	_____	____%
<b>Minority</b>	_____	____%
<b>Male</b>	_____	____%
<b>Female</b>	_____	____%

- c. Does the grantee employ any women or minorities in professional and/or managerial positions? YES NO  
 ( ) ( )

If yes, how many and in what positions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- d. Does employment data indicate possible deficiencies in providing employment opportunities to any group? YES NO  
 ( ) ( )

If yes, briefly explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- |    |   |     |     |
|----|---|-----|-----|
| 3. | <b>Personnel Policies</b>   | YES | NO  |
|    | a. Are written employment and personnel policies utilized with regard to hiring, promotion, and compensation?                           | ( ) | ( ) |
|    | b. Are Equal Opportunity guidelines followed in advertising vacancies?  | ( ) | ( ) |
|    | c. What methods are used to publicize job openings?   |     |     |
|    | (1) Word of Mouth   | ( ) | ( ) |
|    | (2) Posting of Job Announcements  | ( ) | ( ) |
|    | (3) Newspaper Advertisements  | ( ) | ( ) |
|    | (4) State Employment Service  | ( ) | ( ) |
|    | d. Does the grantee have a mandatory retirement policy?   | ( ) | ( ) |
|    | If yes, briefly describe: _____   |     |     |
|    | _____   |     |     |
|    | _____   |     |     |
|    |   | YES | NO  |
|    | e. Have any employment discrimination complaints been filed against the recipient?  | ( ) | ( ) |
|    | If yes, explain the nature of the complaint and its resolution:   |     |     |
|    | _____   |     |     |
|    | _____   |     |     |
|    | _____   |     |     |
| 4. | Does the grantee have a valid reason for any deficiencies noted in its employment or personnel practices? If yes, please explain: _____ |     |     |
|    | _____   |     |     |
|    | _____   |     |     |
|    | _____   |     |     |

**PART D. SECTION 504 HANDICAPPED REQUIREMENTS**

- |    |   |     |     |
|----|---|-----|-----|
|    |   | YES | NO  |
| 1. | Has the grantee developed a written self-evaluation to assess its current effects to comply with all applicable Section 504 requirements?   | ( ) | ( ) |
| 2. | Does the grantee have access to a telecommunications device for the deaf (TDD) when communicating with project beneficiaries and/or members of the general public with hearing impairments, or utilize the Alabama Relay Service if an explanation of its purpose and the telephone number were published/posted in all public notices in conjunction with the project? | ( ) | ( ) |
| 3. | Do the grantee's personnel policies and procedures prohibit discrimination against otherwise qualified handicapped individual (not a separate policy)?  | ( ) | ( ) |

- |   | YES | NO  |
|---|-----|-----|
| 4. Does the grantee presently employ any handicapped individuals? | ( ) | ( ) |

If yes, how many and in what positions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- |   |     |     |
|---|-----|-----|
| 5. Are the grantee's public buildings and facilities (parking areas, entrances, interior doorways, bathroom fixtures, water fountains, elevators, etc.) easily accessible to the handicapped? | ( ) | ( ) |
|---|-----|-----|

- |  |     |     |
|--|-----|-----|
| 6. If not, does the recipient government have a written transition plan outlining a schedule of corrective actions that will be undertaken to make all its buildings and facilities accessible to the handicapped? | ( ) | ( ) |
|--|-----|-----|

- |  |     |     |
|--|-----|-----|
| 7. Have the special needs of the handicapped been taken into consideration in the design and construction of CDBG financed improvements? | ( ) | ( ) |
|--|-----|-----|

If not, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. For recipient governments with 15 or more employees (full or part-time) have the following actions been undertaken to meet Section 504 requirements:

- |   | YES | NO  |
|---|-----|-----|
| a. Designated a person to coordinate local government compliance with Section 504 requirements;   | ( ) | ( ) |
| b. Adopted a grievance procedure to provide for the prompt and equitable resolution of any complaints made by handicapped individuals concerning compliance with Section 504 mandates; and  | ( ) | ( ) |
| c. Notified beneficiaries, employees and the general public (posted notices, newspaper ads, office memoranda, etc.) that the grantee does not discriminate against the handicapped in its federally assisted programs and activities. | ( ) | ( ) |

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Does the grantee have a valid reason for any deficiencies observed with respect to compliance with Section 504 handicapped requirements?

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART B: SECTION 3/CONTRACT MANAGEMENT**

- |   |     |     |
|---|-----|-----|
|   | YES | NO  |
| 1. Does the grantee document participation of minority and female-owned businesses in CDBG funded contracts and subcontracts (ADECA Form 2516)? | ( ) | ( ) |
| a. Have any minority-owned businesses participated in a CDBG funded activity?   | ( ) | ( ) |

If yes, please list below:

Name of Business	Contract Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- |   |     |     |
|---|-----|-----|
|   | YES | NO  |
| b. Have any female-owned businesses participated in a CDBG funded activity? | ( ) | ( ) |

If yes, please list below:

Name of Business	Contract Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- |   |     |     |
|---|-----|-----|
|   | YES | NO  |
| 2. Were advertisements for bids published in local newspapers or business publications?   | ( ) | ( ) |
| 3. Did the grantee utilize the service of the Alabama Small Business Procurement System to notify qualified small businesses and minority/female contractors of CDBG related bid opportunities? | ( ) | ( ) |

- |  | YES | NO  |
|--|-----|-----|
| 4. Was the Alabama Office of Minority Business Enterprise (OMBE) notified of CDBG related bid opportunities?   | ( ) | ( ) |
| 5. Did the grantee require a Section 3 Affirmative Action Plan from contractors and subcontractors for all CDBG funded projects totaling more than \$10,000? | ( ) | ( ) |
| 6. Check the following Affirmative Action and Equal Opportunity clauses included in each contract document:  |     |     |
| ( ) Title VI, Civil Rights Act of 1964   |     |     |
| ( ) Executive Order 11246 (construction contracts only)  |     |     |
| ( ) Certification of Non-Segregated Facilities   |     |     |
| ( ) Section 109, Housing and Comm. Dev. Act of 1974  |     |     |
| ( ) Section 3, Housing and Urban Dev. Act of 1968  |     |     |
| ( ) Section 504, Rehabilitation Act of 1973  |     |     |
| ( ) Age Discrimination Act of 1975   |     |     |
| ( ) Section 402, Vietnam Veterans Act of 1974<br>(contracts of \$10,000 or more)   |     |     |
| 7. Are Equal Employment Opportunity posters placed on each CDBG job site?  | ( ) | ( ) |
| 8. Does the grantee have a valid reason for any deficiencies noted in its procurement and contract management procedures?<br>If yes, explain: _____          |     |     |
| _____  |     |     |
| _____  |     |     |
| _____  |     |     |

**PART F: FAIR HOUSING**

- |  | YES | NO  |
|--|-----|-----|
| 1. Has the local governing body adopted a Fair housing resolution?   | ( ) | ( ) |
| Date Adopted _____   |     |     |
| 2. Has the grantee undertaken any activities (HAP, code enforcement, tenant counseling, weatherization program, construction of assisted housing, etc.) to address the special housing needs of minorities, female-headed households, and low/moderate income persons residing in the community? | ( ) | ( ) |
| 3. Has the grantee participated in any of the following activities to increase community awareness of Federal Fair Housing requirements:   |     |     |
| a. Displayed Fair Housing posters and/or brochures in public buildings;  | ( ) | ( ) |
| b. Promoted the use of the "Equal Housing Opportunity" slogan and logo in the classified ad section of local newspapers;   | ( ) | ( ) |
| c. Encouraged the local Board of Realtors to enter into a Voluntary Affirmative Marketing Agreement (VAMA) authorized by the U.S. Department of Housing and Urban Development and the National Association of Realtors;  | ( ) | ( ) |
| Other (describe): _____  |     |     |
| _____  |     |     |
| _____  |     |     |
| _____  |     |     |
|  | YES | NO  |
| 4. If the grantee has a FY95 or subsequent year grant, have the following concerns pertaining to the identification of impediments to Fair Housing Choice been addressed?  |     |     |
| a. Has the grantee developed an analysis of impediments which assesses the needs necessary to identifying impediments to Fair Housing Choice as required by Section 570.487(b) of HUD's CDBG State Regulations?  | ( ) | ( ) |
| b. Does the community's analysis of impediments (AI) identify existing conditions, impediments, or barriers that limit Fair Housing Choice for buyers and renters?   | ( ) | ( ) |
| c. Does the analysis of impediments (AI) present a clear analysis of the information collected?  | ( ) | ( ) |
| d. Does the analysis identify any changes needed in governmental policies, real estate and lending institutions, zoning restrictions, etc., to correct or overcome the impediments identified?   | ( ) | ( ) |
| e. Has the grantee's analysis of impediments included a timetable or schedule for the resolution of the identified problems or impediments to Fair Housing Choice which indicates a specific plan of action?   | ( ) | ( ) |

- |   | YES | NO  |
|---|-----|-----|
| f. Does the analysis include a statement of assurance or commitment from local officials to implement the schedule of action regardless of any changes in the locality's administration (i.e., chief elected official, adoption by local governmental units, etc.)? | ( ) | ( ) |
| g. Have there been any Fair Housing complaints, violations, judicial actions, or incidents of racial violence in your community related to housing discrimination within the past five (5) years?   | ( ) | ( ) |

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- |   | YES | NO  |
|---|-----|-----|
| h. Have any conditions of non-compliance ever been placed on your community's previous CDBG (if applicable) programs administered by ADECA or DHUD because of a failure to comply with Fair Housing certifications or program regulations within the past five (5) years? | ( ) | ( ) |

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- |   |     |     |
|---|-----|-----|
| i. Has your community adopted a Fair Housing ordinance? | ( ) | ( ) |
| Date Adopted: _____                                     |     |     |

5. Does the grantee have an explanation for any Fair Housing deficiencies noted?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Grantee Name \_\_\_\_\_  
 Project No. \_\_\_\_\_  
 Preparer \_\_\_\_\_  
 Date Prepared \_\_\_\_\_  
 Follow-up Review Indicated \_\_\_\_\_

**Labor Standards Compliance Checklist**

**PART A. General Information**

		Yes	No	N/A	Notes
1.	Give a description of the work including major construction type (i.e., roads, drainage, lines, pump stations, water tanks, etc.				
2.	Give name of prime contractor and contract amount.				
	List any and all subcontractors and type of contract. Use a separate form for applicable subcontractor questions or mark appropriate column(s) with "S" to indicate subcontractor payroll checked.				
3.	Is there evidence of verification of the prime contractor's debarred status?				
4.	Was the proper wage determination obtained?				
	Give decision number(s) and type(s) and expiration date.				
	Does the decision(s) type appear to match the work performed? If no, explain.				
5.	Were wage rates included in the solicitation of bid specifications and the contract?				

		Yes	No	N/A	Notes
6.	Is there evidence of the required check on wage determination(s) status 10 days prior to bid opening?				
7.	Were all required labor standards provisions included in bid specifications and contracts? (HUD 4010 or comparable language.)				
8.	List bid opening date, contract award date, start of construction date, and date of first payroll.				
9.	Was a pre-construction conference held with all necessary persons attending?				
	Did the grantee make a diligent effort to have contractors require subcontractors to attend? Documentation?				
	Was the ADECA Program Supervisor notified ten working days in advance?				
	On joint CDBG/RECD projects, was the date of preconstruction conference coordinated and attended by the Project Supervisor?				
	Is there a copy of the minutes?				
	Do minutes indicate legal (Davis Bacon, etc.) concerns were covered?				
	Is there a roster of signatures for all persons in attendance?				
	Were minutes of the pre-construction conference given to the contractor, all subs and the engineer?				
10.	Has a copy of the Certificate From Contractor/Subcontractor Designating Officer or Employee to Supervise Payment of Employees (signature appointee form) been executed for the prime contractor and any subcontractors?				
11.	Were additional classifications needed?				
	If so, is there a record of a HUD 4230A requesting and granting additional classification(s) and rates; or a record of conformance with the ADECA Labor Specialist?				

**Part B. Payrolls**

		Yes	No	N/A	Notes
1.	Have payrolls been stamped as to date of receipt?				
	Is this date no more than 7 days after the completion of the workweek that the payroll covers?				
	If more than 7 days, what steps were taken by grantee to correct this problem?				
2.	If payrolls are not date stamped does it appear that payrolls were submitted and received on a weekly basis?				
3.	Are payrolls numbered #1 consecutively through the last and marked "final"?				
4.	Are all payrolls signed by a person designated on the signature appointee form or an owner or officer of the construction corporation?				
5.	Is all payroll information complete and at least on the first payroll containing the worker's name, address, and social security number?				
6.	Do all worker's classifications conform to the classification(s) listed on the wage determination? If not, see #A.11.				
7.	Do the wage rates shown on the payrolls equal or exceed those shown on the wage decision(s)?				
8.	Were apprentices used?				
	If so, are there copies of the apprentice registration forms showing required ratios and pay rates?				
9.	Are there deductions for items on the payrolls other than for eligible fringe benefits?				
	If so, is there a statement on file from the worker authorizing such deduction(s)?				
10.	Have workers worked in excess of 40 hours a week?				
	If so, has time and one-half for all overtime been paid?				

		Yes	No	N/A	Notes
11.	If workers have worked in more than one classification (split classifications), have daily time records for all hours been kept and signed by the workers?				
12.	Have weekly statements of compliance been completed and kept on file (back of the payroll - W.H. 347) or a separate W.H. 348?				
13.	If the W.H. 347 weekly Payroll Form has not been used, is all of the same information required on the substitute?				
14.	Have errors found on payrolls been corrected in such a manner as for each payroll to stand alone?				
15.	Do payrolls show evidence of having been checked by the payroll examiner?				
16.	Have HUD 11s, Employee Interview Forms, been completed for each classification so utilized?				
	Give number.				
	(On construction contracts utilizing more than ten classifications, have at least 10% of the workers been interviewed along with at least one in every classification.?)				
17.	Are HUD 11s signed by the interviewer?				
18.	Do payrolls and HUD 11s show evidence of having been compared?				
	Are HUD 11s signed by the payroll examiner?				
19.	If restitution (back wages) has been necessary, are there supplemental payrolls showing the additional pay and dates for which pay was required?				
	Has the worker so affected signed the supplemental payroll?				
	Is there an explanation of the reason(s) for the restitution?				
	Has the ADECA Labor Specialist been notified?				

		Yes	No	N/A	Notes
20.	If restitution have been necessary due to a violation of the Contract Work Hours and Safety Standards Act (overtime requirements) is there evidence of communication with the ADECA Labor Standards Specialist?				
21.	Are the DOL "Notice to Employees" poster and applicable wage determination(s) posted at the work site(s)?				



Grantee Name \_\_\_\_\_  
 Project No. \_\_\_\_\_  
 Preparer \_\_\_\_\_  
 Date Prepared \_\_\_\_\_  
 Follow-up Review Indicated \_\_\_\_\_

**Housing Rehabilitation Compliance Checklist**

**PART A.**

1. Applicant's name: \_\_\_\_\_  
 Applicant's address: \_\_\_\_\_
2. Applicant is owner: \_\_\_\_\_ or tenant \_\_\_\_\_ (check one)
3. Owner's name: \_\_\_\_\_  
 (Only if applicant is tenant)  
 Owner's address: \_\_\_\_\_
4. Rehabilitation standards being used: \_\_\_\_\_  
 \_\_\_\_\_  
 (Standards should be on hand)  
 Date adopted: \_\_\_\_\_
5. Date work began: \_\_\_\_\_  
 Date work ended: \_\_\_\_\_
6. Number of families occupying the dwelling: \_\_\_\_\_  
 Number of people occupying the dwelling: \_\_\_\_\_
7. Applicant's race: \_\_\_\_\_
8. Are any occupants handicapped? \_\_\_\_\_  
 Are any occupants elderly? \_\_\_\_\_
9. Is leverage involved? \_\_\_\_\_  
 Yes      No      \_\_\_\_\_ Amount (if yes)
10. Number of children under 18: \_\_\_\_\_  
 Number of children over 8: \_\_\_\_\_  
 (Only if house was built prior to 1978)

11. If criteria is met, were children under 8 tested for lead in blood? \_\_\_\_\_. (Documentation should be in file)  
(What is rate)

Did children's blood level require testing of house? \_\_\_\_\_

Was lead present at unacceptable levels? \_\_\_\_\_  
(If tested documentation should be in file) (What is rate?)

12. Does file contain cost estimate? \_\_\_\_\_ drawings? \_\_\_\_\_  
Amount Yes No

13. Does file contain a contract? \_\_\_\_\_ Completion date? \_\_\_\_\_  
Amount (Anticipated date from contract)

14. Does file contain change orders? \_\_\_\_\_ Are they signed? \_\_\_\_\_  
Yes No Yes No

Change order: \_\_\_\_\_ New contract amount: \_\_\_\_\_  
Amount (if yes) - (If there is a change order)

15. Is temporary relocation involved? \_\_\_\_\_  
Yes No

Did occupant receive relocation benefits? \_\_\_\_\_  
Yes No

Date of final occupancy: \_\_\_\_\_ (if yes)

16. Is the property located in a flood zone? \_\_\_\_\_  
Yes No

If yes, is insurance available and required? \_\_\_\_\_  
Yes No

		Yes	No	N/A	Notes
17.	Does the file contain the following documents? Check to see that all legal documents are properly executed (signed, dated, etc.)				
	a. Application				
	b. Verification of income/assets				
	c. Property insurance (may or may not be required)				
	d. Proof of ownership				
	e. Rating sheet				
	f. Contractor selection				
	g. Initial inspection/work write-up				

		Yes	No	N/A	Notes
	h. Bid received (list dates under notes)				
	i. Homeowner's agreement				
	j. Right of entry permit				
	k. Right of rescision (owner's have a three day right to withdraw from the program)				
	l. Notice to proceed				
	m. Performance draws				
	n. Progress inspections				
	o. Final inspections				
	p. Financial closeout statement				
	q. Lead base paint clause (should be signed by occupant and made a part of the contractor's contract)				
	r. Mechanics lien waiver (Contractor signs, guaranteeing that all materials are paid for and work is done and paid for. Should be completed before final payment.)				
	s. Contractor insurance (may or may not be required)				
18.	Was there sufficient information in the file to show that the applicant meets the grantee's program eligibility criteria?				
19.	Generally, have program policies been in compliance with the Policies and Procedures Manual and application?				
20.	Is demolition involved in the project? If yes, does it comply with the adopted residential anti-displacement and relocation assistance plan and the "one for one" replacement rule as defined by the Barney Frank amendment?				
21.	Does the Agency have an approved list of contractors they use? If yes, do they have a list on record?				



### Monitoring Checklist for Uniform Act Land Acquisition

Recipient: \_\_\_\_\_ Project No. : \_\_\_\_\_

ADECA Reviewer: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Recipient Contact: \_\_\_\_\_

Follow Up Needed? Yes ( ) No ( )

**Instructions:**

The review should include (1) an examination of at least 10 percent of randomly selected acquisition case files, including appraisals, and (2) if feasible, a brief personal interview with one or more former property owners whose case file has been reviewed, and (3) if possible, a drive thru the project area where acquisition has occurred.

A review of completed acquisition case files provides the most comprehensive/complete information. Please answer "Yes", "No", or "N/A" to each question and use the blank spaces provided for any pertinent remarks.

	Acquired to Date	Scheduled TBA
Parcels of Real Property (includes easements, ROWs, etc.)		

- |   |     |     |     |
|---|-----|-----|-----|
| <b>1. RECORDS AND REPORTS</b>   | YES | NO  | N/A |
| Is there an inventory of parcels TBA and an adequate system for reporting acquisition activities to management? | ( ) | ( ) | ( ) |
| Is there an adequate recordkeeping system for acquisition including a separate file for each parcel?            | ( ) | ( ) | ( ) |

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2.	<b>INFORMING PROPERTY OWNERS</b>	YES	NO	N/A
	Did the owner(s) receive timely written notice of Public Agency's interest in acquiring property? (5-2(b))	( )	( )	( )
	Did owner(s) receive timely written information explaining basic Uniform Act as rights and acquisition procedures (like HUD Booklet No. 1041 - CPD, dated December 1990)? (5-2(b))	( )	( )	( )
	Remarks: _____ _____ _____			

3.	<b>APPRAISALS</b>	YES	NO	N/A
	Was the parcel(s) to-be-acquired by the recipient a "low-value" property? (FMV \$2,500 or less) 5 -2c(1) (b)	( )	( )	( )
	If so, was the procedure to determine the existence of a "low-value" parcel adequate? 5 - 2C (1) (b)	( )	( )	( )
	Did a Staff Appraiser of the governmental entity do the Appraisal(s), Value Determination(s), or Review Appraisal(s)? (If so, this person doesn't need to be licensed by the Alabama Real Estate Appraisers Board.) (5-3 (e) (1) (2) )	( )	( )	( )
	If a private "fee" Appraiser or Value Determinator or Review Appraiser was used to do the Appraisal(s) /Value Determinatin(s) or Review Appraisal(s), was the Appraiser/Value Determinator or Review Appraiser licensed by the Alabama Real Estate Appraisers Board? (5-2)	( )	( )	( )
	Were all Appraisals/Value Determinations reviewed by a Review Appraiser? (5-4)	( )	( )	( )
	Did recipient establish criteria for determining the acceptable minimum qualifications of "fee" or staff Appraisers/Value Determinators including the Review Appraiser? (5 -3 (a) (e) )	( )	( )	( )
	Did recipient develop minimum Appraisal Report Standards? (5-3 (b) )	( )	( )	( )
	Except for uncomplicated low value property valuation problems (FMV \$2,500 or less), was owner(a) invited to accompany Appraiser on inspection of property? (5-2c(1) )	( )	( )	( )

Do the data in the Appraisals or Value Determinations and the analyses of that data demonstrate the soundness of the Appraiser's conclusion of fair market value? (5-3 (b)) ( ) ( ) ( )

(ADECA staff mark N/A if you elect not to review appraisals)

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. OFFER TO PURCHASE** YES NO N/A

Did recipient promptly provide owner(s) a written offer of full amount of the established Fair Market Value for the property TBA (stating all basic terms and conditions of the sale)? (5-2 (d) ) ( ) ( ) ( )

Did recipient promptly provide property owner(s) a written summary statement of the basis for determination of just compensation along with the written purchase offer? (5-2(e) ) ( ) ( ) ( )

Did recipient discuss written purchase offer with owner(s) and respond to owner's concerns? (5-2 (f) ) ( ) ( ) ( )

Did recipient coordinate relocation activities, if any, with purchase offer? ( ) ( ) ( )

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. SETTLEMENT** YES NO N/A

Did owner receive full payment of the established Fair Market Value for the property acquired? (5-2 (j)) ( ) ( ) ( )

If applicable, did recipient pay all incidental acquisition expenses, including mortgage prepayment penalties, mortgage releases, and prorated property taxes? (5-6) ( ) ( ) ( )

If applicable, was it necessary for owner to pay any incidental acquisition expenses and seek reimbursement from recipient? (5-6) ( ) ( ) ( )

If full or partial property donation, was owner(s) informed of Uniform Act rights and did owner(s) release recipient from applicable obligations by executed "waiver" document? (5-8) ( ) ( ) ( )

If owner or tenant was permitted to occupy property by recipient after acquisition of dwelling, was rent charge fair? (5-2 (m) ) ( ) ( ) ( )

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. <b>APPEALS</b>	YES	NO	N/A
Was there any written appeal or complaint regarding project acquisitions submitted to recipient by property owner(s)?	( )	( )	( )
If applicable, was recipient determinatin on any appeals concerning incidental expenses or certain litigation expenses correct? (5-7)	( )	( )	( )
If applicable, was owner(s) whose appeal was denied informed of right to appeal to State?	( )	( )	( )

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. CONCLUSIONS OF REVIEWER**

Indicate below any specific recurring Uniform Act, as amended violation, discovered and summarize your conclusion of the Public Agency's general performance of the acquisition activity. If reviewer interviewed any former property owner(s), or visited the project area, identify and indicate findings, if any.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** References are keyed to *HUD-1378 Relocation and Land Acquisitin Handbook* updated October, 1992 (Includes changes 1 and 2).



INSTRUCTIONS: Answer all questions as appropriate. Reviewer's judgment should reflect all available information obtained by reviewing agency's records and files, interviewing displaced person, inspecting replacement dwelling and consulting with agency staff. Explain any entries in Columns (b) and (d) in part C.	YES	NO	NOT APPLI-CABLE	INSUFFICIENT INFORMATION
GENERAL-ALL CASES	(a)	(b)	(c)	(d)
1. Did person receive timely NOTICE of Eligibility (or other Eligibility notice)?				
2. Did Notice of eligibility meet requirements of Section 24-203 including the appropriate informational brochure?				
3. Did agency conduct timely PERSONAL INTERVIEW to determine person's relocation needs and preferences and explain his/her rights?				
4. Did the agency provide APPROPRIATE SERVICES to minimize hardships of relocation?				
5. Did person receive correct MOVING EXPENSE PAYMENT? (Compute and check receipt)				
6. If ordered to move, did person receive appropriate 90-DAY NOTICE? (See Question 8)				
7. Is there any evidence of DISCRIMINATION in the relocation process? (If "Yes," explain in Part C)				
RESIDENTIAL CASES ONLY				
8. Were REFERRALS to comparable (affordable d, s, and s) replacement dwellings provided? (Number: ) (Date of Initial Referral: )				
9. If minority or low-income person, were referrals to comparable replacement dwellings in non-impacted areas provided?				
10. If discrimination was encountered in obtaining replacement housing, did persons receive assistance needed to OVERCOME the DISCRIMINATION? (If "Yes," explain in Part C)				
11. If ordered to move, was he/she given reasonable choice of referrals to comparable replacement housing prior to order to vacate?				
12. Did agency INSPECT REPLACEMENT UNIT and determine that it was DECENT, SAFE AND SANITARY? (Date of inspection: )				
13. Did person receive correct REPLACEMENT HOUSING PAYMENT? (Compute and check receipt)				
NONRESIDENTIAL CASES ONLY				
14. Did the agency offer an appropriate level of HELP TO ENABLE PERSON TO FIND SUITABLE REPLACEMENT LOCATION AND REESTABLISH business, farm or nonprofit organization?				
PART C - EXPLANATIONS/ACTIONS (Use additional sheets as necessary)				

No Further Action needed.  Corrective Action(s) Needed. (Indicate Whether Correctable or Noncorrectable and Number of such Findings)

5. Was grievance filed?  Yes  No (If "Yes," did reviewer examine the file and action(s) of the Agency?)  
 Yes  No (If "Yes," explain in Part C)
- Did reviewer inspect the replacement dwelling?  Yes  No (If, "Yes," date \_\_\_\_\_)
- Did reviewer interview displaced person?  Yes  No (If, "Yes," date \_\_\_\_\_)

SIGNATURE OF REVIEWER	TITLE OF REVIEWER	DATE OF REVIEW
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**STATE OF ALABAMA  
RELOCATION MONITORING REVIEW**

(Section 104(d) of the HCD of 1974, as amended)

LOCALITY \_\_\_\_\_

PROGRAM \_\_\_\_\_

**PART A - GENERAL INFORMATION (Complete For All Occupants)**

Demolition or conversion	CHARACTERISTICS (Check as Appropriate) low or moderate income household <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	RACIAL/ETHNIC DATA <input type="checkbox"/> White, Not of Hispanic Origin <input type="checkbox"/> Black, Not of Hispanic Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian, or Pacific Islander
DATE \ /		
NAME(S)		TELEPHONE NUMBER(S)

ADDRESS FROM WHICH DISPLACED	ADDRESS OF PERMANENT REPLACEMENT PROPERTY
DATE OF INITIAL OCCUPANCY	

certificate/housing voucher provided  
 Yes  No (If yes) ADDRESS \_\_\_\_\_

DATE OF NOTICE OR ELIGIBILITY	security deposit required \$ _____	credit checks required \$ _____	DATE OF PERMANENT MOVE \ /
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MOVING EXPENSE PAYMENT (See Question 5 on back page) (NOTE: Check FHWA Schedule if Residential Fixed Payment)

DATE CLAIM FILED	<input type="checkbox"/> ACTUAL	AMOUNT CLAIMED \$ _____	AMOUNT PAID \$ _____
DATE CLAIM PAID	<input type="checkbox"/> FIXED (In Lieu)	EVIDENCE OF RECEIPT OF PAYMENT IN FILE <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain in Part C)	

**COMPLETE FOR RESIDENTIAL OCCUPANTS ONLY**

Number of Adults _____  Number of Children (under 18) _____  TOTAL _____	MONTHLY HOUSING COST (MHC) (RENT AND UTILITIES) Ability-To-Pay MHC: \$ _____ x .30 = _____ (Gross Monthly Income) MHC of Dwelling From Which Displaced \$ _____ MHC of Actual Replacement Dwelling \$ _____ MHC of Comparable Replacement Dwelling (CRD) \$ _____
--	--

SOURCE(S) OF INCOME	HOW WAS INCOME VERIFIED?
Monthly Gross income \$ _____	

REPLACEMENT HOUSING PAYMENT (Complete appropriate payment item below. Also, see Question 13 on back page)

DATE CLAIM FILED	<input type="checkbox"/> HOUSEHOLD PURCHASER	AMOUNT CLAIMED \$ _____	AMOUNT PAID \$ _____
DATE CLAIM PAID	<input type="checkbox"/> RENTAL	EVIDENCE OF RECEIPT OF PAYMENT IN FILE <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain in Part C)	

household purchases or interest in a housing cooperative or mutual housing association  1. MHC of Replacement Dwelling or CRD. \$ _____ 2. Line 1 x 60 a lump sum payment \$ _____ 3. security deposit required \$ _____ 4. credit checks required \$ _____ 5. Total Amount \$ _____	RENTAL ASSISTANCE PAYMENT 1. MHC of Replacement Dwelling or CRD, whichever is less \$ _____ 2. MHC of Acquired Dwelling or Ability-to-Pay, whichever is less \$ _____ 3. Monthly Need (Line 1 less Line 2) \$ _____ 4. Line 3 x 42 \$ _____ 5. security deposit required \$ _____ 6. credit checks required \$ _____ 7. Total Amount \$ _____	Further Action needed/Corrective Action(s)          
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INSTRUCTIONS: Answer all questions as appropriate. Reviewer's judgment should reflect all available information obtained by reviewing agency's records and files, interviewing displaced person, inspecting replacement dwelling and consulting with agency staff. Explain any entries in Columns (b) and (d) in part C.

	YES	NO	NOT APPLI-CABLE	INSUFFICIENT INFORMATION
GENERAL-ALL CASES	(a)	(b)	(c)	(d)
1. Did person receive timely NOTICE (or other Eligibility notice)?				
2. Did Notice of Eligibility meet requirements and include the appropriate informational brochure?				
3. Did agency conduct timely PERSONAL INTERVIEW to determine person's relocation needs and preferences and explain his/her rights?				
4. Did the agency provide APPROPRIATE SERVICES to minimize hardships of relocation?				
5. Did person receive correct MOVING EXPENSE PAYMENT? (Compute and check receipt)				
6. If ordered to move, did person receive appropriate 90-DAY NOTICE? (See Question 8)				
7. Is there any evidence of DISCRIMINATION in the relocation process? (If "Yes," explain in Part C)				
RESIDENTIAL CASES ONLY				
8. Were REFERRALS to comparable (affordable, safe, and sound) replacement dwellings provided? (Number: ) (Date of Initial Referral: )				
9. If minority or low-income person, were referrals to comparable replacement dwellings in non-impacted areas provided?				
10. If discrimination was encountered in obtaining replacement housing, did persons receive assistance needed to OVERCOME the DISCRIMINATION? (If "Yes," explain in Part C)				
11. If ordered to move, was he/she given reasonable choice of referrals to comparable replacement housing prior to order to vacate?				
12. Did agency INSPECT REPLACEMENT UNIT and determine that it was DECENT, SAFE AND SANITARY? (Date of inspection: )				
13. Did person receive correct REPLACEMENT HOUSING PAYMENT? (Compute and check receipt)				

PART C - EXPLANATIONS/ACTIONS (Use additional sheets as necessary)

No Further Action needed.  Corrective Action(s) Needed. (Indicate Whether Correctable or Noncorrectable and Number of such Findings)

15. Was grievance filed?  Yes  No (If "Yes," did reviewer examine the file and action(s) of the Agency?)  
 Yes  No (If "Yes," explain in Part C)

Did reviewer inspect the replacement dwelling?  Yes  No (If, "Yes," date \_\_\_\_\_)

Did reviewer interview displaced person?  Yes  No (If, "Yes," date \_\_\_\_\_)

SIGNATURE OF REVIEWER	TITLE OF REVIEWER	DATE OF REVIEW
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STATE OF ALABAMA  
RELOCATION MONITORING REVIEW

(Section 104(K) relocation or Optional relocation assistance)

LOCALITY

PROGRAM

**PART A - GENERAL INFORMATION (Complete For All Occupants)**

Temporary relocation <input type="checkbox"/> Yes <input type="checkbox"/> No	CHARACTERISTICS (Check as Appropriate)		RACIAL/ETHNIC DATA	
	<input type="checkbox"/> Residential	<input type="checkbox"/> Nonresidential	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
	<input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Nonprofit			

NAME(S)	TELEPHONE NUMBER(S)
Business, Name of Person to Contact:	

ADDRESS FROM WHICH DISPLACED	ADDRESS OF PERMANENT REPLACEMENT PROPERTY
DATE OF INITIAL OCCUPANCY	

DATE OF adopt a written policy	reasonable relocation assistance <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF NOTICE OF ELIGIBILITY	DATE OF PERMANENT MOVE

MOVING EXPENSE PAYMENT			
DATE CLAIM FILED	<input type="checkbox"/> ACTUAL	AMOUNT CLAIMED \$	AMOUNT PAID \$
DATE CLAIM PAID	<input type="checkbox"/> FIXED (In Lieu)	EVIDENCE OF RECEIPT OF PAYMENT IN FILE <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain in Part C)	

COMPLETE FOR RESIDENTIAL OCCUPANTS ONLY

Number of Adults	MONTHLY HOUSING COST (MHC) (RENT AND UTILITIES)	
Number of Children (under 18)		\$
TOTAL	MHC of Dwelling From Which Displaced	\$
Head of Household is:	MHC of Actual Replacement Dwelling	\$
Male <input type="checkbox"/> Female <input type="checkbox"/>	MHC of Comparable Replacement Dwelling (CRD)	\$
Elderly <input type="checkbox"/> Handicapped <input type="checkbox"/>		

Yes  No

REPLACEMENT HOUSING PAYMENT (Complete appropriate payment item below. Also, see Question 13 on back page)

DATE CLAIM FILED	<input type="checkbox"/> HOMEOWNER	AMOUNT CLAIMED \$	AMOUNT PAID \$
DATE CLAIM PAID	<input type="checkbox"/> RENTAL <input type="checkbox"/> DOWNPAYMENT	EVIDENCE OF RECEIPT OF PAYMENT IN FILE <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain in Part C)	

180 DAY HOMEOWNER PAYMENT	RENTAL ASSISTANCE PAYMENT	DOWNPAYMENT ASSISTANCE PAYMENT
1. Cost of Replacement Dwelling or CRD, whichever is less \$ _____	1. MHC of Replacement Dwelling or CRD, whichever is less \$ _____	1. Cost of replacement dwelling \$ _____
2. Cost of Acquired Dwelling \$ _____	2. MHC of Acquired Dwelling \$ _____	2. Required Downpayment \$ _____
3. Differential (Line 1 less Line 2) \$ _____	3. Monthly Need (Line 1 less Line 2) \$ _____	3. Actual Downpayment \$ _____
4. Incidental Expenses \$ _____	4. Line 3 x 60 \$ _____	4. Incidental Expenses \$ _____
5. Increased Interest Cost \$ _____		5. Total Amount (Lesser of Lines 2 and 3 plus line 4) \$ _____
6. Sum of Lines 3, 4 and 5 \$ _____		

**PART B - GENERAL FINDINGS**

INSTRUCTIONS: Answer all questions as appropriate. Reviewer's judgment should reflect all available information obtained by reviewing agency's records and files, interviewing displaced person, inspecting replacement dwelling and consulting with agency staff. Explain any entries in Columns (b) and (d) in part C.	YES	NO	NOT APPLICABLE	INSUFFICIENT INFORMATION
GENERAL-ALL CASES	(a)	(b)	(c)	(d)
1. Did person receive timely NOTICE of Eligibility (or other Eligibility notice)?				
2. Did Notice of ELIGIBILITY meet requirements of Section 24-203 including the appropriate informational brochure?				
3. Did agency conduct timely PERSONAL INTERVIEW to determine person's relocation needs and preferences and explain his/her rights?				
4. Did the agency provide APPROPRIATE SERVICES to minimize hardships of relocation?				
5. Did person receive correct MOVING EXPENSE PAYMENT? (Compute and check receipt)				
6. If ordered to move, did person receive appropriate 90-DAY NOTICE? (See Question 8)				
7. Is there any evidence of DISCRIMINATION in the relocation process? (If "Yes," explain in Part C)				
RESIDENTIAL CASES ONLY				
1. Were REFERRALS to comparable (affordable, d, s, and s) replacement dwellings provided? (Number: ) (Date of Initial Referral: )				
2. If minority or low-income person, were referrals to comparable replacement dwellings in non-impacted areas provided?				
3. If discrimination was encountered in obtaining replacement housing, did persons receive assistance needed to OVERCOME the DISCRIMINATION? (If "Yes," explain in Part C)				
4. If ordered to move, was he/she given reasonable choice of referrals to comparable replacement housing prior to order to vacate?				
5. Did agency INSPECT REPLACEMENT UNIT and determine that it was DECENT, SAFE AND SANITARY? (Date of inspection: )				
6. Did person receive correct REPLACEMENT HOUSING PAYMENT? (Compute and check receipt)				
NONRESIDENTIAL CASES ONLY				
1. Did the agency offer an appropriate level of HELP TO ENABLE PERSON TO FIND SUITABLE REPLACEMENT LOCATION AND REESTABLISH business, farm or nonprofit organization?				

**PART C - EXPLANATIONS/ACTIONS (Use additional sheets as necessary)**

No Further Action needed.       Corrective Action(s) Needed. (Indicate Whether Correctable or Noncorrectable and Number of such Findings)

5. Was grievance filed?       Yes     No    (If "Yes," did reviewer examine the file and action(s) of the Agency?)

Yes     No    (If "Yes," explain in Part C)

Did reviewer inspect the replacement dwelling?       Yes     No    (If, "Yes," date \_\_\_\_\_)

Did reviewer interview displaced person?       Yes     No    (If, "Yes," date \_\_\_\_\_)

SIGNATURE OF REVIEWER	TITLE OF REVIEWER	DATE OF REVIEW
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Grantee Name \_\_\_\_\_  
 Project No. \_\_\_\_\_  
 Preparer \_\_\_\_\_  
 Date Prepared \_\_\_\_\_  
 Follow-up Review Indicated \_\_\_\_\_

**Jobs for Low/Moderate Income Persons**

		Yes	No	N/A	Notes
I.	Is there evidence to document the total number of jobs created or retained?				
	A. If answer is NO, when do you expect the jobs will be in place? Explain:				
II	What was the company's employment total at the date of this monitoring visit?				
III.	What was the companys' total employment as of the first full payroll after the effective date of the grant agreement?				
IV.	How many total jobs were created? (II less III)				
V.	If applicable, how many jobs were retained by the ompany?				
VI.	How many and what percentage of the jobs are taken by, or made available to: L/M income persons? _____ %				
	1. Do certifications match the company's payroll?				
	2. If low-moderate percentage is less than 51 percent, explain what efforts the company undertook to hire L/M people.				
VII.	Is there a list of all applicants who applied for jobs with the company?				
VIII.	L/M Tally Sheet				

**LOW/MODERATE TALLY SHEET**

LOW/MODERATE	HIGHER INCOME

Grantee Name \_\_\_\_\_  
 Project No. \_\_\_\_\_  
 Preparer \_\_\_\_\_  
 Date Prepared \_\_\_\_\_  
 Follow-up Review Indicated \_\_\_\_\_

**Planning Grant Monitoring Checklist**

**I. Citizen Participation**

		Yes	No	N/A	Notes
a.	Did the grantee have a written Citizen Participation Plan on file?				
b.	Give date the plan was adopted by the grantee.				
c.	How many public hearings were held prior to application submission?				
d.	Is the number of hearings consistent with the approved plan?				
e.	Was the required public hearing(s) adequately advertised?				
f.	Give the date(s) of the public hearing(s).				
g.	Was basic CDBG program information made available to the public?				
h.	Was a public hearing held to discuss each formal program amendment?				
i.	Was a public hearing held at project closeout to review program performance?				

## II. National Objective

		Yes	No	N/A	Notes
a.	Does program activity meet a national objective? State which objective.				
	1. 51 percent low and moderate income.				
	2. Elimination of slums and blight.				
b.	Is there evidence to document compliance?				
	1. Plan contents				
	2. Statistical information				
	3. L/M Surveys				
c.	Does information on file match the application?				

## III. Progress

		Yes	No	N/A	Notes
a.	Is the project in compliance with the approved Implementation Schedule?				
b.	What percentage of the program activity has been completed?				
c.	What percentage of funds has been drawn?				

**Professional Services Contracts Checklist**

**IV. Preagreement Costs**

		Yes	No	N/A	Notes
	A. Were preagreement costs identified in the application and approved budget?				
	If so, list each cost item and the amount paid from grant/match funds:				
	B. Was a separate procurement process used (RFP or small purchase procedures) and contract awarded for application preparation?				
	C. Were all payments associated with approved preagreement costs properly documented and invoiced?				

**V. Post-Award Professional Services**

		Yes	No	N/A	Notes
	A. Are all contracts properly executed?				
	B. Were all services properly procured? (Request for Proposals or sealed bids if over \$100,000, small purchase procedures if less than or equal to \$100,000)				
	1. Is geographical preference given only to A/E services?				
	2. Do services provided in contracts coincide with those advertised?				
	C. Are contracts dated after the effective date of the State's Grant Agreement?				

		Yes	No	N/A	Notes
	D. Are contract services provided on a fixed fee basis rather than a percentage?				
	E. Are contracts with non-profit organizations (regions) cost reimbursable/not to exceed?				
	F. Are costs reasonable?				
	1. Do they fall within accepted industry standards?				
	2. Was a cost analysis prepared where industry standards were exceeded?				
	3. Conflict of interest.				

### Financial Checklist

#### VI. Matching Share

		Yes	No	N/A	Notes
	A. Does Grantee's matching share requirement consist of:				
	1. Costs financed with cash contributed by other non-federal sources?				
	2. Services or real property donated by other non-federal sources?				
	B. Do contributions meet the following criteria?				
	1. Are necessary for accomplishment of project objectives?				
	2. Verifiable from grantee's records?				
	3. Are not contributions from federal programs?				

		Yes	No	N/A	Notes
	4. Are not paid from another federal grant unless authorized?				
	5. Are included in the grant budget?				
	C. Does the value of the grantee's in-kind contributions appear to be necessary and reasonable?				

**VII. Debarred List**

		Yes	No	N/A	Notes
	a. List parties involved in performing grant work. _____ _____ _____ _____				
	b. Compare the above listing with the debarred listing for possible conflicts and note results.				

**VIII. On-Site Verification**

		Yes	No	N/A	Notes
	a. Disclose the method used to select a sample of sites to verify.  1. Judgmental  2. Random  3. Other _____  4. None Selected				
	b. Briefly summarize the results of your verification.				

**IX. Close-Out**

		Yes	No	N/A	Notes
	Ensure that grantee understands that final close-out will only occur after appropriate documents, including an acceptable audit, are received and processed by ADECA.				