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**DEO - Community Development Block Grant
Neighborhood Stabilization Program
Pre-Monitoring Checklist**

Recipient: _____ **Grant #:** _____

Proposed Monitoring Date: _____

1. What areas are proposed to be monitored at this visit? *(See the risk analysis for the first monitoring and review the last monitoring report for any subsequent trips)*

- | | |
|--|---|
| <input type="checkbox"/> Administrative Management | <input type="checkbox"/> Labor Standards |
| <input type="checkbox"/> Activity Eligibility & National Objective | <input type="checkbox"/> Land Banks |
| <input type="checkbox"/> Civil Right | <input type="checkbox"/> Preserving Affordability |
| <input type="checkbox"/> Conflict of Interest; FW & M | <input type="checkbox"/> Professional Services Procurement |
| <input type="checkbox"/> Construction Procurement | <input type="checkbox"/> Program Income |
| <input type="checkbox"/> Cooperative/Sub recipient Agreements | <input type="checkbox"/> Program Progress |
| <input type="checkbox"/> Environmental Review | <input type="checkbox"/> Relocation & Real Property Acquisition |
| <input type="checkbox"/> Fair Housing/Equal Opportunity | <input type="checkbox"/> Rental Projects (SF & MF) |
| <input type="checkbox"/> Financial Management System | <input type="checkbox"/> Settlement Statements & HUD-1 |
| <input type="checkbox"/> Financial Management Transaction | <input type="checkbox"/> Sub-grantee Overview |
| <input type="checkbox"/> Homebuyer Programs w/Rehab | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Housing Rehab w/ 3 case files | <input type="checkbox"/> _____ |

2. Obtain GRITS reports for this contract.

- Open Grants Report for this local government
- Audit Status with Notes for this contract
- Monitoring Tracking Report for this contract
- Payment Record for CDBG Grants for this contract
- Line Items Expenditure Report
- Monitoring Tracking Report

3. If there any open monitoring findings or concerns, what needs to be done to clear them?

4. If there any special conditions which should have been cleared by now but are not, what needs to be done to clear them?

5. Were any grant specific findings or recommendations referenced in the last audit TA Memo?

Yes _____ No _____

If **YES**, print out a copy of the Audit TA Report from the IG's Office and be prepared to discuss those during the visit as part of Audit Monitoring.

**DEO - Community Development Block Grant
Neighborhood Stabilization Program
Monitoring Summary**

Recipient: _____

Grant #: _____

1. Check the method of monitoring being conducted and list the date.

- On-Site Visit
- Telephone/Desk Monitoring

Date of Monitoring: _____

2. Indicate which monitoring checklists that were completed during this monitoring. (Refer to the risk analysis prepared following the application review site visit if this is a first monitoring. Review past monitoring reports prior to conducting the monitoring.)

- Form NSP-00 – Pre-Monitoring
- Form NSP-01 – Monitoring Summary
- Form NSP-1 – Review of Administrative Management
- Form NSP-2 – Financial Management System
- Form NSP-3 – Financial Management Transaction
- Form NSP-4 – Program Progress
- Form NSP-5 – Sub-grantee Overview
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- Form NSP-16 – Review of Rental Projects (SF & MF)
- Form NSP-17 – Preserving Affordability
- Form NSP-18 – Land Banks
- Form NSP-19 – Labor Standards
- Form NSP-20 – Conflict of Interest; Fraud, Waste & Mismanagement
- Form NSP-21 – HAP Checklist
- Form NSP-22 – Construction Procurement
- Form NSP-23 – Conflict of Interest Waiver
- Form NSP-24 – Professional Service Procurement

3. List the employees of the Recipient who participated in the monitoring activity.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

**DEO - Community Development Block Grant
Neighborhood Stabilization Program
Monitoring Summary**

Name: _____ Title: _____

Name: _____ Title: _____

4. If the Recipient has hired a consultant to administer the grant, list the representative(s) who participated in the monitoring activity.

Name: _____ Title: _____

Name: _____ Title: _____

5. List the DEO staff that participated in the monitoring activity.

Name: _____ Title: _____

Name: _____ Title: _____

6. Summarize the **finding(s)**, if any, from the individual monitoring checklists attached to this summary form.

7. Summarize the **concern(s)**, if any, from the individual monitoring checklists attached to this summary form.

8. Discuss any **technical assistance provided** to the Recipient during the monitoring activity.

9. Monitoring **Conclusions**:

**DEO - Community Development Block Grant
Neighborhood Stabilization Program
Monitoring Summary**

10. **Exemplary Practices/Performance** (if applicable):

11. **Area of Follow-up** (if applicable):

Certifications

Contract #: _____

Grant Manager:

I certify that the information contained on this summary form and the attached monitoring checklists indicated on page 1 of this form are complete and accurate.

Signature
Printed Name: _____
Community Assistance Consultant

Date

NSP Manager:

I certify that I have reviewed and approved the information contained on this summary form and the attached monitoring checklists indicated on Page 1 of this form.

Signature – Jeannie Russell
NSP Manager

Date

Program Manager:

I certify that I have reviewed and approved the information contained on this summary form and the attached monitoring checklists indicated on Page 1 of this form.

Signature – Bob Dennis
Community Program Manager

Date

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program Monitoring Checklist
Administrative Management**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number: Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

Instructions:

State - Subgrantee Level NSP Program Review Subject Areas

- A. Financial Management and Record keeping Requirements: Records should be accurate, current, and fully disclose financial results at the Subgrantee and Subrecipient level. A Subgrantee may satisfy requirements by: using existing statewide requirements; adopting new program-specific requirements; or applying 24 CFR Part 85.
- B. Retention and Custody Requirements: Subgrantee records should evidence record retention for a specified period after NSP-1 activities are completed which takes into account possible litigation, audit, claims and the like. The general retention period is the greater of six (6) years from HUD's closeout of the grant to the state, or the period required by other applicable laws and regulations.
- C. Allowability and Allocability Requirements: The DEO reviewer is to evaluate and test the adequacy of guidance/principles established by the Subgrantee for determining the acceptability of direct and indirect costs charged to the Subgrantee's program. OMB Circular A-87 is applicable to the State CDBG program.
- D. Bonding and Insurance Requirements: Bid guarantees, performance bonds, and payment bonds are normally part of established procedures for construction contracts.
- E. Program Income Requirements: The DEO reviewer is to determine whether the Subgrantee complies with HUD's program income requirements. The regulations require that, to the maximum feasible extent, program income should be disbursed prior to requesting additional NSP-1 funds. The regulations at 24 CFR 570.489(e)(3)(ii)(B) have been superseded by a statutory change to Section 104(j) of the HCDA which provides that program income received by a local government after closeout must be used for eligible activities that follow the requirements of the Neighborhood Stabilization Program.
- F. Property Management Requirements: The DEO reviewer is to identify and evaluate the property management procedures adopted by the Subgrantee for both Subgrantee-acquired and subrecipient-acquired property. The procedures should encompass such functions as (1) property records, (2) physical inventories, (3) ownership rights, and (4) use and disposition of property. While property management requirements covered in 24 CFR part 85 (guidance unless adopted by the state) are concerned mostly with personal property,

the reviewer should ensure Subgrantees have procedures to account for real property as well, as required by 24 CFR 570.489(k).

- G. Procurement Requirements: The Subgrantees must have procedures which meet the requirements of 24 CFR 570.489(g). The DEO reviewer should determine whether procurement procedures of sub-grantees: (1) provide for maximum free and open competition; (2) prescribe methods of procurement consistent with §570.489(g); (3) provide for adequately documented procurement records; (4) provide for agreements that include all applicable Federal contract provisions; and (5) include in each agreement a clear and concise description of the goods or services required.
- H Conflict of Interest Requirements: The Subgrantee is to have standards governing its own actions and staff, standards governing actions and staff at the sub-grantee level, and standards and procedures for granting exceptions to sub-grantees.
- I. Audit Requirements: The Single Audit Act, described in OMB Circular A-133, is applicable to the State NSP program. Sub-grantees are required to have independent audits of their own activities and to establish oversight systems for entities they contract with or have agreements with including Sub-grantees, non-profits, developers, etc., to ensure compliance with OMB A-133.

OVERVIEW OF GRANT STATUS – Prior to Site Visit

What is the status of the NSP Grant Award Agreement with the Subgrantee?

What percent of funds have been expended? _____%

Have all required reports been submitted to date? _____ Note any that are late or incomplete, or that may include errors.

Review application/Amendment Status

Review implementation status

Homeownership

Rental

Rental Set-Aside

Other _____

Are there any outstanding issues that need to be discussed at the onset of this monitoring? **YES NO**

Does it appear that another amendment will be required following this visit?

OVERVIEW OF NSP MGMT/ORGANIZATION

Are there written procedures maintained describing management of the NSP? **YES NO**

How are responsibilities for implementing and managing the NSP assigned and delegated?

Who is in charge of the day-to-day administration?

Name: _____ Title: _____

Years of experience in this capacity? _____

Who approves their work/decisions?

Name: _____ Title: _____

Were additional staff or a consultant hired to implement and administer the NSP?
YES NO

How many? _____ Number full time: _____

How were qualified personnel identified to oversee NSP?

Names of Staff	Title	Responsibility	%for NSP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any additional management or consultant assistance been procured? **YES NO**

Name of Entity: _____ How Procured? _____ Nature of Assistance Date and Amt. TA began:
N/A

Has any other coordination or technical assistance been provided that was not procured?
YES NO

Is a system in place to track the progress of each activity and project? **YES NO**

Does this system include a timetable with scheduled completion dates? **YES NO**

Is there an official method of coordination of oversight and management of the NSP Program? **YES NO**

Describe and note persons and entities involved and timetables, etc. **N/A**

Are potential contractors and subrecipients, developers, non-profits, and all other partners or participants required to disclose potential conflicts of interest and other potential violations? **YES NO (no, is a finding)**

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program Monitoring Checklist
Financial Management System**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number: Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

Were any expenditures or obligation of funds for any activities other than administration completed prior to:

- Signature of NSP Contract with DEO **YES NO**
- Environmental release of funds? **YES NO**

Has the sub-grantee requested and received authority to incur costs prior to execution of their NSP Grant Agreement with DEO? **YES NO** Date: _____

A. INTERNAL CONTROL

1. Who in the local government is principally responsible for maintaining NSP financial records and recording transactions?

NAME _____ TITLE _____

ALTERNATE _____ TITLE _____

2. Who is responsible for monitoring and reviewing the above individual's work?

NAME _____ TITLE _____

3. Who in the local government receives and processes invoices for disbursement?

NAME _____ TITLE _____

4. Who approves NSP payments to vendors, contractors, third parties, etc.?

NAME _____ TITLE _____

5. Are personnel who perform disbursement functions prohibited from purchasing, receiving, and inventorying? Yes No N/A

If not, are these functions approved by a third party? Yes No N/A

6. Who signs NSP checks?

NAME _____ TITLE _____

NAME _____ TITLE _____

7. Is the signing of disbursement checks limited to individuals: Yes No N/A

authorized to make disbursements? _____

Whose duties exclude posting and recording of accounts receivable, approving vouchers for payment, and payroll preparation? _____

8. Is there documentation that all persons with check signing authority are bonded? Yes No N/A

9. If a signature/electronic stamp is used, who has authority to use it? **(If no stamp is used, go to Question #12.)**

NAME _____ TITLE _____

ALTERNATE _____ TITLE _____

10. Does the person who has control of the signature stamp also have access to blank checks? Yes No N/A

11. List the steps in the overall process from receipt of invoice, submission of an RFF to DEO, then on to payment of invoices.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

12. In consideration of the items above: Is there separation of duties between the following activities:

- Ability to process daily receipts- Yes No N/A
- Ability to process cash disbursements Yes No N/A
- Record-keeping duties for revenue, expenditures, & assets Yes No N/A

- Ability to approve purchases Yes No N/A
- Ability to award contracts Yes No N/A

13. Is limited access maintained for deposits that must be held on site overnight? Yes No N/A

B. ACCOUNTING SYSTEM

1. Are NSP funds incorporated into the recipient's general accounting system and budgetary process? Yes No N/A
 Name of program/software used:

2. Does the recipient's (not the consultant's) financial management system incorporate:

- # Cash Receipts & Disbursements Tracking Yes No N/A
- # Detailed Activity Ledgers Yes No N/A
- # Cash Control Register Yes No N/A
- # Property Control Register Yes No N/A

3. Do NSP accounting records reflect total revenues and expenditures to date? Yes No N/A

4. Do the NSP accounting records reflect current line item budget balances? Yes No N/A

5. Were all expenditures (of the non-reimbursed funds) made within five (5) days of deposit? Yes No N/A

6. Does the recipient deposit NSP funds into a non-interest bearing account? Yes No N/A

C. PROCEDURES FOR DETERMINING ALLOWABLE COSTS

1. Does the recipient anticipate charging any payroll costs to NSP? Yes No N/A
(If no, go to Question #7.)

2. List recipient staff paid in whole or in part with NSP funds:

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

3. Who approves payroll costs charged to NSP?

NAME _____ TITLE _____

4. Is the payroll approved by a person other than its preparer? Yes No N/A
5. Do time sheets show both NSP and non-NSP hours worked per day on a 40 hour/week basis? Yes No N/A
6. Does the recipient anticipate charging any overtime to the grant? Yes No N/A
7. List any other administrative costs (travel, equipment, supplies, etc.) being charged to the NSP grant or that the recipient anticipates will be charged to the grant. Yes No N/A

8. Does the recipient use a cost allocation plan? **(If no, go to Question #9.)** Yes No N/A
- 8a. Is the plan approved by the cognizant agency? Yes No N/A
- 8b. Are costs being charged according to the plan? Yes No N/A
9. Based on your review of the above areas, do any administrative costs appear to be unnecessary, unreasonable, or improper? Yes No N/A
10. Is the local government, or any other sub-entities, charging costs on an activity delivery fee basis? Specify entities _____ Note: ADF cannot be paid to a developer with a fee attached, only pass-thru. Yes No N/A

(If no, skip the balance of this chapter)

11. Does the local government have records that document these activity delivery fees? Yes No N/A
12. Under what line items are activity delivery fees being incurred/expended? _____
13. Do contract with 3rd parties provide for incurring activity delivery fees? Yes No N/A
14. Does the local government require separate invoices to note amounts requested under activity delivery fees? Yes No N/A

15. If in support of rehab is the resulting percent charged less than 10% of the construction line item? Yes No N/A

Note any potential or specific findings or concern(s) and specify corrective actions the recipient must take to resolve the issue(s). Describe any technical assistance provided.

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program Monitoring Checklist
Financial Management Transaction**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number: Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

FINANCIAL MANAGEMENT TRANSACTION

A. DISBURSEMENTS

Review the recipient's most recent accounting records or financial printouts. Obtain copies of records directly maintained and tracked by the local government.

- | | | | | |
|----|---|-----|----|-----|
| 1. | Does the local government's accounting system reflect all funding sources? | Yes | No | N/A |
| | Does it include all necessary codes and fields? | Yes | No | N/A |
| 2. | Do NSP accounting records reflect total revenues and expenditures to date as shown on the latest Request for Funds? | Yes | No | N/A |
| 3. | Do the NSP accounting records reflect current line item balances as shown on the latest Request for Funds?
Is there a local government summary that readily provides this? | Yes | No | N/A |

Pull a sample of the following types of transactions (small purchase, contract and payroll) and trace them through the recipient's accounting system. For each transaction:

Small Purchase Transactions

Track a sample NSP small purchase transaction.

1.	Was the amount less the threshold in local procurement Policy?	Yes	No	N/A
2.	Were quotes obtained from three sources?	Yes	No	N/A
3.	Were documents maintained to support quotes obtained?	Yes	No	N/A
4.	Is there a canceled check?	Yes	No	N/A
5.	Is there an invoice?	Yes	No	N/A
6.	Is there a purchase order or voucher?	Yes	No	N/A
7.	Is this transaction reflected on the disbursement journal (or local government accounting/spreadsheets)?	Yes	No	N/A
8.	Is this transaction reflected on the detailed activity ledger (or ledger maintained electronically)?	Yes	No	N/A

Contract Transactions

9.	Is there an invoice?	Yes	No	N/A
10.	Is there a canceled check?	Yes	No	N/A
11.	Review any professional services contracts. Is the payment in accordance with the contract terms?	Yes	No	N/A
12.	Is the transaction reflected on the disbursement journal (or as above)?	Yes	No	N/A
13.	Is the transaction reflected on the detailed activity ledger (or as above)?	Yes	No	N/A

Payroll (Complete only if the local government is billing payroll to NSP)

14. Is there a payroll register or canceled pay check?	Yes	No	N/A
15. Is a time sheet available which substantiates the payroll register or amount of the paycheck?	Yes	No	N/A
Does the time sheet:	Yes	No	N/A
Separate NSP/non-NSP hours?	Yes	No	N/A
Reflect a 40 hour work week?	Yes	No	N/A
Show employee and supervisor signatures?	Yes	No	N/A
16. Are the payroll payment transactions reflected on the disbursement journal (or as above)?	Yes	No	N/A
17. Are the payroll payment transactions reflected on the detailed activity ledger (or as above)?	Yes	No	N/A
18. Is overtime being charged by employees performing duties part-time for the NSP program?	Yes	No	N/A
19. Does their paycheck include funds from any other source?	Yes	No	N/A
If yes , is the recipient charging to the Grant the same percentage of overtime as the percentage of the day spent on NSP duties?	Yes	No	N/A

B. REQUESTS FOR FUNDS

Review a minimum of one (1) RFF and all support documentation.

1. Were requests for funds limited to the minimum amounts needed?	Yes	No	N/A
2. Review a minimum of three RFFs completed and paid by DCA. Based on the review of three RFFs, is there documentation to support each of the amounts requested (i.e., invoices totaling the amount requested)?	Yes	No	N//A

If no, explain: _____

Examine daily balance of account where any funds in excess of \$5,000 were held more than three days.

Explain and document: _____

C. ENGINEERING FEE CALCULATION

Are any engineering fees being charged to NSP? If yes, obtain specifics on activity, amount of contract, how services were procured, etc. Compare to RUS Fee Schedule on return to DEO.

Complete on return to DEO for Engineering

- | | | | | |
|----|---|-----|----|-----|
| 1. | Is the actual engineering fee for basic, inspection and preliminary services within the RUS curve? | Yes | No | N/A |
| 2. | Is the preliminary engineering fee less than one-half of one percent of the estimated construction cost in the grant application? | Yes | No | N/A |
| 3. | Have any "additional engineering" fees been approved in writing by the Department? | Yes | No | N/A |

D. ESCROW ACCOUNTS

Has the sub-grantee or any NSP affiliates established a rehab escrow account? (If so, it's a finding)	Yes	No	N/A
--	-----	----	-----

CONCLUSION:

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Program Progress**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number:				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

A. FINANCIAL MANAGEMENT

	Yes	No	N/A
1. Has the Subgrantee stayed within the 6.8 % cap for administration?	_____	_____	_____
2. Has the Subgrantee stayed within this same percent administrative % limitation for all program income that is earned (for the duration of the grant, which is 2 years from the execution of the grant agreement)?	_____	_____	_____
3. Did the Subgrantee, meet the overall September 3, 2010 (18-month) NSP fund obligation requirement?	_____	_____	_____
4. Is the Subgrantee on track with meeting the 24 month contract agreement expenditure deadline?	_____	_____	_____
5. If the Subgrantee has received a reallocation of funds (excluding program income), is it on track with meeting the 25% requirement for those at or below 50% LMI housing set-aside?	_____	_____	_____

Describe overall program progress:

Is there a need for amendment to the sub-grantee's budget, work plan or activity line items? **YES NO**

B. PURCHASE AND RESALE OF PROPERTIES

Yes No N/A

6. Has the Subgrantee purchased its properties with a minimum of a 1 percent per property discount, from the current market appraised value? _____

7. Has the Subgrantee provided NSP funds to another party to finance an acquisition of tax foreclosed (or any other) properties from itself, other than to pay necessary and reasonable costs related to the appraisal and transfer of title" ? _____

8. Has the Subgrantee paid necessary and reasonable costs related to the appraisal and transfer of title on any properties it owns, while being conveyed to a homebuyer, developer, or other jurisdiction?" _____

(NOTE: If these costs have been paid with NSP funds, "the property is NSP-assisted and subject to all program requirements, such as requirements for NSP-eligible use and benefit to income-qualified persons.")

9. Has the Subgrantee ensured that the sale of homes or residential property that have been sold to an individual as a primary residence is in an amount equal to or less than the cost to acquire and redevelop or rehabilitate such home or property up to a decent, safe, and habitable condition? _____

(Sales and closing costs are eligible NSP redevelopment or rehabilitation costs.)

(NOTE: "The maximum sales price for a property is determined by aggregating all costs of acquisition, rehabilitation, and redevelopment (including related activity delivery costs), which generally may include, among other items, costs related to the sale of the property.")

Describe any areas of noncompliance – Purchase and Resale:

C. INITIAL SUCCESSOR – TENANT’S RIGHTS

	Yes	No	N/A
10. Has the Subgrantee documented its efforts to ensure that the initial successor of interest in a foreclosed upon dwelling or residential real property (typically, the initial successor in interest in property acquired through foreclosure is the lender or trustee for holders of obligations secured by mortgage liens) has provided bona fide tenants with the notice and other protections outlined in the Recovery Act?	_____	_____	_____
<i>(NOTE: Bona fide tenants must be given a 90-day notice to vacate.)</i>			
11. Has the Subgrantee been involved in the purchase of a property with bona fide tenants?	_____	_____	_____
12. If the answer to # 18 is "yes," has a 90-day notice to vacate been provided to bona fide tenants that were either under a lease that was signed before the notice, or without a lease, or a lease that is terminable at will under Florida law?	_____	_____	_____
13. If the answer to #18 is "yes," is the bona fide tenant a recipient of assistance under the Section 8 program and residing at the time of foreclosure?"	_____	_____	_____

Describe any areas of noncompliance – Tenant Rights:

D. DEMOLITION & NSP-ELIGIBLE USES

	Yes	No	N/A
14. Does the Subgrantee have any activities covered under NSP-eligible uses (D) or (E), where demolition is involved? Note: Eligible Use (D) generally includes "blighted structures" And (E) includes "demolished or vacant properties"	_____	_____	_____
15. If the answer to #21 is "yes," has the Subgrantee determined an end use for all demolished properties, as appropriate for the national objective?	_____	_____	_____
16. Has the Subgrantee only carried out activities that are in conjunction with the NSP-eligible uses and correlated eligible activities?	_____	_____	_____
17. Has the Subgrantee applied for, received, and carried out any activities covered under an official waiver?	_____	_____	_____

Describe any areas of noncompliance – Demolition and NSP Eligible Uses:

E. PROGRAM INCOME

	Yes	No	N/A
18. Is the Subgrantee expecting to, or has received, any program income from any of its NSP-assisted activities?	_____	_____	_____
19. If the answer to #18 is "yes," has all program income been disbursed for eligible NSP activities before additional cash withdrawals were made?	_____	_____	_____

Describe any areas of noncompliance – Program Income:

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Subgrantee Overview**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

Instructions: Use this Checklist for a review for compliance of the Neighborhood Stabilization Program (NSP) State requirements by Subgrantees.

1.

Has the Subgrantee budgeted and used NSP funding for eligible activities? (attach copy of current approved line item budget)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe, note status and any issues:	

2.

Has the Subgrantee used NSP funds to meet appropriate National Objectives?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe, note status and any issues:	

3.

Has the Subgrantee been the recipient of the balance of another jurisdiction's grant amount (pursuant to 73 Fed. Reg. 58332, II.B) or received a reallocation of grant funds from the Department of Economic Opportunity? (pursuant to 73 Fed. Reg. 58333, II.E)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe, note status and any issues:	

a.

Has the Subgrantee used the additional funding for eligible activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe, note status and any issues:			

b.

Has the Subgrantee used the additional funds to meet appropriate National Objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe, note status and any issues:			

4.

Is the Subgrantee a jurisdiction receiving a direct formula allocation of NSP funds from HUD? (NOTE: "The state is required to distribute funds without regard to a local government status under any other CDBG program and must use funds in entitlement jurisdictions if they are identified as areas of greatest need, regardless of whether the entitlement received its own NSP allocation.") [73 Fed. Reg. 58336, II.F]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

Document Review Checklist

Question #	Document(s) Reviewed – provide description	Copy Provided to DEO? Yes / No
1		
2		
3		
3a		
3b		
4		

**Florida Department of Economic Opportunity
 Neighborhood Stabilization Program
 Cooperative/Sub-recipient Agreements
 (Complete one form per agreement)**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Brief Description:				
Name of Sub-Recipient:				
Name of Developer:				
Name of Other Non-Profit:				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

Instructions: Use this Checklist for a review for compliance with the Neighborhood Stabilization Program (NSP) Cooperative Agreements requirements. **One Checklist is to be completed for each Agreement.** It is important to note that under the regular CDBG program, cooperative agreements are allowed and will continue to be allowed under NSP-1. If a Subgrantee has an existing cooperative agreement that governs FY 2008 CDBG funds, it will be considered to incorporate NSP funds, as amended appropriately.

1.

Is there evidence that the Subgrantee is maintaining its responsibility for managing the NSP-1 grant (by ensuring compliance with grant requirements, overseeing the reporting, etc.)? [73 Fed. Reg. 58332 and 58334, II.B.5.a. and b]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Status of Agreement(s) and Basis for Conclusion:	

2.

a. Will this agreement expire prior to the expiration of the NSP-1 grant agreement (two (2) years from the contract agreement executed with DEO?) [73 Fed. Reg. 58332 and 58334, II.B. and II.B.6]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
---	---

Describe Basis for Conclusion:

b. If the answer to “a” above is “yes,” does the subgrantee have a plan or policy in place that outlines the cooperative partners’ responsibilities until the expiration of the NSP-1 grant? [73 Fed. Reg. 58332 and 58334, II.B. and II.B.6]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
--	---

Describe Basis for Conclusion:

3.

a. Has the Subgrantee applied for its “entire NSP grant, and then entered into a subrecipient agreement with another jurisdiction or nonprofit entity to administer all or a portion of the grant?” Show amounts, and activities: [73 Fed. Reg. 58332, II.B]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
--	---

Describe provisions of agreement:

b. If the answer to “a” above is “yes,” is the Subgrantee properly managing the subrecipient according to their agreement and the NSP-1 requirements? [73 Fed. Reg. 58332, II.B]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

4.

Is the subgrantee monitoring performance and compliance with sub-recipients, developers, and non-profits?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

5.

If the responses to any of the questions in this Checklist indicate a need to go to another section of this Handbook for questions, or seek technical assistance or advice from a Florida Department of Economic Opportunity staff person, please describe below.
Describe Basis for Conclusion:

Document Review Checklist – Cooperative Agreements

Document #	Document(s) Reviewed – provide description	Copy Provided to DEO? Yes / No
1		
2		
3		
4		
5		

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Environmental Review**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

A. SINGLE FAMILY HOUSING

- | | | | |
|--|-----|----|----|
| 1. Was a Site Specific Checklist prepared for each unit and funds released prior to obligation and expenditure of funds? | YES | NO | NA |
| 2. Was the site specific checklists filed? | YES | NO | NA |
| 3. If in floodplain, is it covered by flood insurance? | YES | NO | NA |
| 4. If necessary, was a lead based paint assessment completed? | YES | NO | NA |
| 5. Were any issues noted by the Operations Unit that should be reviewed? | YES | NO | NA |

B. MULTI FAMILY HOUSING

- | | | | |
|---|-----|----|----|
| 1. Was a review completed? | YES | NO | NA |
| 2. Were funds released prior to the obligation and expenditure of funds? | YES | NO | NA |
| 3. Did any change in the project occur after funds were released? | YES | NO | NA |
| 4. If yes, describe change: _____ | | | NA |
| 5. Was the environmental review updated to reflect the change and was it approved by DEO? | YES | NO | NA |

6. If the multifamily housing is in a floodplain, is it covered by flood insurance? YES NO NA

7. Were any issues noted by the Operations Unit that should be reviewed? YES NO NA

C. OTHER

1. Was a review completed? YES NO NA

2. Were funds released prior to the obligation and expenditure of funds? YES NO NA

3. Did any change in the project occur after funds were released? YES NO NA

4. If yes, describe change: _____ NA

5. Was the environmental review updated to reflect the change and was it approved by DEO? YES NO NA

6. Were any issues noted by the Operations Unit that should be reviewed? YES NO NA

Notes:

**Florida Department of Economic Opportunity
 Neighborhood Stabilization Program
 Fair Housing, Equal Opportunity & Civil Rights**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number: Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

Instructions: Use this Checklist for a review of compliance with the Neighborhood Stabilization Program (NSP) Fair Housing and Equal Opportunity (FHEO) requirements. This Checklist is divided into five sections: Limited English Proficiency; Homebuyer Counseling; Homebuyer Mortgage; Affirmatively Furthering Fair Housing; and Summary. One Checklist is to be used for each Subgrantee. After completing this Checklist, complete, Appendix , *Guide for Review of Civil Rights-Related Program Requirements for the Community Development Block Grant (CDBG) Entitlement Program.*

A. LIMITED ENGLISH PROFICIENCY (LEP)

1.

Does the Subgrantee have any Limited English Proficiency (LEP) speaking populations within its area(s) of greatest needs?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

2.

Has the Subgrantee ensured meaningful access to Neighborhood Stabilization Program (NSP) information, by providing it in the appropriate language for all English-speaking and significant LEP populations? [73 Fed. Reg. 58333, II.B]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

B. HOMEBUYER COUNSELING

3.

Did the Subgrantee provide HUD-approved counseling agencies to deliver homebuyer counseling (pursuant to 73 Fed. Reg. 58334, II.B.3.b)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Number of person, or household heads that have received such training : Conclusion:	

4.

Has the Subgrantee applied for a waiver to the homebuyer counseling requirement? [73 Fed. Reg. 58334, II.B.3.b. as amended at 74 Fed. Reg. 29226-7]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

5.

Has the Subgrantee ensured that each homebuyer has obtained at least "8 hours of homebuyer counseling from a HUD-approved housing counseling agency before obtaining a mortgage loan?" [73 Fed. Reg. 58334, II.B.3.b. as amended at 74 Fed. Reg. 29226-7]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Conclusion:	

6.

Has the Subgrantee "documented compliance in the records for each homebuyer?" [73 Fed. Reg. 58334, II.B.3.b. as amended at 74 Fed. Reg. 29226-7]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
--	---

C. HOMEBUYER MORTGAGE

7.

Has the Subgrantee "ensured that the homebuyers obtained a mortgage loan from a lender who agrees to comply with the bank regulators' guidance for non-traditional mortgages?"	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>(NOTE 1: "See Statement on Subprime Mortgage Lending issued by the Office of the Comptroller of the Currency, Board of Governors of the Federal Reserve System, Federal Deposit Insurance Corporation, Department of the Treasury, and National Credit Union Administration, available at http://www.fdic.gov/regulations/laws/rules/5000-5160.html"; (put copy in manual)</p> <p>NOTE 2: "Grantees are cautioned against providing or permitting homebuyers to obtain subprime mortgages for whom such mortgages are inappropriate, including homebuyers who qualify for traditional mortgage loans.")</p> <p>[73 Fed. Reg. 58334, II.B.3.b. as amended at 74 Fed. Reg. 29226-7]</p> <p>Conclusion:</p>	

D. AFFIRMATIVELY FURTHERING FAIR HOUSING

8.

Ask the Subgrantee to describe their overall Fair Housing Programs and Policies.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Conclusion:</p>	

9.

Has the Subgrantee adopted a written Fair Housing Ordinance referencing race, color, religion, sex, handicap, familial status, and national origin? Date of Adoption: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
--	---

10.

Who is responsible at the Subrecipient level for oversight of Fair Housing? _____ Name _____ Title _____ Location of Office

11.

In order to <i>Affirmatively Further Fair Housing</i> , "HUD has encouraged each grantee and its Sub-grantees to review its analysis to impediments to fair housing choice to determine whether an update is necessary because of current market conditions or other factors." Has the Subgrantee done so?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
--	---

Note: If they did not previously have an analysis of Impediments to Fair Housing, what is the status of preparing and implementing an analysis? (pursuant to 73 Fed. Reg. 58342, II.S)?
--

12.

Is the subrecipient affirmatively furthering fair housing <u>specifically</u> with the housing opportunities being made available in the NSP program?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

13.

If yes, to No. 11 above, describe what protected classes have been assisted with NSP housing?

D. PROVISIONS FOR APPROPRIATELY RESPONDING TO HOUSING RELATED COMPLAINTS

14.

Is there a standard procedure in effect for handling fair housing complaints?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
---	---

15.

Who is the person designated with responsibility of investigating fair housing complaints? _____ Name _____ Title _____ Location of Office _____ Telephone Number

16.

Are all applicants, participants, and others involved in the NSP program made aware of basic fair housing requirements and rights?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A	
Describe how this is documented:	

17.

When a complaint is filed, describe the process of how the complainant is notified of their rights.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A	
Is there a letter from the sub-grantee to the complainant informing him/her that the complaint has been received, notification or rights?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A	
Are they advised of their appeal rights to refer the determination to the Department of Economic Opportunity or HUD?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A	

17.

Have any housing complaints been received?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A	
If yes, list amount _____	

19.

Have any verbal complaints been received?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A	
If yes, list amount _____	

20.

Was follow-up action taken to resolve the issue?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A	

21.

Has the complaint(s) been resolved?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No N/A	

E. COMPLETION OF ANNUAL FAIR HOUSING ACTIVITIES

22.

What documentation does the recipient have on file that it has done a fair housing activity?
Type of activity_____
Obtain copies of documentation such as ads, proof of publication, sign-in sheets, agendas, etc...
Document provided:

23.

Do these activities demonstrate that the subrecipient is affirmatively furthering fair housing?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Yes No N/A
Describe Basis for Conclusion:	

F. SUMMARY

Describe any issues noted or where Technical Assistance may be provided.
(on back)

Document Review Checklist – Fair Housing

Qestion #	Document(s) Reviewed – provide description	Copy provided?
		<input type="checkbox"/> <input type="checkbox"/> Yes No
		<input type="checkbox"/> <input type="checkbox"/> Yes No
		<input type="checkbox"/> <input type="checkbox"/> Yes No
		<input type="checkbox"/> <input type="checkbox"/> Yes No
		<input type="checkbox"/> <input type="checkbox"/> Yes No
		<input type="checkbox"/> <input type="checkbox"/> Yes No
		<input type="checkbox"/> <input type="checkbox"/> Yes No
		<input type="checkbox"/> <input type="checkbox"/> Yes No
		<input type="checkbox"/> <input type="checkbox"/> Yes No
		<input type="checkbox"/> <input type="checkbox"/> Yes No
		<input type="checkbox"/> <input type="checkbox"/> Yes No
		<input type="checkbox"/> <input type="checkbox"/> Yes No

Guide for Review of Civil Rights-Related Program Requirements for the Community Development Block Grant (CDBG) Entitlement Program			
Name of Program Participant:			
Staff Consulted:			
Name(s) of Reviewer(s):		Date:	

NOTE: All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "finding."

Instructions: This Exhibit is designed to evaluate the CDBG program participant's compliance with requirements to collect and maintain records on certain civil rights-related areas [see 24 CFR 570.506(g)]. Given the complexity of many of the records, they should all be reviewed on-site. The Exhibit is divided into six sections: Analysis of Impediments to Fair Housing Choice (AI); Area and Direct Benefit Activities; Employment; Displacement and Relocation; Minority Business Enterprises/Women's Business Enterprises; and Affirmative Action to Overcome Prior Discrimination. Failure to maintain records is an indication of noncompliance with the CDBG regulations governing record keeping. While a lack of documentation may not imply discrimination, because the participant's data are a basis for further investigating compliance with nondiscrimination requirements, the HUD reviewer is responsible for transmitting this completed Exhibit (and pertinent notes and documentation) to FHEO upon conclusion of the monitoring. To the extent that FHEO takes further action based upon the CPD reviewer's work, FHEO is responsible for advising, and working with, CPD to ensure that CRRPR issues at the participant level are effectively communicated and addressed. (Further guidance on handling identified deficiencies is provided in Sections 22-3 and 22-4 of the introduction to this Chapter.)

For the questions pertaining to the AI, prior to conducting the monitoring, the HUD CPD reviewer should request relevant information from its FHEO Field Office counterpart (e.g., not identifying known impediments; taking no actions/inappropriate actions to address identified impediments). (See also <http://www.hud.gov/offices/fheo/promotingfh.cfm> and click on the paragraph that begins, "On September 2, 2004, an Analysis of Impediments Memorandum was signed...")

NOTE: To complete the civil rights-related review of the program participant, this Exhibit is to be completed along with Exhibit 22-6, "Guide for Review of the Civil Rights-Related Program Requirements for Section 504 of the Rehabilitation Act of 1973, as amended," and Exhibit 22-7, "Guide for Review of Section 3 of the Housing and Urban Development Act of 1968."

A. ANALYSIS OF IMPEDIMENTS TO FAIR HOUSING CHOICE

1.	a. Has the program participant completed an analysis of impediments to fair housing choice (AI)? [24 CFR 91.225(a)(1)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion:			

b. If the answer to “a” above is “Yes,” when was the AI completed?
Describe Basis for Conclusion:

2.	Are there records documenting the AI and the actions taken to remedy or ameliorate impediments to fair housing choice in the program participant’s community? [24 CFR 570.506(g)(1)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion:			

3.	a. Based on this review, is there evidence that raises questions about the accuracy of this program participant’s certification to affirmatively further fair housing (AFFH)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion:			

b. If the answer to “a” above is “yes,” describe the basis for challenging the program participant’s certification below (e.g., incomplete AI; not all available data were used; actions were inappropriate for identified impediments).

Describe Basis for Conclusion:

B. AREA AND DIRECT BENEFIT ACTIVITIES

4.	a. For the time period reviewed, did the program participant maintain data on the extent to which each racial and ethnic group and single-headed household (by gender of household head) applied for, participated in, or benefited from, any area and/or direct benefit programs or activities funded in whole or in part with CDBG funds? [24 CFR 570.506(g)(2)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----	---	---------------------------------	--------------------------------

Describe Basis for Conclusion:

	b. Are race and ethnicity data maintained on Form HUD-27061, “Racial and Ethnic Data Reporting Form?”	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	---------------------------------	--------------------------------

Describe Basis for Conclusion:

C. EMPLOYMENT

5.

For the time period and sample reviewed, did the program participant maintain data on employment for each of its CDBG-funded subrecipients in accordance with the required two categories (race and national origin) on the Equal Employment Opportunity Commission's EEO-4 form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[24 CFR 570.506(g)(3)] Describe Basis for Conclusion:	

6.

For the time period reviewed, did the program participant have documentation of actions undertaken to assure equal employment opportunity to all persons regardless of race, color, national origin, sex or disability for its CDBG-funded subrecipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[24 CFR 570.506(g)(3)] Describe Basis for Conclusion:	

D. DISPLACEMENT AND RELOCATION

7.

For the time period and sample reviewed, did the program participant and/or its subrecipients maintain records on households displaced by CDBG-funded activities, which included: (a) race and ethnicity; (b) gender of single heads of household; and (c) addresses and census tracts of the housing units to which each displaced household relocated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[24 CFR 570.606(b)(1)]; 24 CFR 570.506(g)(4)] Describe Basis for Conclusion:	

<p>For the time period and sample reviewed, did the participant and/or its subrecipients document efforts made to advise persons of their rights under the Fair Housing Act; the right to relocate to residences in areas of non-minority concentration at their option; and referrals for minority persons to comparable and suitable decent, safe, and sanitary replacement dwellings not located in areas of minority concentration?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Describe Basis for Conclusion:</p>	

E. MINORITY BUSINESS ENTERPRISES/WOMEN’S BUSINESS ENTERPRISES

9.

<p>For the time period reviewed, did the program participant have records showing:</p> <ul style="list-style-type: none"> (a) The race and ethnicity of each business entity receiving a contract or subcontract of \$25,000 or more paid, or to be paid, with CDBG funds; (b) Data indicating which of these entities are women’s business enterprises as defined in Executive Order 12138; and (c) The amount of the contracts or subcontracts? 	<input type="checkbox"/> <input type="checkbox"/> No
<p>[24 CFR 570.506(g)(6)]</p> <p>Describe Basis for Conclusion:</p>	

10.

For the time period reviewed, did the program participant maintain documentation of affirmative steps to assure that minority business and women’s business enterprises had an equal opportunity to obtain or compete for contracts and subcontracts as sources of supplies, equipment, construction and services?	<input type="checkbox"/> <input type="checkbox"/> Yes No
[24 CFR 570.506(g)(6)] Describe Basis for Conclusion:	

F. AFFIRMATIVE ACTION TO OVERCOME PRIOR DISCRIMINATION

11.

a. Have the courts or HUD found that the program participant or any of its subrecipients previously discriminated against persons on the grounds of race, color, national origin, or sex in administering the CDBG program?	<input type="checkbox"/> <input type="checkbox"/> Yes No
Describe Basis for Conclusion:	

b. If the answer to “a” above is “yes,” does the program participant have documentation of the affirmative action measures taken to overcome prior discrimination? [24 CFR 570.506(g)(7)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
National Objectives and Activity Eligibility**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number:				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

NOTE: All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, DEO must make a finding of noncompliance or note a concern, if there is no statutory breach yet. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "**concern**" being raised, but not a "**finding**."

Instructions: Use this Checklist for a review of compliance with the Neighborhood Stabilization Program (NSP) National Objective of **Benefit to Low-, Moderate-, and Middle-Income Persons**. One Checklist is to be completed for each Subgrantee. This Checklist is to be used in conjunction with the following Exhibits which are located in Chapter 3 of the CPD Monitoring Handbook which is available at the following link: <http://www.hud.gov/offices/cpd/library/monitoring/handbook.cfm> and in the appendix of this document.

- CDBG Entitlement Program
 - Exhibit 3-2: Guide for Review of National Objective of Low- and Moderate-Income **Area Benefit**
 - Exhibit 3-3: Guide for Review of National Objective of Low- and Moderate-Income **Limited Clientele**
 - Exhibit 3-4: Guide for Review of National Objective of Low- and Moderate-Income **Housing**
- State CDBG Program
 - Exhibit 4-1: Guide for Review of Eligibility and National Objective

It is important to note that the definition of "low- and moderate-income" under the regular CDBG program has been redefined and superseded by NSP to include those with incomes up to 120% of area median income. As defined by the *Notice of Allocations, Application Procedures, Regulatory Waivers Granted to, and Alternative Requirements for, Emergency Assistance for Redevelopment of Abandoned and Foreclosed Homes Grantees Under the Housing and Economic Recovery Act, 2008*;

Revisions to Neighborhood Stabilization Program (NSP) and Technical Corrections [74 Fed. Reg. 29227].

“To prevent confusion, HUD will refer to this new income group as “middle income,” and keep the regular CDBG definitions of “low income” and “moderate income” in use. Further, HUD will characterize aggregated households whose incomes do not exceed 120 percent of median income as “low-, moderate-, and middle-income households,” abbreviated as LMMH. For the purpose of NSP only, an activity may meet the HERA low-, and moderate- national objective if the assisted activity:

- Provides or improves permanent residential structures that will be occupied by a household whose income is at or below 120 percent of area median income (abbreviated LMMH).
- Serves an area in which at least 51 percent of the residents have income at or below 120 percent of area median income (LMMA); or
- Serves a limited clientele whose incomes are at or below 120 percent of area median income (LMMC).”

Therefore, the NSP definition of income encompasses low-, moderate-, and middle-income. Nevertheless, the requirement for meeting this National Objective is the same for NSP as it is for the regular CDBG program. After completing this Checklist, complete the appropriate CDBG Exhibit in Chapters 3 or 4, keeping in mind the applicable income definition.

Section 1

Applying the NSP income requirements at 73 Fed. Reg. 58335, E. as amended at 74 Fed. Reg. 29227, complete the applicable Checklists(s) referenced in the instructions above as a basis for answering this question:			
a. Is the Subgrantee carrying out any activities that benefit Low-, Moderate-, and Middle-Income Households (LMMH)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe activities:	Yes	No	N/A

c. Is the Subgrantee carrying out any activities that benefit Low-, Moderate-, and Middle-Income Area (LMMA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
d. Is the Subgrantee carrying out any activities that benefit Low-, Moderate-, and Middle-Income Clientele (LMMC)? (As a limited Clientele?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Section 2 – Eligibility and Documentation

A. ELIGIBILITY DETERMINATION PROCESS

<p>a. Does the program participant have a process or procedure to determine the eligibility of NSP assisted activities?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>b. If yes, is the process in writing and available to the appropriate staff members?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Describe:</p>	

<p>c. If there is a written process, is it communicated to entities and individuals seeing NSP funds?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>1. Is this process included in the Subrecipient’s Housing Assistance Plan?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>2. If not, where is in the information provided?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>3. Has the availability of NSP assistance been provided to the public <u>and</u> potential eligible participants in a manner to promote open and fair access to the NSP Program benefits?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>4. Describe how the availability has been advertised and adequately noticed to the public:</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Conclusion:</p>	

2.

Is there a procedure or process to assess activity eligibility information provided by an entity or individual seeking NSP assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe:			

3.

Did the program participant establish and maintain the records required to support its eligibility determinations for NSP-assisted activities? [24 CFR 570.506(a)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

4.

Is there a process or procedure by which higher-level management reviews eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe:			

B. ACTIVITY-SPECIFIC ANALYSIS

5.

List NSP/CDBG-assisted activities selected for review by name or number, as applicable. Include any activities that were not directly funded with NSP. Include as a minimum, acquisition, acquisition and rehabilitation, redevelopment, homeownership assistance, homebuyer assistance, disposition, any other eligible activity of a unique nature undertaken by the Subrecipient, as well as any required eligible infrastructure.
List activities:

6.

a. Did the program participant properly classify the eligibility of each the activities listed in question 5 above? [24 CFR 570.506(a)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Conclusion:			

b. If "no", list any activity(ies) incorrectly classified, how they were classified, and provide the correct eligibility classification.
Describe:

7.

Were any of the NSP-assisted activities reviewed in question 5 above determined to be ineligible under the provisions of 24 CFR 570.207?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe:			

C. CONCLUSION

8.

Based upon the above analysis, does the program participant's process or procedure(s) for eligibility determinations result in eligible activities being funded and properly classified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Relocation and Real Property Acquisition**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number: Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>
NSP Review Manager:		Date		Comments:

A. PROPERTY INFORMATION:

1. Does the program involve the acquisition of single-family properties? **YES** **NO**

How many units? _____

2. Does the program involve the acquisition of multi-family properties? **YES** **NO**

How many units? _____

B. REPLACEMENT HOUSING:

3. Has subgrantee prepared an Antidisplacement and Relocation plan that complies with Section 104(d) of Title I of the Housing and Community Development Act of 1974, 24 C.F.R. Part 42, and 24 C.F.R. Section 570.606 **YES** **NO**

a. If "yes," has the subgrantee followed its provisions?
(Describe)

**IF APPLICABLE FOR ANY PERMANENT RELOCATION
(NO NSP FUNDS ARE ELIGIBLE)**

4. Is the replacement housing unit comparable? **YES** **NO**

5. Does replacement housing unit meet standards? **YES** **NO**

6. Was subgrantee satisfied with replacement home? **YES** **NO**

If "yes," was assistance provided? (Describe)

Describe any areas of noncompliance - Replacement Housing:

C. ACQUISITION:

- | | | |
|---|------------|-----------|
| 7. Has any acquisition been completed? | YES | NO |
| 8. Date current acquisition report completed/filed: ____ | | |
| 9. Number of transactions completed: _____ remaining: _____ | | |
| Number of purchase contracts pending: _____ accepted: _____ | | |
| 10. Did the owner receive written notice of subgrantee's intent to acquire property as <u>evidenced by an acknowledgement/receipt that the owner received the notice?</u> | YES | NO |
| 11. Did the owner receive the informational HUD brochure, <u>evidenced by an acknowledgement/receipt to that effect?</u> | YES | NO |
| 12. Did the subgrantee provide a written offer to the owner, evidenced by a document on file? | YES | NO |
| 13. Did summary statement accompany written offer? | YES | NO |
| 14. Did subgrantee address any owner concerns?
Provide details: | YES | NO |
| 15. Were NSP contingencies such as: | | |
| a. 1% Discount: | YES | NO |
| b. Environmental Review inc Site Specific: | YES | NO |
| c. Tenant's Protection: | YES | NO |
| d. Avoidance of Eminent Domain: | YES | NO |
| e. Were all included in the purchase and sale contract? | YES | NO |

Describe any areas of noncompliance – Acquisition:

D. APPRAISALS:

16. Were properties appraised by a qualified, independent appraiser?	YES	NO	N/A
17. Were the appraisals completed within 60 days of final offer?	YES	NO	N/A
18. Does the appraisal provide a basis for establishing fair market value?	YES	NO	N/A
19. Has the subgrantee purchased its properties with a minimum of a 1 percent per property discount, from the current market appraised value?	YES	NO	N/A
20. If appraisals were not prepared, was the value of the property less than \$25,000 per unit?	YES	NO	N/A
21. If an appraisal was not done, was another method used to determine value, such as a broker's price opinion?	YES	NO	N/A

Describe any areas of noncompliance –Appraisals:

E. TENANT PROTECTIONS:

<p>22. Has the subgrantee documented its efforts to ensure that the initial successor of interest in a foreclosed upon dwelling or residential real property (typically, the initial successor in interest in property acquired through foreclosure is the lender or trustee for holders of obligations secured by mortgage liens) has provided bona fide tenants with the notice and other protections outlined in the Recovery Act"? (NOTE: Bona fide tenants must be given a 90-day notice to vacate.)</p>	YES	NO	N/A
<p>23. Has the subgrantee been involved in the purchase of a property involving bona fide tenants?</p>	YES	NO	N/A
<p>24. If the answer to # 23 is "yes," has a 90-day notice to vacate been provided to bona fide tenants that were either under a lease that was signed before the notice, or without a lease, or a lease that is terminable at will under Florida law?</p>	YES	NO	N/A
<p>25. Is there an acknowledgement/receipt that the tenant received the notice which is located in the file?</p>	YES	NO	N/A
<p>26. If the answer to #23 is "yes," is the bona fide tenant a recipient of assistance under the Section 8 program and residing at the time of foreclosure?"</p>	YES	NO	N/A
<p>27. Did recipient receive a 90-day notice of eligibility for relocation assistance and HUD's brochure, as evidenced by an acknowledgement/receipt located on file?</p>	YES	NO	N/A
<p>28. Was tenant personally interviewed to determine relocation needs and preferences?</p>	YES	NO	N/A
<p>29. Were payment determinations correct?</p>	YES	NO	N/A
<p>30. Were payments made promptly, including advance payments where appropriate, evidenced by copies of checks and invoices?</p>	YESs	NO	N/A

Describe any areas of noncompliance -Tenant Protections:
--

F. SETTLEMENT:

31. Did owner accept written offer?	YES	NO	N/A
32. Did subgrantee pay incidental acquisition expenses?	YES	NO	N/A
33. Was owner reimbursed for incidental expenses?	YES	NO	N/A
34. Was deed recorded?	YES	NO	N/A

Describe any areas of noncompliance –Settlement:

G. APPEALS:

35. Were any appeals filed? Describe:	YES	NO	N/A
36. If appeals were filed, were subgrantee determinations correct?	YES	NO	N/A
37. Were owners informed of right to appeal?	YES	NO	N/A

Describe any areas of noncompliance – Appeals:

H. OCCUPANCY AFTER ACQUISITION:

38. Did rental exceed FMR values?	YES	NO
-----------------------------------	------------	-----------

39. Were dwelling units maintained in safe, habitable, and accessible conditions?

YES

NO

Describe any areas of noncompliance –Occupancy:

**I. TENANTS NOT DISPLACED FROM DWELLING:
(Should be none – ie. occupied after rehab)**

40. Did tenant receive a Notice of Nondisplacement, evidenced by an acknowledgement/receipt of the tenant receiving the notice which is located in file?

YES

NO

41. If temporarily relocated, was person reimbursed for out-of-pocket expenses (i.e. increased housing costs and moving expenses to and from temporary unit)?

YES

NO

If yes, was housing decent, safe, sanitary and accessible?

YES

NO

42. Did tenant receive lease with rent and other terms and conditions in accordance with applicable standards?

YES

NO

Describe any areas of noncompliance - Non-Displaced Tenants:

J. TOTAL DISPLACEMENT: (should be none)

43. Number of persons displaced under Uniform Act: _____

Remaining: _____

44. Number of persons displaced under Section 104(d): _____

Remaining: _____

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Homebuyer Programs w/ Rehab**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number:				
Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

Instructions: This Checklist is for use in assessing the overall administration of the Subgrantee's NSP related homebuyer assistance programs. Nearly all HOME requirements apply to NSP-funded homebuyer projects. Note, however, that additional requirements apply to NSP. The Checklist is divided into several sections: Participant Eligibility; Property Eligibility; Property Standards; Eligible/Reasonable Costs; Other Requirements; Contractor Selection; Construction Management; Written Agreements; and Recordkeeping. Not all sections may be applicable.

A. PARTICIPANT ELIGIBILITY

1.

Are procedures in place to ensure that income eligibility is determined in accordance with <i>Income Eligibility requirements for the NSP Program</i> ?	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No
Describe Basis for Conclusion:					

2.

Are the appropriate NSP income limits used for all applicants? (120% AMI limit for NSP funds)	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No
Does the Subgrantee comply with appropriate income determinations including asset valuation?	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No
Conclusion:					

3.

Is the same definition of income used for all applicants?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Conclusion:		

4.

Is income calculated consistently for all applicants?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Conclusion:		

5.

Does the Subgrantee have written procedures that it has implemented to ensure that income determinations are based upon source documentation?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Describe:		

6.

Does the Subgrantee have written procedures that it has implemented to ensure that the assisted homebuyers will occupy properties as a principal residence (e.g., signed written agreements)?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

7.

Does the Subgrantee take appropriate actions when a homebuyer is found in noncompliance with the principal residency requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Conclusion:			

8.

Do the files show that NSP funds are used for acceptable forms of ownership?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

B. PROPERTY ELIGIBILITY

9.

Does the Subgrantee have written procedures that it has implemented to confirm that each housing unit qualifies as NSP-eligible property under the program?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

10.

<p>For projects involving rehabilitation, are costs estimates determined using appropriate methods?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Do they appear adequate?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Do they appear to be property specific?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Do they include work write up in bid specifications for contractors that include detailed line item by line item write up of deficiencies and areas the bidders are to address?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Do the bidders have access to the estimated cost per the work write up? (Should be NO)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Are there any changes to work orders/contract amounts once the rehabilitation contracts were signed?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Are these properly documented as necessary and appropriate and not just add on items the contractor or potential owner/developer may have requested?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Does work write up specify specific energy saving items to be addressed?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Are these costs reasonable and appropriate?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Is there any evidence that any homebuyer received an excessive or unreasonable amount of assistance, including homebuyer assistance?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Conclusion:</p>	

C. PROPERTY STANDARDS AND INFORMATION

11.

Regarding Property Information, is the following documentation in the file:		
a. Environmental site specific checklist?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Yes	No N/A
b. Appraisal/Value estimate?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Yes	No N/A
c. Work write-up/Cost estimate?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Yes	No N/A
d. Rehabilitation contract?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Yes	No N/A
e. Change orders (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Yes	No N/A
f. Initial inspection report?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Yes	No N/A
g. Progress inspection reports?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Yes	No N/A
h. Final inspection report?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Yes	No N/A
i. Notification of lead-based paint inspection?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Yes	No N/A
j. Notification of asbestos inspection?(if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Describe Basis for Conclusion:		

12.

Has the Subgrantee adopted written rehabilitation standards for all forms of rehabilitation work <u>carried out for the NSP Program</u> ?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

13.

Where NSP funds are used for acquisition only, are there inspection procedures in place to ensure that all properties purchased meet property standards?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments if needed:	

14.

Where NSP funds are used for acquisition and rehabilitation:	
a. Is there a system in place to ensure that all properties meet the necessary standards?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b. Do work write-ups include enough detail to enable contractors to provide a reliable bid (if applicable)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c. Were routine inspections performed for each housing unit?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d. Do final inspections confirm that all contract work has been completed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Conclusions:	

15.

If projects involve rehabilitation that will occur after purchase, are there procedures to ensure that the property is free of health and safety defects before occupancy?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Yes No N/ <input type="checkbox"/>
Comments if necessary:	

D. ELIGIBLE/REASONABLE COSTS

16.

Are there procedures in place to ensure that all costs paid with NSP funds are eligible under NSP eligible costs rules and regulations?	<input type="checkbox"/> <input type="checkbox"/>
	Yes No
Conclusion:	

17.

Are procedures in place to ensure that assisted homebuyers do not receive an excessive subsidy?	<input type="checkbox"/> <input type="checkbox"/>
	Yes No
Conclusion:	

18.

Does the grantee (or sub-recipient) conduct a subsidy layering review when NSP is combined with other public subsidies (HOME or otherwise)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Yes No N/A
Comment as needed:	

E. CONTRACTOR SELECTION (if applicable)

14.

Was a pre-construction conference conducted and documented in the file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Were all parties and prospective bidders invited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
How many participated? _____			
Obtain documentation handed out at pre-bid conference, instructions and list of attendees (select three at random)			
Describe Basis for Conclusion:			

20.

If the Subgrantee selects contractors, is a competitive bidding process used (i.e., public invitation for bids; multiple bids solicited; cost reasonableness test applied)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

21.

Are documents available to substantiate the procurement process was adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

22.

Does the Subgrantee have a procedure for ensuring that its contractors are not excluded disqualified or otherwise ineligible (e.g., suspension, debarment, or limited denial of participation) for Federal procurement and nonprocurement programs at the time of contract execution or during the period of project work?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
--	---

F. CONSTRUCTION MANAGEMENT (if applicable)

23.

Are there regular inspections of projects to assess rehabilitation progress?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Comments if necessary:	

24.

Were progress inspections of the project performed prior to approving the contractor's request for payment?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Who conducted these inspections? _____	
Were they a trained rehab specialist or building official?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe qualifications and names of inspectors, other than local government officials:	
Conclusion:	

25.

Prior to processing payment requests, does program staff inspect projects to confirm that the contractor has adequately performed all the work specified in the request?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/ <input type="checkbox"/>
Comments:	

26.

Is there an adequate system for reviewing and approving requests for change orders?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Comments:	

27.

Are there adequate procedures for resolving disputes between the contractor and the Subgrantee (or homebuyer if applicable)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Comments:	

28.

Is there a contract administration system that ensures that contractors perform in accordance with the terms of their contracts?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Comments:	

29.

If the program involves new construction (redevelopment), does the grantee (or sub-recipient) have procedures for reviewing cost estimates and evaluating whether they are cost reasonable?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Comments:	

30.

Are cost estimates reviewed by a person other than the person performing the initial inspection?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Comments:	

31.

Are the actual costs of the work documented? (note: finding if not available)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Comments:	

G. WRITTEN AGREEMENTS

32.

Do project files include written agreements between the Subgrantee and homebuyer?	<input type="checkbox"/> <input type="checkbox"/> Yes No
Comments:	

33.

Do project files include written agreements between the Sub-recipient/Developer and homebuyer?	<input type="checkbox"/> <input type="checkbox"/> Yes No
Comments:	

H. RECORDKEEPING

34.

Based upon a review of project files, is the documentation being maintained sufficient to demonstrate compliance in the following areas:	
a. Income eligibility?	Yes No
b. Written agreement?	Yes No
c. Principal residency?	Yes No
d. Approved form of ownership?	Yes No
e. Property type/property eligibility?	Yes No
f. Property value?	Yes No
g. Resale/Recapture requirement?	Yes No
h. Property standards (including lead-based paint)?	Yes No
i. Eligible costs?	Yes No
j. Subsidy layering (if applicable)?	Yes No
k. Affordability requirements?	Yes No

Comments:

35.

Does the Subgrantee and all partners understand that records must be maintained for six years after project completion?	<input type="checkbox"/> <input type="checkbox"/> Yes No
Comments:	

36.

Are documents imposing resale/recapture provisions also maintained for six years after the termination of the affordability period?	<input type="checkbox"/> <input type="checkbox"/> Yes No
Comments:	

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Professional Services Procurement**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number:				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

(Note: Procurement requirements are contained primarily in 24 CFR 85.36; however, certain professional services contracts must also meet the requirements of 287.055, Florida Statutes. The program rule, 9B-43, also contains some additional procurement requirements.)

Under 24 CFR 85.36, there are four types of procurement procedures: small purchases (under \$25,000); competitive proposals (award based primarily on qualifications); sealed bids (award based primarily on price); and non-competitive proposals (single or sole source under certain specified circumstances). Monitoring should be completed in terms of local procurement regulations and compliance with state and federal requirements.

I. PROCUREMENT BY COMPETITIVE PROPOSALS (*Generally, used for professional services*)

	<u>Firm</u>	<u>Amount</u>	<u>Service</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

(For a prior approved single source procurement, begin at question 10.)

	<u>Firm A</u>	<u>Firm B</u>	<u>Firm C</u>
1. Was the Request for Proposals (RFP) publicized in an OMB designated MSA newspaper OR were at least three firms ranked? [9B-43.014(1)(a)]	Yes No N/A	Yes No N/A	Yes No N/A
2. Was the newspaper advertisement published at least 12 days prior to the deadline for receipt of proposals? [9B-43.014(1)(a)]	Yes No N/A	Yes No N/A	Yes No N/A
3. Did the advertisement or RFP specify:			
<input type="checkbox"/> Scope of work?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> NSP Grant Number included?	Yes No N/A	Yes No N/A	Yes No N/A

	<u>Firm A</u>	<u>Firm B</u>	<u>Firm C</u>
4. Does the public notice/RFP combine different services? [9B-43.014(1)(e)]	Yes No N/A	Yes No N/A	Yes No N/A
If yes:			
<input type="checkbox"/> does the notice/RFP provide for submission, consideration, and evaluation of proposals separately for each service?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> Are separate contracts executed for each service?	Yes No N/A	Yes No N/A	Yes No N/A
5. Does the public notice or RFP identify all evaluation factors and their relative importance? [85.36(d)(3)(i)]	Yes No N/A	Yes No N/A	Yes No N/A
6. Price must be an evaluation factor, <i>except for engineers, architects, and surveyors</i> . [85.36(d)(3) and 287.055, Florida Statutes]]	Yes No N/A	Yes No N/A	Yes No N/A
7. Did the advertisement or RFP restrict competition? [85.36 (c)]	Yes No N/A	Yes No N/A	Yes No N/A
<i>Note: Competition could be restricted, for example, by requiring unnecessary experience, showing a preference for local firms (excluding Section 3 and other federally mandated preferences). Geographic location is not a selection factor, except for engineering services, and then only if its use allows adequate competition considering project size.</i>			
8. Was a method developed for conducting technical evaluations and award selection? [85.36 (d) (3) and 287.055 (3), Fla. Stat., for covered contracts]	Yes No N/A	Yes No N/A	Yes No N/A
9. Were written evaluations (e.g, score sheet) prepared using only the criteria specified in the RFP/public notice? [9B-43.014(e)]	Yes No N/A	Yes No N/A	Yes No N/A
10. Was a contract awarded based on a sole proposal? [9B-43.014(1)]	Yes No N/A	Yes No N/A	Yes No N/A
If yes, complete the section below and then skip to question 11:			
<input type="checkbox"/> for contracts over \$25,000, is there a DEO letter approving the award?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> for contracts under \$25,000, do the grantee's files justify the award to the single bidder? (If no DEO approval letter.)	Yes No N/A	Yes No N/A	Yes No N/A
11. Prior to contract award, was a cost or price analysis conducted to establish the reasonableness of the price? [85.36(f)]	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> If a cost analysis was performed, was profit reviewed separately and, if necessary, negotiated?	Yes No N/A	Yes No N/A	Yes No N/A
<p>Note: (Cost analysis is required for engineering and other professional services covered under 287.055, Florida Statutes (CCNA). Price analysis is acceptable for grant administration and other non-CCNA services if pricing information was obtained with the proposals and establishes the reasonableness of the selected firm's price based on comparison with other firms' prices. Otherwise, cost analysis is necessary.)</p>			

	<u>Firm A</u>	<u>Firm B</u>	<u>Firm C</u>
12. For engineering and architectural contracts: [F.S. 287.055]			
<input type="checkbox"/> if short-listing was used, were interviews held with at least the 3 top ranked firms?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> was price information requested or accepted prior to negotiations? <i>(The answer should be 'No.')</i>	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> does the contract contain a prohibition on contingent fees?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> did the firm execute a Truth-in-Negotiation certification (for contracts over \$150,000)?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> does the contract contain a price adjustment clause (for contracts over \$150,000)?	Yes No N/A	Yes No N/A	Yes No N/A
13. For all contracts, does the contract contain clauses for: [85.36(i)]	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> termination for cause or convenience? (contracts over \$10,000)	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> access to records by the grantee, State/ Federal agencies, and their representatives?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> retention of records for six years?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> remedies for breach of contract? (contracts over \$100,000)	Yes No N/A	Yes No N/A	Yes No N/A
14. Is compensation based on a percentage of construction cost or cost plus percentage of cost (including a multiplier, or hourly rates, which include profit)? <i>(The answer should be 'No.')</i> [85.36 (f) (4)]	Yes No N/A	Yes No N/A	Yes No N/A
15. Were any procurement protests received? [85.36 (b) (12)]	Yes No N/A	Yes No N/A	Yes No N/A
If yes:			
<input type="checkbox"/> were they resolved according to adopted procedures?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> was DCA was notified of the protest?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> do the files document resolution of the protest?	Yes No N/A	Yes No N/A	Yes No N/A

II. CONCLUSION

Explain any findings or concern(s) and specify corrective actions the recipient must take to resolve the issue(s). Describe any technical assistance provided.

**Florida Department of Economic Opportunity
 Neighborhood Stabilization Program
 Housing Rehabilitation & Review of 3 Case Files**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number:				
Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

I. PROJECT SUMMARY

1. Total number of housing units _____

Housing Rehabilitation: Proposed per work plans _____
 Work in progress _____ Complete to date _____

Housing Replacement: Proposed per work plans _____ Work in progress _____
 Complete to date _____

2. Has there been any demolition? **YES NO**

If yes, _____ demo out of _____ total units.

3. Did the recipient delete any previously selected housing units for rehabilitation? **YES NO**

If yes, is documentation available to support that the recipient followed its policy in notifying the occupant that the unit had been deleted?

4. Did the recipient demolish any vacant housing units? **YES NO**

If yes, is documentation available to support that the recipient followed its policy in doing the demolition?

5. Did the recipient convert any housing units to non-LMI uses? **YES NO**

If yes, is documentation available to support that the recipient followed its policy in converting those housing units to non-LMI uses?

II. CASE FILE REVIEW

1. Select a sample of case files at random, complete the following information:

Unit 1: Head of Household: _____
 Address: _____
 Name of Contractor: _____
 Status of Work: Underway _____ Completed _____

Unit 2: Head of Household: _____
 Address: _____
 Name of Contractor: _____
 Status of Work: Underway _____ Completed _____

Unit 3: Head of Household: _____
 Address: _____
 Name of Contractor: _____
 Status of Work: Underway _____ Completed _____

Rental Units

	Unit 1		Unit 2		Unit 3	
2. Is the rehabilitation of rental housing allowed by local policy?	Yes	No	Yes	No	Yes	No
3. Did the recipient follow their policy to ensure that after rehabilitation this tenant will not be charged more than affordable rents?	Yes	No	Yes	No	Yes	No

Unit Information

	Unit 1		Unit 2		Unit 3	
4. What type of unit is this?						
Single Family	_____		_____		_____	
Modular/Manufactured	_____		_____		_____	
Multi-Family	_____		_____		_____	
Other	_____		_____		_____	
5. Does the recipient's policy allow the expenditure of NSP funds on this type of unit?	Yes	No	Yes	No	Yes	No
6. How was the ownership of the housing unit verified?						
Warranty Deed	_____		_____		_____	

Property Tax Records	_____	_____	_____
Title Search	_____	_____	_____
Other	_____	_____	_____

- | | | | | | | |
|---|-----|----|-----|----|-----|----|
| 7. Is the unit 50 years old or older? | Yes | No | Yes | No | Yes | No |
| If yes , is documentation available that the recipient obtained clearance from the State Historical Preservation Office? | Yes | No | Yes | No | Yes | No |

NSP Funds

- | | | | | | | |
|--|---------|---------|---------|----|-----|----|
| 8. What was the total NSP funds spent on the unit? | \$_____ | \$_____ | \$_____ | | | |
| 9. Is this amount within the limits set by the local policy? | Yes | No | Yes | No | Yes | No |
| If no , did the recipient follow their policy provisions for exceeding this amount? | Yes | No | Yes | No | Yes | No |

Income Verification

- | | | | |
|---|---------------|---------------|---------------|
| | Unit 1 | Unit 2 | Unit 3 |
| 14. How many people live in the household? | _____ | _____ | _____ |
| 15. What is the total income of the entire household? | \$_____ | \$_____ | \$_____ |
| 16. How was the total household income verified? | | | |
| Social Security | _____ | _____ | _____ |
| Employer | _____ | _____ | _____ |
| Veteran's Affairs | _____ | _____ | _____ |
| AFDC | _____ | _____ | _____ |
| SSI Disability | _____ | _____ | _____ |
| IRS Tax Records | _____ | _____ | _____ |
| Bank Statements | _____ | _____ | _____ |
| Child Support | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |

- | | | | | | | |
|--|---------|---------|---------|----|-----|----|
| 17. What is the Section 8 income limit for a household of this size? | \$_____ | \$_____ | \$_____ | | | |
| 18. Is the household income below the Section 8 limit? | Yes | No | Yes | No | Yes | No |

Procurement of the Housing Contractor

- | | | | | | | |
|--|---------------|---------------|---------------|----|-----|----|
| | Unit 1 | Unit 2 | Unit 3 | | | |
| 19. Did the recipient advertise in accordance with the local Housing Assistance Plan? | Yes | No | Yes | No | Yes | No |
| 20. Did the recipient maintain a mailing list of local small, minority, and women owned businesses which it solicited to participate in the program? | Yes | No | Yes | No | Yes | No |
| If not , what other affirmative steps did the recipient take to encourage participation by small, minority, and women owned businesses? | Yes | No | Yes | No | Yes | No |
| 21. Did the work write-up clearly define the items or services | Yes | No | Yes | No | Yes | No |

needed for the bidders to properly respond to the invitation?

22. Were all bids opened publicly at the time and place specified in the IFB?	Yes	No	Yes	No	Yes	No
23. Did the recipient receive at least two or more responsive/responsible bids?	Yes	No	Yes	No	Yes	No
24. Does the recipient have a copy of all bids submitted?	Yes	No	Yes	No	Yes	No
25. What was the lowest bid on the unit?	\$_____		\$_____		\$_____	
26. Is the lowest bid reasonable when compared with the cost estimate (i.e., within 15%)?	Yes	No	Yes	No	Yes	No
27. Was the lowest bid accepted?	Yes	No	Yes	No	Yes	No
If no , is there documentation available to support the reason for not accepting the lowest bid?	Yes	No	Yes	No	Yes	No
28. Did the recipient follow its policy concerning the solicitation of contractors?	Yes	No	Yes	No	Yes	No

Construction Contract

	Unit 1		Unit 2		Unit 3	
29. Is the contract between the homeowner and the contractor? (If yes, go to Question 32.)	Yes	No	Yes	No	Yes	No
30. Did the recipient follow its procurement policy in advertising?	Yes	No	Yes	No	Yes	No
31. Has the homeowner given power of attorney to the Recipient so the Recipient can contract for the homeowner?	Yes	No	Yes	No	Yes	No

Construction Progress and Contractor Performance

32. Was any change orders approved? (If no, go to Question #35.)	Yes	No	Yes	No	Yes	No
33. Does it appear that these change orders should have been included in on the initial work write-up?	Yes	No	Yes	No	Yes	No
34. Do the change orders appear to be limited to eligible items?	Yes	No	Yes	No	Yes	No
35. Is documentation available to support:						
• The housing rehabilitation specialist made site inspections?	Yes	No	Yes	No	Yes	No
• Site inspections were made before making progress payments?	Yes	No	Yes	No	Yes	No
• The building inspector and/or rehabilitation specialist made an inspection before paying the final invoice to the contractor?	Yes	No	Yes	No	Yes	No

<ul style="list-style-type: none"> The city or county building inspector issued a statement that the completed job meets adopted local standards, such as a Certificate of Occupancy? 	Yes	No	Yes	No	Yes	No
36. Did the homeowner sign a satisfaction statement, such as the final inspection report?	Yes	No	Yes	No	Yes	No
37. Did the contractor sign a release of liens?	Yes	No	Yes	No	Yes	No
38. Were subcontractors used?	Yes	No	Yes	No	Yes	No
If yes , did each subcontractor sign a release of liens?	Yes	No	Yes	No	Yes	No
39. Did the contractor provide a warranty?	Yes	No	Yes	No	Yes	No
40. Is the unit in a flood plain?	Yes	No	Yes	No	Yes	No
If yes , has the unit been elevated above the flood plain?	Yes	No	Yes	No	Yes	No
41. Did the cost of the rehabilitation exceed 50% or more of the unit 's value after rehabilitation?	Yes	No	Yes	No	Yes	No
<u>Insurance</u>	Unit 1		Unit 2		Unit 3	
42. Is the unit in a flood zone? (If no, go to #41.)	Yes	No	Yes	No	Yes	No
If yes , is there documentation of flood insurance?	Yes	No	Yes	No	Yes	No
<u>Deferred Payment Loans</u>						
43. Does the recipient use a deferred payment loan or other type of loan?	Yes	No	Yes	No	Yes	No
If yes , is there documentation to support that the recording of a mortgage took place before the beneficiary moved back into the unit?	Yes	No	Yes	No	Yes	No
<u>Relocation</u>	Unit 1		Unit 2		Unit 3	
44. Did the recipient provide relocation benefits to this household? (If no, go to Question # 50)	Yes	No	Yes	No	Yes	No
If yes , was the relocation permanent?	Yes	No	Yes	No	Yes	No
If yes , was the relocation temporary?	Yes	No	Yes	No	Yes	No
45. Is the recipient:						
A homeowner?	Yes	No	Yes	No	Yes	No
A tenant?	Yes	No	Yes	No	Yes	No
46. How much was paid to the home owner for relocation?	\$_____		\$_____		\$_____	

47. Were the benefits provided to the household within the limitations described in the recipient 's policy?	Yes	No	Yes	No	Yes	No
--	-----	----	-----	----	-----	----

48. Is this relocation case closed?	Yes	No	Yes	No	Yes	No
-------------------------------------	-----	----	-----	----	-----	----

Lead-Based Paint Review

	Unit 1		Unit 2		Unit 3	
49. Was this house constructed after 1/1/78? (If yes, go to Question #52.) Note: Local Government must have documentation of the date of construction or assume prior to 1978.	Yes	No	Yes	No	Yes	No

50. If no, review the inspection report. Indicate date inspected:	_____	_____	_____
---	-------	-------	-------

51. If the inspection indicates the presence of lead, review the clearance report. Indicate date home passed Clearance Test:	_____	_____	_____
--	-------	-------	-------

Section 8 Quality Standards - Field Inspection

	Unit 1		Unit 2		Unit 3	
52. Is there evidence that the property owner should comply with local nuisance, trash, environmental, and/or health codes? If yes, this is a finding because the citation should have been issued before the initiation of the housing activity.	Yes	No	Yes	No	Yes	No

53. Did the rehabilitation involve changes to the electrical system? (If no, go to Question #56).	Yes	No	Yes	No	Yes	No
---	-----	----	-----	----	-----	----

53. Were GFCI outlets installed near wet locations, such as kitchen and bathroom sinks and outdoor locations?	Yes	No	Yes	No	Yes	No
---	-----	----	-----	----	-----	----

54. Is the size of the electrical service at least 100 amps?	Yes	No	Yes	No	Yes	No
--	-----	----	-----	----	-----	----

55. Does the unit have any exposed light bulbs?	Yes	No	Yes	No	Yes	No
---	-----	----	-----	----	-----	----

56. Does the bathroom contain the following:						
Water closet	Yes	No	Yes	No	Yes	No
Lavatory basin	Yes	No	Yes	No	Yes	No
Bathtub or shower	Yes	No	Yes	No	Yes	No

57. Does the bathroom have either a window or a vent?	Yes	No	Yes	No	Yes	No
---	-----	----	-----	----	-----	----

58. Is an exterior clean-out plug located where the sewer line goes into the septic system or sewer?	Yes	No	Yes	No	Yes	No
--	-----	----	-----	----	-----	----

59. Does the unit have a working water heater?	Yes	No	Yes	No	Yes	No
--	-----	----	-----	----	-----	----

60. Does the kitchen have the following equipment in good working order?	Yes	No	Yes	No	Yes	No
--	-----	----	-----	----	-----	----

Stove	Yes	No	Yes	No	Yes	No
Refrigerator	Yes	No	Yes	No	Yes	No
Cabinet(s) and base cabinet(s)	Yes	No	Yes	No	Yes	No

Window or ventilation system	Yes	No	Yes	No	Yes	No
61. Does the unit have a heating system that can heat the interior to at least 68E Fahrenheit?	Yes	No	Yes	No	Yes	No
62. Does the unit have any non-vented heaters?	Yes	No	Yes	No	Yes	No
63. Does the unit have a smoke detector?	Yes	No	Yes	No	Yes	No
64. Does each habitable room have at least one window or skylight facing directly to the outdoors?	Yes	No	Yes	No	Yes	No
65. Do all of the windows have screens?	Yes	No	Yes	No	Yes	No
66. Do all of the windows appear to be airtight?	Yes	No	Yes	No	Yes	No
67. Does the unit have an unobstructed means of exit?	Yes	No	Yes	No	Yes	No
68. Does the unit have any steps? (If no, go to Question #72)	Yes	No	Yes	No	Yes	No
69. Do the steps appear to be in good condition?	Yes	No	Yes	No	Yes	No
70. Does the unit have a stair case with more than four steps?	Yes	No	Yes	No	Yes	No
71. Does the unit have any porch floors higher than 30 inches above the ground?	Yes	No	Yes	No	Yes	No
If yes , have railings been installed?	Yes	No	Yes	No	Yes	No
72. Do all exterior doors open correctly?	Yes	No	Yes	No	Yes	No
73. Do all exterior doors appear to be properly sealed?	Yes	No	Yes	No	Yes	No
74. Does the exterior paint appear to be in good condition?	Yes	No	Yes	No	Yes	No
75. Do the roof shingles appear to be in good condition?	Yes	No	Yes	No	Yes	No
76. Are any foundation piers missing or broken?	Yes	No	Yes	No	Yes	No
77. Does the household contain a disabled person? (If no, go to Question #79)	Yes	No	Yes	No	Yes	No
78. Was the house made accessible in terms of:						
Grab bars in the bathroom?	Yes	No	Yes	No	Yes	No
Ramp, if the unit is not built in grade?	Yes	No	Yes	No	Yes	No
Doors of proper width?	Yes	No	Yes	No	Yes	No
Appropriate bathroom and kitchen fixtures?	Yes	No	Yes	No	Yes	No
79. Was the work done according to the work write-up specifications?	Yes	No	Yes	No	Yes	No
80. Does it appear that all code related deficiencies were corrected?	Yes	No	Yes	No	Yes	No

Explain any findings or concern(s) and specify actions the recipient must take to resolve the issue(s). Describe any technical assistance provided.

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Program Income**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number: Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

NOTE: This compliance area **is only monitored** when program income is being retained by the recipient (from pre FFY 1993 grants) **or** if program income was generated and used during the term of a currently open grant.

MONITORING PREPARATION

	Yes	No	N/A
1. Does the recipient have an open CDBG contract?	_____	_____	_____
Has the recipient submitted the most recently due Semi-annual program income report (due for 12/31 and 6/30 of each year)?	_____	_____	_____
Is the recipient required to complete more than one semi-annual program income report because of multiple program income sources?	_____	_____	_____
2. Is the recipient reducing the amount of new NSP funds being requested on Requests for Funds (RFF's) by the amount of program income on-hand or received since previous RFF was submitted (as far as you can tell)?	_____	_____	_____
3. Is any program income sequestered from the "first use" provisions through an established Revolving Loan Fund (RLF)?	_____	_____	_____
If yes, does DEO have a copy of the recipient's current Program Income Revolving Loan Policies (as far as can be determined)?	_____	_____	_____
4. Has the recipient been monitored for program income compliance previously?	_____	_____	_____
If yes, are there any findings or concerns to be revisited?	_____	_____	_____
5. Describe any particular areas that should be reviewed based on a Semi-annual Program Income Report, a RFF, a Closeout Status Report, etc.			

ON-SITE MONITORING CHECKLIST

NOTE: Only monitor program income that is subject to DEO oversight.

Program income generated by FFY 1993 grants and thereafter must be returned to the Department unless the recipient used the program income (**prior to closeout of the grant that generated the program income**) to undertake more of the **same activity** that generated that program income, reduced RFF's by the amount of that program income, and accounted for the use of that program income on the RFF's and the closeout package.

A. PROGRAM INCOME - GENERAL

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Does the general ledger contain a program income account budget item (or items if there is more than one source of program income)?	_____	_____	_____
2. Can the receipt of the program income be tracked through the recipient's accounting system?	_____	_____	_____
Is program income referenced in the annual single audit?	_____	_____	_____
3. Describe the process that the recipient uses to track receipt, processing, posting and collection of program income?			
Where(or by whom) is the program income first received? _____			
What process is established to recognize (if a payment has not been received) that a payment is past due? _____			

Who contacts a borrower when a payment is late? _____			
Describe the process used to ensure that program income (if appropriate) is used to reduce new RFF's?			

4. Is the program income maintained in a separate interest-bearing account?	_____	_____	_____
5. If not, how is it segregated from other revenue sources of the recipient? _____			

6. How much program income is on-hand that is subject to DEO oversight? \$_____			
7. Is there program income on hand that should have been used to reduce a previous RFF?	_____	_____	_____
If yes, the recipient must immediately reimburse that amount to DEO.			
8. Is there program income on-hand that should be used to reduce the next RFF?	_____	_____	_____

List the contract numbers for the grant that are generating program income, the amount of program income on hand from that grant, and whether or not receipt of program income is scheduled to be on-going or was a one-time occurrence.

Contract #	Program Income amount	On-going or one-time occurrence
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Yes No N/A

9. Are all scheduled periodic payments of program income current _____
 If not, how many payments have been skipped in the past two years _____
 If not, how far in arrears is/are the loans at this time \$ _____
 If not what action has been taken to enforce timely collection _____

B. PROGRAM INCOME POLICY

Yes No N/A

1. Does the recipient have on hand program income from a pre-1993 grant?
(if no, skip the rest of Section B) _____
2. Has the recipient established a Revolving Loan Fund **(RLF)** to sequester pre-FY 1993 program income retainage and usage? _____
3. Has the Department reviewed and approved the RLF policy? _____
4. Does this policy cover all sources and uses of program income? _____
5. Do the activities allowed in the RLF policy seem to be generally eligible? _____
6. Get a copy of the current RLF policy to bring to Tallahassee for further review (if DEO does not already have it) _____

C. USE OF PROGRAM INCOME FOR ACTIVITIES

1. Has the recipient undertaken any activities with Program Income funds that have not been previously monitored? **(if no, skip the rest of Section C)** _____
2. Were the activities undertaken in conjunction with a normal NSP project and monitored as part of that project ? _____

If not, how did the expenditure meet a national objective? _____

3. How much program income has been disbursed by the recipient since the last on-site monitoring of the program income account by DEO?
 \$ _____

4. **If the program income was not expended (and monitored) as part of a normal NSP project**, the following compliance areas may be appropriate to the activities undertaken and the expenditure of program income funds on the **non-NSP** project and may need to be monitored for compliance. Note which are appropriate and only monitor those areas. If accomplishing this monitoring will require a return trip, discuss the scheduling of that return trip with the recipient while on site.

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
National Objective/Eligible Activity	_____	_____	_____
Civil Rights	_____	_____	_____
Commercial Revitalization	_____	_____	_____
Economic Development	_____	_____	_____
Financial Management	_____	_____	_____
Relocation/Displacement	_____	_____	_____
Housing Rehabilitation	_____	_____	_____
Procurement	_____	_____	_____
Program Administration	_____	_____	_____
Property Acquisition	_____	_____	_____
Labor Standards	_____	_____	_____
Environmental Compliance	_____	_____	_____

D. PROPOSED USE OF PROGRAM INCOME

If the recipient is proposing to use program income, describe generally the use of the funds, the national objective to be met and how it will be met, the activities to be undertaken, and what the recipient hopes to accomplish. Provide whatever technical assistance is necessary or contact other DEO staff to provide that technical assistance.

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Review of Rental Projects
(Single and Multi-Family Units)**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number:				
Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

Instructions: This document is designed to provide the basis for review of every rental project that is a part of the Subgrantees NSP Program. This includes a detailed review of each rental project or individual rental unit's records for NSP-funded rental projects. A separate Checklist is to be completed for each project (or stand alone single-family unit) monitored. Note that completion of all sections of this checklist may NOT be required for a project, particularly if it is not yet completed. If an area or question is not examined, make a note to this effect in the "Describe Basis for Conclusion" section.

A. PROJECT DESCRIPTION

<p>a. Project Information:</p> <ol style="list-style-type: none"> 1. Name of Developer of Project: _____ 2. Current Property Owner _____ 3. Final Property Owner: _____ 3. Final Property Manager: _____ 4. Project commitment date: _____ 3. Completion date: _____ 4. Total number of units: _____ 5. Number of NSP- assisted units: _____

b. Financial Information:

1. Unit costs for rehabilitation OR redevelopment (replacement) were determined by: Proration _____ Actual cost _____

2. List sources and amounts of funding in project:

3. Terms of NSP assistance (e.g. loan/grant; interest rate; maturity):

- a.
- b.
- c.
- d.

4. Per Unit Cost: _____

5. Period of Affordability: _____

B. SUBSIDY

If NSP funds were combined with other public funds, did the subrecipient perform a subsidy layering review?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

C. COST ALLOCATION

If a proration method of cost allocation was used, are the units comparable in terms of bedroom size, square footage and level of amenities?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

<p>If a proration method of cost allocation was used, were any NSP-ineligible costs subtracted from the total development cost to determine the total NSP-eligible development costs?</p> <p>What was the source of other funds used to pay for the NSP ineligible activities completed?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Describe:</p>	

<p>If units are not comparable, was a unit-by-unit cost allocation system used?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Describe:</p>	

<p>Was cost allocation calculation documented?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Describe:</p>	

D. ELIGIBLE/REASONABLE COSTS

<p>Does the "Sources and Uses Statement" or other documentation indicate that there were sufficient NSP-eligible costs associated with the project to support the amount of NSP funds provided?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Has the Subgrantee identified the entity that will be responsible for long term management and operation of the rental project?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Does the Subgrantee have documentation from the proposed manager or owner of the property to support the long term operation of the project, including standard considerations such as maintenance fund, reserve funds, etc.?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Describe</p>	

Were costs reasonable (e.g., acquisition costs supported by appraisal, developer's fees, rehabilitation or construction costs within local norms, etc.)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

If NSP funds paid for site improvements were they NSP eligible improvements located on the project site?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

E. PROPERTY STANDARDS

Was all rehabilitation or redevelopment (new construction) work performed in accordance with written rehabilitation standards, if applicable?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Do work-write-ups and final inspection reports indicate that the project met all applicable property standards at completion?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Do subsequent or subrecipient inspection reports indicate that the owner is maintaining the housing in compliance with applicable State and local housing quality standards and code requirements or, in the absence of such standards?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

If the project involved rehabilitation, does it comply with the lead hazard reduction requirements, if applicable?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Does the project meet the applicable Section 504 accessibility requirements?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

F. INITIAL AND ON-GOING RENT AND OCCUPANCY EQUIREMENTS

Are all tenants income-eligible at the time of initial occupancy?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Is the project owner using the correct income limits to determine eligibility of tenants?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Is the project owner using the same definition of income to qualify all applicants?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Are initial tenant incomes determined based upon source documentation and accurately calculated?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Is the project owner recertifying tenant income annually?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Were projects targeting requirements met at initial occupancy (i.e., 25% set-aside for tenants at or below 50%AMI)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Did the initial project rent structure meet NSP affordability requirements (i.e., rents no greater than the high HOME rents)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Did the project use the established utility allowances to calculate maximum rent levels?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

<p>Did the subrecipient review and approve the project rents?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Describe:</p>	

<p>If any in-place tenant has an income above 120% of the area median income, is the correct rent (fair market) being charged to the over-income tenant?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Describe :</p>	

<p>Does the owner refrain from discriminating against tenants with rental assistance subsidies?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Describe:</p>	

<p>If the income of a tenant in a low-income rent unit rises above 50% of area median income, is the unit designated as a high rent unit and the next available, comparable unit designated as low rent unit? (by HOME standards)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Describe:</p>	

<p>Are the leases for a minimum of one year (unless otherwise agreed upon by tenant and owner)?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Describe:</p>	

Does the owner have written tenant selection criteria?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe: Describe process followed for initial occupancy, including notices, application, review, selection criteria, etc.	

Does the owner follow the tenant selection policy?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

G. OTHER PROJECT REQUIREMENTS

Did the Subgrantee enter into a written agreement with the project owner and/or manager) imposing all applicable NSP rules and regulations?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Was the written agreement executed by the Subgrantee and/or subrecipient and the project owners before the project was funded?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Has the Subgrantee and/or subrecipient recorded a deed restriction on the property to ensure its continued use as affordable rental housing and adherence to all applicable requirements?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Does the file documentation for each unit contain the following:	
a. Supporting income documentation (for initial eligibility determinations and periodic redeterminations as required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
b. Tenant income certifications?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
c. Lead-Based Paint notification? Asbestos notification to contractors?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
d. Lease and lease addendum?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
e. Are any of the units "lease purchases"? If yes, describe in detail, obtain copies of all necessary supporting documentation, feasibility study of same.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

H. CONSTRUCTION MANAGEMENT

Did the Subgrantee and/or their subrecipient ensure that its contractors are not excluded, disqualified or otherwise ineligible (e.g., suspension, debarment, or limited denial of participation) for Federal procurement and nonprocurement programs at the time of contract execution or during the period of project work?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Were progress inspections of the project performed prior to approving the developer or contractor's request for payment?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Did the Subgrantee and/or their subrecipient review and approve change orders for any changes in the scope of work?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

If the project involved rehabilitation, was work performed in accordance with written rehabilitation standards?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Was a final property standards inspection performed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

I. ON-SITE INSPECTION (if applicable)

Does the project appear to meet applicable property standards?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Was all work detailed in the construction contract complete and consistent with rehabilitation or construction standards?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

Was all work documented in the payment request completed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Continued Affordability**

Name of Subgrantee:			
Contract Agreement #:			
Local Govt. & Other Parties Present:			
Activity Name, Number:			
Description			
Name of DEO Grant Mgr:		Date	Monitoring Visit #: <input type="checkbox"/>

*“Grantees shall ensure, to the maximum extent practicable and for the longest feasible term, that the sale, rental, or redevelopment of abandoned and foreclosed-upon homes and residential properties under this section remain affordable to individuals or families whose incomes do not exceed 120 percent of area median income or, for units of originally assisted with funds under the requirements of section 2301(f)(3)(A)(ii), remain affordable to individuals and families whose incomes do not exceed 50 percent of area median income.”
[FR Vol. 73 No. 194; 10/06/08; §(11)(B)(3)]*

Instructions: Use this Checklist for a review of compliance with the Neighborhood Stabilization Program (NSP) Continued Affordability requirements. It is divided into two sections: Homebuyer Programs; and Rental Programs. One Exhibit is to be completed for each Program Participant. It is important to note that under regular CDBG, “Continued Affordability” is not a recognized term. Under the requirements at 24 CFR 570.505, Use of Real Property, the subrecipient must maintain the identified use of the property from the time CDBG funds are first spent until at least five years after closeout of the grant from which the assistance to the property was provided. Nevertheless, the NSP Continued Affordability requirement resembles both the aforementioned CDBG use of real property regulation and the HOME Investment Partnership Program’s periods of affordability requirements at 24 CFR 92.252(a), (c), (e), and (f), and 92.254. For the NSP program, continued affordability is defined as follows:

Overview of affordability Requirements:

<p>Describe Methods adopted:</p> <ol style="list-style-type: none"> 1. Affordability requirements in all contracts and agreements entered into with subrecipients, developers, non-profits, PHAs, etc. 2. Affordability requirements always included in mortgages from Banks other lending institutions to homebuyer beneficiaries? 3. Affordability requirements always included in Deferred Payment Loans (DPLs) for home buyers? 4. Do all mortgages, liens, DPLS, include a default clause that will ensure continued affordability period? 5. Are Affordability requirements included in all deed restrictions for homebuyers, developers and owners/managers of affordable rental housing? 6. Are affordability requirements included in any Land Use Restriction Agreements (LURA), especially for multi-family rental projects? 7. Do the various affordability requirements appear to meet the basic NSP and HOME program requirements? 	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
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<p>Description of any compliance or performance recommendations:</p>																																																				

A. HOMEBUYER PROGRAMS

1.

<p>Has the Subgrantee implemented the same continued affordability mechanism(s) that it identified in its original NSP application, or most recent amendment?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p>Describe Methods adopted:</p> <p>8. Affordability requirements always included in Deferred Payment Mortgages (DPLs) for home buyers?</p> <p>a. Items always included in DPL or deed?</p> <p>b. Rehabilitation costs</p> <p>c. Homebuyer assistance</p> <p>d. Eligible activity delivery costs related only to rehab</p> <p>e. Cost of acquisition</p> <p>f. Disposition costs</p> <p>g. Does the sales price of the home only include eligible NSP costs?</p> <p>9. Do all mortgages, liens, DPLS, include a default clause that will ensure continued affordability period?</p> <p>10. Are Affordability requirements included in all deed restrictions for homebuyers, developers and owners/managers of affordable rental housing?</p> <p>11. Are affordability requirements included in any Land Use Restriction Agreements (LURA), especially for multi-family rental projects?</p> <p>12. Do the various affordability requirements appear to meet the basic NSP and HOME program requirements?</p>	<p>Yes No N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Description of any compliance or performance recommendations:</p>	

2.

Is the mechanism being enforced appropriately, in that the Subgrantee is demonstrating compliance with its own requirements?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

3.

Does the mechanism remain effective throughout the continued affordability period?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

4.

Does the Subgrantee have a monitoring plan or policy in place for the continued affordability mechanism(s) and has it been implemented?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

5.

Has the Subgrantee documented the individual property file with its continued affordability mechanism?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

B. RENTAL PROGRAMS

6.

Has the Subgrantee implemented the same affordable rents definition that was included in its substantial amendment?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Specify affordable rents definition being used:	

7.

Has the Subgrantee made public its definition of affordable rents for NSP-assisted rental projects?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

8.

Has the Subgrantee established an enforcement mechanism to maintain the affordable rent on individual properties/units?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

9.

Is the affordable rents mechanism being implemented and enforced appropriately, in that the Subgrantee is demonstrating compliance with its own requirements?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

10.

a. Does the Subgrantee have a monitoring plan or policy in place for the implementation and enforcement of affordable rents?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

b. If the answer to "a" above is "yes," is the Subgrantee following its own monitoring plan or policy?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

11.

Has the Subgrantee documented affordable rents on the individual property/occupant file?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

12.

Overall, does the Subgrantee have in place effective enforcement and monitoring mechanisms to guarantee continued affordability and/or affordable rents for the duration of the affordability period?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

13.

If the responses to any of the questions in this Checklist indicate a need to go to another section of this Handbook for questions, or seek technical assistance or advice from another DEO staff person, please describe below.

Describe:

C. RESALE/RECAPTURE OPTIONS

14.

Have recapture or resale options been imposed on all assisted properties?

Yes No

Describe:

15.

If recapture provisions are used, are requirements incorporated into a deed of trust (mortgage) and/or promissory note?

Yes No N/A

Describe:

16.

If resale options have been imposed, are deed restrictions or covenants running with the land placed on each property for the period of affordability?

Yes No N/A

Describe:

17.

Are there adequate procedures and controls in place to ensure that the Subgrantee (or sub-recipient) is aware when a homebuyer is reselling the property during the period of affordability?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Describe:		

18.

Based on a review of documentation and discussion with staff, are there any findings or concerns that need to be addressed?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Is there a need for technical assistance in this area?		
Describe:		

Document Review Checklist – Preserving Affordability

Question #	Document(s) Reviewed – provide description

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Land Banks**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number: Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

Note: All questions that address requirements contain the citation for the source of the requirement (statute, regulation, or grant agreement). If the requirement is not met, the DEO reviewer must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the DEO reviewer in understanding the Subgrantee's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding.**"

Instructions: Use this Checklist for a review of compliance with the Neighborhood Stabilization Program (NSP) "Eligible Use C: Establish Land Banks." One Checklist is to be completed for each Subgrantee. This Checklist is designed to look specifically at a project carried out by a land bank. It is important to note that, under the regular CDBG program, land banking is not an eligible activity. Nevertheless, the requirement for property acquisition compliance is the same for NSP as it is for regular CDBG. That is, the end use of the property must meet one of the national objectives of the program. For the NSP program, a land bank is defined as:

"a governmental or nongovernmental nonprofit entity established, at least in part, to assemble, temporarily manage, and dispose of vacant land for the purpose of stabilizing neighborhoods and encouraging re-use or redevelopment of urban property. For the purposes of NSP, a land bank will operate in a specific, defined geographic area. It will purchase properties that have been foreclosed upon and maintain, assemble, facilitate redevelopment of, market, and dispose of the land-banked properties. If the land bank is a governmental entity, it may also maintain foreclosed property that it does not own, provided it charges the owner of the property the full cost of the service or places a lien on the property for the full cost of the service." [74 Fed. Reg. 29224]

1.

Has the Subgrantee carried out activities identified as Eligible Use C: "Establish and operate land banks for homes and residential properties that have been foreclosed upon," as defined under the Neighborhood Stabilization Program? [73 Fed. Reg. 58335-6, II.E. and 58338, II.H. Table as amended at 74 Fed. Reg. 29228]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

2.

Is the Land Bank operating within the defined LMMA service area (following the area benefit regulations described in 24 CFR 570.208(a)(1) and 570.483(b)(1)) that was submitted by the Subgrantee with the substantial amendment? [73 Fed. Reg. 58335, II.E]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe:			

3.

Is the Land Bank only carrying out acquisition activities? [73 Fed. Reg. 58336, 58338, II.E. and II.H]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe:			

4.

a. Is the Land Bank carrying out activities beyond acquisition, with the “intention of arresting neighborhood decline, such as maintenance, demolition, and facilitating redevelopment of the properties?” [73 Fed. Reg. 58336, II.E]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe:			

b. If the answer to “a” above is “yes,” is the Land Bank “providing sufficient benefit... [as defined by the Subgrantee to the service area referenced in question 2] generally (as described in 24 CFR 570.208(a)(1) and 570.483(b)(1)) to meet a national objective (LMMA)?” [73 Fed. Reg. 58336, II.E]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe:			

5.

Are these activities being carried out, or have been carried out, “prior to final disposition of the banked property?” [73 Fed. Reg. 58336, II.E]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe:			

6.

Does the Land Bank maintain a separate file for each property, documenting the purchase and any other relevant items (such as the appraisal, environmental review, etc.)? [73 Fed. Reg. 58338, II.H]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe :	

7.

Does the documentation show that the Land Bank used these funds to purchase homes that are vacant, and/or have been abandoned or foreclosed upon? [73 Fed. Reg. 58338, II.H]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

8.

a. Does the Subgrantee have an adopted and approved Land Bank Plan? This plan must provide for the overall strategy for land banking, which includes specific provisions to either dispose of the properties or “obligate the property for a specific, eligible redevelopment of the property in accordance with NSP requirements,” within the 10-year time frame? [73 Fed. Reg. 58335, II.E.2.d]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe :	

b. If the answer to “a” above is “yes,” is the Land Bank meeting (or has it met) this goal? [73 Fed. Reg. 58335, II.E.2.d]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe:	

9..

a. Is it anticipated that the Land Bank will generate any program income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe:			

b. If the answer to "a" above is "yes," has the Land Bank set up a system for tracking the use and reuse of program income funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe:			

10.

Based on a review of documentation and discussion with staff, are there any findings or concerns that need to be addressed?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Is there a need for technical assistance in this area?		
Describe:		

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Labor Standards**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number:				
Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

Federal labor standards provisions are applicable to construction work financed in whole or in part with NSP funds except that construction work involving residential property with less than 8 units is exempt (see Section 110(a), Housing and Community Development Act (HCDA) of 1974). Federal labor standards provisions involve 3 key requirements:

1. Payment of not less than prevailing (Davis-Bacon) wage rates to all laborers and mechanics employed by contractors and subcontractors;
2. Compensation for overtime hours (hours worked over 40 in a work week at the site of the covered work) at no less than 1½ the regular basic rate of pay;
3. The certification and submission of weekly payroll reports for each week work is performed at the site of the covered work.

Residential property is covered only if the property contains at least 8 units (i.e., residential property that contains 7 or less units is exempt). The 8-unit threshold concerns the number of units contained in a residential property – not to the number of units in a building, and not to the number of units in a project or a contract. Therefore, projects or contracts for single-family homeowner units are typically not covered, no matter how many single-family homeowner units are in the project or contract.

Complete the form for each separate property on which 8 or more housing units are being addressed. If there is other work, such as water and sewer, wage rates for those construction activities must be tracked on a separate copy of this checklist.

Identification of Property / Address	Number of individual HU's; type of housing	
Number of buildings on Property	Number of HU's per building on property	
<u>Prime Contractor</u>	<u>Amount</u>	<u>Work Performed</u>
A. _____	_____	_____
B. _____	_____	_____

I. OVERVIEW OF CONSTRUCTION CONTRACTS REVIEWED

	<u>Prime A</u>			<u>Prime B</u>		
	Yes	No	N/A	Yes	No	N/A
1. Is there documentation that DEO or the local government checked that the prime contractor is not on the "excluded parties" list?						
2. What is the wage decision number (per DEO records)?	a) FL _____			a) FL _____		
	b) FL _____			b) FL _____		
3. What wage decision is in the contract?	a) FL _____			a) FL _____		
	b) FL _____			b) FL _____		
4. What was the bid opening date?	_____			_____		
5. What was the contract award/execution date?	_____			_____		
What is the date of the Notice to proceed	_____			_____		
6. Is the contract award (not execution) date within 90 days of bid opening? <i>(If no, then the wage decision(s) in effect at contract execution date must be used if it/they are different. This will require a change order and the contractor may request a contract price increase.)</i>	_____			_____		

II. PAYROLLS REVIEW *(copy pages 2 & 3 as necessary to review all contractors)*

Contractor Name

A. _____	Prime _____	Sub _____				
B. _____	Prime _____	Sub _____				
C. _____	Prime _____	Sub _____				
			<u>Con. A</u>	<u>Con. B</u>	<u>Con. C</u>	
1. Have weekly payrolls been submitted since the Notice to Proceed date, including "No Work" payrolls or similar documentation for periods of inactivity?	Y	N	N/A	Y	N	N/A
2. Is payroll information complete and is the prescribed certification signed by an officer of the firm or by a person authorized by an officer of the firm?	Y	N	N/A	Y	N	N/A
3. Does it appear that payrolls are being reviewed?	Y	N	N/A	Y	N	N/A
4. Are all payroll classifications for covered workers included in the wage decision, or is there documentation that an additional classification request has been submitted to DEO?	Y	N	N/A	Y	N	N/A
5. If a payroll includes workers classified as "apprentice" or "trainee," is there documentation that each such worker is participating in a formal program approved by the Florida or U.S. Department of Labor and is being paid according to the requirements of that program?	Y	N	N/A	Y	N	N/A
6. Are there workers in a "helper" classification, which cannot be used? <i>(If not qualified as "apprentice" or "trainee", they are either a laborer or full trade classification, depending on tools used.)</i>	Y	N	N/A	Y	N	N/A

- | | | | |
|---|---------|---------|---------|
| 7. Are covered workers, including foremen working more than 20% of the time in any week, receiving at least the minimum combined hourly wage and fringe rates (in any combination of cash and fringe benefits) for their classification? | Y N N/A | Y N N/A | Y N N/A |
| 8. If two wage decisions are required, is the contractor identifying the time each worker spends on each separate category of work and paying the appropriate wages under the wage decision for that category, or is each worker receiving the higher of the two minimum amounts for that classification in each wage decision? | Y N N/A | Y N N/A | Y N N/A |
| 9. If fringe benefits are claimed, are they bona fide fringe benefits, has the hourly value of each fringe been documented, and does the calculation appear correct? | Y N N/A | Y N N/A | Y N N/A |
| 10. For any workers working more than 40 hours weekly, is overtime equivalent to 150% of their actual hourly rate (not the wage decision minimum) being paid? | Y N N/A | Y N N/A | Y N N/A |
| <input type="checkbox"/> If overtime pay is applicable, and the contractor is claiming fringe benefits in excess of the fringe benefit rate for any classification in the wage decision, is the overtime rate at least equal to 150% of the minimum hourly rate in the wage decision? <i>(The value of fringe benefits is excluded from computing the amount due for overtime.)</i> | Y N N/A | Y N N/A | Y N N/A |
| 11. If local monitoring identified the need for wage restitution, do the files document restitution was paid by including a copy of the front of the check and a statement from the affected worker(s) that the restitution was received? | Y N N/A | Y N N/A | Y N N/A |
| <input type="checkbox"/> If cumulative restitution exceeding \$100 was paid by any contractor or subcontractor, has the grantee submitted an enforcement report using the form in the implementation manual or its equivalent? | Y N N/A | Y N N/A | Y N N/A |
| 12. If any payrolls reflect "other" deductions, do the files contain authorization signed by the affected worker(s) allowing the deduction(s) and identifying the purpose and amount of each deduction? | Y N N/A | Y N N/A | Y N N/A |
| <input type="checkbox"/> If an "other" deduction is made due to court order (e.g. child support) or other legal document (e.g., IRS garnishment), do the files include a copy of the court order / legal document identifying the deduction purpose & amount? | Y N N/A | Y N N/A | Y N N/A |

III. OTHER REVIEWS *(Use the same contractors listed in Section II.)*

- | | | | |
|--|---------|---------|---------|
| 1. Is there documentation of interviews with workers from the contractor and subcontractors, which covers a representative sample of the classifications used to perform the work? | Y N N/A | Y N N/A | Y N N/A |
| 2. Is the information in the interviews consistent with the payroll records or is there documentation resolving any apparent inconsistencies, particularly in the areas of hourly rate, and in classification compared to work performed/tools used? | Y N N/A | Y N N/A | Y N N/A |

3. Is the wage decision posted at the work site, to the extent feasible?

Y N N/A Y N N/A Y N N/A

IV. CONCLUSION

Explain any findings or concern(s) and specify corrective actions the recipient must take to resolve the issue(s). Describe any technical assistance provided.

Applicable Statutes

Housing and Community Development Act of 1974, Section 110

Applicable Regulations

HUD Regulations 24 CFR § 570.603

DOL Regulations 29 CFR, Chapter 1, Parts 1, 3, and 5

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Conflict of Interests; Fraud, Waste and Mismanagement**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Amount of Funding Allocated:				
Activity Name, Number: Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>
NSP Review Manager:		Date		Comments:

1. Does the Subrecipient have an adopted Conflict of Interest policy? **YES NO**

2. Is the policy generally available for employees, local officials and program partners and participants? **YES NO**

3. Does the Subrecipient have an adopted policy for prevention of Fraud, Waste and Abuse? **YES NO**

4. Is the policy generally available for employees, local officials and program partners and participants? **YES NO**

5. Is there a procedure for assessment of potentials for conflicts of interest or prevention of fraud, waste and mismanagement provided in:
 - a. Agreements and contracts with Subgrantees, Developers, Non-Profits, Consultants, and program participants (Beneficiaries of NSP Program)?
YES NO

 - b. Procurement or Selection of Subgrantees, Developers, Non-Profits, Consultants, and participants? **YES NO**

 - c. Selection of Program participants (beneficiaries) for homeownership?
YES NO

 - d. Selection of Non-Profits, Developers or other entities to be responsible for long term management of rental units assisted with NSP funds in any way?
YES NO

- e. Oversight of payments (and verification of supporting documentation i.e., invoices) to Subgrantees, Developers, Non-Profits, Consultants, and participants? **YES NO**
 - f. Review of payrolls of the local government? **YES NO**
 - g. Review of payrolls for contractors? **YES NO**
 - h. Review of payrolls for all subcontractors?
 - i. Do these reviews check for employee or beneficiary conflicts? **Y N**
 - ii. Do these reviews check for potential conflicts with boards, commissions, Citizen Advisory task Force (CATF)? **Y N**
 - i. Review of any personal or business relationships with banks, financial institutions, and real estate agents/brokers with any local government employees, local officials, or those of subrecipients, developers, CATF members, and other participants in the NSP Program? **YES NO**
 - j. Are there any weaknesses as related to internal controls that could potentially lead to conflict of interests, fraud, waste or mismanagement?
YES NO
6. Are the controls over confidential customer information (e.g., credit card numbers, bank account numbers, etc.) adequate? **YES NO**
 7. Are controls over confidential employee personnel records adequate? **YES NO**
 8. Is the organization's policy for reporting suspicious behavior to the appropriate level of management clear and understandable? **YES NO**
 9. Is the organization's whistleblower protection policy clear and understandable? **Y N**
 10. Do you have any suggestions for improvements to be taken for the organization as a whole? **YES NO**

Employee Interviews

Does the organization interview candidates for key accounting and finance positions?
YES NO

Is there a checklist that meets or exceeds the following checklist:

It is recommended that internal audit committees or other committees of the board interview employees to discuss fraud risk and internal control strengths and weaknesses. The following interview questions can be asked during each interview:

- Is the organization's Conflict of Interest policy clear and understandable? **Y N**
- Are you aware of the existence of fraud, conflicts of interest, or unethical behavior? **Y N**
- Are you aware of any potential for fraud? **Y N**
- Has any employee ever approached you to conspire in fraud? **Y N**
- Has anyone outside the organization ever approached you to conspire in fraud? **Y N**
- Are you aware of any weaknesses in internal controls that could lead to fraud? **Y N**
- Are the controls over confidential customer information (e.g., credit card numbers, bank account numbers, etc.) adequate? **Y N**
- Are controls over confidential employee personnel records adequate? **Y N**
- Is the organization's policy for reporting suspicious behavior to the appropriate level of management clear and understandable? **Y N**
- Is the organization's whistleblower protection policy clear and understandable? **Y N**
- Do you have any suggestions for improvement for the organization taken as a whole? **Y N**

Other questions determined by the committee:

Results of Interviews:

The employee interviews and results should be documented. After the interviews, the results should be discussed among the committee members. The risks should be analyzed and a plan of action should be formulated.

Note specific areas of concern resulting from staff interviews:

Detail the plan of action formulated to investigate areas of concern:

Summarize results of implementing the plan of action and further action warranted, if necessary:

Credit Card Statements

Are copies of credit card statements mailed by the credit card issuer to a secured post office box accessible only by the following?

	Yes	No	N/A
• The CEO or Executive Director	_____	_____	_____
• The Treasurer	_____	_____	_____
• Other Board member	_____	_____	_____

If no, explain and record recommendations for improvement, if applicable:

Is the use of debit cards prohibited in your organization? **Yes No N/A**

If no, explain and record recommendations for improvement, if applicable:

Are employees who have been issued organization credit cards aware of immediate steps to take to report lost or stolen cards? **Yes No**

If no, explain and record recommendations for improvement, if applicable:

If the organization reimburses employees for purchases made on behalf of the organization, are controls adequate? **Yes No**

Examples: approval and review procedures, use of expense reports, timeliness of submission, limits on \$ advances, attachment of all receipts to expense reports.

If no, explain and record recommendations for improvement, if applicable:

Payroll

List the names and titles of personnel who process payroll for your organization. (If an outside payroll services is used, put "N/A", and see additional questions below.)

Name	Title
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Are a minimum of two people involved in the following payroll functions?

- | | | |
|--------------------------------------|------------|-----------|
| Adding new employees to the payroll? | Yes | No |
| Processing payroll? | Yes | No |
| Sign-off on payroll? | Yes | No |
| Two Signatures on payroll checks? | Yes | No |

If no, explain and record recommendations for improvement, if applicable:

Are payroll checks signed by individuals not involved in processing payroll? **Yes No**

If no, explain and record recommendations for improvement, if applicable:

If any outside payroll preparation service is used, are controls and reviews adequate?

Yes No

If no, explain and record recommendations for improvement, if applicable:

If an outside payroll preparation service is used, note the following:

Name of service: _____

Address: _____

Contact Name: _____

Telephone: _____

Fax: _____

E-mail: _____

Is there a random check on payroll during the year to ensure that wages are accurate and there are no ghosts on the payroll? **Yes No**

If no, explain and record recommendations for improvement, if applicable:

Are the calculations of the federal and state tax deposits checked or reviewed by management on random basis? **Yes No**

If no, explain and record recommendations for improvement, if applicable:

Is the payroll account reconciled from the bank statement to the general ledger promptly at the end of each month by someone not involved in the processing of payroll? **Yes No**

If no, explain and record recommendations for improvement, if applicable:

Are payroll checks or direct deposit receipts distributed to employees by someone not involved in processing payroll? **Yes No**

If no, explain and record recommendations for improvement, if applicable:

Does the organization use time sheets for employees covered by the Fair Labor Standards Act (FLSA), and are they signed by the employee and approved by the employee's direct supervisor? **Yes No**

If no, explain and record recommendations for improvement, if applicable:

Are employee loans or advances prohibited? **Yes No**

If no, explain and record recommendations for improvement, if applicable:

Comment on any specific payroll-processing issues that indicate that controls are not adequate, with recommendations for improvement:

Describe any areas of noncompliance

**Florida Department of Economic Opportunity
Neighborhood Stabilization Program
Conflict of Interests; Fraud, Waste and Mismanagement**

Name of Subgrantee:				
Contract Agreement #:				
Local Govt. & Other Parties Present:				
Activity Name, Number: Description				
Name of DEO Grant Mgr:		Date		Monitoring Visit #: <input type="checkbox"/>

1. Does the Subrecipient have an adopted Conflict of Interest policy? **YES NO**
(attached document or explain procedure)

2. Is the policy generally available for employees, local officials and program partners and participants? **YES NO**

3. Does the Subrecipient have an adopted policy for prevention of Fraud, Waste and Abuse? **YES NO**

4. Is the policy generally available for employees, local officials and program partners and participants? **YES NO**

5. Is there a **document or procedure** for assessment of potential for conflicts of interest or prevention of fraud, waste and mismanagement provided in:
 - a. Agreements and contracts with Subgrantees, Developers, Non-Profits, Consultants, and program participants (Beneficiaries of NSP Program)?
YES NO (attached document or explain procedure)

 - b. Procurement or Selection of Subgrantees, Developers, Non-Profits, Consultants, and participants? **YES NO** (attached document or explain procedure)

 - c. Selection of Program participants (beneficiaries) for homeownership?
YES NO (attached document or explain procedure)

 - d. Selection of Non-Profits, Developers or other entities to be responsible for long term management of rental units assisted with NSP funds in any way?
YES NO (attached document or explain procedure)

 - e. Oversight of payments (and verification of supporting documentation i.e., invoices) to Subgrantees, Developers, Non-Profits, Consultants, and participants? **YES NO** (attached document or explain procedure)

- f. Review of payrolls of the local government? **YES NO**
 - g. Review of payrolls for contractors? **YES NO**
 - h. Review of payrolls for all subcontractors?
 - i. Do these reviews check for employee or beneficiary conflicts? **Y N**
 - ii. Do these reviews check for potential conflicts with boards, commissions, Citizen Advisory task Force (CATF)? **Y N**
 - i. Review of any personal or business relationships with banks, financial institutions, and real estate agents/brokers with any local government employees, local officials, or those of subrecipients, developers, CATF members, and other participants in the NSP Program? **YES NO**
 - j. Are there any weaknesses as related to internal controls that could potentially lead to conflict of interests, fraud, waste or mismanagement?
YES NO
6. Are the controls over confidential customer information (e.g., credit card numbers, bank account numbers, etc.) adequate? **YES NO (Explain)**
7. Are controls over confidential employee personnel records adequate? **YES NO (Explain)**
8. Is the organization's policy for reporting suspicious behavior to the appropriate level of management clear and understandable? **YES NO (Explain)**
9. Is the organization's whistleblower protection policy clear and understandable? **Y N (Explain)**
10. Do you have any suggestions for improvements to be taken for the organization as a whole? **YES NO (Explain)**

Employee Interviews

(Example for Sub-grantee)

It is recommended that internal audit committees or other committees of the board interview employees to discuss fraud risk and internal control strengths and weaknesses. The following interview questions can be asked during each interview:

- Is the organization's Conflict of Interest policy clear and understandable? **Y N**
- Are you aware of the existence of fraud, conflicts of interest, or unethical behavior? **Y N**
- Are you aware of any potential for fraud? **Y N**
- Has any employee ever approached you to conspire in fraud? **Y N**
- Has anyone outside the organization ever approached you to conspire in fraud? **Y N**
- Are you aware of any weaknesses in internal controls that could lead to fraud? **Y N**
- Are the controls over confidential customer information (e.g., credit card numbers, bank account numbers, etc.) adequate? **Y N**
- Are controls over confidential employee personnel records adequate? **Y N**
- Is the organization's policy for reporting suspicious behavior to the appropriate level of management clear and understandable? **Y N**
- Is the organization's whistleblower protection policy clear and understandable? **Y N**
- Do you have any suggestions for improvement for the organization taken as a whole? **Y N**

Other questions determined by the committee:

Results of Interviews:

The employee interviews and results should be documented. After the interviews, the results should be discussed among the committee members. The risks should be analyzed and a plan of action should be formulated.

Note specific areas of concern resulting from staff interviews:

Florida Department of Economic Opportunity NSP HOUSING ASSISTANCE PLAN REVIEW

Note: Some items may be covered in other documents or plans by the Subgrantee. Please make notes of any comments on last page

The Housing Assistance Plan should address the following items:

Does this plan address the following issues?	YES	NO
I. Type of Assistance		
1. The terms and conditions under which assistance will be provided?		
2. The process for soliciting, accepting, reviewing and approving requests for assistance, including any proposed geographic distribution. The following should be addressed:		
o A process to notify members of the local governing body of the names of the beneficiaries selected to ensure that potential conflicts of interest are timely addressed.		
o Establishes a formal written notification process that advises when a previously selected housing unit is deleted from the rehabilitation program.		
o A process for soliciting assistance which includes a reasonable notice or advertisement in the community that specifies the following:		
▪ Where individuals can gain access to an application, if applicable;		
▪ The period during which applications will be received, if appropriate;		
▪ Criteria for selection;		
▪ A ranking/scoring process with higher points given for extenuating circumstances, and		
▪ Whether or not the local government will assist in the acquisition and rehabilitation of foreclosed or abandoned mobile homes, modular homes or other forms of manufactured housing.		
3. Types of insurance (fire, casualty, flood etc.) that will be required, at what points in time the insurance must be in effect, and length of time after administrative closeout of the grant that it must be maintained.		

4. The process for determining what work must be done on each housing structure acquired and rehabilitated with NSP funds to ensure that upon completion, the housing unit will meet all of the following standards:	YES	NO
o HUD Section 8 Housing Quality Standards (24CFR982.401)		
o Local zoning ordinances		
o State of Florida Building Code		
o Local building code		
o Modern, green building and energy-efficiency improvements		
o Florida Energy Efficiency Code for Building Construction (Newly Constructed Housing)		
o Accessibility requirements of 24 CFR Part 8, 24 CFR100.201, and 24 CFR100.205		
Does this plan address the following issues?	YES	NO
o For manufactured housing, 24 CFR Part 3280 (Preempts state and local codes covering the same for manufactured housing)		
5. A process to ensure that before initiation of housing rehabilitation, the property on which the unit is located meets other appropriate local codes (i.e., nuisance, trash, and other environmental or health codes).		
6. The process for determining when the rehabilitation is completed, including final acceptance of a contractor's work and final inspection of a housing structure (example: Certificate of Occupancy issued by local building inspector).		
7. If applicable, a process for ensuring ownership of non-rental housing units by the occupying beneficiary, or the process for ensuring the legal status of the occupying beneficiary to encumber the property, and to provide permission for a contractor to undertake construction work on the housing unit. (home should be vacant)		
8. The process that will be used to solicit contractors and assist in reviewing the contractor's performance including the following requirements:		
9. The process that will be used to solicit contractors and assist in reviewing the contractor's performance including the following requirements:		
o Bids for rehabilitation or reconstruction of housing units must specify that they shall only		

be accepted from contractors licensed by the State of Florida, Department of Business and Professional Regulation.		
<ul style="list-style-type: none"> o The Contractor must agree in his or her bid and contract that all change orders for NSP housing rehabilitation or reconstruction shall be approved by the contractor and a representative of the local government prior to any initiation of additional work based on that change order. 		
10. The process of determining the age of housing units to be addressed and the actions to take with the Bureau of Historic Preservation when addressing units more than 50 years old.		
11. A lead-based paint abatement procedure to follow when addressing pre-1978 houses.		
12. A procedure for addressing structures in the 100-year flood plain.		
13. Specifies that the local government will document the completion of construction by ensuring that each housing unit case file shall contain the following information:		
<ul style="list-style-type: none"> o A statement from the contractor that all items on the initial work write-up as modified through change orders have been completed; 		
Does this plan address the following issues?	YES	NO
<ul style="list-style-type: none"> o An acknowledgment that the housing unit meets the applicable local code and Section 8 Housing Quality Standards, signed and dated by the local building inspector; 		
<ul style="list-style-type: none"> o This documentation shall be completed prior to the submission of the administrative closeout package and shall accompany the administrative closeout package when submitted to the Department; 		

III. Rental Assistance	YES	NO
14. For the acquisition and/or rehabilitation of rental housing structures with NSP funds, the policy must address the following:		
o Terms and conditions for providing assistance (i.e., loan or grant);		
o How ownership will be verified; and		
o What steps the local government will take to ensure that NSP Assisted rental housing rehabilitation will meet or exceed the requirements established in 24 CFR 92.252(e) beginning after the structure is complete (period of continued affordability).		
IV. Acquisition/Purchase	YES	NO
15. Process for ordering appraisal.		
16. Process for negotiating contract with current owner. If owner accepts contract, the contract will then go to the owner's lender for approval, which can take up to 3-4 months (this is a "short-sale," which means that the owners are delinquent in their mortgages and are trying to avoid foreclosure by asking their lender to accept less than they are owed).		
17. Process for ordering environmental assessment (to make sure no hazardous materials on property, etc.).		
18. Process for ordering survey (to make sure there are no encroachments).		
19. Process for ordering title search (to make sure title is clear and no unresolved liens).		
20. Process for handling the closing.		
21. Establishes the conditions under which a housing structure will be demolished or converted to non-LMI housing structures.		
V. Disposition/Sale	YES	NO
22. Marketing and locating prospective home buyer.		
23. Taking a prospective homebuyer from the waiting list that will be established to determine eligibility.		
24. Establishes a formal written notification process that advises a homebuyer when a previously selected housing unit is deleted from the program.		
25. Work with a local non-profit agency that will assist the prospective homebuyer in obtaining mortgage financing.		

Does this plan address the following issues?	YES	NO
26. Assist homebuyer with down payment assistance, if applicable.		
27. Terms of the mortgage.		
28. If applicable transfer property to non-profit agency.		
29. Show house to prospective homebuyers.		
30. Handle the purchase agreement with homebuyer.		
31. Handle the sale to homebuyer (including all paperwork required for sale).		
VI. Homeownership Assistance	YES	NO
32. Types of financing to be provided.		
33. Terms of assistance.		
VII. Homeownership Counseling	YES	NO
34. Establish a process for providing the required eight (8) hours of homeownership counseling as required under NSP.		
35. That training is to be provided by a HUD approved Counseling agency.		
36. Counseling must be classroom style, individual (one on one) or a combination of both formats.		
VIII. Conflict of Interest	YES	NO
37. Is a process provided for addressing conflicts of interest, pursuant to 24 CFR Section 570.489 and Chapter 112.311-112.3143, <i>Florida Statutes</i> , that includes the following:		
o Identifying potential conflicts of interest (contractors as well as beneficiaries);		
o Acknowledging by name in the minutes of the Citizens Advisory Task Force and commission/council meetings so that previously unknown conflicts may be surfaced;		
o Making those conflicts publicly known along with the final rankings based on the criteria outlined in the local government's housing assistance plan;		
o Dealing with those conflicts on a local level; and		
o Requesting waivers of those conflicts when appropriate.		
IX. Closeout Documentation	YES	NO
38. The data that must be provided by housing unit and summarized by activity as part of the		

Florida Department of Economic Opportunity
 Small Cities Community Development Block Grant Program
Neighborhood Stabilization Program
Construction Procurement

_____ Recipient	_____ Signature of DEO Staff Grant Manager	_____ Date Prepared
_____ Contract Number	_____ Signature of NSP Manager	_____ Date Reviewed

I. PROCUREMENT BY SEALED BIDS

<u>Firm</u>	<u>Amount</u>	<u>Construction Activity</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

	<u>Firm A</u>	<u>Firm B</u>	<u>Firm C</u>
1. Was the Invitation for Bid (IFB) publicized in an OMB designated MSA newspaper OR were at least bids received and considered? [9B-43.014(1)(a)]	Yes No N/A	Yes No N/A	Yes No N/A
2. Was the newspaper advertisement published at least 12 days prior to the deadline for receipt of proposals? [9B-43.014(1)(a)]	Yes No N/A	Yes No N/A	Yes No N/A
3. Did the advertisement or IFB restrict competition (e.g., specify unnecessary experience, show a preference for local firms, or include similar restrictive requirements)? [24CFR Part 85.36(c)]	Yes No N/A	Yes No N/A	Yes No N/A
4. If a pre-qualified list of bidders was used:			
<input type="checkbox"/> is the list current?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> does it include enough firms for maximum competition?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> were potential bidders precluded from qualifying during the solicitation period? [24CFR Part 85.36(c) (4)]	Yes No N/A	Yes No N/A	Yes No N/A
5. Is there is a written evaluation of bids (e.g, bid tabulation)? [24CFR Part 85.36 (b) (9)]	Yes No N/A	Yes No N/A	Yes No N/A
6. Was the contract awarded to the low, responsive, responsible bidder and in accordance with the terms of the IFB? [24CFR Part 85.36 (d) (2)]	Yes No N/A	Yes No N/A	Yes No N/A
7. Did the local government and prime contractor document efforts to obtain minority and women participation (M/WBE firms)? [24CFR Part 85.36 (e)]	Yes No N/A	Yes No N/A	Yes No N/A
8. Does each contract contain provisions addressing Section 3 requirements, if applicable? [24 CFR Part 135]	Yes No N/A	Yes No N/A	Yes No N/A

	<u>Firm A</u>	<u>Firm B</u>	<u>Firm C</u>
9. Was a contract awarded to a sole bidder?	Yes No N/A	Yes No N/A	Yes No N/A
If yes:			
<input type="checkbox"/> for contracts over \$25,000, is there a DEO letter approving the award?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> for contracts under \$25,000, do the grantee's files justify the award to the single bidder? [9B-43.014(1)]	Yes No N/A	Yes No N/A	Yes No N/A
10. Were any procurement protests received? [24CFR Part 85.36 (b) (12)]	Yes No N/A	Yes No N/A	Yes No N/A
If yes:			
<input type="checkbox"/> were they resolved according to adopted procedures?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> was DEO was notified of the protest?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> do the files document resolution of the protest?	Yes No N/A	Yes No N/A	Yes No N/A
11. Is the contract over \$100,000? [24CFR Part 85.36 (h)]	Yes No N/A	Yes No N/A	Yes No N/A
If yes:			
<input type="checkbox"/> is there a 5% bid security?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> is there a 100% performance bond?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> is there a 100% payment bond?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> If any of the above are 'No,' has DEO determined that other provisions provide adequate protection?	Yes No N/A	Yes No N/A	Yes No N/A
12. Does the contract contain the following clauses: [24CFR Part 85.36(i)]			
<input type="checkbox"/> Termination for cause or convenience (contracts over \$10,000)?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> Access to records by the grantee, State/ Federal agencies, and their representatives?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> Retention of records for three years?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> Remedies for breach of contract?	Yes No N/A	Yes No N/A	Yes No N/A

II. CONCLUSION

Explain any findings or concern(s) and specify corrective actions the recipient must take to resolve the issue(s).

CONFLICT OF INTEREST WAIVER CHECKLIST

Local Government: _____ CDBG Contract #: _____

CDBG Reviewer: _____ Date: _____

1. Waiver(s) requested for:

Name	Other Party	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Date conflict(s) disclosed at CATF or other agency meeting, if applicable: _____

3. Date of legal opinion by local government's attorney that waiving the conflict will not violate state or local law: _____

4. Date local government voted to approve requesting waiver(s): _____

	Yes	No
5. Does a conflict involve a member of the CATF or an elected local government official? (if no, because all are appointed local government officials, go to # 6)	_____	_____

If yes, did the member or official abstain from voting on his/her own waiver? (If not, the request cannot be approved). _____

If a CATF member, was the local government's approval of the waiver at least a 2/3 majority of those voting? (If not, the request cannot be approved; conflicts involving CATF-members-only require a majority vote). _____

6. Did the local government state that each individual for whom a waiver is sought is otherwise eligible for the CDBG program benefits and selected in accordance with local policies? (e.g., Housing Assistance Plan or Commercial Revitalization Policy, etc.). _____

7. CDBG staff reviewer's recommendation: Approve: _____ Disapprove: _____

If approval is not recommended, briefly explain why: _____

Attach copies of documents received.

CDBG Planning Manager's Action: _____ Date: _____

I Concur: _____ I Do Not Concur: _____

CDBG Program Manager's Action: _____ Date: _____

I Concur: _____ I Do Not Concur: _____

DEO Legal Reviewer: _____ Date: _____

Legal Reviewer _____ concurs or _____ does not concur with CDBG staff reviewer's recommendation.

Legal Comments: _____

Department of Economic Opportunity
NEIGHBORHOOD STABILIZATION PROGRAM
 Community Development Block Grant Program
Professional Services
Procurement Monitoring Checklist

Recipient	Signature of DEO Staff Grant Manager	Date
Contract Number	Signature of Manager	Date Reviewed

(Note: Procurement requirements are contained primarily in 24 CFR 85.36; however, certain professional services contracts must also meet the requirements of 287.055, Florida Statutes. The program rule, 9B-43, also contains some additional procurement requirements.)

Under 24 CFR 85.36, there are four types of procurement procedures: small purchases (under \$25,000); competitive proposals (award based primarily on qualifications); sealed bids (award based primarily on price); and non-competitive proposals (single or sole source under certain specified circumstances). Monitoring should be completed in terms of local procurement regulations and compliance with state and federal requirements.

I. PROCUREMENT BY COMPETITIVE PROPOSALS (*Generally, used for professional services*)

<u>Firm</u>	<u>Amount</u>	<u>Service</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

<u>(For a prior approved single source procurement, begin at question 10.)</u>	<u>Firm A</u>	<u>Firm B</u>	<u>Firm C</u>
1. Was the Request for Proposals (RFP) publicized in an OMB designated MSA newspaper OR were at least three firms ranked? [9B-43.014(1)(a)]	Yes No N/A	Yes No N/A	Yes No N/A
2. Was the newspaper advertisement published at least 12 days prior to the deadline for receipt of proposals? [9B-43.014(1)(a)]	Yes No N/A	Yes No N/A	Yes No N/A
3. Did the advertisement or RFP specify:			
<input type="checkbox"/> Scope of work?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> NSP Grant Number included?	Yes No N/A	Yes No N/A	Yes No N/A
4. Does the public notice/RFP combine different services? [9B-43.014(1)(e)]	<u>Firm A</u> Yes No N/A	<u>Firm B</u> Yes No N/A	<u>Firm C</u> Yes No N/A
If yes:			
<input type="checkbox"/> does the notice/RFP provide for submission, consideration, and evaluation of proposals separately for each service?	Yes No N/A	Yes No N/A	Yes No N/A
<input type="checkbox"/> Are separate contracts executed for each service?	Yes No N/A	Yes No N/A	Yes No N/A

- | | | | | | | | | | |
|--|-----|----|-----|-----|----|-----|-----|----|-----|
| 5. Does the public notice or RFP identify all evaluation factors and their relative importance? [85.36(d)(3)(i)] | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| 6. Price must be an evaluation factor, <i>except for engineers, architects, and surveyors.</i> [85.36(d)(3) and 287.055, Florida Statutes]] | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| 7. Did the advertisement or RFP restrict competition? [85.36 (c)] | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |

Note: Competition could be restricted, for example, by requiring unnecessary experience, showing a preference for local firms (excluding Section 3 and other federally mandated preferences). Geographic location is not a selection factor, except for engineering services, and then only if its use allows adequate competition considering project size.

- | | | | | | | | | | |
|--|-----|----|-----|-----|----|-----|-----|----|-----|
| 8. Was a method developed for conducting technical evaluations and award selection? [85.36 (d) (3) and 287.055 (3), Fla. Stat., for covered contracts] | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| 9. Were written evaluations (e.g, score sheet) prepared using only the criteria specified in the RFP/public notice? [9B-43.014(e)] | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| 10. Was a contract awarded based on a sole proposal? [9B-43.014(1)] | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |

If yes, complete the section below and then skip to question 11:

- | | | | | | | | | | |
|--|-----|----|-----|-----|----|-----|-----|----|-----|
| <input type="checkbox"/> For contracts over \$25,000, is there a DEO letter approving the award? | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| <input type="checkbox"/> For contracts under \$25,000, do the grantee's files justify the award to the single bidder? (If no DEO approval letter.) | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| 11. Prior to contract award, was a cost or price analysis conducted to establish the reasonableness of the price? [85.36(f)] | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| <input type="checkbox"/> If a cost analysis was performed, was profit reviewed separately and, if necessary, negotiated? | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |

Note: (Cost analysis is required for engineering and other professional services covered under 287.055, Florida Statutes (CCNA). Price analysis is acceptable for grant administration and other non-CCNA services if pricing information was obtained with the proposals and establishes the reasonableness of the selected firm's price based on comparison with other firms' prices. Otherwise, cost analysis is necessary.)

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|--|----------------------|----------------------|----------------------|-----|----|-----|-----|----|-----|
| 12. For engineering and architectural contracts: [F.S. 287.055] | <u>Firm A</u> | <u>Firm B</u> | <u>Firm C</u> | | | | | | |
| <input type="checkbox"/> If short-listing was used, were interviews held with at least the 3 top ranked firms? | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| <input type="checkbox"/> Was price information requested or accepted prior to negotiations? (The answer should be 'No.') | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| <input type="checkbox"/> Does the contract contain a prohibition on contingent fees? | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| <input type="checkbox"/> Did the firm execute a Truth-in-Negotiation certification (for contracts over \$150,000)? | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |

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|--|-----|----|-----|-----|----|-----|-----|----|-----|
| <input type="checkbox"/> Does the contract contain a price adjustment clause (for contracts over \$150,000)? | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| 13. For all contracts, does the contract contain clauses for: [85.36(i)] | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| <input type="checkbox"/> Termination for cause or convenience? (contracts over \$10,000) | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| <input type="checkbox"/> Access to records by the grantee, State/ Federal agencies, and their representatives? | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| <input type="checkbox"/> Retention of records for six years? | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| <input type="checkbox"/> Remedies for breach of contract? (contracts over \$100,000) | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| 14. Is compensation based on a percentage of construction cost or cost plus percentage of cost (including a multiplier, or hourly rates, which include profit)? (The answer should be 'No.') | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| 15. Were any procurement protests received? [85.36 (b) (12)] | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| If yes: | | | | | | | | | |
| <input type="checkbox"/> Were they resolved according to adopted procedures? | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| <input type="checkbox"/> Was DCA was notified of the protest? | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| <input type="checkbox"/> Do the files document resolution of the protest? | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |

II. CONCLUSION

Explain any findings or concern(s) and specify corrective actions the recipient must take to resolve the issue(s). Describe any technical assistance provided.

(Revised 2/12)