



# Neighborhood Revitalization Monitoring Checklist

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

Contract #: \_\_\_\_\_

## I. Infrastructure Activities N/A (Skip to II. Public Facilities if no infrastructure activities.)

*Check the appropriate box.*

|  |   |
|--|---|
| 1. Did the project require that a right-of-way or easement(s) be acquired?<br><i>(If yes, complete the acquisition checklist.)</i>   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. Are impact fees, special assessments, tap fees, and other fees being charged to LMI households? <i>(If yes, issue a finding requiring the Recipient to either refund the fees or return subgrant funds spent on that activity.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Review the plans & specifications acceptance letter. Are there any open issues which need to be resolved by the local government that are related to the plans & specifications?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. Are there any change orders? <i>(If no, go to Question 7.)</i>  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Do they appear necessary or reasonable for the completion of the activities?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. Will the change orders result in changes in accomplishments or beneficiaries which will exceed the "need" specified in the application?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| • If <b>no</b> , will the change order result in the loss of accomplishments or beneficiaries which may require rescoring and/or penalty points?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b><i>Make a site inspection of the service areas and answer Questions 7-10.</i></b>   |   |
| 7. Are the service areas and corresponding beneficiaries the same as those reflected in the application or contract? If <b>no</b> , explain in the box below.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |
| 8. Except for work required to achieve the accomplishment identified in the application, has any work been initiated outside the service area? If <b>yes</b> , explain in the box below and make an eligibility determination.         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |
| 9. Have the demographics changed enough to affect the Recipient's ability to meet a national objective? If <b>yes</b> , explain in the box below.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |
| 10. Does it appear that CDBG funds are being used for any activities (in whole or in part) that are not contained in the application or contract? If <b>yes</b> , explain.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|  |   |



# Neighborhood Revitalization Monitoring Checklist

## II. Public Facilities N/A (Skip to III. Conclusions if there are no funded public facilities.)

*Check the appropriate box.*

|  |   |
|--|---|
| 1. Was it necessary to acquire the property on which the facility is being built? (If <b>yes</b> , complete the acquisition checklist if not previously reviewed.) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. Is there a charge for the use of the building or facility?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| • If <b>yes</b> , is it affordable for use by LMI residents?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Review the plans & specifications acceptance letter. Are there any open issues which need to be resolved by the local government?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. Are there any change orders? ( <i>If no, go to Question 7.</i> )  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Do they appear necessary or reasonable for the completion of the activities?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. Will the change orders result in changes in accomplishments or beneficiaries, which will exceed the "need" specified in the application?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| • If <b>no</b> , will the change order result in the loss of accomplishments or beneficiaries which may require rescoring and/or penalty points?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 7. Will any portion of the facility serve a governmental function (commission or council meetings, jail facility, or local government administrative offices)?     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| • If <b>yes</b> , is the local government paying for the portion that is not eligible?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 8. Are architectural barriers to handicapped persons being removed?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| • If <b>yes</b> , are CDBG funds being spent only for those activities required by Section 504 and not for other concurrent construction activities?               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

## III. Conclusions

Explain any finding(s) or concern(s) in the box below and specify corrective actions the Recipient must take to resolve the issue(s). Describe any technical assistance provided.