

**New Jersey
CDBG-DR Program
(Hurricane Irene)**

Monitoring Forms

Agreement1

**Monitoring Visit
Date**

**CDBG-DR PROGRAM
HOUSING REHABILITATION CHECKLIST
INDIVIDUAL FILES**

Grantee:
Agreement #:

Date:
Program Manager:

ELIGIBILITY

Dwelling 1

Homeowner's Name: _____
Address: _____

Household Size: _____
Household Income: \$ _____
Age of Building: _____

YES NO N/A

POLICIES & PROCEDURES MANUAL

Does Grantee have the approved manual _____ _____ _____
Does the manual include current HUD Income Limits _____ _____ _____

ELIGIBILITY

Home located in target area _____ _____ _____
Is this an emergency situation _____ _____ _____
Up-to-date homeowner application _____ _____ _____
Income documentation _____ _____ _____
Deed _____ _____ _____
Documentation of building's age _____ _____ _____
Homeowner's insurance policy _____ _____ _____
Home located in a floodplain _____ _____ _____
Proof of flood insurance _____ _____ _____
Certification of eligibility completed by grantee _____ _____ _____

WORK FILE

SHPO compliance required _____ _____ _____
SHPO compliance achieved _____ _____ _____

LEAD PAINT compliance required _____ _____ _____

If no, or N/A, explain why:
(e.g., age of structure, previous lead work, type of rehab work)

Grantee:
Agreement #:

Date:
Program Manager:

LEAD PAINT (compliance continued)

If yes, does the file include the following:

YES **NO** **N/A**

- Evidence that owners/occupants provided with “Protect Your Family From Lead in Your Home” _____
- Does household include a child under 17 with an identified EBL? _____
- Lead inspection report and risk assessment plan (including a maintenance plan) _____
- Proof that contractor & employees are certified in Lead Safe Work Practices _____
- Evidence that unit passed a lead clearance examination _____
- Evidence that homeowners notified that the unit passed a lead clearance examination _____
- Documentation of lead costs including lead evaluation, hazard reduction & lead clearance _____

REHABILITATION

Work write-up/cost estimate: \$ _____ Date Prepared: _____

Reviewed with applicant _____

Formal bid process used Date: _____

OR

Bid sent to contractor list Date: _____

List of bids/proposals received _____

If less than 2, explain why:

Award made to lowest bidder _____

If not, explain why:

**Grantee:
Agreement #:**

**Date:
Program Manager:**

YES NO N/A

Construction agreement Date: _____

Work change orders _____

Total amount: \$ _____

Final inspections made _____

Program inspector Date: _____

Code official Date: _____

Major System(s) rehabilitated: _____

Homeowner release of payment Date: _____

Contractor release of owner Date: _____

Payment voucher to contractor Date: _____

Final payment amount, including change orders: \$ _____

Copies of warranties & guarantees _____

Property lien recorded Date: _____

Amount deferred \$ _____ Amount forgiven \$ _____

COMMENTS AND FINDINGS:

**CDBG-DR PROGRAM
HOUSING REHABILITATION CHECKLIST
INDIVIDUAL FILES**

Grantee:
Agreement #:

Date:
Program Manager:

ELIGIBILITY

Dwelling 2

Homeowner's Name: _____
Address: _____

Household Size: _____
Household Income: \$ _____
Age of Building: _____

POLICIES & PROCEDURES MANUAL

YES NO N/A

Does Grantee have the approved manual	_____	_____	_____
Does the manual include current HUD Income Limits	_____	_____	_____

ELIGIBILITY

Home located in target area	_____	_____	_____
Is this an emergency situation	_____	_____	_____
Up-to-date homeowner application	_____	_____	_____
Income documentation	_____	_____	_____
Deed	_____	_____	_____
Documentation of building's age	_____	_____	_____
Homeowner's insurance policy	_____	_____	_____
Home located in a floodplain	_____	_____	_____
Proof of flood insurance	_____	_____	_____
Certification of eligibility completed by grantee	_____	_____	_____

WORK FILE SHPO compliance required

_____	_____	_____
SHPO compliance achieved	_____	_____

LEAD PAINT compliance required

If no, or N/A, explain why:(e.g., age of structure, previous lead work, type of rehab work)

Grantee:
Agreement #:

Date:
Program Manager:

LEAD PAINT (compliance continued)

If yes, does the file include the following:

YES **NO** **N/A**

- Evidence that owners/occupants provided with “Protect Your Family From Lead in Your Home” _____
- Does household include a child under 17 with an identified EBL? _____
- Lead inspection report and risk assessment plan (including a maintenance plan) _____
- Proof that contractor & employees are certified in Lead Safe Work Practices _____
- Evidence that unit passed a lead clearance examination _____
- Evidence that homeowners notified that the unit passed a lead clearance examination _____
- Documentation of lead costs including lead evaluation, hazard reduction & lead clearance _____

REHABILITATION

Work write-up/cost estimate: \$ _____ Date Prepared: _____

Reviewed with applicant _____

Formal bid process used Date: _____

OR

Bid sent to contractor list Date: _____

List of bids/proposals received _____

If less than 2, explain why:

Award made to lowest bidder _____

If not, explain why:

Grantee:
Agreement #:

Date:
Program Manager:

YES **NO** **N/A**

Construction agreement Date: _____

Work change orders _____ _____ _____

Total amount: \$ _____

Final inspections made _____ _____ _____

Program inspector Date: _____

Code official Date: _____

Major System(s) rehabilitated: _____

Homeowner release of payment Date: _____

Contractor release of owner Date: _____

Payment voucher to contractor Date: _____

Final payment amount, including change orders: \$ _____

Copies of warranties & guarantees _____ _____ _____

Property lien recorded Date: _____ _____ _____

Amount deferred \$ _____ Amount forgiven \$ _____

COMMENTS AND FINDINGS:

**CDBG-DR PROGRAM
HOUSING REHABILITATION CHECKLIST
INDIVIDUAL FILES**

Grantee:
Agreement #:

Date:
Program Manager:

ELIGIBILITY

Dwelling 3

Homeowner's Name: _____
Address: _____

Household Size: _____
Household Income: \$ _____
Age of Building: _____

YES NO N/A

POLICIES & PROCEDURES MANUAL

Does Grantee have the approved manual _____ _____ _____
Does the manual include current HUD Income Limits _____ _____ _____

ELIGIBILITY

Home located in target area _____ _____ _____
Is this an emergency situation _____ _____ _____
Up-to-date homeowner application _____ _____ _____
Income documentation _____ _____ _____
Deed _____ _____ _____
Documentation of building's age _____ _____ _____
Homeowner's insurance policy _____ _____ _____
Home located in a floodplain _____ _____ _____
Proof of flood insurance _____ _____ _____
Certification of eligibility completed by grantee _____ _____ _____

WORK FILE

SHPO compliance required _____ _____ _____
SHPO compliance achieved _____ _____ _____

LEAD PAINT compliance required _____ _____ _____

If no, or N/A, explain why:
(e.g., age of structure, previous lead work, type of rehab work)

Grantee:
Agreement #:

Date:
Program Manager:

LEAD PAINT (compliance continued)

If yes, does the file include the following:	<u>YES</u>	<u>NO</u>	<u>N/A</u>
• Evidence that owners/occupants provided with “Protect Your Family From Lead in Your Home”	_____	_____	_____
• Does household include a child under 17 with an identified EBL?	_____	_____	_____
• Lead inspection report and risk assessment plan (including a maintenance plan)	_____	_____	_____
• Proof that contractor & employees are certified in Lead Safe Work Practices	_____	_____	_____
• Evidence that unit passed a lead clearance examination	_____	_____	_____
• Evidence that homeowners notified that the unit passed a lead clearance examination	_____	_____	_____
• Documentation of lead costs including lead evaluation, hazard reduction & lead clearance	_____	_____	_____

REHABILITATION

Work write-up/cost estimate: \$_____ Date Prepared: _____

Reviewed with applicant _____

Formal bid process used Date: _____

OR

Bid sent to contractor list Date: _____

List of bids/proposals received _____

If less than 2, explain why:

Award made to lowest bidder _____

If not, explain why:

Grantee:
Agreement #:

Date:
Program Manager:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Construction agreement Date: _____			
Work change orders	_____	_____	_____
Total amount: \$ _____			
Final inspections made	_____	_____	_____
Program inspector Date: _____			
Code official Date: _____			
Major System(s) rehabilitated: _____ _____ _____			
Homeowner release of payment Date: _____			
Contractor release of owner Date: _____			
Payment voucher to contractor Date: _____			
Final payment amount, including change orders: \$ _____			
Copies of warranties & guarantees	_____	_____	_____
Property lien recorded Date: _____	_____	_____	_____
Amount deferred \$ _____			
Amount forgiven \$ _____			

COMMENTS AND FINDINGS:

CDBG-DR Program Environmental Review Record Checklist

Grantee:
Agreement #:

Date:
Program Manager:

1. Is there an Environmental Review file, available to the public, in the Grantee's office?

Yes_____ No_____

2. Which level of environmental clearance is required for this grant?

Exempt	_____
Categorical Exclusion/Exempt	_____
Categorical Exclusion	_____
Environmental Assessment	_____

For Exempt Projects

Does the file contain:

- | | | |
|---|----------|---------|
| • Project Description | Yes_____ | No_____ |
| • Exempt Status Determination | Yes_____ | No_____ |
| • Notification to Department of Exempt Status | Yes_____ | No_____ |
| • Department Approval of Exempt Status | Yes_____ | No_____ |

For Categorically Excluded/Exempt Projects

Does the file contain:

- | | | |
|---|----------|---------|
| • Project Description | Yes_____ | No_____ |
| • Explanation of Categorical Exclusion | Yes_____ | No_____ |
| • Statutory Checklist | Yes_____ | No_____ |
| • Explanation of Exempt Status | Yes_____ | No_____ |
| • Notification to Department of Exempt Status | Yes_____ | No_____ |
| • Department Approval of Exempt Status | Yes_____ | No_____ |

For Categorically Excluded Projects

Does the file contain:

- | | | |
|--|----------|---------|
| • Project Description | Yes_____ | No_____ |
| • Explanation of Categorical Exclusion | Yes_____ | No_____ |
| • Statutory Checklist | Yes_____ | No_____ |
| • RROF Notice and Proof of Publication | Yes_____ | No_____ |
| • Request for Release of Funds | Yes_____ | No_____ |
| • Approval of Request for Release of Funds | Yes_____ | No_____ |
| • Correspondence from objectors or from those
requesting information or environmental
Interpretation & municipal replies | Yes_____ | No_____ |
| Departmental Correspondence | Yes_____ | No_____ |

**Grantee:
Agreement #:**

**Date:
Program Manager:**

For Projects Requiring An Environmental Assessment

Does the file contain:

- Project Description Yes_____ No_____
- Statutory Checklist Yes_____ No_____
- Environmental Assessment Checklist Yes_____ No_____
- Finding of No Significant Impact (FONSI) Yes_____ No_____
- Request for Release of Funds Yes_____ No_____
- Approval of Request for Release of Funds Yes_____ No_____
- Correspondence (from objectors or from those requesting information or environmental interpretation) & municipal replies Yes_____ No_____
- Department correspondence Yes_____ No_____

3. Is the Environmental Review Record complete as approved by the Department?

Yes_____ No_____

If no, detail missing items:

4. Were environmental conditions imposed in the Approval of Request for Release of Funds?

- () Federal Flood Insurance
- () SHPO
- () Other _____

Yes_____ No_____

5. Did Grantee comply with all environmental conditions?

Yes_____ No_____

If not, detail actions Grantee must take to be in compliance:

6. On the basis of a site visit, are there any environmentally sensitive areas or environmental impacts not covered in the ERR?

Yes_____ No_____

If yes, explain and make appropriate recommendations:

CDBG-DR Program Labor Standards Monitoring Checklist

**Grantee:
Agreement #:**

**Date:
Program Manager:**

1. Contract Identification

Project Name _____

Name of Contractor _____

Description of Work _____

Bid Opening Date _____

Contract Award Date _____

Contract Amount _____

Start of Construction _____

Force Account Used _____

2. Contract Documents And Administration

Yes No N/A N/R

- A. Prevailing wage rates in bid specification? _____
- B. Notification of contractor eligibility in the file? _____
- C. Prevailing wage rates in contract?
 - Date of State decision _____
 - Date of Fed decision _____
- D. Are minutes of pre-construction conference in the file? _____

3. Payroll Review

- A. Payrolls submitted weekly? _____
- B. Payrolls numbered consecutively? (initial, second, etc., final) _____
- C. Payrolls signed by employer or authorized representative? _____
- D. Statement of Compliance prepared for each payroll? _____

**Grantee:
Agreement #:**

**Date:
Program Manager:**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>N/R</u>
E. Proper wages paid based upon a random sample of listed job classifications?	_____	_____	_____	_____
F. Were proper fringe benefits paid?	_____	_____	_____	_____
G. Were fringe benefits paid to approved plans or programs verified?	_____	_____	_____	_____
H. Apprenticeship/Trainee registration certification from US Dept. of Labor?	_____	_____	_____	_____
If not, are journeyman rates being paid?	_____	_____	_____	_____
I. Record of additional classifications? (not covered in wage decisions)	_____	_____	_____	_____
J. Is payroll review correspondence in file?	_____	_____	_____	_____
4. <u>Employee Interviews</u>				
A. Were employee interviews conducted by the grantee?	_____	_____	_____	_____
B. Were a representative number of trades covered?	_____	_____	_____	_____
5. <u>Assessment Of Grantee Labor Standards Administration</u>				
A. Does the Grantee have designated staff to ensure compliance with labor standards?	_____	_____	_____	_____

Name: _____

Grantee:
Agreement #:

Date:
Program Manager:

B. Does the Grantee maintain full documentation attesting to the administration and enforcement of labor standards as indicated below:

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>N/R</u>
a. Labor standards enforcement file for each construction project?	_____	_____	_____	_____
b. Is the labor standards enforcement file organized to enable review based on chronological events?	_____	_____	_____	_____
c. Is all labor standards enforcement documentation maintained at the same location?	_____	_____	_____	_____
C. Is there a need for technical assistance?	_____	_____	_____	_____

Comments And Findings

CDBG-DR Program Civil Rights Monitoring Checklist

Fair Housing – Part A

Grantee:
Agreement #:

Date:
Program Manager:

1. Copy of "Fair Housing – Statement of Actions Resolution on file? ___Yes ___No
 - a. Who was appointed Fair Housing Officer? _____
2. Evidence that grantee has contacted and obtained fair housing information from HUD and NJ Division of Civil Rights? ___Yes ___No
3. Copy of public notice of Fair Housing Program on file including proof of publication? ___Yes ___No
4. Did Fair Housing Office receive any complaints? ___Yes ___No
(If yes, describe how each complaint was handled/final disposition.)
5. Other evidence of fair housing actions on file? ___Yes ___No
(If yes, List the specific evidence in the file)

Grantee Employment – Part B

1. Does the grantee maintain an equal opportunity information file? ___Yes ___No
2. Does the grantee maintain required employment data? ___Yes ___No
(EEO-4 or FR-2)
3. Was staff hired to carry out the CDBG Program? ___Yes ___No
 - a. If yes, were equal opportunity guidelines used in advertising? ___Yes ___No
 - b. If yes, were written employment & personnel guidelines available? ___Yes ___No
4. Have any equal opportunity complaints been filed against the Grantee? ___Yes ___No
5. Is there a blue & white EEO poster displayed in the grantee's building? ___Yes ___No
6. Did any of the employment data indicate possible deficiencies in providing employment opportunities to anyone? ___Yes ___No
(Describe any complaints received and their disposition as of this review.)

Grantee:
Agreement #:

Date:
Program Manager:

Minority Contracting Efforts – Part C

Describe efforts made to include minority contractors in the bidding process for all CDBG funded activities (e.g. list of minority contractors used, advertisements, publications advertised in, etc.)

Housing Rehabilitation - Part D

1. Does the file include an FR-1 (Small Cities Program Beneficiaries)? Yes No
2. Does the file include a written description of the project area including demographics of the residents? Yes No
3. Does the above information suggest any possible deficiencies in providing services to any group? Yes No
(Describe any possible deficiencies below)

4. Does the grantee have valid reasons for the deficiencies noted? Yes No
(Describe below)

Economic Development – Part E**Grantee:
Agreement #:****Date:
Program Manager:**

This checklist must be filled out for each company that received funds or which agreed to generate new employment as a consequence of Small Cities assisted activity.

1. Does the company maintain a file containing equal opportunity information? Yes No

2. Does the company have written employment and personnel policies & practices with equal opportunity guidelines available for review? Yes No

3. Does the company have equal opportunity guidelines that it follows in advertising vacancies? Yes No

4. Do employment records provide sufficiently detailed data to allow assessment of the company's workforce? Yes No

Were employment records available? Yes No

Is employment data sufficient to assess the composition of the work force: Yes No

* Sex? Yes No

* Race? Yes No

* Disability status? Yes No

* National Origin? Yes No

Is employment and salary data sufficiently detailed to assess practices regarding hiring, training, promotion & compensation? Yes No

Does any of the employment data indicate possible deficiencies in providing employment opportunities to any group? Yes No

Have any equal employment opportunity complaints been filed against the company? Yes No

Does the company maintain data on the number & characteristics (e.g. race, sex, income) of new employees? Yes No

For each negative comment indicated above, specify corrective action(s) the grantee must take to resolve any findings and indicate follow-up actions to be taken by the Program Representative and/or the Administrator.

**CDBG-DR Program
Citizen Participation Plan (CPP) Checklist**

**Grantee:
Agreement #:**

**Date:
Program Manager:**

Does the Grantee maintain a citizen participation file? Yes___ No___

Does the file contain:

- Citizen Participation Resolution Yes___ No___
- State Citizen Participation Plan Yes___ No___
- Non-legal display advertisement – Original hearing Yes___ No___
- Minutes and attendance sheet – Original Hearing Yes___ No___
- Non-legal display advertisement – Performance Hearing Yes___ No___
- Advertisement published at least 7 days prior to hearing? Yes___ No___
- Minutes and attendance sheet – Performance Hearing Yes___ No___
- Performance Hearing held when project 50% complete? Yes___ No___
- time of hearing conducive to citizen participation? Yes___ No___
- Was location convenient? Yes___ No___
- Was the site handicapped accessible? Yes___ No___

Comments and findings:

CDBG-DR Program Acquisition Checklist

Grantee:
Agreement #:

Date:
Program Manager:

	<u>Yes</u>	<u>No</u>
1. <u>Preliminary Acquisition Notice</u>		
A. Is a copy of the notice in the file?	_____	_____
B. Is there evidence of receipt?	_____	_____
2. <u>Appraisal</u>		
A. Is a copy of the appraisal in the file?	_____	_____
B. Was a qualified independent appraiser used?	_____	_____
C. Is there evidence that the owner was invited to accompany the appraiser?	_____	_____
3. <u>Written Purchase Offer</u>		
A. Is a copy of the purchase offer in the file?	_____	_____
B. Was the offer issued promptly after the appraisal?	_____	_____
C. Is a statement of the basis for determining the purchase price included with the offer?	_____	_____
4. <u>Purchase And Payment</u>		
A. Is a copy of all required purchase documentation included in the file? (deed, title evidence, etc.)	_____	_____
B. Is a statement of settlement costs included in the file?	_____	_____
C. Is proof of receipt of payment in the file?	_____	_____
D. Was payment timely?	_____	_____
E. Is proof of recording of the deed in the file?	_____	_____
F. If the property was donated, is there evidence that the donor was informed of his or her rights?	_____	_____
G. If the recipient determined not to purchase, is there a written notice of determination not to purchase in the file?	_____	_____

Grantee:
Agreement #:

Date:
Program Manager:

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 5. <u>Rental Agreements</u> | | |
| A. If the recipient permitted an owner or tenant to occupy the real property acquired, was the rent charged equivalent to the fair market rental value of the property? | _____ | _____ |
| 6. <u>Appeals</u> | | |
| A. Is a copy of any appeal or payment for incidental expenses or certain litigation expenses in the file? | _____ | _____ |
| B. Is there a record describing the decision made and the reasons for the decision? | _____ | _____ |

COMMENTS AND FINDINGS

CDBG-DR Program Financial Review

Grantee:
Agreement #:

Date:
Program Manager:

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Are Federal funds deposited in a separate, non-interest bearing account? OR Are Federal funds accounted for through grant-loan fund control accounts?	_____	_____	_____
2. Do the procedures, charts of accounts, etc., provide for identifying receipts and expenditures of program funds separately for each grant?	_____	_____	_____
3. Does the accounting system provide for accumulating and recording expenditures by grant and cost category shown in the approved budget?	_____	_____	_____
4. Are all disbursements properly supported by evidence of receipt and approval of the related goods and services?	_____	_____	_____
5. Do the supporting documents, such as invoices, purchase orders and receiving reports accompany checks for the check signers' review?	_____	_____	_____
6. Are payroll charges reviewed against program budgets and are deviations reported to management for follow-up action?	_____	_____	_____
7. Are executive authorizations and approvals required for originating expenditures for capitol items?	_____	_____	_____
8. Are at least two signatures required on all checks or on checks over a certain amount?	_____	_____	_____

Write Comments And Findings On The Back Of This Form

**Department Of Community Affairs
CDBG-DR Program**

Memorandum Of Understanding

**Grantee:
Agreement #:**

**Date:
Program Manager:**

Subject: Grant Monitoring

During this visit, the following files were examined:

- 1.) Environmental Review Record –
- 2.) Civil Rights (Fair Housing and Equal Rights) –
- 3.) Citizen Participation -
- 4.) Financial Management -
- 5.) Labor Standards (if applicable) -
- 6.) Acquisition and Relocation (if applicable) -

The project site at _____ was visited and/or the following residential units were visited.

- 1.) _____
- 2.) _____
- 3.) _____

Based on this examination, the following concerns and/or findings were discussed and the following remedial plan was developed.

SC Program Representative Local Contact (signature/title)
Please Attach Additional Pages As Necessary

