|  |  |  |  |
| --- | --- | --- | --- |
| Appendix D - HCD CDBG National Objective Monitoring Checklist | | | |
| Name of Grantee: | | | |
| Name of Subrecipient (if applicable): | | | |
| Standard Agreement Number: (complete one checklist for each monitored Standard Agreement): | | | |
| Staff Consulted: | | | |
| Name(s) of Reviewer(s) |  | Date |  |

**NOTE: All questions that address requirements contain the citation for the source of the requirement. If the requirement is not met, the reviewer must make a “finding” of noncompliance.** Questions that do not contain the citation for the requirement do not address requirements but are included to assist the reviewer in understanding the Grantee’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:** Section A covers the Grantee's compliance with CDBG National Objectives. Section B summarizes the reviewer’s determinations regarding the Grantee’s need for technical assistance and/or training in this program function.

**Review Documents:** A National Objective review would have been completed prior to award/Standard Agreement execution. Staff should review the following documents prior to monitoring:

* Standard Agreement
* Amendments/Modifications
* Closeout Report

Staff should review the following documents as applicable:

* National Objective Documentation
  + **LMA -** Documented Census Data or area survey methodology and results; service area map; written justification of service area determination
  + **LMC -** Documentation detailing how the program was limited to a specific presumed group; intake documentation and copies of self-certification of income; income verification documents for direct benefit activities (i.e., rental assistance)
  + **LMH -** Applicant intake documentation and supporting income verification documents
  + **LMJ –** Copies of self-certification of income, copies of pre-assistance headcount, spreadsheet of jobs created by type including income, demographics, single head of household, etc.

1. **National Objective Compliance**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | Has Closeout been submitted and reviewed for this Standard Agreement? |  |  |  |  |  |
| Yes | No |
| **1a** | If closeout has been submitted, use this checklist to document compliance (or noncompliance) with a National Objective and validate with closeout review.  If closeout has not yet been submitted, use this checklist to determine if the Grantee is collecting the appropriate information and if they are likely to meet the national objective. If they are not, use the results of this checklist to develop a plan for remedies and any needed technical assistance. | | | | | |
| **Describe Documents Reviewed:** | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2** | **LMI Area Benefit** (if the LMI Area Benefit National Objective was not used, skip to Question #3) | | | | | | | |
| **2a** | Does the Grantee have documentation to justify the selection of the service area? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **2b** | Was census data used to document the national objective? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **2c** | If yes to 2b, does the census data area align with the service area |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| does the data document that the service area is 51% or more low- and moderate-income (LMI)? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **2d** | If no to 2b, review the survey methodology and results. (Reviewer should use Tool 2-3 to review the Income Survey methodology and documentation)  Does the survey document that the service area is 51% or more LMI? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **2e** | If the project has been completed, does the review of the project file indicate that the service area is the same as explained in the Standard Agreement? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3** | **LMI Limited Clientele** (if the LMI Limited Clientele National Objective was not used, skip to Question #4) | | | | | | | |
| **3a** | Was the project specifically for the benefit of a HUD presumed group? (See GMM Chapter 2, Section 2.2.2.) |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **3b** | If yes, does the Grantee have supporting documentation to confirm this (program guidelines, facility uses, etc.)? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |
| **3c** | Was the project strictly for the removal of architectural barriers? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **3d** | If yes, does the Grantee have sufficient documentation to support the necessity of the barrier removal? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| Do all expense items appear eligible? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |
| **3e** | Did the project provide direct benefits to LMI clientele (rental assistance, utility assistance, emergency assistance)? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **3f** | If yes, does the Grantee have documentation of income verification for assisted clientele? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **3g** | If direct benefit assistance was provided, does income verification documentation show 100% of persons assisted were LMI? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **3h** | If direct benefits were not provided, does the Grantee have documentation of self-certification of income for assisted clientele? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **3i** | Does the documentation of self-certification of income show that at least 51% of persons assisted were LMI? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4** | **LMI Housing** (if the LMI Housing National Objective was not used, skip to Question #5) | | | | | | | |
| **4a** | Does the Grantee have documentation of income verification for each assisted household? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |
| **4b** | Does the income verification documentation show:   * 100% LMI households for single-family housing, or * 51% LMI households for multi-family housing? (Note: duplexes must be at least 50%) |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |
| **4c** | If applicable, is there documentation to support compliance with the Lead Hazards requirements of 24 CFR Part 35?  **24 CFR 570.608** |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **4d** | Did the project involve permanent or temporary relocation? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **4e** | If the project involved relocation, does the Grantee have a file for each assisted household documenting compliance with URA?  **24 CFR 570.606 and 49 CFR Part 24** |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **4f** | If CDBG funds were used for construction (including rehabilitation) of real property located within the Special Flood Hazard Area (SFHA), are those assisted properties in compliance with the flood insurance purchase and community participation requirements at Sections 102(a) and 202(a) of the Flood Disaster Protection Act of 1973, as amended, and at 24 CFR 570.605 **24 CFR 570.605** |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5** | **LMI Jobs** (if the LMI Jobs National Objective was not used, skip to Question #6) | | | | | | | |
| **5a** | Was the project for the creation/retention of jobs? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **5b** | If the project was for the retention of jobs, are at least 51% documented to be LMI persons (based on family income)?  **24 CFR 570.483(b)(4)(ii)** |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **5c** | If the project was for the retention of jobs, does the Grantee have documentation to show that the jobs would be lost without the CDBG assistance?  **24 CFR 570.483(b)(4)(ii)** |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |
| **5b** | If the project was for the creation of jobs, are at least 51% documented to be LMI persons (based on family income)?  **24 CFR 570.483(b)(4)( i)** |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6** | **Elimination of Blight – Area Basis** (if the Elimination of Blight-Area National Objective was not used, skip to Question #7) | | | | | | | |
| **6a** | Did the project propose to prevent or eliminate blight in a defined area that was formally designated by the Grantee?  **24 CFR 570.483(c)(1)** |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |
| **6b** | Does the Grantee have documentation to prove the defined area met the state and federal definition of blighted area?  **24 CFR 570.483(c)(1)(ii)** |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |
| **6b** | Does the project scope of work address one or more of the conditions which contributed to the deterioration of the area?  **24 CFR 570.483(c)(1)(iii)** |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7** | **Elimination of Blight – Spot Basis** (if the Elimination of Blight-Spot National Objective was not used, skip to Question #8) | | | | | | | |
| **7a** | Did the project propose to eliminate specific conditions of blight on a specific property or parcel that is NOT located within a blighted area?  **24 CFR 570.483(c)(2)** |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **7b** | Does the Grantee have documentation to prove the property/parcel met the state and federal definition of blight?  **24 CFR 570.483(c)(2)** |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |
| **7c** | Were the activities undertaken in the scope of work limited to:   * Acquisition; * clearance; * relocation; * historic preservation; * remediation of environmentally contaminated properties; or * rehabilitation of buildings (limited to conditions that are detrimental to public health and safety).   Note: if the project is for acquisition only, it must be a precursor to another eligible activity (funded with CDBG or other resources) that directly eliminates the specific conditions of blight or physical decay, or environmental contamination. |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **8** | **Urgent Need -** (if the Urgent Need National Objective was not used, continue to Section D: Summary | | | | | | | |
| **8a** | Does the Grantee have documentation to support the use of the Urgent Need national objective?  **24 CFR 570.483(d)** |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |
| **8b** | Did the Grantee receive approval from HCD to use the Urgent Need national objective? |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |

1. **Summary**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | Based on your review of the Grantee’s performance, is there a need for technical assistance concerning compliance with national objective requirements of 24 CFR 570.483? (If yes, describe the need(s) below.) |  |  |  |  |  |  |  |
|  | Yes |  | No |  | N/A |  |
| **Describe Basis for Conclusion:** | | | | | | | | |