## TxCDBG Planning Fund Monitoring Checklist

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| **CLOSE-OUT DOCUMENTATION CHECKLIST** |
| GRANT RECIPIENT:  | Cog:  |
| Contract No/Fund:  | Grant Period:  |
| Grant Amount:  | Monitor:  |
| Match:  | Coordinator:  |
| Consultant:  |  |
| **Documents** | **Date Rec'd** | **Revised/ Comment** |
| CLOSEOUT LETTER |   |   |
| Cumulative Minority Business Enterprise Report (MBE) |   |   |
| Fair Housing Activity |   |   |
| Final Public Hearing |   |   |
| UPDATED DISCLOSURE REPORT |   |   |
| Other: |   |   |
| **Monitoring** | **Date** | **Follow-up** |
| Monitoring Report |   |   |
| Programmatically Closed |   |   |

## TxCDBG Planning Fund Monitoring Checklist

**No. Findings:**

**Summary of Findings:**

**Summary of Concerns:**

| **CLOSE-OUT REVIEW** |
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|  |  | **Y** | **N** | **N/A** | **DOCUMENT SOURCEAND COMMENTS** |
| 1. | Was the Final Closeout letter from an authorized signatory submitted in a timely manner prior to the contract termination? |  |  |  | Date Due: (Due prior to end of contract period.)Received:  |
| 2. | Did the chief elected local official sign the certifications? |  |  |  |  |
| 3. | Was a letter of transmittal from local authorized official that indicates local review of the planning documents in the file? |  |  |  |  |
| 4. | Are the actual accomplishments itemized and/or described in terms for each activity and substantially the same as the Performance Statement of the TxCDBG contract? |  |  |  |  |
| 5*.* | ***If No,*** is a Performance Statement Modification or Amendment required? |  |  |  |  |
| 6. | Was at least one (1) paper hard copy and one (1) compact disk (CD) media written in Adobe Acrobat portable document format (\*pdf), that contains the narrative and mapping prepared under this contract submitted. |  |  |  |  |
| 7. | Does the financial status in Oracle agree with the drawdown log and budget for TxCDBG funds in the contract file? |  |  |  | Variances: |
| 8. | Do the local funds expenditures reported meet or exceed the match commitment required in the TxCDBG contract by percent of TxCDBG funds drawn?  |  |  |  |  |
| 9. | Did the Grant Recipient submit a *Beneficiary Report for Planning & Capacity Building Fund* (Form B11)? |  |  |  | Received:   |
| 10. | Was the final public hearing notice advertised at least 12 days prior to the hearing and did it state that planning documents are available for review? |  |  |  | Date of publication:  |
| 11. | Was a final public hearing held after completion? |  |  |  | Date of public hearing:  |
| 12. | Were there any citizens' comments noted? |  |  |  |  |
| 13. | ***If Yes,*** were the citizen comments addressed appropriately? Obtain copy of complaint and resolution letter. |  |  |  |  |

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| **PROCUREMENT OF PROFESSIONAL SERVICES(Administrative or Other Professional Services Paid with TxCDBG Funds)** |
| 15. | Did the Grant Recipient establish and use written selection criteria that included *at a minimum*, a clear and accurate description of the technical requirements of the services to be procured? |  |  |  |  |
| 16. | Did the Grant Recipient advertise the RFP’S in a locally distributed newspaper, and submit the RFP to at least 5 individuals/firms? |  |  |  | Adv. \_\_\_ Letters Email Response Deadline: No. of respondents: Name of successful respondent:   |
| 17. | Is there evidence that the governing body authorized the approval to proceed with contract execution? |  |  |  |  |
| 18. | Is the firm a SBE/MBE/WBE as certified with the Texas Comptroller (HUB)? |  |  |  |  |
| 19. | DEBARMENT: Was SAM eligibility verified before contract award?  |  |  |  | Date of verification:  |
| 20. | Does the contract document include all of the following provisions? |  |  |  |  |
|  | Names of both parties |  |  |  |  |
| Begin date after starting date of TxCDBG contract or pre-agreement letter on file |  |  |  | Contract start date:  HUD Exemption Certification Date:   |
| Scope of services |  |  |  |  |
| Firm fixed-price compensation |  |  |  |  |
| Procedure for amending contract |  |  |  |  |
|  Termination clause (For contracts >$10,000) |  |  |  |  |
| Procedures for determining the party responsible for any disallowed costs as a result of Non-compliance |  |  |  |  |
| Local Program Liaison |  |  |  |  |
| Equal Opportunity Clause(For contracts >$10,000) |  |  |  |  |
| Section 3 of the HUD Act of 1968(For contracts >$100,000 (24 CFR §135.38 (f)(4)) |  |  |  |  |
| Access to Records(24 CFR 85.36(i)) |  |  |  |  |
| Retention of records for three years after grantees or sub-grantees make final payment (24 CFR 85.36(i)) |  |  |  |  |
|  | Conflicts of Interest |  |  |  |  |

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| **FINANCIAL MANAGEMENT REVIEW** |
| 21. | Has the Grant Recipient submitted an Updated Disclosure report(s)? |  |  |  |  |
| 22. | Are separate accounting records (e.g. check register) established and maintained for TxCDBG project funds? |  |  |  |  |
| 23. | Were all TxCDBG funds spent in accordance with the budgeted line items from which they were drawn or corrected via the Notification of Balance Adjustment? |  |  |  |  |
| 24. | Were draw down requests limited to the amount of funds needed at the time of the request? (If no,why?) |  |  |  |  |
| 25. | Were transfers of funds between budgeted line items approved by TxCDBG via budget modification/amendment? |  |  |  |  |
| 26. | Is authorization of payments and issuance of checks handled by different individuals (where feasible)? |  |  |  |  |
| 27. | Were all contract-related expenses (except audit) incurred within the TxCDBG contract period? |  |  |  |  |
| 28. | Do all costs appear allowable? |  |  |  | Questioned Costs: |
| 29. | Has the Grant Recipient submitted the applicable Audit Certification Form(s) |  |  |  |  |
| 30. | Did the Audit Certification Form(s) reflect expenditures of $500,000 ($750,000 with FYE 12/31/2015) or more in state or federal funds during the applicable fiscal year(s)? |  |  |  |  |
| 31. | ***If Yes,*** has the Grant Recipient submitted the required audit(s)? |  |  |  |  |
| 32. | Did this Grant Recipient make a commitment to provide match to this project? |  |  |  |  |
| Match Dollar Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Percentage of TxCDBG Funds \_\_\_\_\_\_% |
| 33. | Are separate accounting records (e.g., ledger, check register) established and maintained to track local match expenditures for the project? |  |  |  |  |
| 34. | Were all of the expenditures claimed as match allocable under the TxCDBG project? |  |  |  |  |
| 35. | Has the Grant Recipient expended an adequate amount of allowable local match to meet its percentage of TxCDBG funds commitment?  |  |  |  | Amount:  |
| 36. | Has the Grant Recipient contracted or anticipates additional expenditures that will meet its local match commitment? |  |  |  |  |

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|  **ENVIRONMENTAL REVIEW/SPECIAL CONDITIONS**  |
| 37 | Is the environmental clearance status of this project the same as listed in Section 20 of the TxCDBG Contract? |  |  |  | * Exempt
* Categorical Exclusion
* Full Environmental Assessment
 |
|  | **Exempt** |  |  |  |  |
| 38. | Did the Grant Recipient submit its Transmittal Letter and **Environmental 58.34 Checklist**, including written documentation of its determination that each activity or project is Exempt and meets the conditions specified for such exemption under 24 CFR 58.34? |  |  |  |  |
| 39. | Is a copy of the Environmental Clearance Letter from TxCDBG for Exempt on file?  |  |  |  | Date of Clearance:   |

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| **CIVIL RIGHTS REVIEW** |
| 40. | Were equal opportunity guidelines followed in advertising vacancies, such as posting job vacancies and including equal opportunity language? |  |  |  |  |
| 41. | Have any equal employment opportunity complaints been filed against the Grant Recipient? |  |  |  | Briefly Describe Complaint: |
| 42. | Has the Equal Employment Opportunity Commission investigated the complaints? |  |  |  |  |
|  | ***If Yes,***question 43. is applicable. |  |  |  |  |
| 43. | Has a determination of discrimination been made as a result of the investigations(s)? |  |  |  | Determination: |
| 44. | Has a plan been developed that identifies the effects of past discrimination and specifies those actions the Grant Recipient will take in order to overcome the identified effects? |  |  |  |  |
| 45. | TXCDBG CONTRACT CERTIFICATION III: Does the Grant Recipient have a written Section 3 Plan (or equivalent)? |  |  |  | Date Section 3 Plan Adopted:  |
| 46. | Are survey forms/census data that were used to document project beneficiaries on file?  |  |  |  |  |
| 47. | Is beneficiary data by race, ethnicity, and gender available for review?  |  |  |  |  |
| 48. | Is there evidence that the Grant Recipient affirmatively publicized to small, minority and women-owned businesses whenever possible? |  |  |  |  |
|  | *Check affirmative action(s) taken:* |  |  |  |  |
| 49. | Acceptable procurement procedures used |  |  |  |  |
| 50. | Placed qualified small, minority, and women-owned firms in solicitation lists whenever they were potential sources |  |  |  |  |
| 51. | Divided project activities into smaller tasks or services to allow participation by these type of businesses |  |  |  |  |
| 52. | Established delivery schedules to encourage participation |  |  |  |  |
| 53. | Utilized either: Minority Business Development Centers; the Small Business Administration, Office of Minority Business Enterprise; the Texas Office of Economic Development, Business Development Division |  |  |  |  |
| 54. | Provided direct bonding assistance or SBA Surety Bond Guarantee Program |  |  |  |  |

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|  | **SECTION 504 COMPLIANCE**  |
| 55. | Did the Grant Recipient implement procedures that allow individuals with handicaps to obtain information concerning the existence and location of accessible services, activities, and facilities? |  |  |  |  |
| 56. | Do the Grant Recipient's personnel policies demonstrate that the Recipient is reasonably accommodating the known needs of handicapped employees and applicants? |  |  |  |  |
| 57. | Has the Section 504 Self-Evaluation Review Form been completed? |  |  |  |  |
| 58. | Does the Grant Recipient have more than 15 employees? (**If no skip 65-67**) |  |  |  |  |
| 59. | Did the Grant Recipient designate Section 504 coordinator? |  |  |  | Name:  |
| 60. | Did the Grant Recipient publish a notice in a general circulated newspaper in the affected community that identifies its Section 504 compliance coordinator, and states, where appropriate, that it does not discriminate in admission or access to, or treatment or employment in, its federally assisted programs? |  |  |  | Date Published:  |
| 61. | Did the Grant Recipient adopt grievance procedures that incorporate due process standards and allow for prompt resolution of complaints alleging any action prohibited by 24 CFR Part 8?  |  |  |  | *(These grievance procedures do not need to cover either applicants for employment or applicants for housing.)* |
|  | **CITIZEN PARTICIPATION REQUIREMENTS** |
| 62. | Does the Grant Recipient maintain written citizens’ complaint procedures? |  |  |  |  |
| 63. | Do the procedures provide a timely written response to complaints and grievances? |  |  |  |  |
| 64. | Has the Grant Recipient notified its citizens of the location and hours at which they may obtain a copy of the written procedures and the address and telephone number for submitting complaints? |  |  |  |  |
| 65. | TxCDBG CONTRACT: CERTIFICATION (6): Has the Grant Recipient adopted and enforced a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individual engaged in nonviolent civil rights demonstrations; and a policy of enforcing applicable state and local laws against physically barring entrance to or exit from a facility or location which is the subject of such nonviolent civil rights demonstration within its jurisdiction? |  |  |  | Date adopted:  |

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| **FAIR HOUSING REVIEW** |
| 66. | Has the city adopted a fair housing ordinance? |  |  |  | Date adopted/amended:  |
| 67. | Has the county adopted Fair Housing policy or procedures? |  |  |  | Date adopted/amended:  |
| 68. | Does the ordinance/policy include all 7 federally protected classes? (race, color, religion, sex, handicap, familial status, and national origin)  |  |  |  |  |
| 69. | Does the ordinance contain a penalty clause? |  |  |  |  |
| 70. | Did the Grant Recipient conduct other acceptable activities to affirmatively further fair housing during the contract period? |  |  |  |  |
|  | Proclamation/Declaration/Resolution |  |  |  | Date Performed:  |
| Ordinance |  |  |  |  |
| Fair Housing Statement |  |  |  |  |
| Policies |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Message included on/with utility bill |  |  |  |  |
| 71. | Has the Grant Recipient appointed a Fair Housing Officer? |  |  |  | Name:  |
| 72. | Has the Grant Recipient submitted its Fair Housing Plan? |  |  |  |  |
| 73. | Has the Secretary of HUD investigated any complaint(s) of discrimination and non-compliance against the Grant Recipient? |  |  |  |  |
| 74. | Are the Performance Narrative Reports submitted on or before the 30th day after the end of the quarter?  |  |  |  | Dates:  |
|  | If not, explain |  |  |  |  |
| **LIMITED ENGLISH PROFICIENCY** |
| 75. | Does the Grant Recipient have any Limited English Proficiency (LEP} speaking populations within its community? (LEP group is >5% or >1,000 individuals according to American Fact Finder Data) |  |  |  |  |
| 76. | If the Grant Recipient identified an LEP group(s) did they prepare an LEP plan? |  |  |  |  |
| 77. | Does the LEP Plan call for acceptable procedures for meeting LEP group needs (e.g. translated vital documents, translated public notices, translation services, or adequate number of bilingual staff)?(See also safe harbor written language assistance recommendations.) |  |  |  |  |