

**New Jersey  
NJ Small Cities CDBG Program**

**Monitoring Forms**

Grantee1

GA#1

**Monitoring Visit  
Date**

Date1

**NJ CDBG PROGRAM  
HOUSING REHABILITATION CHECKLIST  
INDIVIDUAL FILES**

**Grantee: Grantee1  
Agreement #: GA#1**

**Date: Date1  
Program Representative: Rep1**

**ELIGIBILITY**

**Dwelling 1**

Homeowner's Name: \_\_\_\_\_

Household Size: \_\_\_\_\_

Address: \_\_\_\_\_

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	_____	_____	_____

Grantee1	GA#1	Date1	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<b>LEAD PAINT</b> compliance required			_____	_____	_____

If no, or N/A, explain why:  
(e.g., age of structure - 1978 or after, previous lead work, type of rehab work)

If yes, does the file include the following:

- Were owners/occupants provided with “Protect Your Family From Lead in Your Home”?  
\_\_\_\_\_
- Does household include a child under age 6 with an identified EBL?  
\_\_\_\_\_
- Proof that homeowner received The Lead-Safe Certified Guide to Renovate Right  
\_\_\_\_\_
- Lead inspection report and risk assessment plan by a licensed evaluation contractor  
\_\_\_\_\_
- Proof that contractor is a USEPA Lead-Safe Certified firm  
\_\_\_\_\_
- Proof that project had a USEPA Certified Renovator on site  
\_\_\_\_\_
- Proof that contractor’s employees are trained in lead safe work practices  
\_\_\_\_\_
- Documentation that unit passed a lead clearance examination  
\_\_\_\_\_
- Proof that homeowner was notified that unit passed a lead clearance examination  
\_\_\_\_\_
- Documentation of lead costs including lead evaluation, hazard reduction & lead clearance  
\_\_\_\_\_

Grantee1                      GA#1                      Date1

**REHABILITATION**

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

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

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:

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: \_\_\_\_\_

Grantee1                      GA#1                      Date1

**REHABILITATION (Continued)**

Final payment amount, including change orders: \$ \_\_\_\_\_

Copies of warrantees & guarantees                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Property lien recorded    Date: \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Amount deferred \$ \_\_\_\_\_                      Amount forgiven \$ \_\_\_\_\_

**COMMENTS AND FINDINGS:**

**NJ CDBG PROGRAM  
HOUSING REHABILITATION CHECKLIST  
INDIVIDUAL FILES**

**Grantee: Grantee1**  
**Agreement #: GA#1**

**Date: Date1**  
**Program Representative: Rep1**

**ELIGIBILITY**

**Dwelling 2**

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	_____	_____	_____

Grantee1	GA#1	Date1	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<b>LEAD PAINT</b> compliance required			_____	_____	_____

If no, or N/A, explain why:  
(e.g., age of structure - 1978 or after, previous lead work, type of rehab work)

If yes, does the file include the following:

- Were owners/occupants provided with “Protect Your Family From Lead in Your Home”?  
\_\_\_\_\_
- Does household include a child under age 6 with an identified EBL?  
\_\_\_\_\_
- Proof that homeowner received The Lead-Safe Certified Guide to Renovate Right  
\_\_\_\_\_
- Lead inspection report and risk assessment plan by a licensed evaluation contractor  
\_\_\_\_\_
- Proof that contractor is a USEPA Lead-Safe Certified firm  
\_\_\_\_\_
- Proof that project had a USEPA Certified Renovator on site  
\_\_\_\_\_
- Proof that contractor’s employees are trained in lead safe work practices  
\_\_\_\_\_
- Documentation that unit passed a lead clearance examination  
\_\_\_\_\_
- Proof that homeowner was notified that unit passed a lead clearance examination  
\_\_\_\_\_
- Documentation of lead costs including lead evaluation, hazard reduction & lead clearance  
\_\_\_\_\_

Grantee1                      GA#1                      Date1

**REHABILITATION**

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

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

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:

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: \_\_\_\_\_



**REHABILITATION (Continued)**

Final payment amount, including change orders: \$ \_\_\_\_\_

Copies of warranties & guarantees \_\_\_\_\_

Property lien recorded Date: \_\_\_\_\_

Amount deferred \$ \_\_\_\_\_ Amount forgiven \$ \_\_\_\_\_

**COMMENTS AND FINDINGS:**

**NJ CDBG PROGRAM  
HOUSING REHABILITATION CHECKLIST  
INDIVIDUAL FILES**

**Grantee: Grantee1**  
**Agreement #: GA#1**

**Date: Date1**  
**Program Representative: Rep1**

**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	_____	_____	_____

Grantee1	GA#1	Date1	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<b>LEAD PAINT</b> compliance required			_____	_____	_____

If no, or N/A, explain why:  
(e.g., age of structure - 1978 or after, previous lead work, type of rehab work)

If yes, does the file include the following:

- Were owners/occupants provided with “Protect Your Family From Lead in Your Home”?  
\_\_\_\_\_
- Does household include a child under age 6 with an identified EBL?  
\_\_\_\_\_
- Proof that homeowner received The Lead-Safe Certified Guide to Renovate Right  
\_\_\_\_\_
- Lead inspection report and risk assessment plan by a licensed evaluation contractor  
\_\_\_\_\_
- Proof that contractor is a USEPA Lead-Safe Certified firm  
\_\_\_\_\_
- Proof that project had a USEPA Certified Renovator on site  
\_\_\_\_\_
- Proof that contractor’s employees are trained in lead safe work practices  
\_\_\_\_\_
- Documentation that unit passed a lead clearance examination  
\_\_\_\_\_
- Proof that homeowner was notified that unit passed a lead clearance examination  
\_\_\_\_\_
- Documentation of lead costs including lead evaluation, hazard reduction & lead clearance  
\_\_\_\_\_

Grantee1                      GA#1                      Date1

**REHABILITATION**

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

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

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:

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: \_\_\_\_\_

Grantee1                      GA#1                      Date1

**REHABILITATION (Continued)**

Final payment amount, including change orders: \$ \_\_\_\_\_

Copies of warrantees & guarantees                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Property lien recorded    Date: \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Amount deferred \$ \_\_\_\_\_                      Amount forgiven \$ \_\_\_\_\_

**COMMENTS AND FINDINGS:**

**NJ CDBG PROGRAM  
Environmental Review Record Checklist**

**Grantee: Grantee1**  
**Agreement #: GA#1**

**Date: Date1**  
**Program Representative: Rep1**

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 \_\_\_\_\_

Grantee1                      GA#1                      Date1

**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:

## NJ CDBG PROGRAM Labor Standards Monitoring Checklist

**Grantee: Grantee1**  
**Agreement #: GA#1**

**Date: Date1**  
**Program Representative: Rep1**

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?<br>(initial, second, etc., final) | _____ | _____ | _____ | _____ |
| C. | Payrolls signed by employer or authorized representative?          | _____ | _____ | _____ | _____ |
| D. | Statement of Compliance prepared for each payroll?                 | _____ | _____ | _____ | _____ |



Labor Standards (Contd..)

Grantee1	GA#1	Date1	<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: \_\_\_\_\_

Grantee1                      GA#1                      Date1

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

Yes      No      N/A      N/R

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

**NJ CDBG PROGRAM  
Civil Rights Monitoring Checklist**

**Grantee: Grantee1  
Agreement #: GA#1**

**Date: Date1  
Program Representative: Rep1**

**Fair Housing – Part A**

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.)

Grantee1

GA#1

Date1

**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)

Grantee1                      GA#1                      Date1

### Economic Development – Part E

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.

**NJ CDBG PROGRAM  
Citizen Participation Plan (CPP) Checklist**

**Grantee: Grantee1  
Agreement #: GA#1**

**Date: Date1  
Program Representative: Rep1**

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:

## NJ CDBG PROGRAM Acquisition Checklist

**Grantee: Grantee1**  
**Agreement #: GA#1**

**Date: Date1**  
**Program Representative: Rep1**

	<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?	_____	_____

Grantee1

GA#1

Date1

Yes

No

5. Rental Agreements

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. Appeals

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



## NJ CDBG PROGRAM Financial Review

**Grantee: Grantee1**  
**Agreement #: GA#1**

**Date: Date1**  
**Program Representative: Rep1**

	<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  
NJ CDBG PROGRAM**

**Memorandum Of Understanding**

**Grantee: Grantee1  
Agreement #: GA#1**

**Date: Date1  
Program Representative: Rep1**

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

