New Jersey
NJ Small Cities CDBG Program

Monitoring Forms

Grantee 1

GA#1

Monitoring Visit
Date

Date 1

Revised 05/08/14
NJ CDBG PROGRAM
HOUSING REHABILITATION CHECKLIST
INDIVIDUAL FILES

Grantee: Grantee1
Agreement #: GA#1
Date: Date1
Program Representative: Rep1

ELIGIBILITY

Dwelling 1
Homeowner’s Name: __________________________
Address: ____________________________________

Household Size: ______________
Household Income: $ __________
Age of Building: ______________

ELIGIBILITY

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

POLICIES & PROCEDURES MANUAL

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   ____  ____  ____
<table>
<thead>
<tr>
<th>Grantee 1</th>
<th>GA#1</th>
<th>Date 1</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEAD PAINT</strong></td>
<td>compliance required</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 | | | |
<table>
<thead>
<tr>
<th>Grantee1</th>
<th>GA#1</th>
<th>Date1</th>
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<tbody>
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</table>

**REHABILITATION**

<table>
<thead>
<tr>
<th>Work write-up/cost estimate: $____________________</th>
<th>Date Prepared: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

Reviewed with applicant

<table>
<thead>
<tr>
<th>Reviewed with applicant</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
</table>

Formal bid process used

<table>
<thead>
<tr>
<th>Formal bid process used</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bid sent to contractor list

<table>
<thead>
<tr>
<th>Bid sent to contractor list</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ________________</td>
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</tbody>
</table>

List of bids/proposals received

<table>
<thead>
<tr>
<th>List of bids/proposals received</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>If less than 2, explain why:</td>
<td></td>
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</tbody>
</table>

Award made to lowest bidder

<table>
<thead>
<tr>
<th>Award made to lowest bidder</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>If not, explain why:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Construction agreement

<table>
<thead>
<tr>
<th>Construction agreement</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: _________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Work change orders

<table>
<thead>
<tr>
<th>Work change orders</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
</table>

Total amount: $ ________________

Final inspections made

<table>
<thead>
<tr>
<th>Final inspections made</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
</table>

Program inspector

<table>
<thead>
<tr>
<th>Program inspector</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: _______________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Code official

<table>
<thead>
<tr>
<th>Code official</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: _______________</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Major System(s) rehabilitated:

<table>
<thead>
<tr>
<th>Major System(s) rehabilitated:</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Homeowner release of payment

<table>
<thead>
<tr>
<th>Homeowner release of payment</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ______________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contractor release of owner

<table>
<thead>
<tr>
<th>Contractor release of owner</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ______________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Payment voucher to contractor

<table>
<thead>
<tr>
<th>Payment voucher to contractor</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ______________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REHABILITATION (Continued)

Final payment amount, including change orders: $ _________________

Copies of warranties & guarantees ______ ______ ______ 

Property lien recorded  Date: ______ ______ ______

Amount deferred $ _________________  Amount forgiven $ _________________

COMMENTS AND FINDINGS:
# Housing Rehabilitation Checklist

**Grantee:** Grantee1  
**Grantee Agreement #:** GA#1  
**Date:** Date1  
**Program Representative:** Rep1

## Eligibility

<table>
<thead>
<tr>
<th>Dwelling 2</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeowner’s Name: __________________________</td>
<td>Household Size: ____________</td>
<td></td>
</tr>
<tr>
<td>Address: __________________________</td>
<td>Household Income: $__________</td>
<td></td>
</tr>
<tr>
<td>Age of Building: __________</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
</table>

## 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: ___ ___ ___
### Housing Rehabilitation Checklist Contd.

<table>
<thead>
<tr>
<th>Grantee</th>
<th>GA#</th>
<th>Date</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dwelling 2</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**LEAD PAINT** 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 ____ ____ ____
Grantee 1  GA#1  Date 1

REHABILITATION

Work write-up/cost estimate: $_______________  Date Prepared: ________________

Reviewed with applicant  

YES  NO  N/A

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:
Grantee: Grantee1  
Agreement #: GA#1  
Date: Date1  
Program Representative: Rep1

### ELIGIBILITY

**Dwelling 3**

<table>
<thead>
<tr>
<th>Homeowner’s Name:</th>
<th>Household Size:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Address:</th>
<th>Household Income:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>$</td>
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</table>

<table>
<thead>
<tr>
<th>Age of Building:</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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### POLICIES & PROCEDURES MANUAL

Does Grantee have the approved manual

<p>| |</p>
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Does the manual include current HUD Income Limits

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<thead>
<tr>
<th></th>
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</table>

### ELIGIBILITY

<table>
<thead>
<tr>
<th>Home located in target area</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Is this an emergency situation</th>
</tr>
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<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Up-to-date homeowner application</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Income documentation</th>
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<table>
<thead>
<tr>
<th>Deed</th>
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<td></td>
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<table>
<thead>
<tr>
<th>Documentation of building’s age</th>
</tr>
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<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Homeowner’s insurance policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Home located in a floodplain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Proof of flood insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification of eligibility completed by grantee</th>
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</table>

### WORK FILE

SHPO compliance required

<p>| |</p>
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</table>

SHPO compliance achieved

<p>| |</p>
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<tr>
<th></th>
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</table>
LEAD PAINT 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:

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- Does household include a child under age 6 with an identified EBL?

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- Documentation of lead costs including lead evaluation, hazard reduction & lead clearance
Grantee1  GA#1  Date1  

**REHABILITATION**

<table>
<thead>
<tr>
<th>Work write-up/cost estimate: $____________________</th>
<th>Date Prepared: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewed with applicant</td>
<td>YES  NO  N/A</td>
</tr>
<tr>
<td>Date: _______________</td>
<td></td>
</tr>
<tr>
<td>Formal bid process used</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Bid sent to contractor list</td>
<td></td>
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</tr>
<tr>
<td>If less than 2, explain why:</td>
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<tr>
<td>Award made to lowest bidder</td>
<td></td>
</tr>
<tr>
<td>If not, explain why:</td>
<td></td>
</tr>
<tr>
<td>Construction agreement</td>
<td>Date: ________________</td>
</tr>
<tr>
<td>Work change orders</td>
<td>YES  NO  N/A</td>
</tr>
<tr>
<td>Total amount: $____________________</td>
<td></td>
</tr>
<tr>
<td>Final inspections made</td>
<td>YES  NO  N/A</td>
</tr>
<tr>
<td>Program inspector</td>
<td>Date: ________________</td>
</tr>
<tr>
<td>Code official</td>
<td>Date: ________________</td>
</tr>
<tr>
<td>Major System(s) rehabilitated:</td>
<td></td>
</tr>
<tr>
<td>Homeowner release of payment Date: ______________</td>
<td></td>
</tr>
<tr>
<td>Contractor release of owner Date: ______________</td>
<td></td>
</tr>
<tr>
<td>Payment voucher to contractor Date: ______________</td>
<td></td>
</tr>
</tbody>
</table>

(Housing Rehabilitation Checklist Contd.)

Dwelling 3
REHABILITATION (Continued)

Final payment amount, including change orders: $ ________________

Copies of warranties & guarantees   ___  ___  ___  ___

Property lien recorded  Date:___________  ___  ___  ___  ___

Amount deferred $ _________________  Amount forgiven $ _________________

COMMENTS AND FINDINGS:
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
   • Exempt Status Determination
   • Notification to Department of Exempt Status
   • Department Approval of Exempt Status

   For Categorically Excluded/Exempt Projects
   Does the file contain:
   • Project Description
   • Explanation of Categorical Exclusion
   • Statutory Checklist
   • Explanation of Exempt Status
   • Notification to Department of Exempt Status
   • Department Approval of Exempt Status

   For Categorically Excluded Projects
   Does the file contain:
   • Project Description
   • Explanation of Categorical Exclusion
   • Statutory Checklist
   • RROF Notice and Proof of Publication
   • Request for Release of Funds
   • Approval of Request for Release of Funds
   • Correspondence from objectors or from those requesting information or environmental interpretation) & municipal replies
   • Departmental Correspondence
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

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? ____  ____  ____  ____
Grantee1  GA#1  Date1

Yes  No  N/A  N/R

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. Employee Interviews

A. Were employee interviews conducted by the grantee?  ______  ______  ______  ______

B. Were a representative number of trades covered?  ______  ______  ______  ______

5. Assessment Of Grantee Labor Standards Administration

A. Does the Grantee have designated staff to ensure compliance with labor standards?  ______  ______  ______  ______

Name: __________________________________________

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>N/R</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Labor standards enforcement file for each construction project?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Is the labor standards enforcement file organized to enable review based on chronological events?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is all labor standards enforcement documentation maintained at the same location?</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Is there a need for technical assistance?

Comments And Findings
NJ CDBG PROGRAM
Civil Rights Monitoring Checklist

Grantee: Grantee1  Date: Date1
Agreement #: GA#1  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.)
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)
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 workforce:
   * 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.
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

1. Preliminary Acquisition Notice
   A. Is a copy of the notice in the file? ______ ______
   B. Is there evidence of receipt? ______ ______

2. Appraisal
   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. Written Purchase Offer
   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. Purchase And Payment
   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? ______ ______
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? [Yes/No] _____  _____

6. **Appeals**

   A. Is a copy of any appeal or payment for incidental expenses or certain litigation expenses in the file? [Yes/No] _____  _____

   B. Is there a record describing the decision made and the reasons for the decision? [Yes/No] _____  _____

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

Memorandum Of Understanding (Contd.)

Grantee: Grantee1
Agreement #: GA#1
Date: Date1
Program Representative: Rep1

Subject: Grant Monitoring

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