

### **Section 3: Monitorings**

Monitorings are usually conducted twice during the course of a NSP project. For most projects, the initial monitoring visit occurs after the first construction pay request has been received. For housing projects, the first monitoring is scheduled after the first set of homes is completed. The second monitoring occurs when all activity funds have been expended.

The Commerce and/or the Kansas Housing Resource field representative will contact the administrator and/or grantee to schedule a date and time for these monitorings. To prepare for monitoring, it is recommended that the grantee review the monitoring packet in this section. This will help the grantee understand and have ready all documentation needed for the field representative to complete the packet.

After the monitoring, the field representative will write a letter to the chief elected official to summarize the findings of the visit. If deficiencies are noted in the letter, the grantee will have 30 days to resolve the findings. The grantee's administrator can help in this process. The chief elected official should respond with a cover letter that outlines all the supporting documents addressing the requested items. This information is to be mailed to the grantee's field representative who will respond in writing as to the current status of the monitoring visit.

If there are any questions about this process, contact should be made with the grantee's field representative.

### **Section 3: Neighborhood Stabilization Program**

#### **Kansas Department of Commerce and Kansas Housing Resources Corp**

##### **Field Staff Monitoring Packet**

Grant Number: \_\_\_\_\_ Date Monitored: \_\_\_\_\_

Grantee Name: \_\_\_\_\_

Mayor/Presiding Chairman: \_\_\_\_\_

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

Grantee/Multi-jurisdictional: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Project Activity: \_\_\_\_\_

Interim Monitoring: \_\_\_\_\_

Close-Out Monitoring: \_\_\_\_\_

Special Monitoring: \_\_\_\_\_

Parties Present at Monitoring:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

## National Objective Monitoring Review

1. LOW- AND MODERATE- INCOME BENEFIT
- a. Percentage of benefit shown on application: \_\_\_\_\_
- b. Benefit is  City/County Wide       LMMA-Target Area  
 LMMH                                       LMMC-Limited Clientele
- c. Forms reviewed to support tabulation:  
 Census                                       Survey                                       Direct Beneficiaries  
 N/A     Housing Application
- d. Is project area acceptable:                                       Yes       No
- e. Is survey acceptable:     Yes       No
- f. Total beneficiaries: \_\_\_\_\_ LMI      \_\_\_\_\_ Below 50% \_\_\_\_\_
- g. Attach support documentation.
2. ELIGIBLE ACTIVITIES
- a. Established Financial Mechanisms:                                       Yes       No  
 Acquisition                                       Disposition                                       Relocation  
 Home ownership counseling
- b. Purchase, rehabilitate abandoned home/properties:                                       Yes       No  
 Acquisition                                       Disposition                                       Relocation  
 Home ownership counseling
- c. Land Bank:     Yes       No  
 Acquisition                                       Disposition
- d. Demolition—Blighted Structures Only:                                       Yes       No
- e. Redevelopment:     Yes       No  
 Acquisition                                       Disposition                                       Relocation  
 Improvement                                       Demolished                                       Vacant  
 Counseling                                       Home Ownership Assistance

Comments:

## Financial Journal Review

<u>Date Deposited</u>	<u>Amount</u>	ERR Date: _____
_____	_____	
_____	_____	
_____	_____	

<u>Invoice Date</u>	<u>Vendor</u>	<u>Date of Check</u>	<u>Check Number</u>	<u>CDBG Amount</u>	<u>Local Amount</u>	<u>Activity Line Item</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Grant Amount: _____	Total Local Pledged: _____
Total NSP Received: _____	Total Local Expended: _____
Total NSP Expended: _____	Remaining Balance: _____
Cash Balance: _____	
% of Project Completed: _____	

Has the city disbursed NSP funds within **seven** working days?  Yes  No

## Financial Management

1. Where are financial records kept? \_\_\_\_\_
  
2. Is Grantee:
  - a. Paying employees salaries with NSP monies?     Yes     No     N/A
  - b. In kind match?     Yes     No     N/A
  - If yes, were time sheets reviewed?     Yes     No     N/A
  - Was documentation sufficient?     Yes     No     N/A
  
3. Are all activities eligible?     Yes     No     N/A
  
4. Is the ledger accurate on:
  - NSP?     Yes     No
  - Local?     Yes     No

Comments:

## Program Income

1. Has grantee received any program income?     Yes     No     N/A
  - a. If yes,
    - [1] Source? \_\_\_\_\_
    - [2] Amount to date? \_\_\_\_\_

## Property Management

Were any pieces of equipment or supplies purchased with NSP funds with a value of \$300 or greater?  Yes  No

**If yes, complete remainder of page.**

1. Who is responsible for purchasing the equipment or supplies? \_\_\_\_\_

2. Does the grantee maintain a register for NSP funded property?  Yes  No  N/A

Does register include: the date acquired description, location, quantity, cost or value and disposition?  Yes  No  N/A

3. Has grantee been informed to notify Commerce of intention to dispose of equipment over \$5,000?  Yes  No  N/A

4. Is personal property identified with an inventory tag or other control?  Yes  No  N/A

5. Does property have an inventory tag or other control?  Yes  No  N/A

6. List tagged items and value of each:

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Comments:

## Environmental Review – Initial Monitoring

*(Italicized items will be reviewed at time of ERR submittal. The rest will be completed at the monitoring.)*

*Environmental Determination:*     *Exempt*         *Categorical Exclusion*         *EA*         *EIS*

Were funds obligated or did work proceed prior to release of funds?         Yes     No

Was there any public questions/comment?         Yes     No

*Were the project descriptions complete and all items disclosed during review?*         Yes     No

*Did the grantee receive responses from all appropriate agencies?*         Yes     No

*(Supported by agency sheet attached.)*

*Date of Determination of Level of Review submitted:* \_\_\_\_\_

*Date Letters sent to agencies and others:* \_\_\_\_\_

*Signing date of EA or Statutory Checklists (Appendix D or E):* \_\_\_\_\_

*For CE, was Appendix E – Other HUD Requirements submitted?*         Yes     No

*Date signed:* \_\_\_\_\_

*Date Notice published:* \_\_\_\_\_ *End of Comment period:* \_\_\_\_\_

*Appropriate and correct notice published?*         Yes     No

*Date the Chief Elected Official signed RROF Certification:* \_\_\_\_\_

*Date submitted to Field Representative:* \_\_\_\_\_ *End of Comment period:* \_\_\_\_\_

*If an assessment was necessary, did it meet all requirements?*         Yes     No

*Date of Environmental Clearance (ERR):* \_\_\_\_\_

Is the Environmental Review Record available for the public?         Yes     No

*Other comments/concerns:*

## Environmental Agencies

Agencies	Initial contact	Response or Clearance	Any concerns
Army Corp. of Engineers			
Dept. of AG, NRCS			
DWR			
EPA			
FEMA			
U.S. Fish & Wildlife			
Geological Survey			
Historical Society			
KCC			
KDHE			
Water Office			
Wildlife & Parks			

### Local documentation

School			
Chamber of Commerce			
County Health			
SRS			
County Engineer			
City Staff			
Police Chief			
Fire Chief			
EMS Director			
Recreation Commission			
KDOT			
Other			
Other			



## Environmental Review

**(Complete the following at the Final/Closeout monitoring)**

Were there any substantial changes in the project scope?

Yes

No

If yes, what were the changes?

Were there clearances for the scope of work change?

Yes

No

What were the mitigation measures/or conditions of the initial clearance?

Was each one addressed and how resolved?

Other comments/concerns:

## Procurement and Bonding

### A. General

1. Does sub- grantee have written local procurement procedures?  Yes  No  N/A

Does it include:

- Small purchases
- Competitive bidding
- Competitive negotiations
- Non-competitive negotiations

2. Is there a written Code of Conduct?  Yes  No
3. Does this project have any conflict of interest concerns?  Yes  No
4. Did grantee sign any contracts prior to grant award involving NSP or local funds?  Yes  No

### B. Competitive Negotiation

1. Name of awarded contract: (administrator only) \_\_\_\_\_

Pre-selected?  Yes  No

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Funding Source:  NSP  Local

2. Name of awarded contract: (engineer/architect/other) \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Funding Source:  NSP  Local

Pre-selected?  Yes  No

Design Inspection Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Source:  CDBG  Local

- a. Did the grantee prepare a request for qualifications (RFQ)?  Yes  No  N/A
- b. Did the RFQ identify all significant evaluation factors?  Yes  No  N/A
- c. Did the grantee send a RFQ to all qualified firms?  Yes  No  N/A
- d. Does the file contain supporting documentation of the selection criteria for contract award?  Yes  No  N/A
- e. Were fewer than two proposals received?  Yes  No  N/A
- If yes, was it approved by Commerce?  Yes  No  N/A
- f. Were unsuccessful firms notified in writing?  Yes  No  N/A

**C. Procurements Utilizing Competitive Sealed Bids (exclusive of contractual provisions discussed under “Labor Standards Monitoring Review”)**

Name of awarded contract: (Construction) \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Funding Source:  NSP  Local

Change order:# \_\_\_\_\_ \$ \_\_\_\_\_ Date: \_\_\_\_\_

Change order:# \_\_\_\_\_ \$ \_\_\_\_\_ Date: \_\_\_\_\_

1. Was the contract awarded to the lowest responsible bidder?  Yes  No  N/A

If not, explain: \_\_\_\_\_

2. Does this contract require contractor to obtain bid and performance bonds?  Yes  No  N/A

3. If contract price is over \$25,000, did recipient utilize competitive sealed bids?  Yes  No  N/A

4. Where appropriate, did the bids contain language relating to labor provisions bonding and equal employment opportunity?  Yes  No  N/A

5. Were efforts made to send invitations to bid to all qualified firms?  Yes  No  N/A

6. Were descriptions of items or services to be purchased on the invitations to bid clear and without reference to specific brand requirements unless the brand was used as an example of functional or quality requirements?  Yes  No  N/A

7. Did grantee publish an Invitation For Bid (IFB)?  Yes  No  N/A

8. Was a public meeting held to open bids?  Yes  No  N/A

9. Were fewer than two bids received in any contract?  Yes  No  N/A

10. If one bid was received, was there a request for single bid?  Yes  No  N/A

11. Was this one bid approved by Commerce?  Yes  No  N/A

12. Were unsuccessful bidders notified in writing?  Yes  No  N/A

Other construction contracts and amount awarded on this project:

Any discrepancies in any of the above procurement?

**D. Small Purchases (less than \$25,000)**

- 1. Did the grantee determine that the purchase was necessary to carry out the approved NSP program?  Yes  No  N/A
- 2. Is there a listing of vendors and price quotations in the file?  Yes  No  N/A
- 3. Did the vendors include:
  - a. Disadvantaged Business Enterprise firms?  Yes  No  N/A
  - b. Persons with disabilities-owned firms?  Yes  No  N/A
- 4. Was a purchase order/contract issued to the most advantageous vendor?  Yes  No  N/A
- 5. Was it necessary to inventory tag the small purchases?  Yes  No  N/A

**E. Noncompetitive Negotiation**

- 1. Was the item desired available from only one source?  Yes  No  N/A
- 2. Did Commerce authorize noncompetitive negotiation?  Yes  No  N/A
- 3. Was competition determined to be inadequate after a number of sources had been solicited?  Yes  No  N/A
- 4. Were the goods or services needed rapidly to meet a public emergency?  Yes  No  N/A

**F. Contract Files**

- 1. Are all contracts for this NSP project on file in city hall or the county courthouse?  Yes  No  N/A
- 2. Are files divided into categories and coded to facilitate placement and retrieval?  Yes  No  N/A

**G. Civil Rights Requirements in Procurement and Contracting**

- 1. Did the community develop lists of disadvantaged business enterprises and persons with disabilities-owned businesses as well as project area businesses for use in soliciting bids?  Yes  No

- 2. Total number of bids received:  
 Total number of bids received from disadvantaged business enterprises:  
 Total number of bids received from disabled persons:

Eng/Arch	Const.	Other

**H. Contract Provisions: Did NSP project contracts include the following:**

1. Title VI Civil Rights Act of 1964
2. Section 109 Certifications
3. Section 504 Certifications
4. Age Discrimination Act of 1975
5. Fair Housing Amendments Act of 1988
6. Executive Order 11063 Certifications
7. Kansas Act Against Discrimination
8. Section 3 Certifications
9. Executive Order 11246 Certifications
10. Restriction on lobbying contracts over \$100,000
11. Section 503 Rehabilitation Act
12. Section 912, Cranston-Gonzales National Affordable Housing Act of 1990
13. Davis-Bacon
14. Copeland Anti-Kickback
15. Contract Work Hours

Eng/Arch	Const.	Other

**I. Section 3 - What Section 3 efforts were made (contracts over \$100,000/local recruiting, soliciting, employment and training)?**

1. Is Section 3 in the Spec Book?  Yes  No
2. Did grantee provide public notice?  Yes  No

Date: \_\_\_\_\_

Is it prior to bidding?  Yes  No

3. Did contractor complete Section 3 Plan?  Yes  No
4. Did contractor submit Tables C & D at close-out?  Yes  No

- a. Number of new hires: \_\_\_\_\_
- b. Number of Section 3 hires: \_\_\_\_\_
- c. Number of trainers: \_\_\_\_\_
- d. Number of hours worked by all staff: \_\_\_\_\_
- e. Number of hours worked by Section 3 staff: \_\_\_\_\_
- f. Number of hours worked by trainers: \_\_\_\_\_

Comments on Deficiencies:

## Labor Standards

1. Does the grantee maintain a labor standards file?  Yes  No  N/A
2. Was contractor(s)/subcontractor(s) eligibility verified in all contracts?  Yes  No  N/A
3. Were wage rates requested prior to contract solicitation?  Yes  No  N/A
4. Date wage rates sent by Commerce: \_\_\_\_\_ Wage Rate#: \_\_\_\_\_ Dated: \_\_\_\_\_
5. Date of bid opening: \_\_\_\_\_
6. Date of 10 day confirmation requested: \_\_\_\_\_
7. If yes, did grantee issue an addendum?  Yes  No  N/A
8. Date of Notice of Start of Construction submitted: \_\_\_\_\_
9. Was a preconstruction conference held?  Yes  No  N/A
10. Does the grantee have a Labor Standards Officer?  Yes  No  N/A
11. Were payrolls submitted weekly?  Yes  No  N/A
12. Were payrolls numbered (initial, second, final)?  Yes  No  N/A
13. Were payrolls signed by employer representative?  Yes  No  N/A
14. Do the reports contain: (name, address, social security number, classification, hourly rates of wages paid, daily number of hours worked, weekly hours worked, deductions, actual wages paid)  Yes  No  N/A
15. Was a signed Statement of Compliance submitted with each payroll?  Yes  No  N/A
16. Are payrolls initialed and dated by the Labor Standards Officer?  Yes  No  N/A
17. Are apprentice/trainee registration records available?  Yes  No  N/A
18. Was restitution required?  Yes  No  N/A
19. Is overtime pay correct?  Yes  No  N/A
20. Was the Labor Standards Provision present in the project specifications book?  Yes  No  N/A

Employee Interviews: (G=general / S=subcontractor)

Company	G/S	#	Company	G/S	#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Describe any discrepancies that were noted:



## Civil Rights and Fair Housing

### AFFIRMATIVELY FURTHERING FAIR HOUSING

1. The city/county contact person (one who would handle any fair housing/civil rights complaints):

2. What action has the grantee taken to affirmatively further fair housing this calendar year?

Are the actions up-to-date for this grant?  Yes  No

3. Does the activity inform the public?  Yes  No

4. Does the grantee have a written Civil Rights/Fair Housing complaints policy in place?  Yes  No

5. Has the city/county received any civil rights or fair housing complaints?  Yes  No

If yes, describe:

6. Was the Civil Rights Fair Housing Contact Person Form submitted with the first QPR?  Yes  No

### EMPLOYMENT

1. Have any city/county employees been hired as a result of the CDBG project?  Yes  No

2. If yes, were efforts made to notify minorities or indicating equal opportunity?  Yes  No

3. Were there any indicators of discriminatory hiring practices?  Yes  No

Comments:



## Acquisition

1. Has any acquisition been completed?  Yes  No

2. Date current acquisition report filed with Commerce: \_\_\_\_\_

3. Number of transactions completed: \_\_\_\_\_ Remaining: \_\_\_\_\_

	Land Acquisition	Permanent Easement
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4. Did owner receive written notice of grantee's intent to acquire property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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5. Did the owner receive the HUD or Commerce brochure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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6. Did owner sign appraisal release waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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### EXEMPTIONS (if applicable)

1. Was exemption submitted by grantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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2. Was exemption approved/rejected by Commerce?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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### APPRAISALS

1. Was the owner invited to accompany appraiser on inspection of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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2. Were properties appraised by a qualified independent appraiser?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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3. Was the appraisal reviewed by a qualified independent appraiser?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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4. Does the appraisal provide a basis for establishing fair market value?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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### OFFER TO PURCHASE

1. Did the grantee provide a written offer to the owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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2. Did summary statement accompany written offer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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3. Did owner have any concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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4. Did grantee address concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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### SETTLEMENT

1. Did owner accept written offer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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2. Did grantee pay incidental acquisitions expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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3. Was owner reimbursed for incidental expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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4. Was deed filed with Register of Deeds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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### APPEALS

1. Were any appeals filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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2. If so, were grantee determinations correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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3. Were owners informed of right to appeal to Commerce?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Comments

## Permanent Relocation

### TOTAL DISPLACEMENT:

Number of persons displaced under Uniform Act:	_____	Remaining: _____
Number of persons displaced under Section 104(d):	_____	Remaining: _____
Number of businesses, non-profit organizations and farms displaced under Uniform Act:	_____	Remaining: _____
Number of businesses, non-profit organizations and farms displaced under Section 104(d):	_____	Remaining: _____

### TOTAL RELOCATION:

Number of persons relocated:	_____
Number of minorities relocated:	_____
Number of female heads of household relocated:	_____
Number of persons with disabilities relocated:	_____

### NOTIFICATION OF RIGHTS AND GENERAL ADVISORY SERVICES:

1. Did recipient receive a 90-day written notice of eligibility for relocation assistance and HUD's brochure?  Yes  No
2. Was recipient personally interviewed to determine relocation needs and preferences?  Yes  No
3. Were social services provided?  Yes  No
4. Was there any appearance of discrimination?  Yes  No

### REPLACEMENT HOUSING:

1. Has grantee prepared Relocation Plan?  Yes  No  
If so, was it followed:  Yes  No
2. Is replacement housing unit comparable?  Yes  No
3. Does replacement housing unit meet standards?  Yes  No
4. Was recipient satisfied with replacement home?  Yes  No  
If so, was assistance provided?  Yes  No

### 90-DAY NOTICE/VACATE NOTICE:

1. If a person was ordered to vacate, did he/she receive proper 90-day notice?  Yes  No
2. If a 90-day notice was issued, did person receive prior referral to comparable replacement housing?  Yes  No
3. If applicable, was a 30-day vacate notice delivered?  Yes  No

**PAYMENTS:**

- 1. Were payment determinations correct?  Yes  No
- 2. Were payments made promptly, including advance payments, where appropriate (check for receipt of payment)?  Yes  No

**OCCUPANCY AFTER ACQUISITION:**

- 1. Was rental exceeding FMR values?  Yes  No
- 2. Were dwelling units maintained in safe habitable and accessible condition?  Yes  No

**TENANTS NOT DISPLACED FROM DWELLING:**

- 1. If temporarily relocated, was person reimbursed for out-of-pocket expenses (i.e. increased housing costs and moving expenses to and from temporary unit)?  Yes  No
- 2. Was housing decent, safe, sanitary and accessible?  Yes  No
- 3. Did tenant receive lease with rent and other terms and conditions in accordance with applicable standards?  Yes  No

**APPEALS:**

- 1. Were grantee determinations on appeals correct?  Yes  No
- 2. Were persons whose appeal was partially or fully denied informed of right to appeal to the state?  Yes  No

## HOUSING

1. Number of units to be rehabilitated: \_\_\_\_\_
2. Number of units rehabilitated to date: \_\_\_\_\_
3. Date Commerce approved Housing Plan (HP): \_\_\_\_\_
4. Is grantee following HP?  Yes  No
5. Is the Housing Log updated?  Yes  No
6. Is there any potential conflict of interest?  Yes  No
  - a. Was request for waiver submitted?  Yes  No
  - b. Was waiver granted?  Yes  No

### PROCUREMENT:

7. Date grantee approved contractor guidelines: \_\_\_\_\_
8. Are contractor guidelines being followed?  Yes  No
9. What date was the call for contractors completed? \_\_\_\_\_
  - a. Was it publicly advertised?  Yes  No
  - b. How many contractors were notified?  Yes  No
  - c. Were DBE's notified?  Yes  No
10. Number of contractors on the bid list: \_\_\_\_\_
11. Number of bid rounds completed: \_\_\_\_\_

#### ROUND 1

IFB Date: \_\_\_\_\_  
Bid Tour date: \_\_\_\_\_  
Bid Opening date: \_\_\_\_\_

#### ROUND 2

IFB Date: \_\_\_\_\_  
Bid Tour date: \_\_\_\_\_  
Bid Opening date: \_\_\_\_\_

12. Are all bids on file?  Yes  No
13. Were the bid documents complete and meet all requirements?  
Did they include: general specifications, work write-up, LBP summary page,  Yes  No
14. Was there ever only one bid received?  Yes  No  
If so, did Commerce issue approval to award?  Yes  No
15. Were there any problems with procurement?  Yes  No  
If so, what? \_\_\_\_\_

16. Was the contractor liability and workman's comp insurance on file?  Yes  No
17. Was there Verification on Contractor Eligibility for all contractors?  Yes  No
18. Was there a LSWP Certification or Supervisors Certification on file?  Yes  No
19. Is a surety required from the contractor?  Yes  No
- a. If so, is it on file?  Yes  No
- b. If not, was only one payment issued?  Yes  No
20. How many individual rehabilitation files were reviewed? \_\_\_\_\_
21. How many rehabilitation sites were inspected? \_\_\_\_\_
22. Amount of rehabilitation dollars spent on Livability \$ \_\_\_\_\_ % \_\_\_\_\_
23. Amount of rehabilitation dollars spent on Health and Safety \$ \_\_\_\_\_ % \_\_\_\_\_
24. Amount of rehabilitation dollars spent outside target area  
on emergencies and/or handicapped accessibility: \$ \_\_\_\_\_ % \_\_\_\_\_

**INSPECTION/LEAD BASE PAINT (LBP)**

25. Name of HQS inspector? \_\_\_\_\_
26. Name of Risk Assessor (RA)? \_\_\_\_\_
27. Has the RA been certified by KDHE?  Yes  No
- Certification Number: \_\_\_\_\_

Comments:

## INSPECTION/LEAD BASE PAINT (LBP)

1. Date LBP Notice "Protect Your Family" signed: \_\_\_\_\_
- 2.: Date of HQS Inspection: \_\_\_\_\_
3. Date of RA: \_\_\_\_\_
4. Date of receipt of Lead Hazard Evaluation Notice (RA): \_\_\_\_\_  
Was it within received within 15 business days? \_\_\_\_\_
5. Were all children under six and women of child bearing capacity temporarily relocated during this rehabilitation? \_\_\_\_\_
6. Was it to a lead safe location?  Yes  No
7. Date of Final HQS Inspection:  Yes  No
8. Was the Certificate of Completion signed by: \_\_\_\_\_
  - a. Inspector:  Yes  No Date: \_\_\_\_\_
  - b. Contractor  Yes  No Date: \_\_\_\_\_
  - c. Homeowner  Yes  No Date: \_\_\_\_\_
9. Date of Clearance testing: \_\_\_\_\_
10. Notice of Lead of Hazard Clearance receipt date: \_\_\_\_\_
11. Notice of Lead Hazard Reduction receipt date: \_\_\_\_\_
12. Did more than 15 business days elapse between clearance date and receipt date?  Yes  No
13. Did the file clearly document receipt of all four LBP notices?  Yes  No

**INDIVIDUAL HOUSING REHABILITATION (if owner occupied)**

1. Owner Name: \_\_\_\_\_
2. Property Address: \_\_\_\_\_
3. Date application signed: \_\_\_\_\_
4. Verification of:
  - a. Property ownership  Yes  No
  - b. Paid property taxes  Yes  No
  - c. Paid utilities  Yes  No
  - d. Property insurance paid and current:  Yes  No
5. LMI Verification on file?  Yes  No
6. Date of verification: \_\_\_\_\_
7. Total persons in household: \_\_\_\_\_ Total household income: \_\_\_\_\_
8. HUD Income limits: \_\_\_\_\_ Does household income qualify?  Yes  No
9. Did more than 6-months elapse from income verification?  Yes  No
  - a. Bid Letting date? \_\_\_\_\_
  - b. Date of re-verification? \_\_\_\_\_
  - c. Total persons: \_\_\_\_\_
  - d. Total income \$ \_\_\_\_\_
10. Date of Self-Help agreement (if applicable): \_\_\_\_\_
11. Any children under six?  Yes  No
  - a. If so, were all children under six given a blood test?  Yes  No
  - b. Results of test:  Yes  No
12. Date of Historical Society Clearance: \_\_\_\_\_
13. Property bid in which bid round? \_\_\_\_\_
14. How many bids were received? \_\_\_\_\_

If only one, did Commerce approve award?  Yes  No
15. Was high cost waiver required?  Yes  No

If so, date approval given: \_\_\_\_\_

16. Contract Execution Date: \_\_\_\_\_
17. Was the contract signed by contractor, owner and City?  Yes  No
18. Does it include Civil Rights provisions and other certifications?  Yes  No
19. Date of Lien Prevention Document (Part 1): \_\_\_\_\_
- Is it complete?  Yes  No
20. Total Rehabilitation Cost \$ \_\_\_\_\_ NSP \$ \_\_\_\_\_ LOCAL \$ \_\_\_\_\_
21. Where did Local funds come from? \_\_\_\_\_
22. Were the funds collected prior to contract signing?  Yes  No
23. Notice to Proceed Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_
24. Does Contract or Notice to Proceed include appropriate time frames?  Yes  No
25. Was a time extension required?  Yes  No
26. Was time extension signed by contractor, owner and City?  Yes  No
27. Were there change orders?  Yes  No
- a. If so, was it legitimate?  Yes  No
- b. Was it signed by the inspector?  Yes  No
28. Did payment match contract amount?  Yes  No
29. Was more than \$18,000 spent on rehabilitation activities?  Yes  No
30. Was more than 10 percent spent on LSWP?  Yes  No
31. Is repayment agreement signed and filed?  Yes  No
- Date: \_\_\_\_\_ Book: \_\_\_\_\_ Page Number: \_\_\_\_\_
32. Was the Lien Prevention Document (Part 2) submitted prior to final payment?  Yes  No
- Was it complete with release given by all sub-contractors/ suppliers?  Yes  No

**SITE VISIT**

33. Housing log identified: Livability or Health/Safety
34. Did the property meet the appropriate standards?  Yes  No
35. Is the owner satisfied with the work completed at the home?  Yes  No
36. Are the premises free from rubbish and debris left by the owner or contractor?  Yes  No



**INDIVIDUAL HOUSING REHABILITATION (if rental unit)**

1. Owner Name: \_\_\_\_\_
2. Tenant's Name: \_\_\_\_\_
3. Property Address: \_\_\_\_\_
4. Date application signed? \_\_\_\_\_
5. Current Rent amount? \_\_\_\_\_
6. Verification of:
  - a. Property ownership  Yes  No
  - b. Paid property taxes  Yes  No
  - c. Paid utilities  Yes  No
  - d. Property insurance paid and current:  Yes  No
7. Is Landlord (owner) LMI?  Yes  No
  - a. If so, is LMI Verification on file?  Yes  No
  - b. Date of Verification: \_\_\_\_\_
  - c. Total persons in Household: \_\_\_\_\_ Total Household Income? \_\_\_\_\_
  - d. HUD Income limits: \_\_\_\_\_ Does owner income qualify?  Yes  No
  - e. Did more than 6-months elapse from income verification?  Yes  No
    - i. Bid Letting date: \_\_\_\_\_
    - ii. Date of re-verification: \_\_\_\_\_
    - iii. Total persons: \_\_\_\_\_
    - iv. Total income \$ \_\_\_\_\_
8. Is Tenant LMI?  Yes  No
  - a. If so, is LMI Verification on file?  Yes  No
  - b. Date of Verification: \_\_\_\_\_
  - c. Total persons in Household: \_\_\_\_\_ Total Household Income? \_\_\_\_\_
  - d. HUD Income limits: \_\_\_\_\_ Does owner income qualify?  Yes  No

- e. Did more than 6-months elapse from income verification?  Yes  No
- i. Bid Letting date: \_\_\_\_\_
- ii. Date of re-verification: \_\_\_\_\_
- iii. Total persons: \_\_\_\_\_
- iv. Total income \$ \_\_\_\_\_
9. Date of Self-Help agreement (if applicable): \_\_\_\_\_
10. Any children under six?  Yes  No
- a. If so, were all children under six given a blood test?  Yes  No
- b. Results of test:  Yes  No
11. Date of Historical Society Clearance: \_\_\_\_\_
12. Property bid in which bid round? \_\_\_\_\_
13. How many bids were received? \_\_\_\_\_
- If only one, did Commerce approve award?  Yes  No
14. Was high cost waiver required?  Yes  No
- If so, date approval given: \_\_\_\_\_
15. Contract Execution Date: \_\_\_\_\_
16. Was the contract signed by contractor, owner and City?  Yes  No
17. Does it include Civil Rights provisions and other certifications?  Yes  No
18. Date of Lien Prevention Document (Part 1): \_\_\_\_\_
- Is it complete?  Yes  No
19. Total Rehabilitation Cost \$ \_\_\_\_\_ NSP \$ \_\_\_\_\_ LOCAL \$ \_\_\_\_\_
20. If owner non-LMI, did they contribute 25 percent?  Yes  No
21. Any other Local funds?  Yes  No
22. Where did Local funds come from? \_\_\_\_\_
23. Were the funds collected prior to contract signing?  Yes  No
24. Notice to Proceed Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_
25. Does Contract or Notice to Proceed include appropriate time frames?  Yes  No

26. Was a time extension required?  Yes  No

27. Was time extension signed by contractor, owner and City?  Yes  No

If so, where did they come from? \_\_\_\_\_

28. Were there change orders?  Yes  No

a. If so, was it legitimate?  Yes  No

b. Was it signed by the inspector?  Yes  No

29. Did payment match contract amount?  Yes  No

30. Was more than \$18,000 spent on rehabilitation activities?  Yes  No

31. Was more than 10 percent spent on LSWP?  Yes  No

32. Rental Freeze agreement:

a. Fair market rent \$ \_\_\_\_\_

b. Anti-Displacement clause: \_\_\_\_\_

c. LMI Agreement: \_\_\_\_\_

33. Is repayment agreement signed and filed?  Yes  No

Date: \_\_\_\_\_ Book: \_\_\_\_\_ Page Number: \_\_\_\_\_

34. Was the Lien Prevention Document (Part 2) submitted prior to final payment?  Yes  No

. Was it complete with release given by all sub-contractors/suppliers?  Yes  No

### **SITE VISIT**

35. Housing log identified: Livability or Health/Safety

36. Did the property meet the appropriate standards?  Yes  No

37. Is the owner satisfied with the work completed at the home?  Yes  No

38. Are the premises free from rubbish and debris left by the owner or contractor?  Yes  No

**DEMOLITION**

1. Has the grantee developed a demolition plan that includes, but is not limited to: target area(s) location; eligible and ineligible activities; demolition standards; application procedures; demolition contract procedures; complaint procedures, etc.?  Yes  No  N/A

A. Is the demolition plan complete and acceptable?  Yes  No  N/A

B. Is the grantee following the demolition plan?  Yes  No  N/A

C. Date approved by Commerce: \_\_\_\_\_

2. Are demolition contracts let by unit or group?  Unit  Group

3. How are contractors selected?  
\_\_\_\_\_  
\_\_\_\_\_

4. Has any relocation occurred?  Yes  No  N/A

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

5. Number of properties to be demolished: \_\_\_\_\_

6. Number of properties demolished to date: \_\_\_\_\_

7. How many individual demolition files were reviewed? \_\_\_\_\_  
(attach the individual demolition file checklists to this monitoring report)

8. How many demolition projects were inspected? \_\_\_\_\_

Comments:

**INDIVIDUAL DEMOLITION FILES**

- 1. Owner Name:: \_\_\_\_\_
- 2. Property Address: \_\_\_\_\_
- 3. Total Cost: \$ \_\_\_\_\_
- 4. Is application signed and dated? \_\_\_\_\_
- 5. Verification of:
  - Property ownership:
  - Paid property taxes:
  - Historical society date: \_\_\_\_\_
  - Right of entry
  - Signed:
  - Notarized
  - Date of:
    - Inspection: \_\_\_\_\_
    - Asbestos inspection: \_\_\_\_\_
    - Bid opening: \_\_\_\_\_
- 6. Number of bids received: \_\_\_\_\_
- 7. All bids on file:  Yes  No
- 8. Bid amount awarded: \$ \_\_\_\_\_
- 9. Contractors name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
- 10. Other bidders: \_\_\_\_\_  
\_\_\_\_\_
- 11. Date of verification of contractor eligibility received from Commerce: \_\_\_\_\_
- 12. Date of Construction contract: \_\_\_\_\_  
Notice to proceed: \_\_\_\_\_
- 13. Documentation of:
  - Construction specifications:  Yes  No
  - Workers Comp insurance:  Yes  No
  - Liability insurance:  Yes  No
  - Contract contains all necessary Civil Rights, etc. information:  Yes  No
- 14. Date of Start of Construction: \_\_\_\_\_
- 15. Date Demolition Notification Form submitted to KDHE: \_\_\_\_\_  
Was form submitted 10 working days prior to demolition?  Yes  No

**MISCELLANEOUS REVIEW**

1. Did citizen participation file contain any public comments, inquiries, or complaints regarding the project? Were there any problems identified or complaints received?  Yes  No  N/A

2. Disclosure Report

If over \$200,000, is there a current NSP Disclosure Report on file with Commerce?  Yes  No  N/A

Was information omitted from initial report?  Yes  No  N/A

Have additional contracts been issued over \$50,000?  Yes  No  N/A

If so,

When were the contracts signed? \_\_\_\_\_

When was the Disclosure Report submitted? \_\_\_\_\_

Did the submittal meet the 30 day deadline?  Yes  No  N/A

Has the match been increased by more than \$250,000 or 10 percent?

If so,

How much? \_\_\_\_\_

Source: \_\_\_\_\_

Did the submittal meet the 30 day deadline?  Yes  No  N/A

Has the source of funds changed?  Yes  No  N/A

If so, please describe:: \_\_\_\_\_

Did the submittal meet the 30 day deadline?  Yes  No  N/A

3. Has grantee been informed to maintain project files for four years after completion?  Yes  No  N/A

4. Has grantee entered into an M.O.U. contract?  Yes  No  N/A

Has the contract been approved by Commerce?  Yes  No  N/A

5. Quarterly Progress Reports up-to-date and filed timely?  Yes  No  N/A

QPR #	Date Due	Date Received	On Time	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Were there any payments made with NSP dollars that appeared on Financial Management that did not appear on the QPR?

Yes  No  N/A

Were all contracts reported on QPR's?

Yes  No  N/A

Were QPR's accurate and complete?

Yes  No  N/A

Complete addressed, and NSP data recorded?

Yes  No  N/A

Did the Administrator do a good job of detailing:

Accomplishment this Quarter?

Yes  No  N/A

Accomplishment last Quarter?

Yes  No  N/A

6. Construction Site Visit

a. Are labor standards posters properly displayed?

b. Was there an environmental condition or issue that was not addressed in the environmental process?

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7. For ADA projects, do the files contain a certification by the project architect that all activities are compliant with ADA?

Yes  No  N/A

Is it dated prior to the project going out for bids?

Yes  No  N/A

Comments: