



# Boulder County Collaborative

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City of Louisville, Colorado • Town of Lyons, Colorado • Town of Nederland, Colorado

October 24, 2018

Ms. Tara Schoedinger, Flood Recovery Manager  
Town of Jamestown  
118 Main Street  
Jamestown, CO 80455

**RE: Desk Monitoring of Town of Jamestown Rain Gauge HMGP Local Match Project (Project # INF-00015)**

Dear Ms. Schoedinger:

The City of Longmont, as Lead Agency for the Boulder County Collaborative (BCC), conducted an on-site monitoring review of the Town of Jamestown's Rain Gauge HMGP Local Match Project (Project Number INF-00015) for the purpose of installing a rain gauge connected to the Boulder County Automated Flood Warning System to improve rain and flood warnings for the residents of Jamestown. The desk monitoring took place on September 25, 2018. This activity (Project No. INF-00015) was funded by an Intergovernmental Grant Agreement (IGA) for Community Development Block Grant Disaster Recovery (CDBG-DR) Round 2 funding. This IGA was signed and executed on April 21, 2016, as amended, by and between Longmont as the Lead Agency for the BCC and the Town of Jamestown.

The desk monitoring was conducted by Deb Siefert, CDBG-DR Specialist for Hagerty Consulting and Molly O'Donnell, CDBG Disaster Recovery Project Manager, City of Longmont. See details of monitoring results below.

## **SCOPE OF REVIEW**

### **Project Grant Management**

The following areas of project grant management were reviewed:

1. National Objective (Section IV-A)
2. Environmental Review (Section IV-B)
3. Public Improvements (Section IV-F)
4. Duplication of Benefits (Section IV-M)

The following documentation was available in the Salesforce data system and in on-site files during the review to assist with the determination of compliance:

- Project files (project scope, design development, permits, and funding)
- Duplication of Benefits (DOB) review and verification of all funding sources
- Environmental review and clearance
- Supporting documentation for procurement of Lynker Technologies, LLC and OneRain, Inc.

The Town of Jamestown has been reimbursed \$3,208 of CDBG-DR funds for the Rain Gauge HGMP Local Match Project to date, which was determined to serve the residents of Jamestown, a low-moderate-income community.

**Summary of Results and Conclusions**

The monitoring team did not have any findings or concerns after review of the project files.

1. **National Objective (Section IV-A)** – No findings, no concerns
2. **Environmental Review (Section IV-B)** – No findings, no concerns
3. **Public Improvements (Section IV-F)** – No findings, no concerns
4. **Duplication of Benefits (Section IV-M)** – No findings, no concerns

This Town of Jamestown project is making a positive difference in the lives of the low/moderate income residents and ultimately will increase the resiliency for the Town's residents in the event of future flood events. Please share this letter with Town staff as appropriate.

Sincerely,



Kathy L. Fedler  
BCC CDBG Disaster Recovery Program Manager

cc: Molly O'Donnell, BCC CDBG Disaster Recovery Project Manager  
Kyndra Daniels, BCC Accountant  
Chris Krolick, Town of Jamestown Finance Manager

Enclosures: Final Compliance Monitoring Forms



**COLORADO**

Department of Local Affairs

Community Development Block Grant –  
Disaster Recovery

**SECTION IV-A**

**1. National Objective**

**PARTNERING AGENCY’S CHECKLIST FOR ELIGIBILITY AND NATIONAL OBJECTIVE**

**SUBRECIPIENT INFORMATION**

Contract Number	INF-00015
Subrecipient Name	Town of Jamestown
Type of Organization	Local Government
Name of Program	Rain Gauge HMGP Local Match
Grant Manager	Chris Krolick
Date On-site	Desk Monitoring - 9/25/18

LOW- AND MODERATE-INCOME

Area-Wide Benefit

1.

SERVICE AREA:	
Do the Subrecipient’s records describe the boundaries of the service area? <a href="#">[24 CFR 570.483(b)(1)]</a> and <a href="#">[24 CFR 570.506(b)(2)]</a>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you agree with the basis/approach the Subrecipient used in determining the service area of this activity? <a href="#">[24 CFR 570.483(b)(1)]</a>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the size of the service area appear reasonable given the nature and scope of the activity? <a href="#">[24 CFR 570.483(b)(1)]</a>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the service area “primarily residential?” <a href="#">[24 CFR 570.483(b)(1)]</a>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion:	

As of July 30, 2013, the LMI population for the target area in Jamestown is 58.2%. This calculation is based on a survey conducted (by the State - DOLA) with a total of 120 household respondents out of 157 households in the target area, and an estimated total LMI Population of 177 out of an estimated total LMI Universe of 304. Income Survey (LMI Worksheet) and Income Survey Letter/Memo approving the survey are in Salesforce. In 2014, HUD CPD's 2014 Updated LMISD map showed that the LMI population in Jamestown is 57.14%, with a total LMI population of 160 and the total LMI universe of 280.

2.

LOW- AND MODERATE-INCOME COMPOSITION OF THE SERVICE AREA:	57.14%
What do the Subrecipient's records show as the percent of low- and moderate-income residents in this service area?	57.14%
<b>Describe Basis for Conclusion:</b>	
Survey documents and updated LMISD map in SF file.	

3.

LOW- AND MODERATE-INCOME COMPOSITION OF THE SERVICE AREA:	
a. Is the percent of low- and moderate-income persons at least 51%? <a href="#">[24 CFR 570.483(b)(1)(i), (ii), and (vii)]</a>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Does the Subrecipient's documentation show that the correct census data were used and the calculations correctly computed? <a href="#">[24 CFR 570.483(b)(1)(i), (i) and (ii)]</a>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. If the answer to "b" is "no," was the Subrecipient authorized to use a survey to qualify the activity? (If the answer is "yes," proceed to Data and Surveys section of this Checklist, <a href="#">[24 CFR 570.483(b)(1)(i)]</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	
State DOLA conducted survey on July 30, 2013 verifying that 58.2% of residents were LMI. Updated 2014 HUD CPD mapping based on census designated place of Jamestown was 57.14%.	

4.

<p><b>DATA AND SURVEYS:</b></p> <p>If the Subrecipient used a survey rather than the HUD-supplied Census data to determine if a service area qualifies, answer the following:</p> <p>a. The period for which the income survey of residents of the service area was determined July 30, 2013</p> <p>b. The year used for HUD income limits: 2013</p> <p>c. Did the survey show the service area was at least 51 percent low- and moderate-income?</p> <p>d. If "no" to "c", did the Subrecipient survey one or more whole block groups?</p> <p>e. If "yes" to "d", did the Subrecipient survey all block groups and re-rank them to determine if there was a change in the exception percentage? (If "no," use of the survey is not acceptable.)</p> <p>f. If "no" to "d", did the survey show that the percentage of low- and moderate-income residents was at least equal to or greater than the Subrecipient's exception percent, but less than 51% low- and moderate-income? (If "no", the activity does not meet the National Objective.)</p> <p>g. If a survey was used to determine the percent of low- and moderate-income residents in the service area, did DOLA review the survey instrument and methodology and conclude "that the results meet the standards of statistical reliability that are comparable to that of the decennial census for areas of similar size?"</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input checked="" type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p>
<p><b>Describe Basis for Conclusion:</b></p> <p>Copy of DOLA survey in SF file. However, updated census data from HUD CPD mapping was relied on for this project.</p>	

5.

<p>Does the activity appear to benefit the residents located within the service area, where at least 51% are low- and moderate-income persons?</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p>
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a. If the activity is a facility or service, are fees charged?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. If "yes", how much is charged to use the facility or service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c. If fees are charged, do they appear excessive so as to preclude low- and moderate-income persons from using the facility or service? <a href="#">[24 CFR 570.200(b)(2)]</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

6.

Based upon an <b>on-site inspection</b> of the service area/activity location, is there substantial evidence that the activity fails to benefit low- and moderate-income persons in the identified area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			
Desk review conducted, no on-site visit since rain gauge location is very remote. However, photos of the gauge installation were provided. Rain gauge sends early rain/flood warnings tailored for the Jamestown area and will benefit all LMI persons in Jamestown.			

LOW/MOD AREA-WIDE BENEFIT Conclusion:

7.

Does the activity meet the national objective criteria for serving a low- and moderate-income area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			
Rain gauge sends early rain/flood warnings tailored for the Jamestown area and will benefit all LMI persons in Jamestown.			

LOW- AND MODERATE-INCOME  
**Limited Clientele**

8.

Is the Subrecipient using the Limited Clientele National Objective?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

9.

<p>If yes, which category of Limited Clientele is the Subrecipient using?</p> <p>a. Presumed Benefit</p> <p>b. Family size and Income</p> <p>c. Low-moderate income eligibility restrictions</p> <p>d. Nature and Location</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Describe Basis for Conclusion:</p>	

10.

<p>a. <u>PRESUMED BENEFIT Limited Clientele</u></p> <p>If the activity is classified as presumed benefit, do the program participant's files have documentation showing that the activity is limited to one or a combination of the eight population segments presumed to be low- and moderate-income by HUD:</p> <p>a. abused children?</p> <p>b. battered spouses?</p> <p>c. elderly persons?</p> <p>d. adults meeting the Bureau of the Census' Population</p> <p>e. Report's definition of "severely disabled" (current for the time period of this review)?</p> <p>f. homeless persons?</p> <p>g. illiterate adults?</p> <p>h. persons living with AIDS?</p> <p>i. migrant farm workers?</p> <p><a href="#">[24 CFR 570.483(b)(2)(ii)(A)]</a> and <a href="#">[24 CFR 570.506(b)(3)(i)]</a></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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11.

<p>b. <u>FAMILY SIZE AND INCOME Limited Clientele:</u></p>	<p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p>
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<p>If the activity is classified under family size and income, does the Subrecipient's files have documentation showing that at least 51% of the beneficiaries are members of a low- and moderate-income family?</p> <p><a href="#">[24 CFR 570.483(b)(2)(ii)(B)]</a> and <a href="#">[24 CFR 570.506(b)(3)(iii)]</a></p>	<p>Yes    No    N/A</p>
<p>Describe Basis for Conclusion:</p>	

12.

<p>c. <u>Income Eligibility Restrictions Limited Clientele:</u></p> <p>If the activity is classified based on income eligibility requirements that restrict it exclusively to low- and moderate-income persons, do the Subrecipient's files have documentation to support that all persons benefiting are low- and moderate-income?</p> <p><a href="#">[24 CFR 570.483(b)(2)(ii)(C)]</a> and <a href="#">[24 CFR 570.506(b)(3)(iii)]</a></p>	<p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>  Yes    No    N/A</p>
<p>Describe Basis for Conclusion:</p>	

13.

<p>If the activity was classified based on income, were the appropriate Section 8 income limits used by the Subrecipient when checking the income of the persons served (the correct year and the correct family size)? <a href="#">24 CFR 570.3</a>, <a href="#">24 CFR 208(a)(2)(i)(B) or (C)</a>, and <a href="#">[24 CFR 570.506(b)(3)(iii)]</a></p>	<p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>  Yes    No    N/A</p>
<p>Describe Basis for Conclusion:</p>	

14.

<p>How is information on the income status of participants being requested, updated or properly assessed?</p>
<p>Describe Basis for Conclusion:</p>

15.

<p>d. <u>NATURE AND LOCATION Limited Clientele:</u></p>	<p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/></p>
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<p>If the activity is classified based on the nature and location of the activity, does the Subrecipient's files have documentation to support that the beneficiaries are predominately low- and moderate-income?</p> <p><a href="#">[24 CFR 570.483(b)(2)(ii)(D)]</a> and <a href="#">[24 CFR 570.506(b)(3)(ii)]</a></p>	<p>Yes    No    N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	

16.

<p>Based upon an <b>on-site inspection</b> of the facility/service, is there evidence to indicate that this activity predominately or exclusively benefits low- and moderate-income persons, based upon the category of presumed benefit selected by the Subrecipient?</p> <p><a href="#">[24 CFR 570.483(b)(2)(ii)(D)]</a></p>	<p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>  Yes    No    N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	

LOW/MOD LIMITED CLIENTELE Conclusion:

17.

<p>Is the activity properly classified as limited clientele?</p>	<p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>  Yes    No    N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	

LOW- AND MODERATE-INCOME

Housing

Classification and Property Information:

18.

<p>Which eligibility category (<a href="#">570.201 - 570.204</a>) was used by the program participant to classify the activity?</p>
<p><b>Describe Basis for Conclusion:</b></p> <p>570.201(i) Relocation</p>

19.

a. Does the property contain existing housing units or structures?	<input type="checkbox"/>	<input type="checkbox"/>
Yes No		
Describe Basis for Conclusion:		
If the property has no structures, describe how the program participant will ensure that the national objective criteria will be met when the property is developed.		
<a href="#">[24 CFR 570.208(a)(3)]</a> and <a href="#">[24 CFR 570.506(b)(4)(v)]</a>		
Describe Basis for Conclusion:		

Written Agreements:

(Note: If the activity involves only owner-occupied housing, skip to next section.)

20.

a. Has the program participant entered into a written agreement with a landlord or developer receiving CDBG assistance for development of the property?	<input type="checkbox"/>	<input type="checkbox"/>	
Yes No			
<a href="#">[24 CFR 570.506(b)(4)(i)]</a>			
Describe Basis for Conclusion:			
b. Does the written agreement indicate the total number of dwelling units in each structure and the total number of units that will be occupied by low- and moderate-income households following the completion of the assisted activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes No N/A			
<a href="#">[24 CFR 570.506(b)(4)(i)]</a>			
Describe Basis for Conclusion:			
c. Does the program participant have a reporting mechanism to ensure that the activity will comply with the occupancy requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes No N/A			
Describe Basis for Conclusion:			

Owner-Occupied Structures:

21.

<p>a. Does the assisted activity involve owner-occupied structures? (If “no”, skip to next section <u>Rental Structures</u>.)</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes No</p>
<p><b>Describe Basis for Conclusion:</b></p>	
<p>b. Does the documentation show that each assisted structure met the requirements for occupancy by low- and moderate-income HOUSEHOLDS?  [<a href="#">24 CFR 570.208(a)(3)</a> and <a href="#">570.506(b)(4)(iii)</a>]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	
<p>c. Was income eligibility determined by projecting annual household income (as required at <a href="#">24 CFR 570.3</a>) and using one of the following three methods: (1) The Section 8 “annual income” definition at <a href="#">24 CFR 5.609</a>; (2) The Census Long-Form definition; or (3) The “adjusted gross income” from IRS Form 1040?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	
<p>d. Were the appropriate Section 8 income limits and household size used to determine if the unit was occupied by a low- and moderate-income household?  [<a href="#">24 CFR 570.506(b)(4)(iii)</a>]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	

Rental Buildings:

22.

a. Does the assisted activity involve rental buildings? If "no", skip to next section <u>Multifamily Structures</u> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>	
b. Does the program participant's documentation contain the amount of rent charged (or to be charged for unfinished projects) <u>after assistance</u> for each dwelling unit occupied by a low- and moderate-income household in each assisted structure?  <a href="#">[24 CFR 570.208(a)(3)]</a> and <a href="#">[24 CFR 570.506(b)(4)(iv)(A)]</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	
c. Does the program participant's documentation contain the affordable rents criteria?  <a href="#">[24 CFR 570.208(a)(3)]</a> and <a href="#">[24 CFR 570.506(b)(4)(iv)(A) and (B)]</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	
d. Do the rents for the units occupied by low- and moderate-income households meet the program participant's affordability standard?  <a href="#">[24 CFR 570.208(a)(3)]</a> and <a href="#">[24 CFR 570.506(b)(4)(iv)(B)]</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>	

23.

a. Is there more than one rental building being assisted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion:			
b. If the response to "6.a." above is "yes," is the program participant treating the two or more rental buildings as one structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion:			
c. If the response to "6.b." above is "yes," are the buildings: <ul style="list-style-type: none"><li>• under common ownership and management AND</li><li>• located on the same or contiguous properties?</li></ul> <a href="#">[24 CFR 570.208(a)(3)]</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion:			

24.

Does the documentation show that at least 51 percent of the rental units were initially occupied by low- and moderate-income households?  <a href="#">[24 CFR 570.208(a)(3)]</a> and <a href="#">24 CFR 570.506(b)(4)(iii)]</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion:			

Multi-Family Structures:

25.

<p>a. Does the assisted activity involve multi-family structures? (If "no", skip to next section <u>Report Validation and Verification.</u>)</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
<p><b>Describe Basis for Conclusion:</b></p>																					
<p>b. If the assisted activity is a two-unit structure, was at least one unit initially occupied by a low- and moderate-income household?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																				
<p><a href="#">[24 CFR 570.208(a)(3)]</a></p>																					
<p><b>Describe Basis for Conclusion:</b></p>																					
<p>c. For structures with more than two units, complete the following table:</p>																					
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">Structure Name or Address/Number</th> <th style="width: 15%;">Number of Units in Structure</th> <th style="width: 20%;">Number of Units Occupied by L/M Households</th> <th style="width: 35%;">% of Units in Structure Occupied by L/M Households</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Structure Name or Address/Number	Number of Units in Structure	Number of Units Occupied by L/M Households	% of Units in Structure Occupied by L/M Households																
Structure Name or Address/Number	Number of Units in Structure	Number of Units Occupied by L/M Households	% of Units in Structure Occupied by L/M Households																		
<p>d. For "c" above, were at least 51 percent of the units initially occupied by low- and moderate-income households? <b>Note:</b> If the answer to this question is "no," but there is evidence that the activity meets the criteria in "e" below, a finding <b>cannot</b> be made. If the answer is "yes," ensure that the recipient maintains documentation showing the family size and household income for the identified Low/Mod units.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																				
<p><a href="#">[24 CFR 570.208(a)(3)]</a> and <a href="#">[24 CFR 570.506(b)(4)(iii)]</a></p>																					
<p><b>Describe Basis for Conclusion:</b></p>																					
<p>e. If less than 51 percent of the initial occupants were low and moderate income, does the activity meet ALL of the following requirements:</p> <ul style="list-style-type: none"> <li>i. The CDBG assistance was used to reduce the development cost of the new construction of a multi-family, non-elderly rental housing project; <b>and</b></li> <li>ii. At least 20% of the units are (or will be) occupied by low- and moderate-income households at affordable rents; <b>and</b></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																				

<p>iii. The proportion of the CDBG funding is not greater than the percentage of low- and moderate-income units?          Calculate compliance for "iii" above as follows:</p> <ol style="list-style-type: none"> <li>1. Total development cost of the activity (including CDBG funds): _____</li> <li>2. Amount of CDBG funds: _____</li> <li>3. Proportion CDBG represents of total development cost (2 ÷ 1): ____%</li> <li>4. Percentage of units in the project occupied by low- and moderate-income households: ____%</li> </ol> <p>If the percentage on line 4. is greater than or equal to the percentage on line 3., the activity meets the low- and moderate-income housing national objective under 570.208(a)(3)(i).</p> <p><a href="#">[24 CFR 570.208(a)(3)(i)]</a> and <a href="#">[24 CFR 570.506(b)(4)(vi)]</a></p>	
<p><b>Describe Basis for Conclusion:</b></p>	

**SLUM AND BLIGHT**

**Area Slum and Blight**

26.

<p>Do the Subrecipient's files clearly describe the geographical boundaries of the designated area for the activity?</p> <p><a href="#">[24 CFR 570.483(c)(1)(i)]</a> and <a href="#">[24 CFR 570.506(b)(8)(i)]</a></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	

27.

<p>When was the area designated as a slum, blighted, deteriorated or deteriorating area?</p> <p><a href="#">[24 CFR 570.483(c)(1)(i)]</a> and <a href="#">[24 CFR 570.506(b)(8)(ii)]</a></p>	<p><a href="#">Click here to enter a date.</a></p>
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28.

<p>Does the Subrecipient's file documentation identify the state or local law that contains the definition of a slum, blighted, deteriorated or deteriorating area used to qualify the area?</p> <p><a href="#">[24 CFR 570.483(c)(1)(i)]</a> and <a href="#">[24 CFR §570.506(b)(8)(ii)]</a></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p>
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Describe Basis for Conclusion:

29.

Was the area qualified on the basis of deteriorated or deteriorating buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion:			

30.

If "yes" to question above, is there documentation showing that the area, at time of designation, had a substantial number of deteriorating or deteriorated buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<a href="#">[24 CFR 570.483(c)(1)(B)]</a>			
Describe Basis for Conclusion:			

31.

If the percentage of deteriorated or deteriorating buildings in the area was less than the proportion specified in the State law or 25%, how did the participant qualify the area on this basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion:			

32.

Was the area qualified on the basis of the condition of the public improvements (e.g., streets, sidewalks) in the area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<a href="#">[24 CFR 570.483(c)(1)(B)]</a>			
Describe Basis for Conclusion:			

33.

If "yes" to the question above, is there documentation to show that the public improvements throughout the area were in a general state of deterioration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
---	---------------------------------	--------------------------------	---------------------------------



<a href="#">[24 CFR 570.483(c)(1)(B)]</a>	
Describe Basis for Conclusion:	

34.

Does the documentation show that the conditions in the area satisfy the state or local law requirements for a slum or blighted area at time of designation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<a href="#">[24 CFR 570.483(c)(1)(iv)]</a>			
Describe Basis for Conclusion:			

35.

Based upon an inspection of the area and Subrecipient files, is there any evidence that would call into question that the area is, or was, slum/blighted at the time of designation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion:			

Residential Buildings:

36.

a. Has the Subrecipient funded, or does it intend to fund, residential buildings rehabilitated under the slum and blight area national objective? (If "no", skip to Area SB Conclusion)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. If the answer to the question above is "yes," does the Subrecipient have a local definition of "substandard" housing conditions?  <a href="#">[24 CFR 570.483(c)(1)(iii)]</a> and <a href="#">[24 CFR 570.506(b)(9)(i)]</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. If the answer to the question above is "yes," at a minimum, does a property meeting the local definition of substandard also fail to meet the housing quality standards for the Section 8 Housing Assistance Payment Program at  <a href="#">[24 CFR 882.109]</a> and <a href="#">[24 CFR 570.483(c)(1)(iii)]</a> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion:			

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37.

<p>If the program is funding residential buildings, does a review of a sample of files show documentation, by structure, that includes:</p> <ul style="list-style-type: none"><li>a. How the building met the local definition of "substandard?"</li><li>b. A pre-rehabilitation inspection report describing all deficiencies in the structure to be rehabilitated?</li><li>c. Details and scope of the CDBG-DR-assisted rehabilitation?</li><li>d. Information to show that the deficiencies making the unit substandard were eliminated prior to less critical work on the structure?</li></ul> <p><a href="#">[24 CFR 570.483(c)(1)(iii)]</a> and <a href="#">[24 CFR 570.506(b)(9)(ii) and (iii)]</a></p>	<table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Yes</td><td>No</td><td>N/A</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Yes</td><td>No</td><td>N/A</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Yes</td><td>No</td><td>N/A</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
Yes	No	N/A																							
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Yes	No	N/A																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
Yes	No	N/A																							
<p><b>Describe Basis for Conclusion:</b></p> <div style="border: 1px solid black; height: 40px;"></div>																									

AREA SLUM AND BLIGHT Conclusion:

38.

<p>Does the activity/do the activities assisted under this national objective address one or more of the conditions which contributed to the deterioration of the area?</p> <p><a href="#">[24 CFR 570.483(c)(1)(iii)]</a></p>	<table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p><b>Describe Basis for Conclusion:</b></p> <div style="border: 1px solid black; height: 40px;"></div>							

SLUM AND BLIGHT  
**Spot Slum and Blight**

39.

<p>What activity did the Subrecipient carry out under this national objective?</p>
<p><b>Describe Basis for Conclusion:</b></p> <div style="border: 1px solid black; height: 40px;"></div>

40.

<p>Does this activity fall into one or more of the five eligible categories under the spot slums or blight national objective? Check all that apply.</p> <p>acquisition, clearance, relocation, historic preservation, and/or building rehabilitation activities?</p> <p><a href="#">[24 CFR 570.483(c)(2)]</a></p>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
<p>Describe Basis for Conclusion:</p>	

41.

<p>Does the file documentation describe the specific condition of blight or physical decay that the activity eliminates?</p> <p><a href="#">[24 CFR 570.483(c)(2)]</a> and <a href="#">[24 CFR 570.506(b)(10)(i)]</a></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Describe Basis for Conclusion:</p>	

42.

<p>If the activity involved rehabilitation of a building, other than a historic property, was the CDBG-DR-assisted work limited to conditions detrimental to public health and safety?</p> <p><a href="#">[24 CFR 570.483(c)(2)]</a> and <a href="#">[24 CFR 570.506(b)(10)(ii)]</a></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Describe Basis for Conclusion:</p>	

43.

<p>If the activity is rehabilitating a building, does the file documentation identify the specific conditions detrimental to public health and safety and the details and scope of the CDBG-DR-assisted rehabilitation by structure?</p> <p><a href="#">[24 CFR 570.506(b)(10)(ii)]</a></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Describe Basis for Conclusion:</p>	

--

SPOT SLUM AND BLIGHT Conclusion:

44.

<p>Based upon an <b>on-site inspection</b> of the activity, does it appear to meet the restrictions for eliminating specific conditions of blight or physical decay on a spot basis not located in a slum or blighted area?</p> <p><a href="#">[24 CFR 570.483(c)(2)]</a> and <a href="#">[24 CFR 570.506(b)(10)]</a></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p><b>Describe Basis for Conclusion:</b></p>			

URGENT NEED

45.

<p>a. Did the Subrecipient address the type, scale, and location of the disaster-related impact(s) that the funded activity?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>b. Did the Subrecipient document how the funded activity responded to the disaster-related impact identified in the Action Plan? <a href="#">Federal Register Vol. 78, No.43</a></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p><b>Describe Basis for Conclusion:</b></p>			

46.

<p>If the waiver expired prior to the activity commencing, is the urgency of the need adequately demonstrated in compliance with requirements at <a href="#">24 CFR 570.208(c)</a> and <a href="#">24 CFR 470.483(d)</a> or was an extension requested?</p> <p><a href="#">Federal Register Vol. 78, No.43</a></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p><b>Describe Basis for Conclusion:</b></p>			

47.

<p>What activity was/activities were assisted with CDBG-DR funds?</p>	

URGENT NEED Conclusion:

48.

If the activity was inspected, is there any substantial evidence to the contrary that would indicate that the CDBG-DR-assisted activity/activities did not alleviate a threat to the community's health or welfare?  <a href="#">[24 CFR 570.483(d)]</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion:	



# COLORADO

Department of Local Affairs

Community Development Block Grant –  
Disaster Recovery

## SECTION IV-B

### 1. Environmental Review

#### PARTNERING AGENCY'S CHECKLIST FOR ENVIRONMENTAL REVIEW

##### SUBRECIPIENT INFORMATION

Contract Number	INF-00015
Subrecipient Name	Town of Jamestown
Type of Organization	Local government
Name of Program	Rain Gauge HMGP Local Match
Grant Manager	Chris Krolick
Date On-site	Desk Review 9/25/18

1.

Is there a copy of the State's Environmental Release of Funds on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			
First ROF dated 3/31/16. Location was changed and the revised FEMA REC received an ROF on 6/29/18. Docs in Salesforce (SF) file. BCC adopted the FEMA REC			

2.

What level of Environmental determination was made for the activity:			
Exempt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Categorically Excluded?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Environmental Assessment-Finding of No Significant Impact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			
Adopted FEMA REC per March 5, 2013 Federal Register notice			

If not exempt complete questions 3-6.

3.

Have there been any changes in the project's description since the initial environmental review was completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			
First FEMA REC adopted 3/31/17. Location was changed. FEMA revised REC and the revised REC was adopted 6/29/18.			

4.

If the answer to above is "yes", were the changes significant enough to change the original level of environmental determination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			
Project still qualified for CatEx.			

5.

If mitigating measures were required for projects/activities during the time period reviewed, were the measures included in the ERRs as part of the actions pertaining to the environmental review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			
No mitigation measures identified in FEMA REC			

6.

For the records reviewed, do the Responsible Entities (RE) records show that no grant funds were obligated or spent [other than for activities under <a href="#">24 CFR 58.22(f)</a> , <a href="#">24 CFR 58.34</a> , or <a href="#">24 CFR 58.35(b)</a> ] prior to receipt of the <a href="#">Form HUD-7015.16</a> , "Authority to Use Grant Funds" or equivalent?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			
Initial ROF received 3/31/16. Contract with Lynker for design signed 6/28/17 and contract signed with OneRain for installation 11/29/17.			



# COLORADO

Department of Local Affairs

Community Development Block Grant –  
Disaster Recovery

## SECTION IV-F

### 1. Public Improvements

#### PARTNERING AGENCY'S CHECKLIST FOR PUBLIC IMPROVEMENTS

#### SUBRECIPIENT INFORMATION

Contract Number	INF-00015
Subrecipient Name	Town of Jamestown
Type of Organization	Local Government
Name of Program	Rain Gauge HMGP Local Match
Grant Manager	Chris Krolick
Date On-site	Desk Review 9/25/18

#### ELIGIBILITY

1.

Does each activity meet the requirements of Section 105(a)(2) of the <a href="#">Housing and Community Development Act of 1974</a> ?	
Does the project involve? [mark any or all]	
Acquisition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Construction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reconstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.

Briefly describe the project:  The Town of Jamestown used CDBG-DR funds as a local match for HMGP funds to procure a contract to design, purchase, and install one rain gauge and telemetry in order to connect to the Boulder County Automated Flood Warning System that will benefit all residents of Jamestown in the event of a future flood event.
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3.



Briefly describe the intended use:  
 Flood warning system for Town of Jamestown

4.

Is the activity being carried out by a Unit of General Local Government?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, is or will the building or facilities assisted with CDBG-DR funds be used for the general conduct of government? <a href="#">[24 CFR 570.207(a)(1)]</a>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, did the State receive a waiver for buildings for the general conduct of government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b> Rain Gauge is located in a remote location with no public access.			

5.

Is the activity being carried out by a non-profit entity? <a href="#">[24 CFR 570.201(c)]</a>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Is the title currently or in the future to be held by the non-profit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Will the facilities be operated so as to be open for use by the general public during all normal hours of operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, is the program/Subrecipient claiming <i>Limited Clientele</i> as its National Objective? <a href="#">[24 CFR § 570.483(b)(2)(i)(A)]</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

6.

Are [or will] fees being charged for the use of the facilities? <a href="#">[24 CFR 570.200(b)(2)]</a>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Are the [proposed] fees reasonable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
or will the [proposed] fees have the effect of precluding low and moderate income persons from using the facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

COVERED PROJECT

7.

<p>Is the infrastructure project labeled a <i>Covered infrastructure project</i> as defined by the <i>Federal Register</i> notices published <a href="#">November 18, 2013</a> and <a href="#">June 3, 2014</a>?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If the answer is yes, has it been approved by HUD?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><b>Describe Basis for Conclusion:</b></p>	

8.

<p>If the project is not identified as a "covered project," does the documentation in the Subrecipient's project file support a determination that the project falls outside the "covered project" definition in the <i>Federal Register</i> notices published <a href="#">November 18, 2013</a> and <a href="#">June 3, 2014</a>?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Describe Basis for Conclusion:</b></p> <p>Project is far below Covered Project thresholds</p>	

9.

<p>If the project is determined to be a "covered project":</p> <p>a. Was a comprehensive risk analysis applied to select, prioritize, implement, and maintain infrastructure projects?</p> <p>b. Were resilience performance standards for the infrastructure project financed with CDBG-DR funds Implemented?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><b>Describe Basis for Conclusion:</b></p> <p>Resilient Design Performance Standards (RDPS) write up in SF file. Comprehensive risk analysis was included in RDPS. BCC did RDPS review on all infrastructure projects per the federal register, which did not require this only for covered projects.</p>	

10.

<p>If the project is determined to be a "covered project":</p> <p>a. Was a process outlined in the amended or approved Action Plan for the design and selection of green infrastructure projects and/or how selected projects will incorporate green infrastructure components incorporated?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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<p>b. Was a transparent and inclusive decision process for the selection of <i>Covered infrastructure projects</i> as described in the Action Plan used?</p> <p>c. Have plans to monitor and evaluate the efficacy and sustainability of <i>Covered infrastructure projects</i> been developed and/or implemented?</p> <p>2013 <i>Federal Register</i> notice (<a href="#">78 FR 69104</a>) and Federal Register notice (<a href="#">79 FR 31964</a>)</p>	<table> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
Yes	No	N/A											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
Yes	No	N/A											
<p><b>Describe Basis for Conclusion:</b></p>													

FEDERAL MATCH

11.

<p>If the policies and procedures allow CDBG-DR funds to be used as the non-federal match for a project funded by the U.S. Army Corps of Engineers, is the amount of CDBG-DR restricted to \$250,000 or less? [<a href="#">42 USC § 5305</a>]</p>	<table> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Yes	No	N/A					
<p><b>Describe Basis for Conclusion:</b></p> <p>Only FEMA and CDBG-DR funding used on project.</p>							

BUSINESS ASSISTANCE PROJECTS

12.

<p>Was assistance provided to private utilities?</p>	<table> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Yes	No	N/A					
<p><b>Describe Basis for Conclusion:</b></p>							

13.

<p>Was assistance provided to a small business in the liquid fuel supply chain?</p> <p>If yes, is there an award agreement that requires the business to adopt measures to mitigate the impact of disasters of the liquid fuel supply chain?</p> <p><i>Federal Register</i> Notice published November 18, 2013 (<a href="#">78 FR 69108</a>)</p>	<table> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Yes	No	N/A											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Yes	No	N/A											
<p><b>Describe Basis for Conclusion:</b></p>													

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14.

Does the Subrecipient have a copy of the contract for architectural/engineering services which specifies those services to be provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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15.

State law requires that the documents be reviewed and approved by an engineer/architect registered in the State of Colorado. Has this been done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SOLICITATION

16.

Does the bid package contain the following requisite CDBG-DR documents:			
Invitation/Advertisement for Bid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Instructions to Bidders and Bid Proposal Forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Correct Wage Decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Equal Employment Requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Section 3 Requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
General Conditions of the Contract to include the Federal Labor Standards Provisions ( <a href="#">HUD Form 4010</a> )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Supplemental General Conditions for the Contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Bonding and Insurance Requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Contractor and sub-contractor eligibility verification requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

17.

Is there evidence a copy of the bid package was sent to all bidders?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			
This was a small purchase - request for quotes. Request for Quotes documentation in file. Quotes were requested from specialist firms via email - example email sent to the firms in the file.			

18.

If applicable, evidence that bid amendments were sent to each bidder?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b> No amendments.			

19.

Does the file contain a log of bids received by time, date of receipt, and offer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
<b>Describe Basis for Conclusion:</b> Quote tabulation in SF file			

20.

What's the bid opening date? 10/13/2017
What date did DOLA provide contractor eligibility verification:

21.

Are there minutes of the bid-opening?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is there evidence of Bid Bond?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b> This was not a sealed bid procurement. Bid bond not required since this was construction (installation, really) under \$100,000.			

22.

Was the eligibility determination provided before the construction contract was awarded to the successful bidder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
<b>Describe Basis for Conclusion:</b> Eligibility determined on 10/31/17			

23.

Is the successful bidder the lowest bidder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
If no, was a "Statement of Justification" sent to the low bidder explaining?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**  
 OneRain was the lowest, most responsive/responsible quote

24.

Is the date of construction contract award within 90 days of the bid opening?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b> Original contract signed 11/29/17		

25.

If no, is there documentation that a new wage decision and lock-in was provided by DOLA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If no, contact the Davis-Bacon Specialist to determine whether there was a modification to the wage decision that may have resulted in an underpayment of wages and fringe benefits paid to workers.			

CONSTRUCTION CONTRACT

26.

Does the construction contract contain the following requisite CDBG-DR documents:		
Invitation/Advertisement for Bid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Instructions to Bidders and Bid Proposal Forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Correct Wage Decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equal Employment Opportunity Requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Section 3 Requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Conditions of the Contract to include the Federal Labor Standards Provisions ( <a href="#">HUD Form 4010</a> )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental General Conditions of the Contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Contractor's Certifications?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Contractor's Bid Proposal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Bond and Insurance Requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Contractor and sub-contractor eligibility verification requirements?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No

CONSTRUCTION PRE-CONSTRUCTION CONFERENCE

27.

Did a review of the pre-construction conference minutes adequately detail information regarding:			
Federal Labor Standards Provisions (Exhibit VIII-J)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Additional job classifications requests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Weekly payroll submission, payroll signatures, and statements of compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Posting the wage decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Apprentices and trainees?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Overtime pay provisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Payroll deductions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Employee interviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Prevailing wage rates or wages?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Restitution for underpayment of wages?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Section 3 planning requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Contractor and sub-contractor eligibility verification requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Pre-con agenda mentions federal requirements, but does not mention eligibility verification requirements specifically. No pre-con minutes are in the file. Jamestown has since made it standard practice to have a detailed agenda and materials for the pre-con meeting and keep minutes. Future projects will reflect this info. Labor standards and Section 3 were not applicable to this contract, therefore not covered in pre-con meeting.

CONSTRUCTION FILE

28.

Review the construction file. Have they adequately kept records of:			
Building Permits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Copies of construction inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Certificate of Occupancy (CO)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Construction contract?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Contract amendments (if applicable)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Work order changes (if applicable)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Deed of Easement (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Copies of payment and performance bond?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Copies of contractor/sub-contractor certification for EEO?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Copies of contractor/sub-contractor certification for Section 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Copies of contractors/sub-contractor Affidavit of Prime Bidder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Notice to Proceed date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Architect's Certification ( <a href="#">Architectural Barriers Act</a> ) or appropriate HUD waivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A





**Describe Basis for Conclusion:**

BCC DOB Policy Version 3, updated 12/22/17

Policies and Procedures

3.

Do the subrecipient agency policies and procedures require all beneficiaries to enter into a signed agreement (e.g., subrogation agreement) to repay any assistance later received for the same purpose as the CDBG-DR disaster recovery funds?

Yes  No

**Describe Basis for Conclusion:**

Item 6 under the DOB Process section of the BCC DOB policy, page 2

4.

Do the subrecipient agency policies and procedures address recapture of CDBG-DR funds (e.g., in case of an overpayment, duplication of benefit)?

Yes  No

**Describe Basis for Conclusion:**

Item 7 under the DOB Process section of the BCC DOB policy, page 2

5.

Do the policies and procedures require the subrecipient agency to comply with HUD's guidance when assisting applicants that declined SBA assistance to ensure expenditures are for "necessary costs" of recovery, as required by [Public Law 113-2](#) (and other supplemental appropriations, as applicable)?

Yes  No

**Describe Basis for Conclusion:**

SBA Hardship section of the BCC DOB Policy, page 5

6.

Do these subrecipient agency policies and procedures include:

- a. Identification of the circumstances under which applicants declined assistance?
- b. Establishment of why CDBG-DR assistance is appropriate when assisting applicants that declined SBA assistance?
- c. Determination of the amount of CDBG-DR assistance that is necessary and reasonable to assist applicants in achieving recovery?

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

**Describe Basis for Conclusion:**  
 SBA Hardship section of the BCC DOB Policy, page 5.

7.

Do the subrecipient agency policies and procedures exclude non-duplicative assistance from the final benefit calculation for the following instances:			
a. Provided for a different purpose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. Used for a different, eligible purpose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. Assistance not available to the applicant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
d. Assistance is a private loan not guaranteed by SBA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
e. Any other asset or line of credit available to the applicant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<a href="#">Federal Register / Vol. 76, No. 221</a>			

**Describe Basis for Conclusion:**  
 Item 3 of the DOB Process section of the BCC DOB Policy

Activity Files

8.

a. Does the subrecipient agency require applicants to disclose all sources of assistance that were provided to applicant for the same purpose? Is there a determination of DOB worksheet in each project file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**  
 DOB worksheet dated 11/14/16.

b. How did the DOB determination impact the applicant's CDBG-DR award? If a DOB was found, was there a reduction in the award amount?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**  
 There was no DOB or reduction of award.

c. Did the subrecipient agency require each applicant to enter into a signed agreement (e.g., subrogation agreement) to repay subsequent duplicative assistance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

Jamestown entered into an Intergovernmental Agreement that included subrogation requirements with Longmont acting on behalf of the BCC.

d. If a DOB occurred after assistance was awarded, were funds recaptured in accordance with the agreement and the grantee's policies and procedures?

Yes   
 No   
 N/A

**Describe Basis for Conclusion:**

No additional funds received

### 14.1 Individual Project Duplication of Benefits Worksheet

DOB Worksheet for checking Subrecipient's CDBG-DR Award and DOB determination.  
[Federal Register /Vol. 76 No. 221/](#) November 16, 2011

Make additional copies for each file sampled

1. Identify Applicant's Total Need Prior to Any Assistance (e.g. rehabilitation cost estimate)		\$109,580	
2. Identify All Potentially Duplicative Assistance:			
		Potential	Actual DOB
a. FEMA Housing Grant	Interim Housing (e.g. rent)	\$0	\$0
	Permanent Housing (e.g. repair/rehabilitation)	\$0	\$0
b. SBA Loan		\$0	\$0
c. Insurance (Structure, not Contents)		\$0	\$0
d. National Flood Insurance Program (NFIP)		\$0	\$0
e. Other federal, state, or local funding (FEMA HMGP and State match)		\$95,882	\$95,882
f. Other nonprofit, private sector, or charitable funding		\$0	\$0
Totals		\$95,882	\$95,882
3. Total of all assistance found to be duplicative, resulting in the maximum potential award amount, or unmet need (Actual DOB Total)		\$0	\$0
4. Maximum Eligible Award (Item 1 less Item 3)		\$13,698	\$13,698
5. Program Cap (if applicable)		N/A	N/A
6. Final Award (lesser of Items 4 and 5)		\$13,698	\$13,698