



Boulder County Collaborative

Boulder County, Colorado • City of Boulder, Colorado • Town of Jamestown, Colorado • City of Longmont, Colorado
City of Louisville, Colorado • Town of Lyons, Colorado • Town of Nederland, Colorado

November 22, 2017

Ms. Heather Balsler, Interim City Manager
City of Louisville
749 Main Street
Louisville, CO 80027

RE: On-Site Monitoring Report for the City of Louisville's PW 1190 Raw Water Diversion Improvements Project

Dear Ms. Balsler:

The City of Longmont, as Lead Agency for the Boulder County Collaborative (BCC), conducted an on-site monitoring review of the City of Louisville's PW 1190 Raw Water Diversion Improvements Project for the purpose of providing infrastructure repairs and improvements to the City's raw water intake structure due to damages caused by the 2013 flood. The on-site monitoring took place on September 27, 2017. This activity (Project No. INF-00006) was funded by an Intergovernmental Grant Agreement (IGA) with Community Development Block Grant Disaster Recovery (CDBG-DR) Round 2 funding. This IGA was signed and executed on April 5, 2016 by and between Longmont as the Lead Agency for the BCC and the City of Boulder, and amended on September 6, 2016, December 28, 2016, and September 6, 2017.

The entrance and exit conferences took place on Wednesday, September 27, 2017 at the Louisville City Hall. Staff from the City of Boulder included Cory Peterson and Graham Clark.

The on-site monitoring was conducted by Molly O'Donnell, CDBG Disaster Recovery Project Manager, City of Longmont, with the assistance of Deborah Siefert, Hagerty Consulting. BCC appreciates the cooperation and efforts made to accommodate us during the monitoring and on-site inspection.

SCOPE OF REVIEW

Overall Grant Management

The following areas of grant management were reviewed for the PW 1190 Raw Water Diversion Improvements Project:

1. National Objective (Section IV-A)
2. Environmental Review (Section IV-B)
3. Financial Management (Section IV-C)
4. Procurement (Section IV-D)
5. Fair Housing and Equal Opportunity (Section IV-E)
6. Public Improvements (Section IV-F)
7. Labor Standards (Section IV-G)
8. Duplication of Benefits (Section IV-L)
9. Section 3 (Section IV-N)

The following documentation was made available during the review to assist with the determination of overall compliance:

- Chart of Accounts and Project budgets
- Administrative Policies, Procedures, and Organizational Charts
- Project files (documentation of damage, disaster relatedness, proposed project scope and funding, application and grant agreements)
- Procurement files for Glacier Construction, Inc.
- Construction inspection and compliance files
- Environmental review and clearance and associated permits
- Duplication of Benefits (DOB) review and verification of all funding sources

Overall Observations of PW 1190 Raw Water Diversion Improvements Project

The monitoring team was very pleased with the professional conduct exhibited by City of Louisville staff. The staff had prepared all project documentation organized by areas of review. Policies, procedures, and project documentation was sent in advance of the monitoring visit and was readily available during the monitoring. Good accommodations were provided for the monitoring.

The staff were very knowledgeable about the project and the HUD compliance requirements. The monitoring team had previously gone on-site to review the completed project and apply the Resiliency Performance Standards. At the time of the visit, the Raw Water Intake Facility had been completed and was operational.

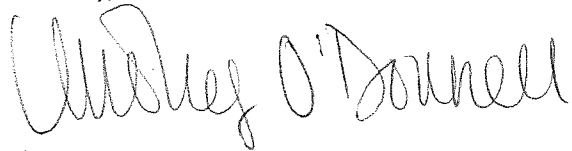
Summary of Results and Conclusions

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

1. **National Objective (Section IV-A)** – no finding, no concern
2. **Environmental Review (Section IV-B)** – no finding, no concern
3. **Financial Management (Section IV-C)** – no finding, no concern
4. **Procurement (Section IV-D)** – no finding, no concern
 - a. **Recommendation:** The BCC recommends that the City of Louisville update its Purchasing Policy to include a statement that any and all federal awards will follow the Uniform Administrative Requirements, Cost Principles, and Audit Requirements found at 2 CFR §200.
5. **Fair Housing and Equal Opportunity (Section IV-E)** – no finding, no concern
6. **Public Improvements (Section IV-F)** – no finding, no concern
7. **Labor Standards (Section IV-G)** – no finding, no concern
8. **Duplication of Benefits (Section IV-L)** – no finding, no concern
9. **Section 3 (Section IV-N)** – no finding, no concern

This City of Louisville project has ultimately increased the resiliency of the Raw Water Intake Facility and of the City's water system as a whole, which provides a positive outcome for all City residents. Please share this letter with City staff as appropriate.

Sincerely,

A handwritten signature in black ink that reads "Molly O'Donnell". The signature is written in a cursive style with a large, looped initial "M".

Molly O'Donnell

CDBG Disaster Recovery Project Manager

cc: Kathy Fedler, CDBG Disaster Recovery Program Manager
Cory Peterson, Water Resources Engineer
Graham Clark, Senior Accountant

Enclosures: Final Compliance Monitoring Forms

SECTION IV-A

1. National Objective

SUBRECIPIENT INFORMATION

Contract Number	INF-00006
Subrecipient Name	City of Louisville
Type of Organization	Local Government
Name of Program	PW 1190 Raw Water Diversion Improvements
Grant Manager	Cory Peterson
Date On-site	9/27/2017

AREA-WIDE BENEFIT

1.

SERVICE AREA:	
Do the Subrecipient's records describe the boundaries of the service area? 24 CFR 570.483(b)(1) and 24 CFR 570.506(b)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Do you agree with the basis/approach the Subrecipient used in determining the service area of this activity? 24 CFR 570.483(b)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the size of the service area appear reasonable given the nature and scope of the activity? 24 CFR 570.483(b)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Is the service area "primarily residential?" 24 CFR 570.483(b)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion:	
Project is Urgent Need. See Urgent Need section #37.	

2.

LOW- AND MODERATE-INCOME COMPOSITION OF THE SERVICE AREA:	%
What do the Subrecipient's records show as the percent of low- and moderate-income residents in this service area?	
Describe Basis for Conclusion:	

NATIONAL OBJECTIVE

Page 2

AREA-WIDE BENEFIT Continued

3.

LOW- AND MODERATE-INCOME COMPOSITION OF THE SERVICE AREA:	
a. Is the percent of low- and moderate-income persons at least 51%? 24 CFR 570.483(b)(1)(i), (ii), and (vii)	<input 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? 24 CFR 570.483(b)(1)(i),(i) and (ii)	<input 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, 24 CFR 570.483(b)(1)(i))	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion:	

AREA-WIDE BENEFIT Continued

4.

<p>DATA AND SURVEYS:</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 _____</p> <p>b. The year used for HUD income limits: _____</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>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>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">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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<p>Describe Basis for Conclusion:</p>																																											

NATIONAL OBJECTIVE

Page 4

AREA-WIDE BENEFIT Continued

5.

Does the activity appear to benefit the residents located within the service area, where at least 51% are low- and moderate-income persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
a. If the activity is a facility or service, are fees charged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. If "yes", how much is charged to use the facility or service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	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? 24 CFR 570.200(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

6.

Based upon an on-site inspection 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

Area Wide Benefit Conclusion:

7.

Does the activity meet the national objective criteria for serving a low- and moderate-income area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

NATIONAL OBJECTIVE

Page 5

LIMITED CLIENTELE

8.

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

9.

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

NATIONAL OBJECTIVE

Page 6

LIMITED CLIENTELE Continued

10.

<u>PRESUMED BENEFIT Limited Clientele</u>	
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:	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
a. abused children?	
b. battered spouses?	<input type="checkbox"/>
c. elderly persons?	<input type="checkbox"/>
d. adults meeting the Bureau of the Census' Population	<input type="checkbox"/>
e. Report's definition of "severely disabled" (current for the time period of this review?)	<input type="checkbox"/>
f. homeless persons?	

g. illiterate adults?	<input type="checkbox"/>
h. persons living with AIDS?	<input type="checkbox"/>
i. migrant farm workers?	<input type="checkbox"/>
[24 CFR 570.483(b)(2)(ii)(A) and 24 CFR 570.506(b)(3)(i)]	<input type="checkbox"/>
	<input type="checkbox"/>

11.

<p>FAMILY SIZE AND INCOME Limited Clientele: 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>24 CFR 570.483(b)(2)(ii)(B) and 24 CFR 570.506(b)(3)(iii)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Describe Basis for Conclusion:</p>	

NATIONAL OBJECTIVE

Page 7

LIMITED CLIENTELE Continued

12.

<p>c. Income Eligibility Restrictions Limited Clientele: 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>24 CFR 570.483(b)(2)(ii)(C) and 24 CFR 570.506(b)(3)(iii)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<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)? [24 CFR 570.3, 24 CFR 208(a)(2)(i)(B) or (C), and 24 CFR 570.506(b)(3)(iii)]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<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>

NATIONAL OBJECTIVE

Page 8

15.

<p>d. <u>NATURE AND LOCATION Limited Clientele:</u></p> <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>24 CFR 570.483(b)(2)(ii)(D) and 24 CFR 570.506(b)(3)(ii)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Describe Basis for Conclusion:</p>	

LIMITED CLIENTELE Continued

16.

<p>Based upon an on-site inspection 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>24 CFR 570.483(b)(2)(ii)(D)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Describe Basis for Conclusion:</p>	

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LIMITED CLIENTELE Conclusion:

17.

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

NATIONAL OBJECTIVE

Page 9

SLUM AND BLIGHT

Area Slum and Blight

18.

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

19.

When was the area designated as a slum, blighted, deteriorated or deteriorating area? 24 CFR 570.483(c)(1)(i) and 24 CFR 570.506(b)(8)(ii)	
	Date

SLUM AND BLIGHT Continued

Area Slum and Blight Continued

20.

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? 24 CFR 570.483(c)(1)(i) and 24 CFR §570.506(b)(8)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

21.

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

NATIONAL OBJECTIVE

Page 10

22.

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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
24 CFR 570.483(c)(1)(B)			
Describe Basis for Conclusion:			

23.

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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

SLUM AND BLIGHT Continued

Area Slum and Blight Continued

24.

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

25.

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
24 CFR 570. 483(c)(1)(B)	
Describe Basis for Conclusion:	

NATIONAL OBJECTIVE

Page 11

26.

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
24 CFR 570. 483(c)(1)(iv)	
Describe Basis for Conclusion:	

27.

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:	

NATIONAL OBJECTIVE

Page 12

SLUM AND BLIGHT Continued

Area Slum and Blight Continued

Residential Buildings:

28.

<p>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)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>b. If the answer to the question above is "yes," does the Subrecipient have a local definition of "substandard" housing conditions?</p> <p style="text-align: center;">[24 CFR 570.483(c)(1)(iii)] and [24 CFR 570.506(b)(9)(i)]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>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</p> <p style="text-align: center;">[24 CFR 882.109?]</p> <p style="text-align: center;">[24 CFR 570.483(c)(1)(iii)]?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Describe Basis for Conclusion:</p>	

NATIONAL OBJECTIVE

Page 13

SLUM AND BLIGHT Continued

Area Slum and Blight Continued

Residential Buildings continued:

29.

<p>If the program is funding residential buildings, does a review of a sample of files show documentation, by structure, that includes:</p>	
<p>a. How the building met the local definition of "substandard?"</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

b. A pre-rehabilitation inspection report describing all deficiencies in the structure to be rehabilitated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
c. Details and scope of the CDBG-DR-assisted rehabilitation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
d. Information to show that the deficiencies making the unit substandard were eliminated prior to less critical work on the structure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
24 CFR 570.483(c)(1)(iii) and 24 CFR 570.506(b)(9)(ii) and (iii)			
Describe Basis for Conclusion:			

AREA SLUM AND BLIGHT Conclusion

30.

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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
24 CFR 570.483(c)(1)(iii)			
Describe Basis for Conclusion:			

NATIONAL OBJECTIVE

Page 14

SLUM AND BLIGHT

Spot Slums or Blight

31.

What activity did the Subrecipient carry out under this national objective?

Describe Basis for Conclusion:

32.

<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>24 CFR 570.483(c)(2)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Describe Basis for Conclusion:</p>	

33.

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

NATIONAL OBJECTIVE

Page 15

SLUM AND BLIGHT

Spot Slum and Blight

34.

<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>24 CFR 570.483(c)(2) and 24 CFR 570.506(b)(10)(ii)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Describe Basis for Conclusion:</p>	

35.

<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>24 CFR 570.506(b)(10)(ii)</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>Describe Basis for Conclusion:</p>							

Spot Slum and Blight Conclusion:

36.

<p>Based upon an on-site inspection 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>24 CFR 570.483(c)(2) and 24 CFR 570.506(b)(10)</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>Describe Basis for Conclusion:</p>							

NATIONAL OBJECTIVE

Page 16

URGENT NEED

37.

<p>a. Did the Subrecipient address the type, scale, and location of the disaster-related impact(s) that the funded activity?</p>	<table border="0"> <tr> <td><input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>b. Did the Subrecipient document how the funded activity responded to the disaster-related impact identified in the Action Plan? Federal Register Vol. 78, No.43</p>	<table border="0"> <tr> <td><input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p> <p>Described in application to BCC and verified in Salesforce file</p>							

38.

If the waiver expired prior to the activity commencing, is the urgency of the need adequately demonstrated in compliance with requirements at 24 CFR 570.208(c) and 24 CFR 470.483(d) or was an extension requested ? Federal Register Vol. 78, No.43	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion: Date of IGA with Louisville 4/5/16 Date of project construction start date 10/13/15 (did not extend beyond 2 yr limit)	

39.

<p>What activity was (activities were) assisted with CDBG-DR funds?</p> <p>__Project consists of rehabilitation and new improvements to the raw water intake on S. Boulder Creek. Activities included armoring of stream channel, reconstructing diversion dam, adding 540 cubic yards of rip rap and grouted boulders, and replacing controls building. This is the raw water intake that feeds to City water treatments system that serves entire city population. The flood completely destroyed prior system.</p> <hr/> <hr/> <hr/>

NATIONAL OBJECTIVE

Page 17

URGENT NEED Conclusion:

40.

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? 24 CFR 570.483(d)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: Observed the completed project which is now functioning and more resilient than prior system.	

SECTION IV-B

1. Environmental Review

SUBRECIPIENT INFORMATION

Contract Number	INF-00006
Subrecipient Name	City of Louisville
Type of Organization	Local Government
Name of Program	PW 1190 Raw Water Diversion Improvements
Grant Manager	Cory Peterson
Date On-site	9/27/2017

1.

Is there a copy of the State's Environmental Release of Funds on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
Release dated 8/28/2015 is in the SF file			

2.

What level of Environmental determination was made for the activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exempt?	Yes	No	N/A
Categorically Excluded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Assessment-Finding of No Significant Impact?	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
The FEMA original STATEX was adopted, then by re-evaluation, FEMA's updated CATEX was adopted on 11/18/2016. Note: the re-evaluation incorrectly references FEMA's FONSI, and should have referenced a CATEX instead. A memo to file has been created to document this fix. Regardless, the correct level of environmental analysis occurred.			

ENVIRONMENTAL REVIEW

Page 2

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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: Added additional facility within the footprint, reflected in FEMA's updated CATEX and re-evaluation letter dated 11/18/2016.			

4.

If the answer to above is "yes", were the changes significant enough to change the original level of environmental determination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: The City did a re-evaluation dated 11/18/16 and found no significant changes.			

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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: No additional mitigation requirements beyond standard avoidance and minimization conditions.			

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 24 CFR 58.22(f) , 24 CFR 58.34 , or 24 CFR 58.35(b)] prior to receipt of the Form HUD-7015.16, "Authority to Use Grant Funds" or equivalent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: Release was 8/28/15 and construction contract executed 9/3/2015.			

SECTION IV-C

2. Financial Management

SUBRECIPIENT INFORMATION

Contract Number	INF-00006
Subrecipient Name	City of Louisville
Type of Organization	Local Government
Name of Program	PW 1190 Raw Water Diversion Improvements
Grant Manager	Cory Peterson
Date On-site	9/27/2017

BUDGET CONTROL

1.

Does the Subrecipient record amount budgeted for eligible activities as specified in 24 CFR 570 , Subpart C?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
Document showing the Council approved Water Utility Fund 2016 budget with dedicated amount to the El Dorado Intake where all the expenditures flow into.			

2.

Does the Subrecipient record an encumbrance/obligation when contracts are executed, purchase orders issued, etc.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
City of Louisville Purchase Order dated 10/19/2015 for entire construction.			

FINANCIAL MANAGEMENT

Page 2

3.

Does the Subrecipient identify expenditures in its accounting records according to eligible activity classifications specified in the statute, regulations, or grant agreement that clearly identify the use of program funds for eligible activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
This is a facility improvement activity and is identified in the accounting records for capital improvements			

ACCOUNTING RECORDS

FINANCIAL MANAGEMENT SYSTEM

4.

Has the Subrecipient, if applicable, maintained a properly segregated account of CDBG-DR funds from other funds which document revenues and expenditures associated with the project or have an accounting system sufficient to account for commingling of funds?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion: Separate code in chart of accounts (#051-498-55840-80)			

5.

Did the record review indicate any instances of ineligible expenditures?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion: Amounts matched award			

FINANCIAL MANAGEMENT

Page 3

CASH MANAGEMENT

6.

If the Subrecipient requests funds in advance, does the participant minimize the time elapsed between the transfer of funds from the U.S. Treasury and disbursement by the participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion:			

7.

If the Subrecipient advances grant funds to Subrecipients, does the participant have procedures to minimize the time elapsed between the transfer of funds to, and disbursement by, the Subrecipients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion:			

--

8.

If grant advances are deposited into an interest-bearing account, what provisions have been made for return of interest income to the State or HUD?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

FINANCIAL MANAGEMENT

Page 4

ALLOWABLE COSTS

Recipient Administration and Program Delivery Charges

9.

Are charges to the CDBG-DR program for salaries and wages, whether treated as direct or indirect costs, based on payrolls documented in accordance with the generally accepted practice of the governmental unit and approved by a responsible official(s) of the governmental unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

For Governmental Recipients:

10.

For employees working solely on the CDBG-DR program, are charges for their salaries and wages supported by periodic certifications that the employees worked solely on that program for the period covered by the certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

11.

Were the certifications prepared at least semi-annually and signed by the employee or a supervisory official having first-hand knowledge of the work performed by the employee?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

FINANCIAL MANAGEMENT

Page 5

For non-Governmental Subgrantee or Subrecipients or Governmental personnel not working full time on CDBG-DR:

12.

Do the personnel time records account for all the employees' time and activities and not just the CDBG-DR time charged?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

Indirect Costs

13.

Are indirect costs charged to the program? If yes, what method is being used:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Ten Percent de Minimis	<input type="checkbox"/>		
Cost Allocation Plan	<input type="checkbox"/>		
Indirect Cost Rate	<input type="checkbox"/>		
Direct Allocation Method	<input type="checkbox"/>		
Describe Basis for Conclusion:			

14.

Are indirect costs billed in accordance with an approved method?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

FINANCIAL MANAGEMENT

Page 6

Internal Controls

15.

Review Subgrantee's, and if applicable, the Subrecipient's system for pay authorizations, processing invoices for approval and payment to include who approves payment requests, who prepares checks, and who signs checks. Is the process adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: Delegation of duties on page 7 of the purchasing policy. Approval process in purchasing policies page 21. Also, reviewed the pay applications for this contract and verified signed by authorized person.	

16.

Does the Subrecipient have an organization chart that sets forth the actual lines of responsibility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: City and Finance Department organizational charts provided	

17.

Are duties for key employees of the Subrecipient defined?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: In Separation of Duty in the purchasing policy (pg. 7 and 21)	

18.

Has the Subrecipient obtained fidelity bond coverage for responsible officials?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion:	

City's insurance policy document provided that covers government entity crime coverage, forgery/alteration, on premises, in transit, money orders and counterfeit money, computer fraud, funds transfer fraud, faithful performance of duty as required by law, and other coverages.

19.

Does the Subrecipient’s chart of accounts include a complete listing of the account numbers used to support the control needed to ensure that resources used do not exceed resources authorized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: Chart of accounts in Salesforce, (#051-498-55840-80)	

20.

Do the Subrecipient’s approval controls provide reasonable assurance that appropriate individuals approve recorded transactions in accordance with management’s general or specific criteria?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: Pages 7 and 21 verify tiered controls for purchasing decisions	

21.

Do the Subrecipient’s controls over the design and use of documents and records provide reasonable assurance that transactions and events are properly documented, recorded, and auditable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: Documentation is stored within the financial system and retention records and physical copies stored off-site	

22.

Does the Subrecipient’s segregation of duties controls effectively reduce the opportunity for someone to perpetrate or conceal errors or irregularities in the normal course of duties?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: Purchasing Policy page 7 and 21	

23.

Is it clear that all personnel are responsible for communicating upward the Subrecipient’s operating problems and noncompliance with laws and regulations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: Employee Handbook has protection from reprisal regulation	

24.

Do the Subrecipient’s internal control procedures support its ability to prepare financial statements that are fairly presented in conformity with generally accepted or other relevant and appropriate accounting principles and regulatory requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: City of Louisville provided 2016 CAFR	

Source Documentation

25.

Does the Subgrantee, and if applicable, the Subrecipient’s file contain appropriate supporting documentation for CDBG-DR draw down requests?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: Request for Reimbursement package in Salesforce and proof of payment	

26.

Does the Subrecipient maintain adequate source documentation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: Documents in Salesforce and on site to support pay applications and reimbursement requests	

27.

To determine compliance, select a sample of expenditures and determine whether they are supported by invoices, contracts, or purchase orders, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: Documentation in Salesforce			

28. Provide four (4) examples of expenditures reviewed for this contract:

Payee: Glacier

Date of Invoice 11/25/2015

Amount: \$266,251.68

Invoice #: Application #3

Reimbursement Amount: \$132,466.30 (RFR 2)

Check #: 16818

Payee: Glacier

Date of Invoice 12/25/2015

Amount: \$298,128.86

Invoice #: Application #4

Reimbursement Amount: \$155,418.96 (RFR 2)

Check #: 16962

FINANCIAL MANAGEMENT

Page 10

Payee: Glacier

Date of Invoice 1/25/2016

Amount: \$267,475.88

Invoice #: Application #5

Reimbursement Amount: \$126,887.31 (RFR 2)

Check #: 17148

Payee: Glacier

Date of Invoice 2/25/2016

Amount: \$314,538.92

Invoice #: Application #6

Reimbursement Amount: \$159,499.29 (RFR 2)

Check #: 17786 (check is for App #6 and #7 and costs for another project)

OMB Circular A-133: Audits of States, Local Governments, and Non-Profit Organizations

29.

Is the Subrecipient, and if applicable, subawards subject to the Single Audit Act?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: City received more than \$750K of federal funds per CAFR pg. 147	

30.

If an audit was required, were there any deficiencies/findings noted in the most recent audit completed? If yes, describe deficiency:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: In CAFR on page 148. Planning department deficiency in fee calculation on impact fees. Page 151 of CAFR has the corrective action plan.	

31.

Does the Subrecipient's audit report include an opinion on whether the financial statements are presented fairly in all material respects in conformity with GAAP and whether the schedule of expenditures is presented fairly in all material respects?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: CAFR page 147	

32.

Do the Subrecipient's financial statements reflect its financial position, results of operations or changes in net assets and, where appropriate, cash flows for the fiscal year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: CAFR page 147	

Program Income

33.

Are revenue-generating activities (e.g., rehabilitation, economic development loans) being undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

34.

Has the project earned program/miscellaneous income, which is to be committed to a Revolving Loan Fund (RLF)? (If answer is no, skip to question 37).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

35.

Are the RLFs held in a separate account?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

36.

Has the RLF appropriately been used for the approved activity from which it was generated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

37.

<p>Upon expiration of any agreements between the Subrecipient and/or pass-through entity, does the Subrecipient have a system for ensuring:</p> <ul style="list-style-type: none"> i. the timely and accurate transfer of any funds to be returned to the participant; and/or ii. the timely and accurate transfer of outstanding loans or accounts receivable? 	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">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>Describe Basis for Conclusion:</p>							

Loan Servicing

38

<p>If the Subgrantee or Subrecipient provides loans, does it have a system for properly servicing all CDBG-DR-assisted loans (including deferred payment loans and revolving loan funds) that includes:</p> <p>Written loan agreements that clearly describe the repayment terms, what constitutes a default and how it can be cured, what actions the Subgrantee or Subrecipient will take if the default is not cured, and (if applicable) and what is pledged as security for the loan?</p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">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>Describe Basis for Conclusion:</p>							

39.

<p>Does the Subgrantee or Subrecipient have in place collection procedures that provide for the recognition of all current amounts due, payments received, notification to borrower when payments are overdue, a process for taking further action on defaulted loans, and criteria for writing off bad debts?</p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">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>Describe Basis for Conclusion:</p>							

SECTION IV-D

3. Procurement

SUBRECIPIENT INFORMATION

Contract Number	INF-00006
Subrecipient Name	City of Louisville
Type of Organization	Local Government
Name of Program	PW 1190 Raw Water Diversion Improvements
Grant Manager	Cory Peterson
Date On-site	9/27/2017

CONTRACT ADMINISTRATION

1.

Can the Subrecipient document a system of contract administration for determining the adequacy of contractors' performance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
City included performance requirements and periods in the contract and delegated construction oversight to a consultant engineer.			

2.

Does the Subrecipient have a written code of conduct governing employees, officers or agents engaged in the award and administration of contracts supported by grant funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
In purchasing policy page 19 and in Salesforce file			

PROCUREMENT

Page 2

3.

Does the Subrecipient use prequalified lists?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
If yes, are such lists current?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Developed through an open solicitation process without overly restrictive criteria and include an adequate number of qualified sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

This was a competitive bid.

4.

Has the Subrecipient made subawards?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: City managed project.			

5.

If subawards made, how does the Subrecipient show that its Subrecipients are required to follow applicable procurement policies and procedures in the administration of their contracts and purchase orders?
Describe Basis for Conclusion: NA

6.

For the procurement transactions selected for review, is there documentation showing compliance with 2 CFR § 200.318(i)? (a-c below)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: Documentation in Salesforce			

PROCUREMENT

Page 3

a. What kind of contract(s) is being utilized?

i. Fixed Price:

Name of Contractor: Glacier

Type of purchase: Competitive Bid

ii. Cost Reimbursement:

Name of Contractor: _____

Type of purchase: _____

iii. Time and Materials/Labor Hours

Prior approval from DOLA after it was determined that no other contract is suitable?

Name of Contractor: _____

Type of purchase: _____

b. Basis of contractor selection or rejection?

Lowest Price/Cost Qualifications and Cost Qualifications

Name of Contractor: Glacier

	X	

Name of Contractor: _____

Name of Contractor: _____

c. Basis for the cost or price of the contract?

Lump Sum Payment Upon Completion Unit Price Progress Payments Reimbursable Costs

Name of Contractor: Glacier

X (for certain line items)	X (for certain line items)	

Name of Contractor: _____

Name of Contractor: _____

PROCUREMENT

Page 4

CONTRACTOR AWARDS

7.

<p>Is the Subrecipient ensuring that its awards are not made to any party excluded, disqualified "or otherwise ineligible (e.g., suspension, debarment, or limited denial of participation) for Federal procurement and non-procurement programs per 24 CFR 570.609?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Describe Basis for Conclusion: SAMS verification in file. See response to Public Improvements Question #22</p>	

8.

<p>Is there any evidence to indicate that the Subrecipient awarded noncompetitive contracts to consultants that are on retainer contracts or any other arbitrary actions?</p> <p>2 CFR § 200.319 Competition (a) 4-7?</p>	<table> <tr> <td><input type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p> <p>Project was competitively bid</p>							

PROCUREMENT

Page 5

9.

<p>Did the Subrecipient take any of the following steps to use small, minority-owned and women-owned businesses?</p> <p>a. including such businesses on solicitation lists whenever they are potential sources?</p> <p>b. ensuring that such businesses, when identified, are solicited whenever they are potential sources?</p> <p>c. dividing procurement requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by such businesses?</p> <p>d. requiring prime contractors when subcontracts are let, to take affirmative steps to select small, minority-owned and women-owned businesses in grant-funded contracts?</p>	<table> <tr> <td><input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
Yes	No	N/A																							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
Yes	No	N/A																							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
Yes	No	N/A																							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
Yes	No	N/A																							
<p>Describe Basis for Conclusion:</p> <p>(a-b)City reached out City and County of Denver Office of Economic Development, Division of Small Business Opportunity, and Minority Business Development Agency Denver Business Center and provided the advertisement to their data basis (c)contractors were encouraged to break into smaller tasks as discussed at the pre-bid meeting on 5/18/15.(d)written into contractor specs for contract and bid</p>																									

10.

<p>If the Subrecipient is not taking the steps identified in the question above, list the actions the Subrecipient is taking to meet 2 CFR 200.321 requirements that affirmative steps be taken to assure use of small, minority-owned and women-owned businesses when possible?</p>
--

Describe Basis for Conclusion:

11.

Were any contracts based on a cost-plus-a-percentage-of-cost method? 2 CFR § 200.323(d)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: This is a firm fixed price contract			

PROCUREMENT

Page 6

12.

Was a cost or price analysis performed in connection with every procurement action, including contract modifications? 2 CFR § 200.323(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: Cost analysis was completed for the original contract and both change orders			

13.

Is profit negotiated as a separate element of price where price competition is lacking or a cost analysis is performed? 2 CFR § 200.323(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: There was adequate competition (3 bids) but the second lowest contractor was chosen based on better qualifications and a cost analysis was performed to ensure cost reasonableness			

METHODS OF PROCUREMENT UTILIZED

What purchases did the Subrecipient conduct with grant funds?

Types of Purchases

Appropriate Methods

Construction
Supplies

x

Sealed Bid
Small Purchase, Sealed Bid

Equipment
 Professional Services
 Other Services

Small Purchase, Seal Bid, Competitive Proposals
 Competitive Proposals
 Small Purchase, Competitive Proposals, Sealed Bid

PROCUREMENT

Page 7

Small Purchases [2 CFR § 200.320 \(b\)](#)

14.

Can the Subrecipient document receipt of an adequate number of price or rate quotations from qualified sources for procurements of \$150,000 or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Describe types of purchases and price or rate quotes received.	
Describe Basis for Conclusion:	

Sealed Bids [2 CFR § 200.320 \(c\)](#)

15.

Summarize the Subrecipient's formal seal bid process:
Purchasing Policy page 10 has the full process. Summary below: -Post to Bid Net -Pre-Bid conference -Conduct public opening -Consulting engineer reviewed for qualifications and make award recommendations -Contract over \$100K, City Council approval -Obtain signatures on contract -Complete purchase requisition -Finance department issues purchase order

a. Does the Subrecipient receive at least two or more responsible bids for each procurement transaction? 2 CFR § 200.320 (c) (1)(ii)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	--

Describe Basis for Conclusion:
3 bids received

b. If the answer to "a" above is "no," is this a systemic failure (i.e., the Subrecipient's system" failed to work properly) or does it appear to be isolated failures in some cases? Yes No N/A

Describe Basis for Conclusion:

PROCUREMENT

Page 8

16.

Do the procurement transactions lend themselves to firm, fixed price contracts and can selection of known suppliers, be made principally on the basis of price? [2 CFR § 200.320 \(c\) \(1\)\(iii\)](#) Yes No N/A

Describe Basis for Conclusion:
This is a firm fixed price contract

17.

Was the Invitation for Bids publicly advertised and were bids solicited from an adequate number providing them sufficient time before the date set for opening the bids? [2 CFR § 200.320 \(c\) \(1\)\(i\)](#) Yes No N/A

IFBs must be advertised for a minimum of 14 calendar days STATE OF COLORADO PROCUREMENT MANUAL VENDOR SELECTION METHODS-PROCUREMENT RULES: PART 2 OF ARTICLE 103 Part II 4. F. Competitive Sealed Bidding

Describe Basis for Conclusion:
Issued May 11, 2015 and opened May 27, 2015 (16 days)

18.

Do the IFBs, including specifications and pertinent attachments, clearly define the items or services? [2 CFR 200.320\(c\)\(2\)\(ii\)](#) Yes No N/A

Describe Basis for Conclusion:
Detailed scope in specifications

19.

Were all bids opened publicly at the time and place stated in the IFB? 2 CFR § 200.320 (c) (2)(iii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
10 am, May 27, 2015 at Louisville City Hall			

PROCUREMENT

Page 9

20.

Were the contracts awarded to the lowest responsive and responsible bidders? 2 CFR § 200.320 (c) (2)(iv)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
City awarded to second lowest bidder based on qualifications (most <u>responsible</u> and responsive)			

Competitive Proposals 2 CFR § 200.320 (d)

21.

Is this procurement method used generally when conditions are not appropriate for the use of sealed bids? 2 CFR § 200.320 (d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

22.

Do the Requests for Proposals (RFPs) clearly and accurately state the technical requirements for the goods or services to be procured? 2 CFR § 200.319(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

23.

Are the proposals solicited from an adequate number of qualified sources, consistent with the nature and requirements of the procurement? 2 CFR § 200.320(d)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:

PROCUREMENT

Page 10

24.

Does the Subrecipient publicize the RFPs and honor reasonable requests by parties to compete to the maximum extent practicable? 2 CFR § 200.320(d)(1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion:			

25.

Do the RFPs identify all significant evaluation factors, including price or cost where required, and their relative importance? 2 CFR § 200.320(d)(1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion:			

26.

Does the Subrecipient: a. Conduct technical evaluations of submitted proposals? 2 CFR § 200.320(d)(3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion:			

b. Determine responsible bidders from such evaluations? 2 CFR § 200.320(d)(4)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion:			

c. As necessary, conduct negotiations, written or oral, for final contract award?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------

	Yes	No	N/A
Describe Basis for Conclusion:			

PROCUREMENT

Page 11

d. Make awards to the most responsive and responsible bidders whose proposals will be most advantageous to the Subrecipient after price and other factors are considered? 2 CFR § 200.320 (d) (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

27.

If proposals involving engineering/architectural professional services are evaluated with respect to factors other than price, can the Subrecipient document the basis for negotiation of fair and "reasonable compensation?" 2 CFR § 200.320 (d) (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

28.

For procurement of architectural and engineering professional services, does the Subrecipient maintain a list of qualified bidders who can respond to its RFPs? 2 CFR § 200.319(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

PROCUREMENT

Page 12

Non-Competitive Proposals [2 CFR § 200.320 \(f\)](#)

29.

If noncompetitive proposals were used, can the Subrecipient show that other methods of procurement (small purchases, sealed bids,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------

formal advertising, or competitive proposals) were infeasible because:	Yes	No	N/A
a. the item was only available from a single source,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. a public exigency or emergency is of such urgency to not permit a delay resulting "from competitive solicitation,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. after solicitation of a number of sources, competition is determined inadequate, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
d. DOLA granted approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

CONTRACTOR AND PAYMENTS

30.

Are purchase orders and contracts signed by an authorized program official?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
Copies of Purchase Order and Contract in Salesforce			

31.

Are items delivered and paid for consistent with the items contained in the corresponding purchase order and/or contract?	X	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
Pay applications are consistent with scope			

PROCUREMENT

Page 13

32.

If contracts have been awarded for construction or facility improvements under the grant program(s) for contracts or subcontracts valued at or <u>below</u> \$100,000, does the Subrecipient follow its own requirements relating to:	
---	--

a. for construction bid guarantees?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
b. performance bonds?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
c. payment bonds?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

33.

For construction contracts or subcontracts valued <u>above</u> \$100,000, does the Subrecipient meet the minimum Federal requirements for:			
a. bid guarantees of at least 5%? 2 CFR 200.325 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. performance bonds? 2 CFR 200.325(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. payment bonds 2 CFR 200.325(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
Bid guarantee was 5%, Performance and Payment bonds are 100%, copies in Salesforce			

PROCUREMENT

Page 14

34. Are the contract provisions listed in [2 CFR 200.326](#) appropriately included in the grant-assisted contracts?

Administrative, contractual, or legal remedies

x

Termination for cause and for convenience

x

Equal Employment Opportunity

x

Davis-Bacon Act

x

Copeland "Anti-Kickback" Act

x

Contract Work Hours and Safety Standards Act	x
Clean Air Act Federal Water Pollution Control Act	x
Energy efficiency	
Debarment and Suspension	x
Byrd Anti-Lobbying Amendment	x
Procurement of recovered materials	
Rights to Inventions Made Under a Contract	x

Describe Basis for Conclusion:
 Missing provisions not required under Part 85. Specifications section contain termination for cause and rights to inventions. Contract executed before 1/6/2016 and still has Part 85 provisions which are not a finding until after 1/6/2016. City now follows 2 CFR 200.

35. Subrecipient Procurement Policy [2 CFR 200.317](#)

Name of Subrecipient:

a. Does it contain a written code of ethics and/or conflict of interest provisions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:
 Purchasing Policy, pg. 19, Ethics during Contracting includes conflict of interest

PROCUREMENT

Page 15

b. Does it provide for a system or requirements for contract administration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:
 The City does not have a purchasing department. The Project Manager oversees ensuring contract performance. Project Manager's job description provided.

c. Does it contain a set of principles for open and free competition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:
 Purchasing Policy page 10

d. Does it describe the different types of contracts comparable to the federal classifications [fixed price, cost reimbursement or time and materials]?
 Yes No N/A

Describe Basis for Conclusion:
 City mostly uses fixed cost contracts and differentiates based on dollar amounts.

e. Does it describe methods of procurement comparable to the federal methods [at least: Small purchase, Sealed bid, Competitive proposals]?
 Yes No N/A

Describe Basis for Conclusion:
 Purchasing Policy pages 9-10

f. Does it have a provision for conducting cost/price analysis?
 Yes No N/A

Describe Basis for Conclusion:
 City does not have a requirement for cost/price analysis in its regular, non-federal procurement processes, however the City used BCC Cost/Price Analysis guidelines for this contract

PROCUREMENT

Page 16

g. Does it have a provision for conducting or developing independent cost estimates before receipt of bids or proposals?
 Yes No N/A
[24 CFR 85.36\(f\)\(1\)](#) or [2 CFR 200.323\(a\)](#)

Describe Basis for Conclusion:
 The City does not normally manage CDBG-DR grants but for the purpose of this project, followed the BCC Cost/Price Analysis Worksheet and Guidelines, including the requirement for obtaining an independent cost estimate. However, obtaining an engineer’s estimate is standard best practice for the City of a project of similar magnitude.

h. Does it have a provision for negotiating profit?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: The City does not normally manage CDBG-DR grants but for the purpose of this project, followed the BCC Cost/Price Analysis Worksheet and Guidelines, including the requirement for negotiating profit.	

i. Does it set forth bonding and insurance requirements?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Purchasing Policy Pg. 14 for bonding, Pg. 15 for insurance.	

j. Does it have a provision for Small, Minority, and Women owned enterprises contract opportunities?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: The City does not normally manage CDBG-DR grants but for the purpose of this project, followed the BCC Procurement Guidelines, including the requirement for advertising to small, minority, and women owned businesses.	

k. Does it have a provision for the mandated contract provisions?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: The City does not normally manage CDBG-DR grants but for the purpose of this project, followed the BCC Procurement Guidelines, including all mandated contract provisions (applicable at the time).	

SECTION IV-E

4. Fair Housing/Equal Opportunity

SUBRECIPIENT INFORMATION

Contract Number	INF-00006
Subrecipient Name	City of Louisville
Type of Organization	Local Government
Name of Program	PW 1190 Raw Water Diversion Improvements
Grant Manager	Cory Peterson
Date On-site	9/27/2017

AFFIRMATIVELY FURTHERING FAIR HOUSING (For Local Government recipients)

1.

<p>What actions to affirmatively further fair housing have been taken?</p>
<p>City assists citizens who believe they have been discriminated in housing by contacting CO Department of Regulatory Agencies Civil Rights division or HUD. Actions documented in City's Affirmative Fair Housing Policy, in files on Salesforce.</p>

TITLE VI, SECTION 109 DATA (For all grantees, Subgrantees and Subrecipients and any entity that collects applicant and beneficiary data from program applications)

2.

<p>Did the Subrecipient maintain summary data by activity on beneficiaries of, individuals participating in, and/or applicants for the program, broken out by:</p> <p>a. race and ethnicity; and</p> <p>b. gender characteristics?</p>	<table> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>								
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
Yes	No								
<p>Describe Basis for Conclusion: Louisville has no programs that collect beneficiary data.</p>									

TITLE VI, SECTION 109 DATA Continued

3.

For race and ethnicity, is the Subrecipient including all the HUD required classes?	Yes	No
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native and White	<input type="checkbox"/>	<input type="checkbox"/>
Asian and White	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American and White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native and Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
Other multiple race combinations greater than one percent	<input type="checkbox"/>	<input type="checkbox"/>
Balance of individuals reporting more than one race		
Describe Basis for Conclusion:		

DISPLACEMENT AND RELOCATION

4.

<p>Did the Subrecipient conduct displacement and/or relocation activities?</p> <p>If yes,</p> <p>Were there records maintained on households displaced by CDBG-DR-funded activities, which included?</p> <p>a. race and ethnicity;</p> <p>b. gender and single heads of households; and</p> <p>c. addresses and census tracts of the housing units to which each displaced household relocated?</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td colspan="2"> </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> <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 checked="" type="checkbox"/>	Yes	No			<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 checked="" type="checkbox"/>																								
Yes	No																								
<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>Describe Basis for Conclusion:</p> <p>Raw water intake project was in an open space/non-residential setting</p>																									

SECTION 504 (Since 1973 All federal grant recipients had to comply with Section 504 in the operation of their federal program; For state and local governments the three policy items [below] are also now mandatory provisions of Title II of the Americans with Disabilities Act [1991])

5.

<p>For Subrecipients with 15 or more employees, is there a formal, written grievance procedure for resolution of complaints alleging discrimination based on disability?</p> <p>24 CFR 8.53(b)</p>	<table border="0"> <tr> <td><input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p> <p>The City has a protection for Reprisal policy in the employee personnel guide that protects employees from reprisal for lawful disclosure of information regarding violation of any law, rule, policy, or regulation, including discrimination based on disability.</p>							

SECTION 504 Continued

6.

For Subrecipients with 15 or more employees, is there a designated coordinator of the Section 504 responsibilities? 24 CFR 8.53(a)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Director of Planning and Building Safety for the City (per Affirmative Fair Housing Policy)	

7.

For Subrecipients with 15 or more employees, has it taken appropriate initial and continuing steps to notify participants, beneficiaries, applicants, and employees, including those with impaired vision or hearing, that it does not discriminate on the basis of handicap in violation of this part. 24 CFR 8.54	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Equal employment policy is in Salesforce, Louisville has no programs with beneficiaries or applicants.	

ACCESSIBILITY OF NON-HOUSING FACILITIES (As applicable to the grant program, grantees, Subgrantees and Subrecipients)

8.

Were CDBG-DR funds used to design and construct new non-housing facilities?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Raw water intake is a city-owned public works facility	

9.

<p>If yes to #8, are the new non-housing facilities being designed and constructed to be readily accessible to, and usable by, persons with disabilities in conformance with accessibility requirements?</p> <p>24 CFR 8.21 (a)</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p> <p>Facility is closed to the public for safety reasons.</p>							

10.

<p>Were CDBG-DR funds used to make alterations to existing non-housing facilities?</p> <p>If yes, did such alterations make these facilities usable by, and accessible to, persons with disabilities?</p> <p>24 CFR 8.21 (c)</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Yes	No	N/A											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
Yes	No	N/A											
<p>Describe Basis for Conclusion:</p>													

HOUSING (As applicable to the program for all grantees, Subgrantees and Subrecipients)

11.

<p>Did the program involve new housing construction or alteration to existing housing?</p> <p>Are programs or activities readily accessible to, and usable by, persons with disabilities? (NOTE: A lack of records beyond 3 years is not a basis for a finding.)</p>	<table border="0"> <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>Describe Basis for Conclusion:</p>													

COMMUNICATIONS (Available upon request and as needed to provide access to the program application process and benefits to the program)

12.

Has the Subrecipient taken steps to ensure effective communication with applicants, beneficiaries, and members of the public who have hearing, vision, or speech impairments using:																										
a. Qualified sign language and oral interpreters? b. Readers? c. Use of tapes? d. Braille materials? e. TTD? f. Other (describe below)?	<table border="1"> <thead> <tr> <th data-bbox="1166 497 1230 527">Yes</th> <th data-bbox="1230 497 1295 527">No</th> <th data-bbox="1295 497 1352 527">N/A</th> </tr> </thead> <tbody> <tr> <td data-bbox="1166 541 1230 583"><input checked="" type="checkbox"/></td> <td data-bbox="1230 541 1295 583"><input type="checkbox"/></td> <td data-bbox="1295 541 1352 583"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1166 604 1230 646"><input checked="" type="checkbox"/></td> <td data-bbox="1230 604 1295 646"><input type="checkbox"/></td> <td data-bbox="1295 604 1352 646"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1166 667 1230 709"><input checked="" type="checkbox"/></td> <td data-bbox="1230 667 1295 709"><input type="checkbox"/></td> <td data-bbox="1295 667 1352 709"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1166 730 1230 772"><input checked="" type="checkbox"/></td> <td data-bbox="1230 730 1295 772"><input type="checkbox"/></td> <td data-bbox="1295 730 1352 772"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1166 793 1230 835"><input checked="" type="checkbox"/></td> <td data-bbox="1230 793 1295 835"><input type="checkbox"/></td> <td data-bbox="1295 793 1352 835"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1166 856 1230 898"><input checked="" type="checkbox"/></td> <td data-bbox="1230 856 1295 898"><input type="checkbox"/></td> <td data-bbox="1295 856 1352 898"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="180 982 337 1024"> 24 CFR 8.6 </td> <td></td> </tr> <tr> <td colspan="2" data-bbox="180 1045 1359 1285"> <p>Describe Basis for Conclusion:</p> <p>Project discussed during City Council meeting. Public had access to the meeting, it was also live streamed, and is on the City website. The Council provides contact information to request all the accommodations listed above on the Council agenda.</p> </td> </tr> </tbody></table>	Yes	No	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 CFR 8.6		<p>Describe Basis for Conclusion:</p> <p>Project discussed during City Council meeting. Public had access to the meeting, it was also live streamed, and is on the City website. The Council provides contact information to request all the accommodations listed above on the Council agenda.</p>	
Yes	No	N/A																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
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24 CFR 8.6																										
<p>Describe Basis for Conclusion:</p> <p>Project discussed during City Council meeting. Public had access to the meeting, it was also live streamed, and is on the City website. The Council provides contact information to request all the accommodations listed above on the Council agenda.</p>																										

13.

If the answer to all the items above is "no", describe the method(s) used by the Subrecipient to facilitate effective communication:

14.
(As applicable to the program)

<p>Has the Subrecipient adopted and implemented procedures to ensure that interested persons (including those with impaired vision or hearing) can obtain information concerning the existence and location of accessible services, activities and facilities?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Yes No N/A</p>
<p>Is there documentation to show steps that the Subrecipient has undertaken to attract persons with disabilities, such as: making buildings more accessible to persons with physical disabilities?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Yes No N/A</p>
<p>home visits to assist applicants for program benefits in filling out applications?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Yes No N/A</p>
<p>supplying sign language interpreters for public meetings on issues relating to the participant's programs?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Yes No N/A</p>
<p>Describe Basis for Conclusion: Louisville has no programs with beneficiaries. The raw water intake facility is closed to the public for safety purposes. See question 12 above regarding accommodations for public meetings involving the project.</p>	

RECORD KEEPING (As applicable to the program)

15.

<p>Does the Subrecipient maintain data for compliance purposes showing the extent to which persons with disabilities are beneficiaries of the program(s) being reviewed?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Yes No N/A</p>
<p>Describe Basis for Conclusion: Louisville has no beneficiaries.</p>	

FAIR HOUSING AND EQUAL OPPORTUNITY

Page 8

16.

(If they were done within 3 years, see Question 11 above)

Are copies of the Section 504 Self-Evaluation Form and Transition Plan available for review?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<p>Describe Basis for Conclusion:</p> <p>The City does not have a formal Section 504 Self-Evaluation and Transition Plan since they do not serve members of the public as applicants/beneficiaries under a federally funded program. For example, all housing programs operating within City limits are managed entirely by the Boulder County Housing Authority. However, the City does have an Affirmatively Furthering Fair Housing Policy that includes provisions advising the public that it shall assist individuals who believe they have been subject to discrimination under Title VIII of the Civil Rights Act of 1968 and provides a contact person for inquiries. The City also makes accommodations for persons with disabilities in its public events (see Question #12) and facilities (City Hall is ADA compliant). The City’s employee manual makes reference to policies and procedures to protect employees from discriminatory practices (see Questions #5, 17). So while the City has components required by Section 504 built into its operational practices, the City does not specifically have, nor is it required to have, a Section 504 Self-Evaluation and Transition Plan.</p>	

17.

(As applicable to the program)

Is a copy of the “Reasonable Accommodation Policy” available for review?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Describe Basis for Conclusion:</p> <p>Contained on page 1 of Employee Handbook</p>	

SUBRECIPIENTS (As applicable to the program)

18.

Did the Subrecipient make any sub-awards to Subrecipients?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Is there documentation that the Subrecipients monitored Subrecipients to ensure that Section 504, ADA, and Fair Housing Act requirements affecting persons with disabilities are met?</p>	

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Describe Basis for Conclusion:	Yes	No	N/A

SECTION IV-F

5. Public Improvements

SUBRECIPIENT INFORMATION

Contract Number	INF-00006
Subrecipient Name	City of Louisville
Type of Organization	Local Government
Name of Program	PW 1190 Raw Water Diversion Improvements
Grant Manager	Cory Peterson
Date On-site	9/27/2017

ELIGIBILITY

1.

Does each activity meet the requirements of Section 105(a)(2) of the Housing and Community Development Act of 1974?	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Rehabilitation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2.

Briefly describe the project:
See national objective

PUBLIC IMPROVEMENTS

Page 2

3.

Briefly describe the intended use?
Provide diversion and delivery of raw water from the stream to the City water facility plants

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? 24 CFR 570.207(a)(1)	<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
Describe Basis for Conclusion: This is a secure raw water intake facility, closed to the public for safety reasons.			

5.

Is the activity being carried out by a non-profit entity? 24 CFR 570.201 (c)	<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 checked="" 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 checked="" type="checkbox"/> N/A
If yes, is the program/Subrecipient claiming <i>Limited Clientele</i> as its National Objective? 24 CFR § 570.483 (b)(2)(i)(A)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion:			

PUBLIC IMPROVEMENTS

Page 3

6.

Are [or will] fees being charged for the use of the facilities? 24 CFR 570.200(b)(2)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Are the [proposed] fees reasonable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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 checked="" type="checkbox"/> N/A
Describe Basis for Conclusion: There is no public charge for use of raw water going to water facilities			

COVERED PROJECT

7.

Is the infrastructure project labeled a <i>Covered infrastructure project</i> as defined by the <i>Federal Register</i> notices published November 18, 2013 and June 3, 2014?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If the answer is yes, has it been approved by HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion: Project is not over \$50M			

8.

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 November 18, 2013 and June 3, 2014?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion:		

9.

If the project is determined to be a "covered project":	
a. Was a comprehensive risk analysis applied to select, prioritize, implement, and maintain infrastructure projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
b. Were resilience performance standards for the infrastructure project financed with CDBG-DR funds Implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion:	

COVERED PROJECT Continued

10.

If the project is determined to be a "covered project":	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
b. Was a transparent and inclusive decision process for the selection of <i>Covered infrastructure projects</i> as described in the Action Plan used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c. Have plans to monitor and evaluate the efficacy and sustainability of <i>Covered infrastructure projects</i> been developed and/or implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
2013 <i>Federal Register</i> notice (78 FR 60104) and Federal Register notice (79 FR 31964)	
Describe Basis for Conclusion:	

PUBLIC IMPROVEMENTS

Page 5

FEDERAL MATCH

11.

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? [42 USC § 5305]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion: No Army Corp funds	

BUSINESS ASSISTANCE PROJECTS

12.

Was assistance provided to private utilities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: This is a City of Louisville public utility	

13.

Was assistance provided to a small business in the liquid fuel supply chain?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<i>Federal Register</i> Notice published November 18, 2013 (78 FR 69108)	
Describe Basis for Conclusion:	

PUBLIC IMPROVEMENTS

Page 6

14.

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

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"/>	<input type="checkbox"/>
	Yes	No
	NA	

SOLICITATION

16.

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

	Yes No
--	--------

PUBLIC IMPROVEMENTS

Page 7

17.

Is there evidence a copy of the bid package was sent to all bidders?	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Yes No
Describe Basis for Conclusion:	
The City used Rocky Mountain BidNet to advertise the bids which were sent to bidders. Print out report from Rocky Mountain dated 5/20/2015 in Salesforce file with evidence of posting and two amendments. Includes list of who the packages went to.	

18.

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

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
Describe Basis for Conclusion:	
Bid Tab	

20.

What's the bid opening date? ___5/27/15_____
What date did DOLA provide contractor eligibility verification: _BCC verified overall eligibility for Glacier on 9/20/2016 (CBDG-DR funds were awarded after construction started, contractor eligibility verified prior to reimbursement. See debarment eligibility determination on question 22 below._____

21.

Are there minutes of the bid-opening?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---------------------------------------	---

Is there evidence of Bid Bond?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Describe Basis for Conclusion: Documents in Salesforce			

PUBLIC IMPROVEMENTS

Page 8

22.

Was the eligibility determination provided before the construction contract was awarded to the successful bidder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No
Describe Basis for Conclusion: Documentation proving that SAM.gov was checked prior to award on 9/3/2015 is not available in the file. A SAM.gov debarment check indicating an active registration period of 11/8/2015 - 11/8/2016 is present, indicating the check at least occurred within 2 months of award. During 2015, the BCC was onboarding future sub-recipients and not all sub-recipients properly conducted SAM.gov checks prior to contract awards for contracts executed prior to CDBG-DR funds being awarded. Once notified, Louisville promptly provided documentation indicating that Glacier was not debarred. A SAM.gov registration printout shows Glacier has been registered in SAM.gov since December 2009 and has never been debarred.		

23.

Is the successful bidder the lowest bidder?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: Cory called Colt and Steel, the lowest bidder, to verbally notify them that they were not chosen for the contract. The firm lacked necessary qualifications.			

24.

Is the date of construction contract award within 90 days of the bid opening?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No

Describe Basis for Conclusion:

Opening May 27, 2015 and awarded September 3, 2015 which exceeds the 90 days

25.

If no, is there documentation that a new wage decision and lock-in was provided by DOLA?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No 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. New wage decision pulled prior to contract award which confirmed a new wage decision had been issued since the 3/27/2015 wage decision that was included in the bid package. New wage decision was dated 6/5/2015 and was included in contract. The contract was executed 9/3/15, which is within 90 days of the effective wage decision.	

PUBLIC IMPROVEMENTS

Page 9

CONSTRUCTION CONTRACT

26.

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

Supplemental General Conditions of the Contract?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contractor's Certifications?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contractor's Bid Proposal?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bond and Insurance Requirements?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contractor and sub-contractor eligibility verification requirements?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PUBLIC IMPROVEMENTS

Page 10

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Additional job classifications requests?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Weekly payroll submission, payroll signatures, and statements of compliance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Posting the wage decision?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Apprentices and trainees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Overtime pay provisions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Payroll deductions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Employee interviews?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Prevailing wage rates or wages?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	

Restitution for underpayment of wages?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Section 3 planning requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Contractor and sub-contractor eligibility verification requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Copies of contractors/sub-contractor Affidavit of Prime Bidder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Notice to Proceed date? October 13, 2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Architect's Certification (Architectural Barrier's Act) or appropriate HUD waivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

SECTION IV-G

6. Labor Standards

SUBRECIPIENT INFORMATION

Contract Number	INF-00006
Subrecipient Name	City of Louisville
Type of Organization	Local Government
Name of Program	PW 1190 Raw Water Diversion Improvements
Grant Manager	Cory Peterson
Date On-site	9/27/2017

PAYROLLS

1.

Is a Davis-Bacon wage decision assigned to each covered contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: Included in RFP and updated and included in contract		

2.

Is the assigned wage decision and HUD-4010, "Federal Labor Standards Provisions," incorporated into each bid specification and/or contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: In the contract		

3.

Does the file contain each weekly payroll report from the contractor and sub-contractors, beginning from the construction start through the construction end date or present date (first to current/last)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion: Yes, all payrolls are approved in Salesforce			

LABOR STANDARDS

Page 2

4.

U.S. DOL Form WH-347 "Statement of Compliance" :	
Are the payrolls signed by an appropriate principal of the firm?	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes No
Do they include a signed "Statement of Compliance" from the contractor?	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes No
Have questions 4a and 4b been answered in the "Statements of Compliance"?	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes No
Describe Basis for Conclusion: Signed and certified payrolls in Salesforce	

5.

Have the appropriate wages and fringe benefits been paid?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
If no, explain deficiency and what steps have been taken to correct:	
Explanation: Approved payrolls in Salesforce	

6.

Are corrected payrolls on file with the Subrecipient?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
---	---

7.

Was time and half paid for all work over 40 hours?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
--	---

8.

Has an underpayment of over \$1,000.00 occurred?	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes No
Was an Enforcement Report filed with DOLA?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Yes No N/A

LABOR STANDARDS

9.

Are there apprentices or trainees on the payroll report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Yes	No	
If yes, does the Subrecipient have a copy of the apprentice certification with apprentice's registration number or the Trainee Program Certification for each trainee or apprentice on the payroll report?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

10.

Are there additional job classifications on the payroll report that do not appear on the wage determination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
If the answer is yes, is there evidence the Subrecipient requested additional job classifications through DOLA?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
If yes, does the Subrecipient's file contain copies of the approved of additional job classification request wage rates from DOLA?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

11.

Does the Subrecipient's file contain evidence that payrolls were reviewed by the Subrecipient in a timely manner to ensure early identification of problems and that correct wages were being paid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
City used a tracking spreadsheet and BCC provided QC. In Salesforce file			

12.

Is there a signed Final Statement of Wage Compliance on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No

INTERVIEWS

13.

Were job-site interviews conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No

LABOR STANDARDS

14.

Does the Subrecipient have copies of each Record of Employee Interview Form documenting interviews?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: Forms in Salesforce			

15.

Did interviews record work performed by worker and observed by the interviewer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: Reviewed interview of Reidesel Mendoza - Laborer (in Salesforce) Observed - running the drill, shoveling, and move equipment			

16.

Were interviews compared with payrolls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: Noted on interview form in Salesforce			

17.

Were at least 10% of each job classification interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: Interviews in Salesforce, all workers interviewed			

18.

Is the ratio of trade skill workers to laborers acceptable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: Documented via payrolls in Salesforce			

SECTION IV-L

7. Duplication of Benefits

SUBRECIPIENT INFORMATION

Contract Number	INF-00006
Subrecipient Name	City of Louisville
Type of Organization	Local Government
Name of Program	PW 1190 Raw Water Diversion Improvements
Grant Manager	Cory Peterson
Date On-site	9/27/2017

1.

Do the policies and procedures require all other sources of disaster assistance for the same purpose to be identified and considered to prevent a duplication of benefit (DOB)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Federal Register / Vol. 76, No. 221			
Describe Basis for Conclusion:			
Adopted BCC DOB policy			

DUPLICATION OF BENEFITS

Page 2

2.

Are applicants for assistance required to disclose the following potential sources of disaster assistance:	
a. Insurance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Federal Emergency Management Agency (FEMA)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Small Business Administration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. National Flood Insurance Program (NFIP)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

e. Other federal, state, or local funding?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
f. Other nonprofit, private sector, or charitable funding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe Basis for Conclusion: BCC DOB Policy		

Policies and Procedures

3.

Do the 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Describe Basis for Conclusion: BCC DOB Policy and Recapture plan included with signed IGA		

DUPLICATION OF BENEFITS

Page 3

4.

Do the policies and procedures address recapture of CDBG-DR funds (e.g., in case of an overpayment, duplication of benefit)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Describe Basis for Conclusion: Recapture plan in signed IGA		

5.

Do the policies and procedures require the grantee 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Describe Basis for Conclusion: BCC DOB Policy		

6.

Does these policies and procedures include:	
---	--

<p>a. Identification of the circumstances under which applicants declined assistance?</p> <p>b. Establishment of why CDBG-DR assistance is appropriate when assisting applicants that declined SBA assistance?</p> <p>c. Determination of the amount of CDBG-DR assistance that is necessary and reasonable to assist applicants in achieving recovery?</p>	<table> <tr> <td><input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
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Yes	No	N/A																	
<p>Describe Basis for Conclusion:</p> <p>BCC DOB Policy contains this information, but no SBA funds were involved in this project.</p>																			

DUPLICATION OF BENEFITS

Page 4

7.

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

Activity Files

8.

a. Are all sources of assistance that were provided to applicant for the same purpose determined to be a DOB?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: FEMA, State share, insurance, CDPHE, and CWCB grants were determined to be a DOB. Docs in Salesforce.			

b. How the DOB determination impacted the applicant's CDBG-DR award? If a DOB was found, was there a reduction in the award amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: DOB was deducted from total project need and remaining unmet need still exceeded CDBG-DR grant award			

DUPLICATION OF BENEFITS

Page 5

c. That each applicant has entered 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: In IGA with 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: Construction completed before all assistance awarded, no recapture necessary			

SECTION IV-N

8. Section 3

SUBRECIPIENT INFORMATION

Contract Number	INF-00006
Subrecipient Name	City of Louisville
Type of Organization	Local Government
Name of Program	PW 1190 Raw Water Diversion Improvements
Grant Manager	Cory Peterson
Date Onsite	9/27/2017

APPLICABILITY

1.

Does the project involve?	
Housing rehabilitation (including reduction and abatement of lead-based paint hazards? or	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes No
Housing construction?	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes No
Other public construction? 24 CFR 135.3(a)(2)	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes No
Describe Basis for Conclusion:	
Raw water intake system	

SECTION 3

Page 2

THRESHOLDS

2.

Is the award to the Subrecipient greater than \$200,000? 24 CFR 135.3(a)(3)(ii)(A)	YES
If No Section 3 does not apply	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If yes, does the value of work for any contractor or subcontractor exceed \$100,000? 24 CFR 135.3(a)(3)(ii)(A)	Yes No N/A
If no, Section 3 does not apply	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Yes No N/A	
Describe Basis for Conclusion: Award was \$992,158, construction contract was \$1,496,486	

CONSTRUCTION DOCUMENTS

3.

Does the bid package contain the Section 3 Requirements?	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Yes No
Describe Basis for Conclusion: Bid package in Salesforce	

4.

Does the construction contract contain the Section 3 Requirements?	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Yes No
Describe Basis for Conclusion: Contract in Salesforce	

SECTION 3

Page 3

5.

Does the construction file include copies of contractor/sub-contractor certifications for Section 3?	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes No
Describe Basis for Conclusion: Copies in Salesforce	

SECTION 3 POLICIES AND DOCUMENTATION

6.

For the time period reviewed, did the Subrecipient's records include written procedures governing:	
a. How Section 3 residents are to be notified about employment and training opportunities generated by Subrecipient or its contractors as a result of the expenditure of covered financial assistance? 24 CFR 135.32 (a)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
b. How Section 3 business concerns are to be notified about contracting (or subcontracting) opportunities generated by the Subrecipient or its contractors involving covered financial assistance?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
c. How potential contractors for covered projects or Subrecipients of covered funds are to be notified about their requirements pursuant to Section 3? 24 CFR 135.32(b) and 24 CFR 135.32(f)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
d. How covered contractors and Subrecipients are to be monitored for compliance with the requirements of Section 3? 24 CFR 135.32(d) and 24 CFR 135.32(f)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
e. Steps taken by the Subrecipient to facilitate meeting the minimum numerical goals for employment and contracting opportunities? 24 CFR 135.32(c)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
f. Did the Subrecipient provide evidence and/or documentation of the procedures described above?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

Included in Section 3 Plan and verified in monthly Section 3 reports from contractor

SECTION 3

Page 4

USE OF SECTION 3 RESIDENTS AS TRAINEES

7.

For the time period reviewed, did the Subrecipient's records indicate:			
a. The total number of training positions generated by the Subrecipient or its contractors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. The number of training positions generated by the Subrecipient or its contractors identified above that was provided to Section 3 residents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. Description of how the Subrecipient or its contractors determined the eligibility for Section 3 residents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
Items in the plan. There were no new hires during reviewed period.			

USE OF SECTION 3 RESIDENTS AS EMPLOYEES

8.

For the time period reviewed, did the Subrecipient's records include information about:			
a. The total number of permanent full-time positions generated by the Subrecipient or its contractors as a result of the expenditure of covered funding? 24 CFR 135.30(b)(3)(iii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. The number of permanent full-time positions generated by the Subrecipient or its contractors identified above that was filled by Section 3 residents? 24 CFR 135.30(b)(3)(iii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

c. Description of how the Subrecipient or its contractors determined eligibility of Section 3 residents? 24 CFR 135.34(b)	
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SECTION 3

Page 4

9.

For the time period reviewed, did the Subrecipient's records include information about:			
a. Whether the minimum numerical goal for employment was met by the Subrecipient or its contractors [30% of the aggregate number of new hires was Section 3 residents]? 24 CFR 135.30(b)(3)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A
b. If the minimum numerical goal for employment was not met, did the Subrecipient provide an explanation of why it was not feasible to meet the goal? 24 CFR 135.30(d)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A

CONTRACT AWARDS TO SECTION 3 BUSINESS CONCERNS

10.

For the time period reviewed, did the Subrecipient's records include information about:			
a. The total dollar amount of covered construction contracts generated as a result of the expenditure of covered financial assistance? 24 CFR 135.30(c)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. The total dollar amount of covered construction contracts (or subcontracts) listed above that were awarded to Section 3 business concerns? 24 CFR 135.30(c)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. Description of how the Subrecipient or its contractors determined the eligibility of Section 3 business concerns? 24 CFR 135.36(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

SECTION 3

Page 5

CONTRACT AWARDS TO SECTION 3 BUSINESS CONCERNS Continued

11.

<p>For the time period reviewed, did the Subrecipient's records include information about:</p> <p>a. Whether the minimum numerical goal for contracting was met by the Subrecipient or its contractors [10% of the total dollar amount of covered construction contracts were awarded to Section 3 business concerns]? 24 CFR 135.30(c)(1)</p> <p>b. If the minimum numerical goal for construction contracts was not met, did the Subrecipient provide an explanation of why it was not feasible to meet the goal? 24 CFR 135.30(d)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Yes No N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Yes No N/A</p>
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NON-CONSTRUCTION BUSINESSES

12.

<p>For the time period reviewed, did the Subrecipient's records include information about:</p> <p>a. The total dollar amount of covered non-construction contracts generated as a result of the expenditure of covered financial assistance? 24 CFR 135.30(c)(2)</p> <p>b. The total dollar amount of covered non-construction contracts (or subcontracts) listed above that were awarded to Section 3 business concerns? 24 CFR 135.30(c)(2)</p> <p>c. Description of how the Subrecipient or its contractors determined the eligibility of Section 3 business concerns? 24 CFR 135.36(b)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Yes No N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Yes No N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Yes No N/A</p>
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SECTION 3

Page 6

NON-CONSTRUCTION BUSINESSES Continued

13.

<p>For the time period reviewed, did the Subrecipient's records include information about:</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p>
--	--

<p>a. Whether the minimum numerical goal for contracting was met by the Subrecipient or its contractors [3% of the total dollar amount of covered non-construction contracts were awarded to Section 3 business concerns]? 24 CFR 135.30(c)(2)</p>	<p>Yes No N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Yes No N/A</p>
<p>b. If the minimum numerical goal for non-construction contracts was not met, did the Subrecipient provide an explanation of why it was not feasible to meet the goal? 24 CFR 135.30(d)</p>	

SECTION 3

Page 7

PROCUREMENT PROCEDURES

14.

<p>For the time period reviewed, did the Subrecipient’s records include information about:</p>	
<p>a. Notification of covered contractors regarding their responsibilities pursuant to the requirements of Section 3? 24 CFR 135.30(c)(2)</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
<p>b. Monitoring covered contractors for compliance with Section 3? 24 CFR 135.30(c)(2)</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
<p>c. The imposition of penalties upon contractors for noncompliance, including refraining from entering into contracts with any contractor that has violated the requirements of Section 3? 24 CFR 135.36(b)</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
<p>d. Whether covered solicitations (RFPs, RFQs, IFBs, etc.) contain the Section 3 clause found at 24 CFR 135.38 or otherwise indicates the applicability of Section 3 to the covered project? 24 CFR 135.30(c)(2)</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
<p>e. If the minimum numerical goal for non-construction contracts was not met, did the Subrecipient provide an explanation of why it was not feasible to meet the goal? 24 CFR 135.30(d)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Yes No N/A</p>

SECTION 3

Page 8

REPORTING AND RECORDKEEPING

15.

For the time period reviewed, did the Subrecipient's records include information about:	
a. Has a Section 3 Report been completed and submitted to DOLA? 24 CFR Part 135.90	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
b. For the time period reviewed, did the Subrecipient's records include documentation of the actions taken to comply with the Section 3 regulations? (Such documentation may include the results of the actions taken and any impediments encountered during the implementation of the program(s) covered by Section 3.) 24 CFR 135.32(e)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A