



Boulder County Collaborative

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

September 4, 2018

Ms. Victoria Simonsen, Town Administrator
Town of Lyons
432 5th Avenue
Lyons, CO 80540

RE: Desk Monitoring of Town of Lyons Northern Overflow Project (Project # INF-00039)

Dear Ms. Simonsen:

The City of Longmont, as Lead Agency for the Boulder County Collaborative (BCC), conducted a desk monitoring review of the Town of Lyons's Northern Overflow Project (Project Number INF-00013) for the purpose of flood mitigation. The desk monitoring took place between June 8 – August 6, 2018. This activity (Project No. INF-00039) was funded by an Intergovernmental Grant Agreement (IGA) for Community Development Block Grant Disaster Recovery (CDBG-DR) funding. The IGA Amendment funding this project was signed and executed on February 22, 2018, as amended on May 3, 2018, by and between Longmont as the Lead Agency for the BCC and the Town of Lyons.

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

SCOPE OF REVIEW

Project & Programmatic Grant Management

The following areas of project and programmatic grant management were reviewed:

1. National Objective (Section IV-A)
2. Environmental Review (Section IV-B)
3. Public Improvements (Section IV-F)
4. Labor Standards (Section IV-G)
5. Duplication of Benefits (Section IV-M)
6. Section 3 (Section IV-N)

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

- Project files (disaster relatedness, project scope, and funding)
- Duplication of Benefits (DOB) review and verification of all funding sources
- Environmental review and clearance
- Supporting documentation for procurement and management of DeFalco Construction

- Davis Bacon payroll certifications
- Section 3 reports

Overall Observations of Northern Overflow Project

The monitoring team was very pleased with the Town of Lyons's forthcoming communication style and willingness to work with BCC staff from the beginning of the project to ensure requirements were met timely and accurately.

The Town of Lyons has expended \$142,528 of CDBG-DR funds for the Northern Overflow Project to date, which was determined to increase flood resilience for the St. Vrain Creek and the Confluence Neighborhood surrounding the project site.

Summary of Results and Conclusions

The monitoring team had one finding and no concerns after review of the project files.

1. **National Objective (Section IV-A)** – No findings, no concerns
2. **Environmental Review (Section IV-B)** – No findings, no concerns
3. **Public Improvements (Section IV-F)** – No findings, no concerns
4. **Labor Standards (Section IV-G)** – No findings, no concerns
5. **Duplication of Benefits (Section IV-M)** – No findings, no concerns
6. **Section 3 (Section IV-N)** – 1 finding, no concerns
 - a. **Finding 1** – At the time of the desk monitoring of Section 3 requirements on July 13, 2018, Section 3 contractor reports from DeFalco Construction were not present in the file, a requirement of 24 CFR 135.32(e).
 - i. **Finding Resolved** – The Town of Lyons was able to obtain an after the fact Section 3 report from DeFalco Construction on July 23, 2018 covering the entire period of work.

This Town of Lyons project will make a positive difference in the lives of the residents in the Confluence Neighborhood and ultimately will increase the resiliency in future flood events. Please share this letter with Town staff as appropriate.

Sincerely,



Kathy L. Fedler
BCC CDBG Disaster Recovery Program Manager

cc: Molly O'Donnell, BCC CDBG Disaster Recovery Project Manager
Philip Strom, BCC CDBG Disaster Recovery Project Manager
Erika Archer, Town of Lyons Grants Manager

Enclosures: Final Compliance Monitoring Forms



COLORADO

Department of Local Affairs

Community Development Block Grant –
Disaster Recovery

SECTION IV-A

1. National Objective

PARTNERING AGENCY’S CHECKLIST FOR ELIGIBILITY AND NATIONAL OBJECTIVE

SUBRECIPIENT INFORMATION

Contract Number	INF-00039
Subrecipient Name	Town of Lyons
Type of Organization	Local Government
Name of Program	Northern Overflow
Grant Manager	Victoria Simonsen
Date On-site	Desk Monitoring - 7/12/18

LOW- AND MODERATE-INCOME
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 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 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 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 type="checkbox"/> N/A
Describe Basis for Conclusion:	
The reviewed project is Urgent Need. Please see the Urgent Need section for National Objective.	

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:	

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:	

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>g. If a survey was used to determine the percent of low- and moderate-income residents in the service area, did DOLA review the survey instrument and methodology and conclude "that the results meet the standards of statistical reliability that are comparable to that of the decennial census for areas of similar size?"</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
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Yes	No	N/A																													
<p>Describe Basis for Conclusion:</p>																															

5.

<p>Does the activity appear to benefit the residents located within the service area, where at least 51% are low- and moderate-income persons?</p>	<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					

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:			

LOW/MOD 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:			

LOW- AND MODERATE-INCOME

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.

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

10.

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

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

12.

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

13.

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

14.

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

15.

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

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

LOW/MOD LIMITED CLIENTELE Conclusion:

17.

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

LOW- AND MODERATE-INCOME

Housing

Classification and Property Information:

18.

<p>Which eligibility category (570.201 - 570.204) was used by the program participant to classify the activity?</p>
<p>Describe Basis for Conclusion:</p>

19.

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

Written Agreements:

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

20.

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

Owner-Occupied Structures:

21.

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

Rental Buildings:

22.

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

23.

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

24.

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

Multi-Family Structures:

25.

<p>a. Does the assisted activity involve multi-family structures? (If "no", skip to next section <u>Report Validation and Verification.</u>)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																					
<p>Describe Basis for Conclusion:</p>																							
<p>b. If the assisted activity is a two-unit structure, was at least one unit initially occupied by a low- and moderate-income household?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A																				
<p>[24 CFR 570.208(a)(3)]</p>																							
<p>Describe Basis for Conclusion:</p>																							
<p>c. For structures with more than two units, complete the following table:</p>																							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Structure Name or Address/Number</th> <th style="padding: 5px;">Number of Units in Structure</th> <th style="padding: 5px;">Number of Units Occupied by L/M Households</th> <th style="padding: 5px;">% of Units in Structure Occupied by L/M Households</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> </tbody> </table>	Structure Name or Address/Number	Number of Units in Structure	Number of Units Occupied by L/M Households	% of Units in Structure Occupied by L/M Households																		
Structure Name or Address/Number	Number of Units in Structure	Number of Units Occupied by L/M Households	% of Units in Structure Occupied by L/M Households																				
<p>d. For "c" above, were at least 51 percent of the units initially occupied by low- and moderate-income households? Note: If the answer to this question is "no," but there is evidence that the activity meets the criteria in "e" below, a finding cannot be made. If the answer is "yes," ensure that the recipient maintains documentation showing the family size and household income for the identified Low/Mod units.</p>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A																		
<p>[24 CFR 570.208(a)(3)] and [24 CFR 570.506(b)(4)(iii)]</p>			<p>Describe Basis for Conclusion:</p>																				
<p>e. If less than 51 percent of the initial occupants were low and moderate income, does the activity meet ALL of the following requirements:</p> <p style="margin-left: 20px;">i. The CDBG assistance was used to reduce the development cost of the new construction of a multi-family, non-elderly rental housing project; and</p> <p style="margin-left: 20px;">ii. At least 20% of the units are (or will be) occupied by low- and moderate-income households at affordable rents; and</p>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A																		

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

SLUM AND BLIGHT

Area Slum and Blight

26.

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

27.

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

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

29.

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

30.

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

31.

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

32.

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

33.

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

[24 CFR 570.483(c)(1)(B)]	
Describe Basis for Conclusion:	

34.

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

35.

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

Residential Buildings:

36.

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

--

37.

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

AREA SLUM AND BLIGHT Conclusion:

38.

<p>Does the activity/do the activities assisted under this national objective address one or more of the conditions which contributed to the deterioration of the area?</p> <p>[24 CFR 570.483(c)(1)(iii)]</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> <div style="border: 1px solid black; height: 40px;"></div>							

SLUM AND BLIGHT
Spot Slum and Blight

39.

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

40.

<p>Does this activity fall into one or more of the five eligible categories under the spot slums or blight national objective? Check all that apply.</p> <p>acquisition, clearance, relocation, historic preservation, and/or building rehabilitation activities?</p> <p>[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>	

41.

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

42.

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

43.

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

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SPOT SLUM AND BLIGHT Conclusion:

44.

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

URGENT NEED

45.

a. Did the Subrecipient address the type, scale, and location of the disaster-related impact(s) that the funded activity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: Project provides flood mitigation by allowing flood waters to spread out into the natural flood plain in a controlled manner. The project is located at the confluence area between the South St. Vrain and North St. Vrain Creeks in Lyons that experienced heavy flooding and severe damages in Bohn Park during the 2013 flood.	

46.

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: Waiver was still in effect	

47.

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

The project proposed to enhance and create a more resilient South St. Vrain Channel, with the construction of an overflow channel on Town owned property. Work included shaping the channel, installing several drop structures to reduce velocity, armor the crests and toes of the overflow channel, and revegetate the new channel and disturbed banks.

URGENT NEED Conclusion:

48.

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



COLORADO

Department of Local Affairs

Community Development Block Grant –
Disaster Recovery

SECTION IV-B

1. Environmental Review

PARTNERING AGENCY'S CHECKLIST FOR ENVIRONMENTAL REVIEW

SUBRECIPIENT INFORMATION

Contract Number	INF-00039
Subrecipient Name	Town of Lyons
Type of Organization	Local Government
Name of Program	Northern Overflow
Grant Manager	Victoria Simonsen
Date On-site	Desk Review - 7/12/18

1.

Is there a copy of the State's Environmental Release of Funds on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion:			
Release of Funds dated 8/23/17 is in the SF file.			

2.

What level of Environmental determination was made for the activity:			
Exempt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Categorically Excluded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Environmental Assessment-Finding of No Significant Impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion:			
A full environmental assessment was completed on July 20, 2017. A combined notice of Finding of No Significant Impact was published July 20, 2017.			

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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
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Describe Basis for Conclusion:
No change in scope to the project.

4.

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

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: Reports made to USFWS regarding any identified endangered species.	

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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: ROF received on 8/23/17 and contract was awarded on 8/25/17.	



COLORADO

Department of Local Affairs

Community Development Block Grant –
Disaster Recovery

SECTION IV-F

1. Public Improvements

PARTNERING AGENCY'S CHECKLIST FOR PUBLIC IMPROVEMENTS

SUBRECIPIENT INFORMATION

Contract Number	INF-00039
Subrecipient Name	Town of Lyons
Type of Organization	Local Government
Name of Program	Northern Overflow
Grant Manager	Victoria Simonsen
Date On-site	Desk Review - 6/8/18

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 checked="" type="checkbox"/> No
New Construction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reconstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rehabilitation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2.

Briefly describe the project:

The northern overflow in Bohn Park is located through a buyout property in the confluence area between the South St. Vrain and North St. Vrain Creeks in Lyons that experienced heavy flooding at Bohn Park and other homes in the area during the 2013 Flood. The installation of the northern overflow will allow flood waters to spread out into the natural floodplain area of the confluence in a controlled manor that reduces the flood risk to Bohn Park, as well as the homes located adjacent to the buyout property. The overflow channel was designed to create an unobtrusive channel with armored inlet, outlet, and grade control throughout to prevent erosional damage during activation. The channel would activate at approximately the 5 year flood event. The armoring would all be buried with revegetation over the top to make it appear as natural as possible while providing the needed protection. This area is highly susceptible to flooding as it is the confluence of the two forks of the St. Vrain Creek and this overflow channel assists in mitigating the damage in future floods. This project is proposed to enhance and create a more resilient South St Vrain Channel, with the construction of an overflow channel on Town owned property. The work includes shaping the channel, installing several drop structures to reduce velocity, armor the crests and toes of the overflow channel, and revegetate the new channel and disturbed banks.

3.

Briefly describe the intended use:

This project is proposed to enhance and create a more resilient South St Vrain Channel, with the construction of an overflow channel on Town owned property. The work includes shaping the channel, installing several drop structures to reduce velocity, armor the crests and toes of the overflow channel, and revegetate the new channel and disturbed banks.

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:			
Project is public infrastructure.			

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 type="checkbox"/> N/A
Will the facilities be operated so as to be open for use by the general public during all normal hours of operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, is the program/Subrecipient claiming <i>Limited Clientele</i> as its National Objective? [24 CFR § 570.483(b)(2)(i)(A)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion:			
Town of Lyons is a local jurisdiction			

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 type="checkbox"/> N/A
or will the [proposed] fees have the effect of precluding low and moderate income persons from using the facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion: Free public access to roads and paths			

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 type="checkbox"/> N/A
Describe Basis for Conclusion: Project does not have \$5M in CDBG-DR			

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: Documented in SF. Project is not over \$50 million with over \$10 million of CDBG-DR funds or cross county boundaries.		

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:

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 69104) and Federal Register notice (79 FR 31964)	
Describe Basis for Conclusion:	

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 other federal funds on this project.	

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:	

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13.

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

14.

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

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

16.

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

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

17.

Is there evidence a copy of the bid package was sent to all bidders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
All documentation is in the SF file. Used Rocky Mountain e-Bid.			

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:			
Amendments in SF file. Posted on Rocky Mountain e-Bid			

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 Tabulation table is in SF. Does not show time and date of receipt of bids, but this is automatically done in Rocky Mountain E-Bids. It is very detailed regarding each component bid.			

20.

What's the bid opening date? 4/13/2017
What date did BCC provide contractor eligibility verification: 4/27/2017

21.

Are there minutes of the bid-opening?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Is there evidence of Bid Bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			
In the SF file. No public bid opening occurred since Rocky Mountain E-Bids automatically "opens" bids.			

22.

Was the eligibility determination provided before the construction contract was awarded to the successful bidder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion:		
Eligibility determination was 4/27/17. Notice of award was 8/25/17.		

23.

Is the successful bidder the lowest bidder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If no, was a "Statement of Justification" sent to the low bidder explaining?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Describe Basis for Conclusion:			
Bid comparison on Bid Tabulation Form			

24.

Is the date of construction contract award within 90 days of the bid opening?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Describe Basis for Conclusion:		
Contract award was on 8/25/17 and the bid opening was 4/13/17. This exceeds the 90 days. However, new wage decision was pulled on 8/21/17 and was used for the contract.		

25.

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

CONSTRUCTION CONTRACT

26.

Does the construction contract contain the following requisite CDBG-DR documents:	
Invitation/Advertisement for Bid?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Instructions to Bidders and Bid Proposal Forms?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Wage Decision?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Equal Employment Opportunity Requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 Requirements?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
General Conditions of the Contract to include the Federal Labor Standards Provisions (HUD Form 4010)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Supplemental General Conditions of the Contract?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Contractor's Certifications?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Contractor's Bid Proposal?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Bond and Insurance Requirements?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Contractor and sub-contractor eligibility verification requirements?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Additional job classifications requests?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Weekly payroll submission, payroll signatures, and statements of compliance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Posting the wage decision?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Apprentices and trainees?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Overtime pay provisions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Payroll deductions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Employee interviews?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Prevailing wage rates or wages?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Restitution for underpayment of wages?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Section 3 planning requirements?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

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

28.

Review the construction file. Have they adequately kept records of:			
Building Permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Copies of construction inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Certificate of Occupancy (CO)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Construction contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Contract amendments (if applicable)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Work order changes (if applicable)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Deed of Easement (if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Copies of payment and performance bond?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Copies of contractor/sub-contractor certification for EEO?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Copies of contractor/sub-contractor certification for Section 3	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Copies of contractors/sub-contractor Affidavit of Prime Bidder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Notice to Proceed date? 9/1/2017	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Architect's Certification (Architectural Barriers Act) or appropriate HUD waivers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A



COLORADO

Department of Local Affairs

Community Development Block Grant –
Disaster Recovery

SECTION IV-G

1. Labor Standards

PARTNERING AGENCY'S CHECKLIST FOR LABOR STANDARDS

SUBRECIPIENT INFORMATION

Contract Number	INF-00039
Subrecipient Name	Town of Lyons
Type of Organization	Local Government
Name of Program	Northern Overflow
Grant Manager	Victoria Simonsen
Date On-site	Desk Monitoring - 7/12/18

PAYROLLS

1.

Is a Davis-Bacon wage decision assigned to each covered contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Sec. 3142. Rate of wages for laborers and mechanics		
Describe Basis for Conclusion:		
Wage decision in the file		

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
Fair Labor Standards Act		
Describe Basis for Conclusion:		
Included in contract with DeFalco Construction. In the SF file.		

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
Sec. 3142 C (1) Rate of wages for laborers and mechanics			

Describe Basis for Conclusion:
Weekly payrolls are in the file.

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"/> Yes <input type="checkbox"/> No
Do they include a signed "Statement of Compliance" from the contractor?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have questions 4a and 4b been answered in the "Statements of Compliance"?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Describe Basis for Conclusion: Payrolls in the SF file.	

5.

Have the appropriate wages and fringe benefits been paid? [Sec. 3141 2(b)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If no, explain deficiency and what steps have been taken to correct: Explanation: Payrolls are monitored by BCC on an on-going basis to ensure wage compliance.	

6.

Are corrected payrolls on file with the Subrecipient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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7.

Was time and half paid for all work over 40 hours? Fair Labor Standards § 207	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	--

8.

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

9.

Are there apprentices or trainees on the payroll report? Fair Labor Standards Act § 214	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

10.

Are there additional job classifications on the payroll report that do not appear on the wage determination?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If the answer is yes, is there evidence the Subrecipient requested additional job classifications through DOLA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion:	
The Town assigned a project manager that reviewed payrolls and BCC added additional oversight. All payrolls were reviewed and approved within 2 months.	

12.

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

INTERVIEWS

13.

Were job-site interviews conducted? Chapter 15 HUD Guide Book 15f04	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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14.

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

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: Documented in the interview forms			

16.

Were interviews compared with payrolls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes No N/A			
Describe Basis for Conclusion: These comparisons were performed and when necessary, follow-up discussion has happened with the contractor. Follow-up and clarifications are in the SF file.			

17.

Was 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: See interview forms.			

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: 2 laborers on a 6 man job			

Describe Basis for Conclusion:

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

Policies and Procedures

3.

Do the subrecipient agency policies and procedures require all beneficiaries to enter into a signed agreement (e.g., subrogation agreement) to repay any assistance later received for the same purpose as the CDBG-DR disaster recovery funds?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Describe Basis for Conclusion:

Item 6 under the DOB Process section of the BCC DOB policy

4.

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

Item 7 under the DOB Process section of the BCC DOB policy

5.

Do the policies and procedures require the subrecipient agency to comply with HUD's guidance when assisting applicants that declined SBA assistance to ensure expenditures are for "necessary costs" of recovery, as required by Public Law 113-2 (and other supplemental appropriations, as applicable)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Describe Basis for Conclusion:

SBA Hardship section of the BCC DOB Policy

6.

Do these subrecipient agency policies and procedures include:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. Identification of the circumstances under which applicants declined assistance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Establishment of why CDBG-DR assistance is appropriate when assisting applicants that declined SBA assistance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Determination of the amount of CDBG-DR assistance that is necessary and reasonable to assist applicants in achieving recovery?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Describe Basis for Conclusion:
SBA Hardship section of the BCC DOB Policy.

7.

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

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

Activity Files

8.

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

Describe Basis for Conclusion:
The DOB worksheet is in the SF file

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

Describe Basis for Conclusion:
FEMA funds did not cover this activity per documentation in the SF file. There was no DOB or reduction to the award.

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

Describe Basis for Conclusion:

Lyons entered into an Intergovernmental Agreement with Longmont acting on behalf of the BCC. Subrogation language was included in the IGA.

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

14.1 Individual Project Duplication of Benefits Worksheet

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

Make additional copies for each file sampled

DOB Worksheet updated 8/31/18 after monitor determined version in file at time of desk monitoring on 7/12/18 was outdated

1. Identify Applicant's Total Need Prior to Any Assistance (e.g. rehabilitation cost estimate)		\$149,193	
2. Identify All Potentially Duplicative Assistance:			
		Potential	Actual DOB
a. FEMA Housing Grant	Interim Housing (e.g. rent)	\$0	\$0
	Permanent Housing (e.g. repair/rehabilitation)	\$0	\$0
b. SBA Loan		\$0	\$0
c. Insurance (Structure, not Contents)		\$0	\$0
d. National Flood Insurance Program (NFIP)		\$0	\$0
e. Other federal, state, or local funding		\$0	\$0
f. Other nonprofit, private sector, or charitable funding		\$0	\$0
Totals		\$0	\$0
3. Total of all assistance found to be duplicative, resulting in the maximum potential award amount, or unmet need (Actual DOB Total)		\$0	\$0
4. Maximum Eligible Award (Item 1 less Item 3)		\$149,193	\$149,193
5. Program Cap (if applicable)		\$4,927,592	\$4,927,592
6. Final Award (lesser of Items 4 and 5)		\$149,193	\$149,193



COLORADO

Department of Local Affairs

Community Development Block Grant –
Disaster Recovery

SECTION IV-N

1. Section 3

PARTNERING AGENCY'S CHECKLIST FOR SECTION 3

SUBRECIPIENT INFORMATION

Contract Number	INF-00039
Subrecipient Name	Town of Lyons
Type of Organization	Local Government
Name of Program	Northern Overflow
Grant Manager	Victoria Simonsen
Date Onsite	Desk Monitoring - July 13, 2018, review complete 8/6/18

APPLICABILITY

1.

<p>Does the project involve?</p> <p>Housing rehabilitation (including reduction and abatement of lead-based paint hazards?)</p> <p>or</p> <p>Housing construction?</p> <p>Other public construction?</p> <p>[24 CFR 135.3(a)(2)]</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Describe Basis for Conclusion:</p> <p>Project is for construction of an overflow channel for flood mitigation.</p>	

THRESHOLDS

2.

<p>Is the award to the Subrecipient greater than \$200,000?</p> <p>[24 CFR 135.3(a)(3)(ii)(A)]</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
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<p>If No Section 3 does not apply.</p> <p>If yes, does the value of work for any contractor or subcontractor exceed \$100,000? [24 CFR 135.3(a)(3)(ii)(A)]</p> <p>If no, Section 3 does not apply.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Describe Basis for Conclusion:</p> <p>DeFalco Construction for \$121,000</p>	

CONSTRUCTION DOCUMENTS

3.

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

4.

<p>Does the construction contract contain the Section 3 Requirements?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Describe Basis for Conclusion:</p> <p>The Contract Addendum contains the Section 3 requirements</p>	

5.

<p>Does the construction file include copies of contractor/sub-contractor certifications for Section 3?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Describe Basis for Conclusion:</p> <p>Plan and certifications are in the SF file.</p>	

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 which is part of the contract addendum.				

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Yes	No	N/A
c.	Description of how the Subrecipient or its contractors determined the eligibility for Section 3 residents?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Yes	No	N/A
Describe Basis for Conclusion:				

The company did not have or fill any trainee positions based on Section 3 report.

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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Description of how the Subrecipient or its contractors determined eligibility of Section 3 residents? [24 CFR 135.34(b)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

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"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<p>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)]</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>c. Description of how the Subrecipient or its contractors determined the eligibility of Section 3 business concerns? [24 CFR 135.36(b)]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

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>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

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>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>c. Description of how the Subrecipient or its contractors determined the eligibility of Section 3 business concerns? [24 CFR 135.36(b)]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

13.

<p>For the time period reviewed, did the Subrecipient's records include information about:</p>	
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<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

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>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>b. Monitoring covered contractors for compliance with Section 3? [24 CFR 135.30(c)(2)]</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<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>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>d. Whether covered solicitations (RFPs, RFOs, 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>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<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>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

REPORTING AND RECORDKEEPING

15.

<p>For the time period reviewed, did the Subrecipient's records include information about:</p>	
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a. Has a Section 3 Report been completed and submitted to DOLA/BCC? [24 CFR Part 135.90]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A