



Commercial Revitalization Monitoring Checklist

3/27/2012

Recipient: _____ Contract #: _____

If the project is public infrastructure, complete Sections I, VI, and VII. If the project is a public building, complete Sections II, VI, and VII. If the project involves façade renovation, complete Sections III, IV, V, VI, and VII.

I. Public Infrastructure **N/A** (Skip to Section II if no public infrastructure.) *Check the appropriate box.*

1. Did the project require the acquisition of a right-of-way or easement(s)? (If yes , complete the Property Acquisition Monitoring Checklist .)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Review the plans and specifications acceptance letter. Are there any issues which need to be resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Are there any change orders? (If no , go to question 7.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Do they appear necessary for completion of the activities or are they related to unmet needs that have been amended into the grant (versus just "using up" remaining funds)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Will the change orders result in changes in accomplishments or beneficiaries which exceed the "need" specified in the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
• If no , will current proposals meet those goals listed in the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Is the project area primarily zoned commercial?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Make a site inspection of the project area and answer Questions 7-12.

7. Is the project area(s) and corresponding beneficiaries the same as those in the original application and contract? If no , explain in Comments below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Has any activity been initiated outside the jurisdiction or approved project area(s)? If yes , explain in Comments below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Do the demographics appear to have changed enough to affect the Recipient's ability to meet a national objective? If yes , explain in Comments below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Does it appear that CDBG funds are being used for any activities (in whole or in part) that are not in the application or contract? If yes , explain in Comments below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Are any CDBG-funded infrastructure activities located on or adjacent to residential property? If yes , explain in Comments below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Does the project area(s) visually appear to be primarily commercial in nature? If no , explain in Comments below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Comments:



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II. Public Facilities **N/A** (Skip to Section III if no public facilities.)

Check the appropriate box.

1. If there is a charge or fee for use of the facility, is the fee low enough that it will not disenfranchise LMI persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. After reviewing the plans, specifications, construction contracts, and change orders, and a visual review of activities completed or under construction, will what is being built exceed the “need” specified in the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. After reviewing all change orders, do they appear to be necessary to complete the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Did the project require acquisition of property? (If yes , complete the <i>Property Acquisition Monitoring Checklist</i> .)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Will any portion of the facility being constructed serve a function, the general purpose of which is government (i.e., police or jail facility, local government administration offices, or council chambers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> • If yes, is the local government paying for the portion of the building that is ineligible? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. If removal of architectural barriers to handicapped persons is being done in a public building, are CDBG funds being spent only for those things that are required by Section 504, and not for other concurrent construction activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	

III. Façade Renovation **N/A** (Skip to Section VI if no façade renovation.)

1. List the total number of proposed rehabilitation units according to the grant work plan: _____	
2. List the number of units completed to date: _____	
3. List the amount of CDBG rehabilitation funds that were scheduled to be expended to date according to the activity work plan:	\$ _____
4. List the amount of CDBG rehabilitation funds that have been expended to date, based on the last RFF processed:	\$ _____
5. List the contractor verification dates:	
6. Has the Recipient received any written complaints concerning the project? If yes , discuss the disposition of the complaint in the box below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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Check the appropriate box.

7. Has the Recipient adopted policies and procedures which apply to commercial rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> Do the policies provide: 	
a. That all buildings being rehabilitated are located within Recipient’s jurisdiction or the project area designated in the application? [73C-23.0045(3)(d)1, FAC]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. That the building owners maintain and provide to the local government a record of expenditures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. The business provides services which are available to all residents of the jurisdiction/service area? [73C-23.0045(3)(d)2, FAC]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d. Define the terms and conditions of the rehabilitation assistance? [73C-23.0045(3)(d)3, FAC]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e. That the building will be occupied upon completion of the rehab, or is subject to a bona fide lease? [73C-23.0045(3)(d)4, FAC]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f. A limitation on the CDBG cost per rehabilitation to an amount that is no greater than the amount in Section 73C-23.0045(3)(d)10, FAC??	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
g. Limits the improvements to façades, removal of handicap barriers, and/or code violations in conformance with the CR plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
h. A condition on roof improvements that first there is an issuance of a code violation report, the façade is rehabilitated, entrance/bathroom handicap access deficiencies are addressed, and any other code violations are corrected? [73C-23.0045(3)(d)12, FAC]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
i. Limits improvements to public buildings to those in the CR Plan area and to correction of architectural barriers to handicap access pursuant to the requirements in 24CFR8?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
j. Financial and other procurement documentation which ensures the Recipient’s compliance with applicable regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
k. Upon completion, the building will meet all local codes in the areas being rehabilitated? [73C-23.0045(3)(d)7, FAC]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
l. A condition that a building owner, lessor, lessee, tenant, occupant, employee, or immediate relative cannot serve as the CDBG paid contractor or subcontractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
m. Provides the process that will be used to solicit contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
n. A process for recognizing potential conflicts of interest? [73C-23.0045(3)(d)8, FAC]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
o. A process for final acceptance of a contractor’s work? [73C-23.0045(3)(d)9, FAC]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
p. That appropriate abatement procedures will be undertaken should lead-based paint be found?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	



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IV. Recipient’s Case Files N/A

Review the case files of the rehabilitated units that you selected to inspect. Spot-check the other rehabilitation files with an emphasis on expenditures.

Check the appropriate box.

1. Do the CDBG costs per façade exceed the \$22,000 limit in the Rule? [73C-23.0045(3)(d)(10), FAC]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is there sufficient information in the file to confirm that the activities are:	
a. Located in the commercial revitalization area? [73C-23.0045(3)(a), FAC]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Benefits of rehabilitation are available to all residents of the defined service area (rehabilitated establishment(s) does not cater to a limited exclusive clientele either within or outside the jurisdiction/service area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. The building is used for non-residential purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d. The building is either occupied or has a bona fide lease or is part of an overall streetscape plan as allowed in the Rule? [73C-23.0045(3)(d)4, FAC]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e. Improvements are limited to facades, removal of handicap barriers, and/or code violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f. Roof improvements were made only after issuance of a code violation report, the façade was rehabilitated, entrance or bathroom handicap access deficiencies were addressed, and any other code violations were corrected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
g. Public building improvements were limited to those in the commercial revitalization area and to correction of architectural barriers to handicap access pursuant to the requirements in 24CFR8 and 73C-23.0045(3)(d)13, FAC??	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Comments:



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Provide the requested information for the three commercial buildings that you selected to inspect.

Case 1:

Address:
 Type of Business:
 Name of Owner:
 Name of Occupant:
 Amount of CDBG Grant:
 or CDBG Loan:
 Private Participation:
 Total Cost:
 (If a loan, list terms:)
 In Progress Completed

Case 2:

Address:
 Type of Business:
 Name of Owner:
 Name of Occupant:
 Amount of CDBG Grant:
 or CDBG Loan:
 Private Participation:
 Total Cost:
 (If a loan, list terms:)
 In Progress Completed

Case 3:

Address:
 Type of Business:
 Name of Owner:
 Name of Occupant:
 Amount of CDBG Grant:
 or CDBG Loan:
 Private Participation:
 Total Cost:
 (If a loan, list terms:)
 In Progress Completed

Comments:



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<i>For each case, check the appropriate answer.</i>	Case 1	Case 2	Case 3
1. Is there a completed application on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Was the information in the application verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Is there evidence that property ownership was verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Does the file reveal a possible conflict of interest that has not been dealt with?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Is there a work write-up prepared by the Recipient and approved by the building owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Does the file contain evidence of inspections that identify the specific code violations with code reference (citation) numbers, handicap barriers, and façade improvements, and a final inspection that verifies completion of the work specified in the write-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Did the property owner or occupant follow contractor selection procedures in accordance with the Recipient's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> • If no, what documentation is in the files that supports reasonableness of costs? 			
8. Does the file contain copies of building and other required state or local licenses and permits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Is there financial documentation, such as invoices with corresponding canceled checks, that clearly identifies the portion of improvements and cost of the rehabilitation funded by CDBG?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. If the construction contract is more than \$2,000, is there evidence of compliance with labor standards requirements, including a copy of a current wage decision, signed and checked payrolls, minutes of pre-construction conferences, statements of compliance, and employee interviews?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Is there a statement that the completed job meets adopted local standards, such as a certificate of completion issued by the building inspector?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			

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V. On-Site Visual Property Inspection N/A

1. Do the completed activities conform to the work write-up and the construction contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is the rehabilitation located in a primarily commercial area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Are the CDBG funded improvements limited to façade improvements or documented code violation corrections or removal of barriers to handicap access?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Are roof improvements in conformance with the subgrant program conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Is specific technical assistance needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			

VI. Program Income N/A

1. Is program income as defined by 24 CFR 570.489(e) being generated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> • If yes, did you explain the program income requirements? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	



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VII. Conclusions

Explain any finding(s) or concern(s) in the box below and specify corrective actions the Recipient must take to resolve the issue(s). Describe any technical assistance provided.