

FEMA 1595

COUNTY	DR #	Project #	LMS Rank	Funding Order	LMS Sub #	TIER #	APPLICANT/PROJECT TITLE	Expected Fed (75% of Total Project Cost)	Non-Federal Share (25 % of Total Project Cost)	Total Project Cost	STATUS	PREVIOUS DISASTER	Federal Allocated Funding Balance
<b>1595 Bay County Total Allocation</b>													<b>\$547,663.00</b>
Bay	1595	57	1	1		1	City of Springfield - Robindale Drainage	\$1,171,053	\$390,351	\$1,561,404		1551-86	-\$623,390.00
Bay	1595	10	2	2		2	City of Panama City - Installation of Storm Shutters at Fire/Police Substation (aka Fire S	\$15,908	\$5,303	\$21,211		1551-92	
Bay	1595	58	3	3		2	City of Panama City Beach - Fire Station #2 Retrofit	\$13,699	\$4,566	\$18,265		1551-72	
Bay	1595	59	4	4		2	Bay Co. B.O.C.C./State of FL, Dept. of Health - Bay County Health Department Retrofit	\$107,361	\$35,787	\$143,148		1551-60	
Bay	1595	70	7	5		2	City of Panama City - Police Department Shelter	\$35,000	\$11,667	\$46,667		1551-69	
Bay	1595	60	8	6		2	City of Panama City Beach - Fire Station #1 Retrofit	\$30,978	\$10,326	\$41,304		1551-71	
Bay	1595	43	10	7		2	City of Panama City - Installation of Storm Shutters at Utilities Administration Building	\$15,427	\$5,142	\$20,569		1551-88	
Bay	1595	11	11	8		2	City of Panama City - Installation of Storm Shutters at Police Department Main Building	\$52,247	\$17,416	\$69,663		1551-89	
Bay	1595	71	12	9		2	City of Panama City - Utilities Service Center Wind Retrofit	\$75,000	\$25,000	\$100,000		1551-93	
Bay	1595	72	13	10		2	Robindale Property Acquisition/Buyout	\$157,750	\$52,583	\$210,333		??	
Bay	1595	61	14	11		2	Bay County B.O.C.C. - John Pitts Drainage Improvement Project	\$414,306	\$138,102	\$552,408		1551-35	
Bay	1595	62	15	12		2	Bay County B.O.C.C. - Jenks Avenue Drainage Project	\$206,239	\$68,746	\$274,985		1551-36	
Bay	1595	63	16	13		2	Bay County B.O.C.C. - Bear Creek Road Drainage Improvement Project	\$244,864	\$81,621	\$326,485		1551-39	
Bay	1595	73	17	14		2	Panama City Beach - City Hall Retrofit	\$49,007	\$16,336	\$65,343		1551-75	
Bay	1595	74	23	15		2	City of Panama City - St. Andrews/Millville WWTP Retrofit	\$50,000	\$16,667	\$66,667		1551-70	
								<b>\$2,638,840</b>	<b>\$879,614</b>	<b>\$3,518,453</b>			<b>\$0.00</b>
<b>1595 Calhoun County Total Allocation</b>													<b>\$173,871.00</b>
Calhoun	1595	69	1	1		1	City of Blountstown, SW Chipola Street, Drainage Project	\$559,451	\$186,484	\$745,935		1551-85	-\$385,580.25
								<b>\$0</b>	<b>\$0</b>	<b>\$0</b>			<b>\$0.00</b>
<b>1595 Dixie County Total Allocation</b>													<b>\$18,939.00</b>
Dixie	1595	64	x			x	Dixie Prepares	\$70,313	\$23,438	\$93,750	REJECT		
								<b>\$70,313</b>	<b>\$23,438</b>	<b>\$93,750</b>			<b>\$18,939.00</b>
<b>1595 Escambia County Total Allocation</b>													<b>\$2,330,294.00</b>
Escambia	1595	41	1	1		1	Covenant Hospice - Hospice Wind Retrofit	\$232,315	\$77,438	\$309,753		1551-15	\$2,097,979.25
Escambia	1595	3	2	2		1	Rebuild Northwest Florida - Rebuild Northwest Florida Individual Wind Retrofit - D	\$97,979	\$30,782,021	\$30,880,000			\$2,000,000.25
Escambia	1595	2	3	3		1	Escambia County - Maplewoods Area Drainage Project	\$2,642,270	\$880,757	\$3,523,027		1551-46	-\$642,269.68
Escambia	1595	3				2	Rebuild Northwest Florida - Rebuild Northwest Florida Individual Wind Retrofit - Dennis	\$23,062,021	\$7,817,979	\$30,880,000			
Escambia	1595	1	4	4		2	Escambia County - Ensley Drainage Project	\$4,824,445	\$1,608,148	\$6,432,593		1551-47	
Escambia	1595	8	5	5		2	Escambia County - Myrtle Grove Drainage Project	\$2,040,728	\$680,243	\$2,720,970		1551-48	
Escambia	1595	5	6	6		2	City of Pensacola - Romana Street Drainage Improvements	\$1,646,429	\$548,810	\$2,195,238		1551-32	
								<b>\$32,899,757</b>	<b>\$41,846,586</b>	<b>\$74,746,342</b>			<b>\$0.00</b>
<b>1595 Franklin County Total Allocation</b>													<b>\$402,576.00</b>
Franklin	1595	12	1	1		1	Franklin County Emergency Management/Board of County Comm. - Structure Elevation	\$150,488	\$50,163	\$200,650			\$252,088.50
Franklin	1595	13	1	2		1	Franklin County - Wind Retrofit Project for Franklin Co. E.O.C.	\$45,671	\$15,224	\$60,894			\$206,418.00
								<b>\$196,158</b>	<b>\$65,386</b>	<b>\$261,544</b>			<b>\$206,418.00</b>
<b>1595 Gadsden County Total Allocation</b>													<b>\$11,753.00</b>
Gadsden													
								<b>\$0</b>	<b>\$0</b>	<b>\$0</b>			<b>\$11,753.00</b>
<b>1595 Gulf County Total Allocation</b>													<b>\$48,088.00</b>



STATE OF FLORIDA

# DEPARTMENT OF COMMUNITY AFFAIRS

*"Dedicated to making Florida a better place to call home"*

CHARLIE CRIST  
Governor

THOMAS G. PELHAM  
Secretary

March 1, 2007

## **FREEDOM OF INFORMATION ACT REQUEST**

Daniel P. Webb, Attorney Advisor  
U.S. Small Business Administration  
Office of Disaster Assistance  
14925 Kingsport Road  
Fort Worth, Texas 76155

Dear Mr. Webb:

In order to facilitate the State of Florida's Disaster Recovery Community Development Block Grant (CDBG) Program in preventing a possible duplication of benefits, the Florida Department of Community Affairs (FDCA) is requesting the Small Business Administration (SBA) to provide information regarding many of its loan applicants. Specifically, the FDCA is requesting a listing of the following information regarding SBA approved home loans in Florida for Tropical Storm Bonnie (August 2004) and Hurricanes Charley (August 2004), Frances (September 2004), Ivan (September 2004), Jeanne (September 2004), Wilma (October 2005), and Katrina (August 2005), as of February 28, 2007 at 5:00 pm:

- SBA application number
- FEMA application number
- SBA loan number (for approved loans)
- SBA real estate loan amount (contents not included)
- SBA total real estate loss verification amount (excluding grants)
- Current SBA approved loan amount allocated to real estate
- Current SBA approved loan amount allocated to mitigation
- Current SBA loan balance (calculated by the amount of disbursements made by SBA less any repayments received on the borrower's account)
- Name
- Address
- City
- County

**2555 SHUMARD OAK BOULEVARD \$ TALLAHASSEE, FLORIDA 32399-2100**

Phone: 850.488.8466/Suncom 278.8466 FAX: 850.921.0781/Suncom 291.0781

Internet address: <http://www.dca.state.fl.us>

CRITICAL STATE CONCERN FIELD OFFICE  
2796 Overseas Highway, Suite 212  
Marathon, FL 33050-2227  
(305) 289-2402

COMMUNITY PLANNING  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399-2100  
(850) 488-2356

EMERGENCY MANAGEMENT  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399-2100  
(850) 413-9969

HOUSING & COMMUNITY DEVELOPMENT  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399-2100  
(850) 488-7956

Daniel P. Webb, Attorney Advisor  
U.S. Small Business Administration  
Page Two of Two

- Homeowners Insurance Carrier (if available electronically)
- Homeowners Insurance Policy Number (if available electronically)
- Flood Insurance Carrier (if available electronically)
- Flood Insurance Policy Number (if available electronically)

We certify that FDCA will use the information only for official state governmental purposes in connection with providing grant assistance to disaster victims, disaster relief, and that FDCA will not further disclose this information. Thank you for your assistance in providing this information.

Sincerely,

Ted Court, Government Analyst I  
Florida Disaster Recovery CDBG Program

cc: Esrone McDaniels

**2004 Hurricanes Charley, Frances, Ivan & Jeanne**

SBA Application Number	SBA Loan Number	FEMA Number	Last Name	First Name	SBA RE Loan Amount	SBA RE Total Verified Loss	Damaged Property Add Line 1	City	County	Zip Code
0000297493	1369766008		xxx	xxx	\$10,000.00	\$63,288.00	3625 & 3045 NW 62ND ST	Miami	Miami-Dade	33147
0001209137	9800404007	591068591	xxx	xxx	\$0.00	\$0.00	13740 SW 23RD TERRACE	Miami	Miami-Dade	33175
0001230836	9416184008	932039024	xxx	xxx	\$10,000.00	\$18,142.00	12600 SW 92 CT	Miami	Miami-Dade	33176
0001338992	9836974005		xxx	xxx	\$35,000.00	\$34,940.00	13051 SW 212 TE	Miami	Miami-Dade	33177
0001780805	1838196007		xxx	xxx	\$42,700.00	\$42,627.00	19061 SOUTHWEST 129 AVENUE	Miami	Miami-Dade	33177
0001833623	9853274009	912393697	xxx	xxx	\$29,100.00	\$64,043.00	25600 SW 197TH AV	Homestead	Miami-Dade	33031
0001849144	1266246002	9408391335	xxx	xxx	\$44,700.00	\$57,830.00	100 SACARMA DRIVE	Cudjoe Key	Monroe	33042
0001971125	9832764004		xxx	xxx	\$0.00	\$69,902.00	2215 FOGARTY AV	Key West	Monroe	33040
0001982874	1281816005		xxx	xxx	\$0.00	\$55,335.00	3735 PAULA AVENUE	Key West	Monroe	33040
0001999101	1302946009		xxx	xxx	\$20,000.00	\$19,918.00	22 ROYAL COACHMAN	Lake Wales	Polk	33898
0001999320	1096046008		xxx	xxx	\$10,000.00	\$30,728.00	3492 BREEZE WAY	Lake Wales	Polk	33898
0001999336	9882714009		xxx	xxx	\$49,700.00	\$49,603.00	2706 ARCADIA DRIVE	Miramar	Broward	33023
0002064920	1191336010	931809979	xxx	xxx	\$0.00	\$5,865.00	6000 PENINSULAR AV	Key West	Monroe	33040
0002064933	1160376008		xxx	xxx	\$32,100.00	\$52,019.00	2141 SW 87TH	Davie	Broward	33324
0002092389	1207966006	940883781	xxx	xxx	\$0.00	\$0.00	800 NE 12TH AVE #M161	Homestead	Miami-Dade	33030 - 5051
0002190633	1521606001		xxx	xxx	\$0.00	\$64,866.00	8605 SW 133RD PLACE	Miami	Miami-Dade	33183
0002208608	1377386001	936531708	xxx	xxx	\$63,800.00	\$71,225.00	11541 SW 98 CT	Miami	Miami-Dade	33176
0002208613	1252966005		xxx	xxx	\$10,000.00	\$58,133.00	16771 ROYAL POINCIANA	Weston	Broward	33326
0002387268	1061936004		xxx	xxx	\$0.00	\$0.00	19571 SOUTHWEST 122ND PLACE APT 316	Miami	Miami-Dade	33177
0002387390	1500126000	921624121	xxx	xxx	\$30,000.00	\$34,714.00	14720 SW 156TH ST	Miami	Miami-Dade	33187
0002387479	1356436004	266615123	xxx	xxx	\$17,200.00	\$17,196.00	22707 SOUTHWEST 115TH AVE	Miami	Miami-Dade	33170
0002402637	1254196003		xxx	xxx	\$0.00	\$0.00	253 MAMIE STREET #B	Chokoloskee	Collier	34138
0002445114	1532106010	940881840	xxx	xxx	\$10,000.00	\$11,385.00	6545 NE 10PH LN	Okeechobee	Okeechobee	34974
0002464408	1723776004	937717105	xxx	xxx	\$10,100.00	\$10,052.00	166 VALENCIA-G	Delray Beach	Palm Beach	33446
0002482080	1517906005	931767796	xxx	xxx	\$8,500.00	\$10,425.00	132 FLANDERS	Delray Beach	Palm Beach	33484
0002482083	1889396008		xxx	xxx	\$0.00	\$64,490.00	592 N.W. 120TH STREET	Miami	Miami-Dade	33168
0002482103	1241436004	931799151	xxx	xxx	\$14,000.00	\$49,991.00	575 NW 118 AVE	Plantation	Broward	33325
0002485809	1532166006	936634388	xxx	xxx	\$0.00	\$0.00	1502 DUNCAN STREET	Key West	Monroe	33040
0002501164	2237206007	931828014	xxx	xxx	\$0.00	\$0.00	10240 SW 225 LANE	Miami	Miami-Dade	33190
0002567052	1401326006		xxx	xxx	\$23,600.00	\$23,583.00	1852 NW 85ST	Miami	Miami-Dade	33147
0002593179	1725456006	921610661	xxx	xxx	\$33,600.00	\$38,795.00	7510 CORAL BLVD	Miramar	Broward	33023
0002598336	1730986006	931989819	xxx	xxx	\$17,800.00	\$17,752.00	1071 NE 178 TER	North Miami Beach	Miami-Dade	33162
0002600412	1422306010		xxx	xxx	\$79,800.00	\$79,750.00	1458 SW 127TH COURT	Miami	Miami-Dade	33184
0002604436	1910926007		xxx	xxx	\$10,000.00	\$17,416.00	19431 WEST OAKMONT DRIVE	Hialeah	Miami-Dade	33015
0002949721	1839916000		xxx	xxx	\$0.00	\$0.00	1712 NE 8TH ST APT H	Homestead	Miami-Dade	33033

**2005 Hurricanes Katrina & Wilma**

SBA Application Number	SBA Loan Number	FEMA Number	Last Name	First Name	SBA RE Loan Amount	SBA RE Total Verified Loss	Damaged Property Add Line 1	City	County	Zip Code
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0001833623	9853274009	912393697	xxx	xxx	\$29,100.00	\$64,043.00	25600 SW 197TH AV	Homestead	Miami-Dade	33031

DEPARTMENT OF COMMUNITY AFFAIRS  
DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

**Housing Rehabilitation Monitoring Checklist**

_____ Recipient	_____ Signature of DCA Staff Monitor	_____ Date Prepared
_____ Contract Number	_____ Signature of Planning Manager	_____ Date Reviewed

**I. PROJECT SUMMARY**

1. Total number of housing units \_\_\_\_\_

Housing Rehabilitation: Proposed per work plans \_\_\_\_\_, Work in progress \_\_\_\_\_,  
Complete to date \_\_\_\_\_

Housing Replacement: Proposed per work plans \_\_\_\_\_, Work in progress \_\_\_\_\_,  
Complete to date \_\_\_\_\_

2. Has there been any demolition?

**If yes,** \_\_\_\_\_ demo out of \_\_\_\_\_ total units.

3. Did the recipient delete any previously selected housing units for rehabilitation?

**If yes,** is documentation available to support that the recipient followed its policy in notifying the occupant that the unit had been deleted?

4. Did the recipient demolish any vacant housing units?

**If yes,** is documentation available to support that the recipient followed its policy in doing the demolition?

5. Did the recipient convert any housing units to non-LMI uses?

**If yes,** is documentation available to support that the recipient followed its policy in converting those housing units to non-LMI uses?

**II. CASE FILE REVIEW**

1. Select a sample of case files at random, complete the following information:

**Unit 1:** Head of Household: \_\_\_\_\_

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

Name of Contractor: \_\_\_\_\_

Status of Work: Underway \_\_\_\_\_ Completed \_\_\_\_\_

**Unit 2:** Head of Household: \_\_\_\_\_

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

Name of Contractor: \_\_\_\_\_

Status of Work: Underway \_\_\_\_\_ Completed \_\_\_\_\_

**Unit 3:** Head of Household: \_\_\_\_\_

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

Name of Contractor:

Status of Work: Underway \_\_\_\_\_ Completed

**Rental Units** \_\_\_\_\_

	Unit 1		Unit 2		Unit 3	
2. Is the occupant renting the unit? (If no, go to Question #5.)	Yes	No	Yes	No	Yes	No
3. Is the rehabilitation of rental housing allowed by local policy?	Yes	No	Yes	No	Yes	No
4. Did the recipient follow their policy to ensure that after rehabilitation this tenant will not be charged more than affordable rents?	Yes	No	Yes	No	Yes	No
5. Verify that a "site specific" check list was completed for release of funds. (Environmental Review)	Yes	No	Yes	No	Yes	No

**Unit Information**

	Unit 1		Unit 2		Unit 3	
6. What type of unit is this?						
Single Family	_____	_____	_____	_____	_____	_____
Mobile Home	_____	_____	_____	_____	_____	_____
Modular/Manufactured	_____	_____	_____	_____	_____	_____
Multi-Family	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
7. Does the recipient's policy allow the expenditure of CDBG funds on this type of unit?	Yes	No	Yes	No	Yes	No
8. How was the ownership of the housing unit verified?						
Warranty Deed	_____	_____	_____	_____	_____	_____
Property Tax Records	_____	_____	_____	_____	_____	_____
Title	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
9. Is the unit 50 years old or older?	Yes	No	Yes	No	Yes	No
If yes, is documentation available that the recipient obtained clearance from the State Historical Preservation Office?	Yes	No	Yes	No	Yes	No

**CDBG Funds**

10. What were the total CDBG funds spent on the unit?	\$_____	\$_____	\$_____			
11. Is this amount within the limits set by the local policy?	Yes	No	Yes	No	Yes	No
If no, did the recipient follow their policy provisions for exceeding this amount?	Yes	No	Yes	No	Yes	No

**Duplication of Benefits**

12. Did the beneficiary report receipt of benefits from other sources?	Yes	No	Yes	No	Yes	No
--	-----	----	-----	----	-----	----

If **yes**, were the benefits applied to reduce the amount of costs charged to the grant?

Yes No N/A Yes No N/A Yes No N/A

13. Did the Recipient require the beneficiary to submit a properly executed FEMA Authorization to Release Confidential Information form?

Yes No Yes No Yes No

If **yes**, does the file contain documentation that the form was submitted to FEMA and a response received which confirmed whether or not the recipient received benefits?

Yes No Yes No Yes No

If **yes**, Does the record appear to confirm that no duplication of benefits has occurred?

Yes No Yes No Yes No

**Income Verification**

**Unit 1 Unit 2 Unit 3**

14. How many people live in the household?

\_\_\_\_\_

15. What is the total income of the entire household?

\$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

16. How was the total household income verified?

- Social Security \_\_\_\_\_
- Employer \_\_\_\_\_
- Veteran's Affairs \_\_\_\_\_
- AFDC \_\_\_\_\_
- SSI Disability \_\_\_\_\_
- Tax Records \_\_\_\_\_
- Bank Statements \_\_\_\_\_
- Child Support \_\_\_\_\_
- Other \_\_\_\_\_

17. What is the Section 8 income limit for a household of this size?

\$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

18. Is the household income below the Section 8 limit?

Yes No Yes No Yes No

**Procurement of the Housing Contractor**

**Unit 1 Unit 2 Unit 3**

19. Did the recipient advertise in accordance with the local Housing Assistance Plan?

Yes No Yes No Yes No

20. Did the recipient maintain a mailing list of local small, minority, and women owned businesses which it solicited to participate in the program?

Yes No Yes No Yes No

If **not**, what other affirmative steps did the recipient take to encourage participation by small, minority, and women owned businesses?

Yes No Yes No Yes No

21. Did the work write-up clearly define the items or services needed for the bidders to properly respond to the invitation?

Yes No Yes No Yes No

22. Were all bids opened publicly at the time and place specified in the IFB?

Yes No Yes No Yes No

23. Did the recipient receive at least two or more responsive/responsible bids?

Yes No Yes No Yes No

24. Does the recipient have a copy of all bids submitted?	Yes	No	Yes	No	Yes	No
25. What was the lowest bid on the unit?	\$_____		\$_____		\$_____	
26. Is the lowest bid reasonable when compared with the cost estimate (i.e., within 15%)?	Yes	No	Yes	No	Yes	No
27. Was the lowest bid accepted?	Yes	No	Yes	No	Yes	No
<b>If no</b> , is there documentation available to support the reason for not accepting the lowest bid?	Yes	No	Yes	No	Yes	No
28. Did the recipient follow its policy concerning the solicitation of contractors?						
<b><u>Construction Contract</u></b>	<b>Unit 1</b>		<b>Unit 2</b>		<b>Unit 3</b>	
29. Is the contract between the homeowner and the contractor? (If yes, go to Question 32.)	Yes	No	Yes	No	Yes	No
30. Did the recipient follow its procurement policy in advertising?	Yes	No	Yes	No	Yes	No
31. Has the homeowner given power of attorney to the Recipient so the Recipient can contract for the homeowner?	Yes	No	Yes	No	Yes	No
<b><u>Construction Progress and Contractor Performance</u></b>						
32. Were any change orders approved? (If no, go to Question #35.)	Yes	No	Yes	No	Yes	No
33. Does it appear that these change orders should have been included in on the initial work write-up?	Yes	No	Yes	No	Yes	No
34. Do the change orders appear to be limited to eligible items?	Yes	No	Yes	No	Yes	No
35. Is documentation available to support:						
• The housing rehabilitation specialist made site inspections?	Yes	No	Yes	No	Yes	No
• Site inspections were made before making progress payments?	Yes	No	Yes	No	Yes	No
• The building inspector and/or rehabilitation specialist made an inspection before paying the final invoice to the contractor?	Yes	No	Yes	No	Yes	No
• The city or county building inspector issued a statement that the completed job meets adopted local standards, such as a Certificate of Occupancy?	Yes	No	Yes	No	Yes	No
36. Did the homeowner sign a satisfaction statement, such as the final inspection report?	Yes	No	Yes	No	Yes	No
37. Did the contractor sign a release of liens?	Yes	No	Yes	No	Yes	No
38. Were subcontractors used?	Yes	No	Yes	No	Yes	No

- |   |     |    |     |    |     |    |
|---|-----|----|-----|----|-----|----|
| If <b>yes</b> , did each subcontractor sign a release of liens?                                       | Yes | No | Yes | No | Yes | No |
| 39. Did the contractor provide a warranty?  | Yes | No | Yes | No | Yes | No |
| 40. Is the unit in a flood plain?   | Yes | No | Yes | No | Yes | No |
| If <b>yes</b> , has the unit been elevated above the flood plain?                                     | Yes | No | Yes | No | Yes | No |
| 41. Did the cost of the rehabilitation exceed 50% or more of the unit ' s value after rehabilitation? |     |    |     |    |     |    |

**Insurance**

- |  | <b>Unit 1</b> |    | <b>Unit 2</b> |    | <b>Unit 3</b> |    |
|--|---------------|----|---------------|----|---------------|----|
| 42. Is the unit in a flood zone? (If no, go to #41.)       | Yes           | No | Yes           | No | Yes           | No |
| If <b>yes</b> , is there documentation of flood insurance? | Yes           | No | Yes           | No | Yes           | No |

**Deferred Payment Loans**

- |  |     |    |     |    |     |    |
|--|-----|----|-----|----|-----|----|
| 43. Does the recipient use a deferred payment loan or other type of loan?  | Yes | No | Yes | No | Yes | No |
| If <b>yes</b> , is there documentation to support that the recording of a mortgage took place before the beneficiary moved back into the unit? | Yes | No | Yes | No | Yes | No |

**Relocation**

- |   | <b>Unit 1</b> |    | <b>Unit 2</b> |    | <b>Unit 3</b> |    |
|---|---------------|----|---------------|----|---------------|----|
| 44. Did the recipient provide relocation benefits to this household? (If no, go to Question # 50)             | Yes           | No | Yes           | No | Yes           | No |
| If <b>yes</b> , was the relocation permanent?   | Yes           | No | Yes           | No | Yes           | No |
| If <b>yes</b> , was the relocation temporary?   | Yes           | No | Yes           | No | Yes           | No |
| 45. Is the recipient:   |               |    |               |    |               |    |
| A homeowner?  | Yes           | No | Yes           | No | Yes           | No |
| A tenant?   | Yes           | No | Yes           | No | Yes           | No |
| 46. How much was paid to the home owner for relocation?   | \$_____       |    | \$_____       |    | \$_____       |    |
| 47. Were the benefits provided to the household within the limitations described in the recipient ' s policy? | Yes           | No | Yes           | No | Yes           | No |
| 48. Is this relocation case closed?   | Yes           | No | Yes           | No | Yes           | No |

**Lead-Based Paint Review**

- |  |       |    |       |    |       |    |
|--|-------|----|-------|----|-------|----|
| 49. Was this house constructed after 1/1/78? (If yes, go to Question #52.) Note: Local Government must have documentation of the date of construction or assume prior to 1978. | Yes   | No | Yes   | No | Yes   | No |
| 50. If no, review the inspection report. Indicate date inspected:  | _____ |    | _____ |    | _____ |    |

51. If the inspection indicates the presence of lead, review the clearance report. Indicate date home passed Clearance Test:

**Section 8 Quality Standards - Field Inspection**

	Unit 1		Unit 2		Unit 3	
52. Is there evidence that the property owner should comply with local nuisance, trash, environmental, and/or health codes? If yes, this is a finding because the citation should have been issued before the initiation of the housing activity?	Yes	No	Yes	No	Yes	No
53. Did the rehabilitation involve changes to the electrical system? (If no, go to Question #56).	Yes	No	Yes	No	Yes	No
53. Were GFCI outlets installed near wet locations, such as kitchen and bathroom sinks and outdoor locations?	Yes	No	Yes	No	Yes	No
54. Is the size of the electrical service at least 100 amps?	Yes	No	Yes	No	Yes	No
55. Does the unit have any exposed light bulbs?	Yes	No	Yes	No	Yes	No
56. Does the bathroom contain the following:	Yes	No	Yes	No	Yes	No
Water closet	Yes	No	Yes	No	Yes	No
Lavatory basin	Yes	No	Yes	No	Yes	No
Bathtub or shower	Yes	No	Yes	No	Yes	No
57. Does the bathroom have either a window or a vent?	Yes	No	Yes	No	Yes	No
58. Is an exterior clean-out plug located where the sewer line goes into the septic system or sewer?	Yes	No	Yes	No	Yes	No
59. Does the unit have a working water heater?	Yes	No	Yes	No	Yes	No
60. Does the kitchen have the following equipment in good working order?	Yes	No	Yes	No	Yes	No
Stove	Yes	No	Yes	No	Yes	No
Refrigerator	Yes	No	Yes	No	Yes	No
Cabinet(s) and base cabinet(s)	Yes	No	Yes	No	Yes	No
Window or ventilation system	Yes	No	Yes	No	Yes	No
61. Does the unit have a heating system that can heat the interior to at least 68E Fahrenheit?	Yes	No	Yes	No	Yes	No
62. Does the unit have any non-vented heaters?	Yes	No	Yes	No	Yes	No
63. Does the unit have a smoke detector?	Yes	No	Yes	No	Yes	No
64. Does each habitable room have at least one window or skylight facing directly to the outdoors?	Yes	No	Yes	No	Yes	No
65. Do all of the windows have screens?	Yes	No	Yes	No	Yes	No
66. Do all of the windows appear to be airtight?	Yes	No	Yes	No	Yes	No
67. Does the unit have an unobstructed means of exit?	Yes	No	Yes	No	Yes	No
68. Does the unit have any steps?	Yes	No	Yes	No	Yes	No

(If no, go to Question #73)	Yes	No	Yes	No	Yes	No
69. Do the steps appear to be in good condition?	Yes	No	Yes	No	Yes	No
70. Does the unit have a stair case with more than four steps?	Yes	No	Yes	No	Yes	No
71. Does the unit have any porch floors higher than 30 inches above the ground?	Yes	No	Yes	No	Yes	No
<b>If yes, have railings been installed?</b>	Yes	No	Yes	No	Yes	No
72. Do all exterior doors open correctly?	Yes	No	Yes	No	Yes	No
73. Do all exterior doors appear to be properly sealed?	Yes	No	Yes	No	Yes	No
74. Have front and rear screen doors been installed?	Yes	No	Yes	No	Yes	No
75. Does the exterior paint appear to be in good condition?	Yes	No	Yes	No	Yes	No
76. Do the roof shingles appear to be in good condition?	Yes	No	Yes	No	Yes	No
77. Are any foundation piers missing or broken?	Yes	No	Yes	No	Yes	No
78. Does the household contain a disabled person? (If no, go to Question #81.)	Yes	No	Yes	No	Yes	No
79. Was the house made accessible in terms of:	Yes	No	Yes	No	Yes	No
Grab bars in the bathroom?	Yes	No	Yes	No	Yes	No
Ramp, if the unit is not built in grade?	Yes	No	Yes	No	Yes	No
Doors of proper width?	Yes	No	Yes	No	Yes	No
Appropriate bathroom and kitchen fixtures?	Yes	No	Yes	No	Yes	No
80. Was the work done according to the work write-up specifications?	Yes	No	Yes	No	Yes	No
81. Does it appear that all code related deficiencies were corrected?	Yes	No	Yes	No	Yes	No

Explain any findings or concern(s) and specify actions the recipient must take to resolve the issue(s). Describe any technical assistance provided.

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Department of Community Affairs  
Small Cities Community Development Block Grant Program

**Phase II Financial Management Monitoring & Transaction Testing Checklist**

_____ Recipient	_____ Signature of DCA Staff Member	_____ Date Prepared
_____ Contract Number	_____ Signature of Planning Manager	_____ Date Reviewed

**I. DISBURSEMENTS**

*Review the recipient's most recent accounting records or financial printouts.*

- |    |  |     |    |     |
|----|--|-----|----|-----|
| 1. | Does the accounting system reflect all funding sources?  | Yes | No | N/A |
| 2. | Do CDBG accounting records reflect total revenues and expenditures to date as shown on the latest Request for Funds? | Yes | No | N/A |
| 3. | Do the CDBG accounting records reflect current line item balances as shown on the latest Request for Funds?          | Yes | No | N/A |
| 4. | If applicable, are other funding sources spent proportionally and concurrently?                                      | Yes | No | N/A |

*Pull a sample of the following types of transactions and trace them through the recipient's accounting system. You may wish to pull more than one sample from each type. For each transaction:*

**Small Invoices**

- |    |  |     |    |     |
|----|--|-----|----|-----|
| 2. | Is there a canceled check?                                     | Yes | No | N/A |
| 3. | Is there an invoice?   | Yes | No | N/A |
| 4. | Is there a purchase order or voucher?                          | Yes | No | N/A |
| 5. | Is this transaction reflected on the disbursement journal?     | Yes | No | N/A |
| 6. | Is this transaction reflected on the detailed activity ledger? | Yes | No | N/A |

**Contracts**

- |     |   |     |    |     |
|-----|---|-----|----|-----|
| 7.  | Is there an invoice?  | Yes | No | N/A |
| 8.  | Is there a canceled check?  | Yes | No | N/A |
| 9.  | Review any professional services contracts. Is the payment in accordance with the contract terms? | Yes | No | N/A |
| 10. | Is the transaction reflected on the disbursement journal?   | Yes | No | N/A |
| 11. | Is the transaction reflected on the detailed activity ledger?                                     | Yes | No | N/A |

**Payroll** (Complete only if the local government is billing payroll to CDBG)

- |     |   |     |    |     |
|-----|---|-----|----|-----|
| 12. | Is there a payroll register or canceled pay check?  | Yes | No | N/A |
| 13. | Is a time sheet available which substantiate the payroll register or amount of the pay check?   | Yes | No | N/A |
| 14. | Is the transaction reflected on the disbursement journal?   | Yes | No | N/A |
| 15. | Is this transaction reflected on the detailed activity ledger?  | Yes | No | N/A |
| 16. | Is overtime being charged by employees performing duties part-time for the CDBG program?  | Yes | No | N/A |
|     | <b>If yes</b> , is the recipient charging to the grant the same percentage of overtime as the percentage of the day spent on CDBG duties? | Yes | No | N/A |

**II. REQUESTS FOR FUNDS**

- |    |   |     |    |     |
|----|---|-----|----|-----|
| 1. | Are CDBG funds deposited directly into a non-interest bearing account (Not applicable for cost reimbursement grants)? | Yes | No | N/A |
|----|---|-----|----|-----|

**If no**, explain: \_\_\_\_\_  
\_\_\_\_\_

- |    |  |     |    |     |
|----|--|-----|----|-----|
| 2. | Were requests for funds limited to the minimum amounts needed? | Yes | No | N/A |
| 3. | Were all expenditures made within ten (10) days of deposit?    | Yes | No | N/A |

**If no**, explain: \_\_\_\_\_  
\_\_\_\_\_

- |    |  |     |    |     |
|----|--|-----|----|-----|
| 4. | Based on the review of three RFF's, is there documentation to support each of the amounts requested ( <i>i.e., invoices totaling the amount requested</i> )? | Yes | No | N/A |
|----|--|-----|----|-----|

**If no**, explain: \_\_\_\_\_  
\_\_\_\_\_

- |    |   |     |    |     |
|----|---|-----|----|-----|
| 5. | In reviewing the invoices, does it appear that more than 50% of a line item was spent on a complimentary activity of that line item? ( <b>If yes</b> , the application may need to be rescored based on the actual expenditures.) | Yes | No | N/A |
|----|---|-----|----|-----|

**III. DUPLICATION OF BENEFITS**

- |    |   |     |    |     |
|----|---|-----|----|-----|
| 1. | Is this project supported by other funds (in addition to Disaster Recovery Initiative CDBG funds (remember to check DCA/DEM/BRM website)? | Yes | No | N/A |
|----|---|-----|----|-----|

If Yes, list sources and amounts and review a sample of documentation of reimbursement claimed under each source and compare the documentation to request for reimbursement under this CDBG project. If No go to Section IV.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the review appear to confirm that no duplication of benefits has occurred? Yes No N/A

If a duplication of benefits has occurred, specify corrective action that must be implemented to recover the duplicate benefits:

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**IV. ENGINEERING FEE CALCULATION** (worksheet is for the monitor's convenience and is optional)

**Construction Costs** (Table I - sewers, pump stations; Table II - water lines, storm water & road work)

- 1) Total construction costs: \$ \_\_\_\_\_
- 2) Table I costs: \$ \_\_\_\_\_      3) % of Total Costs \_\_\_\_%
- 4) Table II costs: \$ \_\_\_\_\_      5) % of Total Costs \_\_\_\_%

**Proration Calculation**

Using the following FmHA fee curve table below and the total construction cost, interpolate the engineering fee percentage to the nearest 1/10%.

<u>Net Construction Cost</u>	<u>Basic Fee Table I</u>	<u>Res. Insp. Fee Table I-A</u>	<u>Basic Fee Table II</u>	<u>Res. Insp. Fee Table II-A</u>
50,000	12.0	5.0	9.0	4.0
100,000	11.5	4.8	8.5	3.8
200,000	10.5	4.6	7.7	3.6
300,000	9.6	4.4	7.3	3.4
400,000	9.2	4.2	7.0	3.2
500,000	8.8	4.0	6.7	3.0
600,000	8.4	3.8	6.5	2.8
700,000	8.2	3.6	6.3	2.6
800,000	8.0	3.4	6.2	2.4
900,000	7.8	3.2	6.1	2.2
1,000,000	7.6	3.0	6.0	2.0
2,000,000	7.0	2.8	5.6	1.8
3,000,000	6.8	2.6	5.4	1.6
5,000,000	6.2	2.3	5.0	1.3
10,000,000	5.5	2.0	4.5	1.0

	Construction Cost	Table I	IA	Table II	IIA	Total % I+IA	II+IIA
Upper Limit	\$ _____	_____	_____	_____	_____		
<b>Actual</b>	\$ _____	_____	_____	_____	_____	<b>6)</b> _____	<b>7)</b> _____
Lower Limit	\$ _____	_____	_____	_____	_____		

**Maximum Limit Calculation**

Table I: (#1)\$ \_\_\_\_\_ X (#6) \_\_\_\_\_ X (#3) \_\_\_\_\_ = 8) \$ \_\_\_\_\_

Table II: (#1)\$ \_\_\_\_\_ X (#7) \_\_\_\_\_ X (#5) \_\_\_\_\_ = 9) \$ \_\_\_\_\_

**Maximum Amount Allowable:** (#8) + (#9) = \$ \_\_\_\_\_  
(for basic, inspection, and preliminary engineering fees)

- |    |   |     |    |     |
|----|---|-----|----|-----|
| 1. | Is the actual engineering fee for basic, inspection and preliminary services within the RUS curve?                                | Yes | No | N/A |
| 2. | Is the preliminary engineering fee less than one-half of one percent of the estimated construction cost in the grant application? | Yes | No | N/A |
| 3. | Have any "additional engineering" fees been approved in writing by the Department?  | Yes | No | N/A |

**V. ESCROW ACCOUNTS (for housing grants only)**

- |    |  |     |    |     |
|----|--|-----|----|-----|
| 1. | Are the escrow account records broken down by the names of the recipients? | Yes | No | N/A |
| 2. | Is interest being returned to the Department quarterly?                    | Yes | No | N/A |
| 3. | When funds were requested, was the construction contract already signed?   | Yes | No | N/A |

If no, explain:

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- |    |   |     |    |     |
|----|---|-----|----|-----|
| 4. | When funds were received, were they typically expended for that house within 45 days?   | Yes | No | N/A |
| 5. | Pull a sample of checks from the escrow account and review the escrow account disbursement journal. Were any costs other than actual rehabilitation costs paid from the escrow account? | Yes | No | N/A |

**VII. CONCLUSION**

Explain any findings or concern(s) and specify corrective actions the recipient must take to resolve the issue(s). Describe any technical assistance provided.

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(Revised November 03, 2006)