Statement of CDBG Award--Sample

Georgia Department of
COMMUNITY AFFAIRS
60 Executive Park South, N.E.
Atlanta, Georgia 30329-2231

STATEMENT OF CDBG AWARD

GEORGIA COMMUNITY DEVELOPMENT
BLOCK GRANT PROGRAM

Recipient: _____ CDBG Funds: _____

Date of Award: _____ Grant Period: From _____ To _____

Program Title: CDBG Program Category: _____

Grant Number: -x---5416

Award is hereby made in the amount and for the period shown above under the Housing and Community Development Act of 1974, as amended to the above mentioned recipient, in accordance with the plan set forth in the application of the above mentioned recipient and subject to any attached revisions or special conditions.

This award is subject to all applicable rules, regulations, and conditions as prescribed by the Department of Community Affairs' CDBG Non-entitlement Program Regulations, its Applicants' Manual and Recipients' Manual as well as the Uniform Administration Requirements ("the common rule") 24 CFR Part 85 and OMB Circulars A-87 and A-133, the U.S. Department of Housing and Urban Development's Community Development Block Grant: State's Program Final Rule (24 CFR Part 570) and Environmental Review Procedures for Title I Community Development Block Grant Program (24 CFR Part 58). It is also subject to such further rules, regulations and policies as may be reasonably prescribed by the State or Federal Government consistent with the purposes and authorization of the Housing and Community Development Act of 1974, as amended.

This grant shall become effective on the beginning date of the grant period (above), provided that within thirty (30) days of the award execution date (below) the properly executed original of the "Statement of CDBG Award" and any attached properly executed revisions and special condition statements are returned to the Georgia Department of Community Affairs.

☐ This award is subject to revisions. (attached)

☐ This award is subject to special conditions. (attached)

DEPARTMENT OF COMMUNITY AFFAIRS

_____
Commissioner

_____
Date Executed

I, _____, acting under my authority to contract on behalf of the recipient, hereby signify acceptance for the recipient of the above described grant on the terms and conditions stated above or incorporated by reference therein.

Date of Acceptance: _____ _____
Chief Elected Official

_____
Title (typed)

Vendor Management Bank Account Form

VENDOR MANAGEMENT BANK ACCOUNT FORM (PeopleSoft Financial System)

This consolidated form should be used for all vendor requests which impact a bank account within PeopleSoft. All applicable parts of the form must be completed by the vendor and sent to the initiating agency for approval. ***The initiating Agency will submit this form to the Vendor Management Group for verification and approval.***

SECTION 1 – VENDOR IDENTIFICATION (COMPLETE APPLICABLE FIELDS)

VENDOR NUMBER: _____ FEI/SSN/EE ID NUMBER: _____
(If not known-Agency complete)

VENDOR NAME: _____ EMAIL: _____

BANK ACCOUNT INFORMATION (ATTACH A COPY OF VOIDED CHECK)

GENERAL BANK ACCT #: _____ ROUTING #: _____

☐ Check here if general bank account can be used by all State of Georgia agencies making payments

SPECIFIC PURPOSE ACCT #: _____ ROUTING #: _____

(Indicate in Section 3 the specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I also authorize the State of Georgia to adjust any over/under payment for the above listed account. I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. I further confirm that debit block has been disabled to ensure receipt of payment. Non-adherence to this procedure will be treated as an exception and reviewed by SAO.

_____ _____ _____
(Vendor Printed Name) (Vendor Signature) (Date)

SECTION 2- SPECIFY TYPE OF ACTION FOR BANK ACCOUNT (FOR AGENCY USE ONLY)

☐ Add ☐ Change ☐ Delete

SECTION 3 – ADDITIONAL COMMENTS

SECTION 4 – AGENCY CONTACT INFORMATION (Please Print)

Agency Requestor: _____ **Agency BU#:** _____ **Date:** _____

Email: _____ **Phone:** _____ **Fax #:** _____

VENDOR MANAGEMENT BANK ACCOUNT FORM

Section 1 – Vendor Identification

- Do **NOT** complete the Vendor Number – (for DCA Accounting use only)
- City/County to complete FEI ID Number
- Vendor Name
- EMAIL address

- Do **NOT** complete the General Bank Account # and Routing Number
- Do **NOT** check the General Bank Account Box

- **Do** complete the Specific Purpose Account # and Routing Number

- **Do** complete Vendor Printed Name, Vendor Signature and Date

Section 2 – Specify Type of Action

- Do check the appropriate action to be taken (e.g. Add box would be checked for a new grant award)

Section 3 – Additional Comments

- Please enter CDFD Grant Number in this space provided

Section 4 – Agency Contact

- Please do **NOT** complete this section. (for DCA use only)

Authorized Signature Card

Authorized Signature Card
For Drawdown of Funds
Under the CDBG Program

Name of Recipient:	Award Number:

CHECK ONE:

☐ ONLY ONE SIGNATURE REQUIRED ON PAYMENT VOUCHERS

or

☐ ANY TWO SIGNATURES REQUIRED TO SIGN OR COUNTERSIGN

SIGNATURES OF INDIVIDUALS AUTHORIZED
TO DRAW ON THE CITED LETTER OF CREDIT

Typed Name: Job Title: Signature:	Typed Name: Job Title: Signature:
Typed Name: Job Title: Signature:	Typed Name: Job Title: Signature:

I CERTIFY THAT THE SIGNATURES ABOVE ARE OF THE INDIVIDUALS AUTHORIZED TO DRAW PAYMENT UNDER THE GRANT CITED ABOVE:

Typed Name:

Title:

SIGNATURE OF Chief Elected Official (*Recipient*) DATE

INSTRUCTIONS

An Authorized Signature Card must be signed by at least two signatories (one of which must be a local government employee) authorized to request payment of funds under the grant agreement. Check the box designating either one (1) or two (2) signatures as required. (**NOTE If the authorized official designates himself for drawdown, the two (2) signatures required box must be checked.**) The Authorizing Official should also sign the card (on the **SIGNATURE OF AUTHORIZING OFFICIAL** line) to certify that the individuals named are indeed authorized to request payment and that the signatures on the card are theirs. No erasures or corrections may appear on this form.

If the name of someone on this form changes, DCA must receive a corrected signature card with current information within 30 days for the signature to be valid.

Each drawdown form must have the signature of at least one authorized local government representative at the time of the draw.

Recipient's Civil Rights Compliance Certification

CDBG CIVIL RIGHTS COMPLIANCE CERTIFICATION

Grant Recipient

Grant Number

Date

	Yes	No	N/A
1. Has your government had any employment vacancies in the past three months?	☐	☐	☐
2. If so, did you follow equal employment opportunity guidelines in advertising the vacancies?	☐	☐	☐
3. Do you have written employment and personnel policies available for review?	☐	☐	☐
4. Do you have employment records available?	☐	☐	☐
5. Is your employment data detailed enough to determine your staff composition by:			
• Sex?	☐	☐	☐
• Race?	☐	☐	☐
• Disability Status?	☐	☐	☐
• National Origin?	☐	☐	☐
6. Is your position and salary information detailed enough to assess hiring, training, promotion and compensation practices?	☐	☐	☐
7. Does your employment data indicate any deficiencies in providing for equal employment opportunities?	☐	☐	☐
8. Have any written civil rights complaints been filed against your community? If yes, list and briefly describe below.	☐	☐	☐

9 Use the space below to describe any situation relating to the above questions that need additional clarification.

The undersigned hereby certifies that the information contained in this Civil Rights Compliance Certification is correct to the best of his or her knowledge

Signature: Chief Elected Official	Title	Date
Signature of person preparing Certification	Title	Date

Statement of Special Conditions

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
CDBG PROGRAM
STATEMENT OF SPECIAL CONDIIONS

Recipient: _____

Grant Number: _____

SAMPLE

Date

Authorized Signature

Statement of Revisions

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
CDBG PROGRAM
STATEMENT OF REVISIONS

Recipient: _____

Grant Number: _____

SAMPLE

Date

Authorized Signature

Request for Drawdown of CDBG Funds

Georgia Department of Community Affairs Request for Drawdown of CDBG Funds

1. Recipient Name: _____

2. Grant Number: _____

Name and telephone number of the person to contact.

Drawdown Request Number: _____

Name: _____ Phone ( ) _____

Final Drawdown? *(type an X in the appropriate box)*
☐ Yes

3. Drawdown Information

A. Activity Number	B. Budget Amount	C. Budget Adjustments	D. Budget Revised	E. Amount Drawn To Date	F. Budget Balance Prior to this Draw	G. Amount of Drawdown Requested	H. Budget Balance After this Draw
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	**0.00**	0.00

4. If any of the amounts in Column H will exceed remaining funds available, please designate the activity number from which you want funds transferred _____.

5. Please indicate the amount of Program Income (PI) received since the date of you last drawdown: $_____. Leaving this blank certifies that no Program Income has been received. Please indicate the total cash on hand (including PI) in your CDBG account as of the date of this drawdown: $_____.

6. I hereby certify that the data above is correct, that this request is in accordance with the terms and Conditions of the above referenced grant and that the amount requested is not in excess of current needs

Date _____ Authorized Signature _____ Title _____

Date _____ Authorized Signature _____ Title _____

Below For DCA Use Only

Date Received	Explanation of Differences (if applicable)
Date of Wire	

Amount Approved	Reviewed by	Date	Approved by	Date

Instructions for Completing Request for Drawdown of CDBG Funds

INSTRUCTIONS FOR PREPARING REQUEST FOR DRAWDOWN OF CDBG FUNDS

Please Mail Drawdowns only (no other correspondence) To:
Georgia Department of Community Affairs
Office of Grant Administration
Post Office Box 95335
Atlanta, Georgia 30347

GENERAL REQUIREMENTS: The original and one copy of this form must be submitted to DCA each time a local government CDBG Recipient wishes to drawdown funds. **PLEASE READ CAREFULLY the sections on Award and Acceptance of CDBG Funds and on the Drawdown of Funds in your current CDBG Recipients' Manual before preparing this form.**

BLOCK 1: Enter the name of the local government Grant Recipient, and the name and telephone number of the person who prepares the Drawdown Request.

BLOCK 2: Enter the Grant Award Number as well as the drawdown request number. Drawdowns should be numbered consecutively, the first one being Number 1, the second one being Number 2, etc. The final drawdown should be indicated by checking the "yes" box when appropriate.

BLOCK 3:

Item A **Activity Number:** Enter the numbers for all approved activities as shown on the DCA Budget Summary. Include all approved activities, including the Contingency Activity.

Item B **Budget Amount:** Enter the amount budgeted for all approved activities as shown on the DCA Budget Summary. These numbers should never be changed once they are entered correctly.

Item C **Budget Adjustments**: Enter the total amount of Prior Budget Adjustments, which should reflect your current Revised Budget. Do not enter New Budget Adjustments on the current draw. If your draw request exceeds the Budget Revised amount, (Column H) should indicate a negative balance for that activity. Submit your request showing the negative balance. Money will be adjusted from the Contingency Activity to cover the current draw. If money is not available in the Contingency Activity, indicate the activities that the money should be transferred from in Block 4. This Budget Adjustment should be shown on your next drawdown request. The total of (Column C) always should equal zero unless the grant amount is changed by DCA.

Item D **Budget Revised:** Equals Item C (positive or negative) added to Item B.

Item E **Amount Drawn to Date:** This should reflect, by activity, the total funds drawn down by the Recipient.

Item G **Amount of Drawdown Requested:** Enter the amount requested for each activity.

Item H **Budget Balance After Current Draw:** Equals Item G subtracted from Item F

BLOCK 4. When determining the amount requested (Column G), confirm that an adequate balance of funds remains. If you are requesting a draw in excess of the activity balance, you must indicate the activity number from which you want funds transferred.

BLOCK 5. Please indicate the amount of program income received since the date of your last drawdown. If this is left blank, you are certifying that no program income has been received. If program income has been received, please review the Recipients' Manual (Chapter 3, Section 3) for DCA's program income policies and reporting requirements. Please indicate the cash on hand (including program income) in your CDBG account as of the date of the drawdown:

BLOCK 6. Enter the authorized signature(s), date signed, and authorized signatory(s) title on the original drawdown form.

Quarterly Expenditure and Progress Report
REVISED 9/15/2009

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
QUARTERLY EXPENDITURES AND PROGRESS REPORT

SECTION I: GENERAL INFORMATION

Final Report? No

Recipient Name: Sample, City of Grant Number: 09-cr-7777 Report No: 01 Quarter End: 12/31/2009 Final Report:

Contact Person: Maris Wynn Telephone Number: 404-679-3134 E-mail: cdfdadmin@dca.state.ga.us

SECTION II: FINANCIAL INFORMATION

A. Activity Number	B. Amount Revised Budgeted	C. Cumulative Amount Drawdown	D. Cumulative Balance (B - C)	E. Expended This Quarter	F. Obligated End of Quarter	G. Cumulative Expended to Date	H. Cumulative Obligated to Date	I. Cumulative Total to Date (G + H)	J. Cumulative Percentage
H-022-00	9,000.00	4,000.00	5,000.00	2,000.00		4,000.00		4,000.00	44.44%
H-03K-01	200,000.00	1,000.00	199,000.00	500.00		1,000.00		1,000.00	0.50%
H-03K-02	270,000.00	3,000.00	267,000.00	1,500.00		3,000.00		3,000.00	1.11%
H-21A-00	21,000.00	6,000.00	15,000.00	3,000.00		21,000.00		21,000.00	100.00%
Totals	500,000.00	14,000.00	486,000.00	7,000.00		29,000.00		29,000.00	5.80%

SECTION III: CONTRACTS AND SUBCONTRACTS FOR THIS QUARTER

Contractor/ Subcontractor Name	Address	City, State, Zip	Prime Contractor ID Number	Sec 3	Sub Contractor ID Number	Sec 3	Total Amt. of Contract/ Subcontract	CDBG Part Contract/ Subcontract	Trade/ Race Codes		Women Owned
				☐		☐					☐
				☐		☐					☐
				☐		☐					☐
				☐		☐					☐

Trade Codes: 1 = New Construction, 2 = Education/Training, 3 = Other

Racial/Ethnic Codes: 1 = White, 2 = Black, 3 = Native American, 4 = Hispanic, 5 = Asian

Total Contracts/Subcontracts: 0

Final Report No

Recipient Name: Sample, City of Grant Number: 09-cr-7777 Report No: 01 Quarter End: 12/31/2009 Final Report:

SECTION IV: Work in Progress

Use this section to provide a brief narrative description of work in progress during the reporting period. Use the Project Implementation Schedule included in your application as the basis for reporting.

Project is on schedule.

SECTION V: Other Supporting Efforts

Use this section to provide a description of all other supporting efforts that have begun, been partially implemented, or completed during this period. Use quantifiable data whenever possible. Use the information from DCA 8 (Budget Analysis) as the basis for reporting

City is providing match as agreed.

SECTION VI: Problems Encountered / Technical Assistance Needed

Use this section to provide a brief description of any problems or delays encountered or anticipated, or any technical assistance needed from DCA.

Temporary work stoppage because of disputed right of way; problem has been resolved

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
QUARTERLY EX 'DITURES AND PROGRESS REPORT

Fina ort No

Recipient Name: Sample, City of | Grant Number: 09-cr-7777 | Report No: 01 | Quarter End: 12/31/2009 | Final Report:

SECTION VIII: Performance Measurement

All Grants

LEVERAGE THIS GRANT

	Public	Private
This Quarter	$42,000.00	
Cumulative	$840,000.00	

CDBG and CDBG Stimulus - People

TOTAL PEOPLE THIS GRANT

	People	People L/M
This Quarter	60	50
Cumulative	120	100

CDBG and CDBG Stimulus - Housing

TOTAL HOUSING THIS GRANT

	Units Owner	Units Rental	Units Buyer	Total Units
This Quarter				
Cumulative				

CDBG and CDBG Stimulus - EIP Jobs (do not include ARRA jobs)

TOTAL F/T+FTE JOBS THIS GRANT

	Created	Created L/M	Retained	Retained L/M	Lost: Created	Lost: Retained
This Quarter						
Cumulative						

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS GRANT

	Units Acquired	Units Rehab	Units Construct	Units Sold
This Quarter				
Cumulative				

PROJECTS COMPLETED THIS GRANT

	Projects Completed
This Quarter	
Cumulative	

PERFORMANCE CERTIFICATION
This certifies that
All accomplishments for this quarter have been reported accurately.

GRANT ADMINISTRATOR
This Quarterly Report is complete.
Date Completed: *2/10/2010*

CERTIFICATION
The signature of the Certifying Official below certifies that the data and other information provided in this Report (including Pages 1 and 2 of the Quarterly Report and the Project Activity and Completion as applicable), whether submitted in paper form or on-line, is correct, based on official accounting system and other records, and that expenditures and obligations shown have been made for the purpose of and in accordance with applicable Grant Terms and Conditions.

Signature of Certifying Official _____ Title of Official _____ Date _____

Actual Accomplishments Form

Georgia Department of Community Affairs
CDBG Program
Actual Accomplishments Report

1. Recipient: _____
2. Grant # _____
3. Prepared by: _____
4. Date _____
5. Reviewed by:

Activity	*Measure*	*Accomplishments*
Acquisition, Disposition	# of Structures # of Parcels	
Clearance	# of Structures # of Parcels	
Building Type:	# of Facilities # of Persons Served # Low and Moderate Income	
Water Facilities	# of Persons Served # Low and Moderate Income	
Sewer Facilities	# of Persons Served # Low and Moderate Income	
Flood/Drainage Facilities	# of Persons Served # Low and Moderate Income	
Street Improvements	# of Persons Served # Low and Moderate Income	
Other Public Facilities Type:	# of Persons Served # Low and Moderate Income	
Public Services	# of Persons Served # Low and Moderate Income	
Relocation Assistance	# of Businesses Relocated # of Households Relocated # LMI Households Relocated	
Residential Rehabilitation	# of Units Rehabbed # of Persons Served # of Low and Moderate Income	
Economic Development	# of Businesses Assisted # of Jobs Created # of LMI Jobs Created # of Jobs Retained # of LMI Jobs Retained	
Reconstruction of Housing	# of Units # of Persons Served # of Low and Moderate Income	

Sample Notices-
Post Award Public Hearing and
Project Completion Hearing

SAMPLE PUBLIC HEARING NOTICE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
(Post Award Hearing)

The City/County of _____ will hold a PUBLIC HEARING on (Date/Time/Location) for the purpose of discussing the approved activities of the City's/County's Community Development Block Grant Program. On (date) the City/County was awarded a grant in the amount of $_____ to perform: (list activities) in the following location(s)_____.
Items to be discussed at the Hearing include:

- The amount of funds received and a description of the activities
- The amount of funds available for each activity and the amount of funds that will benefit low and moderate income persons.
- The plan, if applicable, to minimize or prevent displacement of persons and the plan to assist persons who may be displaced.
- Fair Housing laws and the City's/County's plan to further Fair Housing.

The Public is invited to attend this Hearing to become informed of the project activities. Persons with special needs relating to disability access may use the Georgia Relay Service for the hearing impaired at 1-800-255-0056 or contact (local name/telephone #) prior to (date).

SAMPLE PUBLIC HEARING NOTICE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
(Project Completion Hearing)

The City/County of _____ has completed its FY XXXX Community Development Block Grant Project. The following activities were completed:
(List accomplishments, benefit number, etc.)

The City/County of _____ will hold a PUBLIC HEARING on (Date/Time/Location) for the purpose of discussing the completed activities and receiving citizen comments. All citizens are invited to attend this Hearing.

A copy of the Final Quarterly Report is now available at (LOCATION) for review. Any person desiring to comment on the performance of the project may write to the City/County at (ADDRESS).

Persons with special needs relating to disability access may use the Georgia Relay Service for the hearing impaired at 1-800-255-0056 or contact (local name/telephone #) prior to (date).

Note: Please maintain detailed minutes of Public Hearings and a newspaper "tear sheet" to document publicizing the Hearing.

See instructions in Recipients Manual about when to publish these Notices. A full 5 days must pass from the time of publication to the Hearing date. For example, if the Hearing is scheduled for the 10th of the month, the Notice must appear in the paper no later than 4th of the month. (The first full day is the 5th and the fifth full day end at midnight on 9th. The Hearing can be on the 10th.)

Source and Application of Funds Schedule

SAMPLE

SOURCE and APPLICATION OF FUNDS SCHEDULE
Community Development Block Grant

Recipient Name

CDBG Grant Number

For the Period Ending: _____
(Cumulative)

I. Total Fiscal Year _____ CDBG Funds Awarded to Recipient:

II. Total Amount Drawdown by Recipient from DCA:

III. Less: CDBG Funds Expended by Recipient:

IV. Amount of Fiscal Year _____ CDBG Funds held by Recipient:

Project Cost Schedule

Sample

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PROJECT COST SCHEDULE

Recipient:

Grant #:

For the Period Ending:

Col. 1	*Col. 2*	*Col. 3*	*Col. 4*	*Col. 5*	*Col. 6*	*Col. 7*
Program Activity	CDBG Activity Number	Latest Approved Budget (CDBG Funds)	Accumulative CDBG Expenditures To Date	Accumulative Expenditures To Date (Other Funds	Grand Total of Expenditures To Date (Col. 4 + 5)	Questioned Costs (Explain in Remarks)
Fire Protection	B-03c-p	$6,000	$6,000	$1,500	$7,500	
Water	B-04f-p	$26,000	$59,069	$3,500	$62,569	
Clearance	B-04-h	$15,950	$17,056	$2,750	$19,806	
Interim Assist.	B-06-h	$8,310	$9,868	$920	$10,788	
Rehabilitation	B-10b-h	$312,450	$299,279	$3,000	$302,279	$1,250
Administration	B-15	$23,300	$25,428		$25,428	
Contingencies	B-16	$24,090	$0	$0	$0	
TOTAL		$416,700	$416,700	$11,670	$428,370	$1,250

Source(s) of Other Funds:

Remarks:

Grant Adjustment Notice

Georgia Department of
Community Affairs
60 Executive Park South, N.E.
Atlanta, Georgia 30329

ADJUSTMENT NOTICE

Award Serial No. _____ Adjustment No. _____ Award No. _____

Recipient _____

Co-Recipient _____

Type **CDBG - Immediate Threat & Danger**

Project **CDBG - Immediate Threat and Danger Program: Hazard Mitigation**

TO THE RECIPIENT:

Pursuant to your request of _____ the following amendment or other change in the above award program is approved, subject to such conditions or limitations as may be set forth below.

NATURE OF ADJUSTMENT:

_____	New Activity	_____	Special Condition Compliance
_____	Decrease in Scope	_____	Change in Award Period
_____	Change in Target Area	_____	Error Correction
_____	Budget Revision	_____	Acceptance of Final Report
_____	Change in Award Amount	_____	Other (see below)

Georgia Department of Community Affairs

Date: _____

_____
Assistant Commissioner

Certification of Exemption

Certification of Exemption for HUD funded projects

Determination of activities not subject to 24 CFR 58.34(a)
May be subject to provisions of 24 CFR 58.6, as applicable

Project Name: _____
Project Description: _____
Address: _____
Funding Source: CDBG HOME ESG HOPWA EDI Other _____
Funding Amount: _____
Grant Number: _____

	1. Environmental and other studies, resource identification and the development of plans and strategies;
	2. Information and financial services;
	3. Administrative and management activities;
	4. Public services that will not have a physical impact or result in any physical changes, including but not limited to services concerned with employment, crime prevention, child care, health, drug abuse, education, counseling, energy conservation and welfare or recreational needs;
	5. Inspections and testing of properties for hazards or defects;
	6. Purchase of insurance;
	7. Purchase of tools;
	8. Engineering or design costs;
	9. Technical assistance and training;
	10. Assistance for temporary or permanent improvements that do not alter environmental conditions and are limited to protection, repair, or restoration activities necessary only to control or arrest the effects from disasters or imminent threats to public safety including those resulting from physical deterioration;
	11. Payment of principal and interest on loans made or obligations guaranteed by HUD;
	12. Any of the categorical exclusions listed in Sec. 58.35(a) provided that there are no circumstances that require compliance with any other Federal laws and authorities cited in 24 CFR 58.5.

If your project falls into any of the above categories, you do not have to submit a Request for Release of Funds (RROF), and no further approval from HUD will be needed by the recipient for the drawdown of funds to carry out exempt activities and projects. However, the responsible entity must still document in writing its compliance with and/or applicability of "other requirements" per 24CFR58.6 (included with this document).

By signing below the Responsible Entity certifies in writing that each activity or project is exempt and meets the conditions specified for such exemption under section 24 CFR 58.34(a). Please keep a copy of this determination in your project files.

_____
Responsible Entity Certifying Official Name & Title (please print)

_____ _____
Responsible Entity Certifying Official Signature Date

Compliance Documentation Checklist
24 CFR 58.6

PROJECT NAME / DESCRIPTION: _____

_____

Level of Environmental Review Determination: _____
(Select One: Exempt per 24 CFR 58.34, Categorically Excluded not subject to statutes per § 58.35(b), Categorically Excluded subject to statutes per § 58.35(a), or Environmental Assessment per § 58.36, or EIS per 40 CFR 1500).

STATUTES AND REGULATIONS LISTED AT 24 CFR 58.6

FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA-identified Special Flood Hazard?
( ) No - Source Documentation: _____
( ) Yes – Continue To Question 2.

2. Is the community participating in the National Flood Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?
( ) Yes - Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file.
( ) No - **Federal assistance may not be used in the Special Flood Hazards Area unless the community is participating in the National Flood Insurance Program.**

COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?
( ) N/A - Non-coastal county.
( ) No – Coastal counties must cite source documentation: _____
(This element is completed).
( ) Yes - **Federal assistance may not be used in such an area.**

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Is the project located within 3,000 feet from the end of the runway at a civil airport? Is the project located within 2.5 miles from the end a runway at a military airfield?
( ) No - Source Documentation: _____
(This element is completed).
( ) Yes – Continue to Question 2.

2. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?
( ) No - Source Documentation: _____
(Project complies with 24 CFR 51.303[a][3]).
( ) Yes – **A disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Prepared by (name and title, please print): _____

Signature: _____

Date: _____

Certification of categorical exclusion (not subject to 58.5)

Certification of Categorical Exclusion (not subject to 58.5)

Determination of activities per 24 CFR 58.35(b)
May be subject to provisions of 24 CFR 58.6, as applicable

Project Name: _____
Project Description: _____
Address: _____
Funding Source: CDBG HOME ESG HOPWA EDI Other_____
Funding Amount: _____
Grant Number: _____

	1. Tenant-based rental assistance;
	2. Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services;
	3. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment, and other incidental costs;
	4. Economic development activities, including but not limited to, equipment purchase, inventory financing, interest subsidy, operating expenses and similar costs not associated with construction or expansion of existing operations;
	5. Activities to assist homebuyers to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities that result in the transfer of title.
	6. Affordable housing pre-development costs including legal, consulting, developer and other costs related to obtaining site options, project financing, administrative costs and fees for loan commitments, zoning approvals, and other related activities which do not have a physical impact.
	7. Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under this part, if the approval is made by the same responsible entity that conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under Sec. 58.47.

If your project falls into any of the above categories, you do not have to submit a Request for Release of Funds (RROF), and no further approval from HUD is needed for the drawdown of funds. However, the Responsible Entity must still document in writing its compliance with and/or applicability of "other requirements" per 24CFR58.6 (included with this document).

By signing below the Responsible Entity certifies in writing that each activity or project is Categorically Excluded (not subject to 58.5) and meets the conditions specified for such determination per section 24 CFR 58.35(b). Please keep a copy of this determination in your project files.

_____
Responsible Entity Certifying Official Name & Title (please print)

_____ _____
Responsible Entity Certifying Official Signature Date

Compliance Documentation Checklist
24 CFR 58.6

PROJECT NAME / DESCRIPTION: _____

_____

Level of Environmental Review Determination: _____
(Select One: Exempt per 24 CFR 58.34, Categorically Excluded not subject to statutes per § 58.35(b), Categorically Excluded subject to statutes per § 58.35(a), or Environmental Assessment per § 58.36, or EIS per 40 CFR 1500).

STATUTES AND REGULATIONS LISTED AT 24 CFR 58.6

FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA-identified Special Flood Hazard?

( ) No - Source Documentation: _____

( ) Yes Continue To Question 2.

2. Is the community participating in the National Flood Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?

( ) Yes - Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file.

( ) No - **Federal assistance may not be used in the Special Flood Hazards Area unless the community is participating in the National Flood Insurance Program.**

COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?

( ) N/A - Non-coastal county.

( ) No – Coastal counties must cite source documentation: _____
(This element is completed).

( ) Yes - **Federal assistance may not be used in such an area.**

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Is the project located within 3,000 feet from the end of the runway at a civil airport? Is the project located within 2.5 miles from the end a runway at a military airfield?

( ) No - Source Documentation: _____
(This element is completed).

( ) Yes – Continue to Question 2.

2. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?

( ) No - Source Documentation: _____
(Project complies with 24 CFR 51.303[a][3]).

( ) Yes – **A disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Prepared by (name and title, please print): _____

Signature: _____

Date: _____

Certification of categorical exclusion (subject to 58.5)

Certification of Categorical Exclusion (subject to 58.5)

Determination of activities per 24 CFR 58.35(a)
May be subject to provisions of 24 CFR 58.6, as applicable

Project Name: _____
Project Description: _____
Address: _____
Funding Source: CDBG HOME ESG HOPWA EDI Other _____
Funding Amount: _____
Grant Number: _____

	1. Acquisition, repair, improvement, reconstruction, or rehabilitation of public facilities and improvements (other than buildings) when the facilities and improvements are in place and will be retained in the same use without change in size or capacity of more than 20 percent (e.g., replacement of water or sewer lines, reconstruction of curbs and sidewalks, repaving of streets);
	2. Special projects directed to the removal of material and architectural barriers that restrict the mobility of and accessibility to elderly and handicapped persons;
	3. Rehabilitation of buildings and improvements when the following conditions are met: i. In the case of a building for residential use (with one to four units), the density is not increased beyond four units, the land use is not changed, and the footprint of the building is not increased in a floodplain or in a wetland. ii. In the case of multifamily residential buildings: A. Unit density is not changed more than 20 percent; B. The project does not involve changes in land use from residential to non-residential; and C. The estimated cost of rehabilitation is less than 75 percent of the total estimated cost of replacement after rehabilitation. iii. In the case of non-residential structures, including commercial, industrial, and public buildings: A. The facilities and improvements are in place and will not be changed in size or capacity by more than 20 percent; and B. The activity does not involve a change in land use, such as from non-residential to residential, commercial to industrial, or from one industrial use to another;
	4. i. An individual action on a one- to four-family dwelling up to four dwelling units where there is a maximum of four units on any one site. The units can be four one-unit buildings or one four-unit building or any combination in between; or ii. An individual action on a project of five or more housings units developed on scattered sites when the sites are more than 2,000 feet apart and there are not more than four housing units on any one site. iii. Items (i) and (ii) do not apply to rehabilitation of a building for residential use (with one to four units);
	5. Acquisition (including leasing) or disposition of, or equity loans on an existing structure, or acquisition (including leasing) of vacant land provided that the structure or land acquired, financed, or disposed of will be retained for the same use;
	6. Combinations of the above activities.

The responsible entity must complete and attach a Statutory Worksheet. If there are circumstances that require compliance with any of the Federal laws and authorities cited in 24 CFR 58.5 you must complete consultation or mitigation requirements, publish a Notice of Intent to Request Release of Funds and obtain Authority to Use Grant Funds (HUD 7015.16) per 24 CFR 58.70 and 58.71 before drawing down funds.

If there are no circumstances that require compliance with any of the Federal laws and authorities cited in 24 CFR 58.5 the project converts to Exempt per 24 CFR 58.34(a)(12); therefore, you do not have to submit a Request for Release of Funds and no further approval from HUD is needed before drawing down funds. However, the Responsible Entity must still document in writing its compliance with and/or applicability of "other requirements" per 58.6 (included with this document).

Certification of Categorical Exclusion (subject to 58.5)

By signing below the Responsible Entity certifies in writing that each activity or project is Categorically Excluded (subject to 58.5) and meets the conditions specified for such determination under section 24 CFR 58.35(a). Please keep a copy of this determination and the Statutory Worksheet in your project files.

Responsible Entity Certifying Official Name & Title (please print)

Responsible Entity Certifying Official Signature

Date

STATUTORY WORKSHEET

24 CFR §58.5 STATUTES, EXECUTIVE ORDERS & REGULATIONS

Use this worksheet only for projects which are Categorically Excluded per 24 CFR Section 58.35(a).

PROJECT NAME and DESCRIPTION - Include all contemplated actions which logically are either geographically or functionally part of the project: _____

_____

This project is determined to be **Categorically Excluded** according to: [Cite section(s)]_____

_____

DIRECTIONS - Write "**A**" in the Status Column when the project, by its nature, does not affect the resources under consideration; OR write "**B**" if the project triggers formal compliance consultation procedures with the oversight agency, or requires mitigation (see Statutory Worksheet Instructions). Compliance documentation must contain verifiable source documents and relevant base data.

Compliance Factors:

Statutes, Executive Orders, and Regulations listed at 24 CFR §58.5	**A/B**	**Compliance Documentation**
Historic Preservation [36 CFR Part 800]		
Floodplain Management [24 CFR 55, Executive Order 11988]		
Wetland Protection [Executive Order 11990]		
Coastal Zone Management Act [Sections 307(c) and (d)]		
Sole Source Aquifers [40 CFR 149]	A	No sole source aquifers are located within NC. See www.epa.gov/safewater/swp/ssa/reg4.html
Endangered Species Act [50 CFR 402]		
Wild and Scenic Rivers Act [Sections 7(b), and (c)]		
Clean Air Act [Sections 176(c), (d), and 40 CFR 6, 51, 93]		
Farmland Protection Policy Act [7 CFR 658]		
Noise Abatement and Control [24 CFR 51B]		
Explosive and Flammable Operations [24 CFR 51C]		
Airport Clear Zones and Accident Potential Zones [24 CFR 51D]		
Toxic Chemicals and Radioactive Materials [24 CFR 58.5(i)(ii)]		
Environmental Justice [Executive Order 12898]		

STATUTORY WORKSHEET

DETERMINATION:

( ) This project converts to Exempt, per Section 58.34(a)(12), because it does not require any mitigation or compliance with any listed statutes or authorities, nor requires any formal permit or license (Status "A" has been determined in the status column for all authorities); **Funds may be drawn down** for this (now) EXEMPT project; OR

( ) This project cannot convert to Exempt because one or more statutes/authorities require consultation or mitigation. Complete consultation/mitigation requirements, publish NOI/RROF and obtain Authority to Use Grant Funds (HUD 7015.16) per Section 58.70 and 58.71 before drawing down funds; OR

( ) The unusual circumstances of this project may result in a significant environmental impact. This project requires preparation of an Environmental Assessment (EA). Prepare the EA according to 24 CFR Part 58 Subpart E.

PREPARER SIGNATURE: _____ DATE: _____

PREPARER NAME & TITLE (please print): _____

RESPONSIBLE ENTITY CERTIFYING OFFICIAL SIGNATURE: _____

NAME & TITLE (please print): _____ DATE: _____

Compliance Documentation Checklist
24 CFR 58.6

PROJECT NAME / DESCRIPTION: _____

_____

Level of Environmental Review Determination: _____
(Select One: Exempt per 24 CFR 58.34, Categorically Excluded not subject to statutes per § 58.35(b), Categorically Excluded subject to statutes per § 58.35(a), or Environmental Assessment per § 58.36, or EIS per 40 CFR 1500).

STATUTES AND REGULATIONS LISTED AT 24 CFR 58.6

FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA-identified Special Flood Hazard?
( ) No - Source Documentation: _____
( ) Yes – Continue To Question 2.

2. Is the community participating in the National Flood Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?
( ) Yes - Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file.
( ) No - **Federal assistance may not be used in the Special Flood Hazards Area unless the community is participating in the National Flood Insurance Program.**

COASTAL BARRIERS RESOURCES ACT

.. Is the project located in a coastal barrier resource area?
( ) N/A - Non-coastal county.
( ) No – Coastal counties must cite source documentation: _____
(This element is completed).
( ) Yes - **Federal assistance may not be used in such an area.**

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Is the project located within 3,000 feet from the end of the runway at a civil airport? Is the project located within 2.5 miles from the end a runway at a military airfield?
( ) No - Source Documentation: _____
(This element is completed).
( ) Yes – Continue to Question 2.

2. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?
( ) No - Source Documentation: _____
(Project complies with 24 CFR 51.303[a][3]).
( ) Yes – **A disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Prepared by (name and title, please print): _____

Signature: _____

ate: _____

Statutory Checklist — Environmental Review

Statutory Checklist

[24CFR §58.5]

Record the determinations made regarding each listed statute, executive order or regulation. Provide appropriate source documentation. [Note reviews or consultations completed as well as any applicable permits or approvals obtained or required. Note dates of contact or page references]. Provide compliance or consistency documentation. Attach additional material as appropriate. Note conditions, attenuation or mitigation measures required.

Factors	Determination and Compliance Documentation
Historic Preservation [36 CFR 800]	
Floodplain Management [24 CFR 55, Executive Order 11988]	
Wetlands Protection [Executive Order 11990]	
Coastal Zone Management Act [Sections 307(c),(d)]	
Sole Source Aquifers [40 CFR 149]	
Endangered Species Act [50 CFR 402]	
Wild and Scenic Rivers Act [Sections 7 (b), (c)]	
Air Quality [Clean Air Act, Sections 176 (c) and (d), and 40 CFR 6, 51, 93]	
Farmland Protection Policy Act [7 CFR 658]	
Environmental Justice [Executive Order 12898]	

HUD Environmental Standards	Determination and Compliance Documentation
Noise Abatement and Control [24 CFR 51 B]	
Toxic/Hazardous/Radioactive Materials, Contamination, Chemicals or Gases [24 CFR 58.5(i)(2)]	
Siting of HUD-Assisted Projects near Hazardous Operations [24 CFR 51 C]	
Airport Clear Zones and Accident Potential Zones [24 CFR 51 D]	

Environmental Assessment

Environmental Assessment

for HUD-funded Proposals

Recommended format per 24 CFR 58.36, revised March 2005
[Previously recommended EA formats are obsolete].

Project Identification: _____

Preparer: _____

Responsible Entity:_____

Certifying Officer _____

Month/Year: _____ , _____

Environmental Assessment

Responsible Entity:_____
[24 CFR 58.2(a)(7)]

Certifying Officer:_____
[24 CFR 58.2(a)(2)]

Project Name:_____

Project Location:

_____

_____

Estimated total project cost:_____

Grant Recipient: _____
[24 CFR 58.2(a)(5)]

Recipient Address:_____

Project Representative: _____

Telephone Number: _____

Conditions for Approval: (List all mitigation measures adopted by the responsible entity to eliminate or minimize adverse environmental impacts. These conditions must be included in project contracts and other relevant documents as requirements). [24 CFR 58.40(d), 40 CFR 1505.2(c)]

FINDING: [58.40(g)]

___ **Finding of No Significant Impact**
(The project will not result in a significant impact on the quality of the human environment)

___ **Finding of Significant Impact**
(The project may significantly affect the quality of the human environment)

Preparer Signature: _____ **Date:**_____

Name/Title/Agency: _____

RE Approving Official Signature: _____ **Date:**_____

Name/Title/Agency:_____

Statement of Purpose and Need for the Proposal: [40 CFR 1508.9(b)]

Description of the Proposal: Include all contemplated actions which logically are either geographically or functionally a composite part of the project, regardless of the source of funding. [24 CFR 58.32, 40 CFR 1508.25]

Existing Conditions and Trends: Describe the existing conditions of the project area and its surroundings, and trends likely to continue in the absence of the project. [24 CFR 58.40(a)]

Statutory Checklist

[24CFR §58.5]

Record the determinations made regarding each listed statute, executive order or regulation. Provide appropriate source documentation. [Note reviews or consultations completed as well as any applicable permits or approvals obtained or required. Note dates of contact or page references]. Provide compliance or consistency documentation. Attach additional material as appropriate. Note conditions, attenuation or mitigation measures required.

Factors	Determination and Compliance Documentation
Historic Preservation [36 CFR 800]	
Floodplain Management [24 CFR 55, Executive Order 11988]	
Wetlands Protection [Executive Order 11990]	
Coastal Zone Management Act [Sections 307(c),(d)]	
Sole Source Aquifers [40 CFR 149]	
Endangered Species Act [50 CFR 402]	
Wild and Scenic Rivers Act [Sections 7 (b), (c)]	
Air Quality [Clean Air Act, Sections 176 (c) and (d), and 40 CFR 6, 51, 93]	
Farmland Protection Policy Act [7 CFR 658]	
Environmental Justice [Executive Order 12898]	

HUD Environmental Standards	Determination and Compliance Documentation
Noise Abatement and Control [24 CFR 51 B]	
Toxic/Hazardous/Radioactive Materials, Contamination, Chemicals or Gases [24 CFR 58.5(i)(2)]	
Siting of HUD-Assisted Projects near Hazardous Operations [24 CFR 51 C]	
Airport Clear Zones and Accident Potential Zones [24 CFR 51 D]	

Environmental Assessment Checklist

[Environmental Review Guide HUD CPD 782, 24 CFR 58.40; Ref. 40 CFR 1508.8 &1508.27]

Evaluate the significance of the effects of the proposal on the character, features and resources of the project area. Enter relevant base data and verifiable source documentation to support the finding. Then enter the appropriate impact code from the following list to make a determination of impact. **Impact Codes**: **(1)** - No impact anticipated; **(2)** - Potentially beneficial; **(3)** - Potentially adverse; **(4)** - Requires mitigation; **(5)** - Requires project modification. Note names, dates of contact, telephone numbers and page references. Attach additional material as appropriate. Note conditions or mitigation measures required.

Land Development	**Code**	**Source or Documentation**
Conformance with Comprehensive Plans and Zoning		
Compatibility and Urban Impact		
Slope		
Erosion		
Soil Suitability		
Hazards and Nuisances including Site Safety		
Energy Consumption		

Noise - Contribution to Community Noise Levels		
Air Quality Effects of Ambient Air Quality on Project and Contribution to Community Pollution Levels		
Environmental Design Visual Quality - Coherence, Diversity, Compatible Use and Scale		

Socioeconomic	**Code**	**Source or Documentation**
Demographic Character Changes		
Displacement		
Employment and Income Patterns		

Community Facilities and Services	**Code**	**Source or Documentation**
Educational Facilities		
Commercial Facilities		
Health Care		
Social Services		
Solid Waste		
Waste Water		
Storm Water		
Water Supply		

Public Safety - Police		
- Fire		
- Emergency Medical		
Open Space and Recreation - Open Space		
- Recreation		
- Cultural Facilities		
Transportation		

Natural Features		Source or Documentation
Water Resources		
Surface Water		
Unique Natural Features and Agricultural Lands		
Vegetation and Wildlife		

Other Factors		Source or Documentation
Flood Disaster Protection Act [Flood Insurance] [§58.6(a)]		
Coastal Barrier Resources Act/ Coastal Barrier Improvement Act [§58.6(c)]		
Airport Runway Clear Zone or Clear Zone Disclosure [§58.6(d)]		
Other Factors		

Summary of Findings and Conclusions

ALTERNATIVES TO THE PROPOSED ACTION

Alternatives and Project Modifications Considered [24 CFR 58.40(e), Ref. 40 CFR 1508.9] (Identify other reasonable courses of action that were considered and not selected, such as other sites, design modifications, or other uses of the subject site. Describe the benefits and adverse impacts to the human environment of each alternative and the reasons for rejecting it.)

No Action Alternative [24 CFR 58.40(e)]
(Discuss the benefits and adverse impacts to the human environment of not implementing the preferred alternative).

Mitigation Measures Recommended [24 CFR 58.40(d), 40 CFR 1508.20]
(Recommend feasible ways in which the proposal or its external factors should be modified in order to minimize adverse environmental impacts and restore or enhance environmental quality.)

Additional Studies Performed
(Attach studies or summaries)

List of Sources, Agencies and Persons Consulted [40 CFR 1508.9(b)]

Statutory Checklist

[24CFR §58.5]

Record the determinations made regarding each listed statute, executive order or regulation. Provide appropriate source documentation. [Note reviews or consultations completed as well as any applicable permits or approvals obtained or required. Note dates of contact or page references]. Provide compliance or consistency documentation. Attach additional material as appropriate. Note conditions, attenuation or mitigation measures required.

Factors	Determination and Compliance Documentation
Historic Preservation [36 CFR 800]	
Floodplain Management [24 CFR 55, Executive Order 11988]	
Wetlands Protection [Executive Order 11990]	
Coastal Zone Management Act [Sections 307(c),(d)]	
Sole Source Aquifers [40 CFR 149]	
Endangered Species Act [50 CFR 402]	
Wild and Scenic Rivers Act [Sections 7 (b), (c)]	
Air Quality [Clean Air Act, Sections 176 (c) and (d), and 40 CFR 6, 51, 93]	
Farmland Protection Policy Act [7 CFR 658]	
Environmental Justice [Executive Order 12898]	

HUD Environmental Standards	Determination and Compliance Documentation
Noise Abatement and Control [24 CFR 51 B]	
Toxic/Hazardous/Radioactive Materials, Contamination, Chemicals or Gases [24 CFR 58.5(i)(2)]	
Siting of HUD-Assisted Projects near Hazardous Operations [24 CFR 51 C]	
Airport Clear Zones and Accident Potential Zones [24 CFR 51 D]	

Concurrent Notice
(Environmental FONSI/NOIRROF)

CONCURRENT NOTICE TO PUBLIC OF NO SIGNIFICANT IMPACT ON THE ENVIRONMENT AND NOTICE OF REQUEST FOR RELEASE OF FUNDS

Date of Publication: _____

_____
(Name of CDBG Recipient)

_____
(Street, City, Zip Code)

_____
(Telephone #)

TO ALL INTERESTED AGENCIES, GROUPS AND PERSONS

On or about *(16 days from date of publication)* the above named *(City) (County)* will request the Georgia Department of Community Affairs (DCA) to release Federal funds under Title I of the Housing and Community Development Act of 1974, as amended, for the following project:

_____
(Project Title or Name)

_____
(Project Activities)

_____
(Purpose or Nature of the Project)

_____
(Specific Location of the Project)

FINDING OF NO SIGNIFICANT IMPACT (FONSI)

It has been determined that such request for release of funds will not constitute an action significantly affecting the quality or the human environment and, accordingly, the above named *(City) (County)* has decided not to prepare an Environmental Impact Statement under the National Environmental Policy Act of 1969 (PL 91-190).

The reasons for such decision not to prepare such Statement are as follows:

_____

_____

_____
(Set forth reasons for decision)

An Environmental Review Record respecting the proposed project has been made by the above named *(City) (County)* which documents the environmental review of the project and more fully sets forth the reasons why such Statement is not required. This Environmental Record is on file at *(location)* and is available for public examination and copying upon request at *(Room or other specific location)* between the hours of _____ and _____.

No further environmental review of such project is proposed to be conducted prior to the request for release of Federal funds.

PUBLIC COMMENTS ON FONSI

All interested agencies, groups and persons disagreeing with this decision are invited to submit written comments for consideration by the *(City) (County)* to the *(office of the undersigned) (other specific place)*. Such written comments should be received at *(specific address)* on or before *(15 days from date of publication)*. All such comments so received will be considered and the *(City) (County)* will not request the release of Federal funds or take any administrative action on the proposed project prior to the date specified in the preceding sentence.

NOTICE OF INTENT TO REQUEST RELEASE OF FUNDS (NOI/RROF)

At least one day after the termination of the public comment period for the FONSI but not before comments on the FONSI have been considered and resolved, *(name of CDBG Recipient)* will submit a Request for Release of Funds (RROF) and Certification to DCA. By so doing the *(City) (County)* will ask DCA to allow it to commit funds to this project certifying that (1) it has performed the environmental review prescribed by HUD regulations ("Environmental Review Procedures for Title I Community Development Block Grant Program" - 24 CFR Part 58), and 2) the Certifying Officer, *(name)*, consents to accept the jurisdiction of the federal courts if an action is brought to enforce responsibilities in relation to the environmental review or resulting decision-making and action. The legal effect of the certification is that by approving it, DCA will have satisfied its responsibilities under the National Environment Act thus allowing *(name of CDBG Recipient)* to commit Community Development Block Grant funds to this project.

OBJECTION TO RELEASE OF FUNDS

DCA will accept objection to this approval of the release of funds and the certification only if it is on one of the following bases: a) that the certification was not in fact executed by the Certifying Officer; or b) that applicant's Environmental Review Record for the project indicated omission of a required decision, finding, or step applicable to the project in the environmental review process. Objections must be prepared and submitted in accordance with the required procedure (24 CFR Part 58) and may be addressed to DCA at CDBG Section, 60 Executive Park South, Atlanta, Georgia 30329-2231.

Objections to the release of funds on bases other than those stated above will not be considered by the State. No objection received after *(30 days plus mailing time from the date of publication)* will be considered by DCA.

_____
Name of Local Government

_____
Name of Certifying Officer

_____
Address

_____
City/ Zip

Notice of Intent to Request Release of Funds (NOIRROF)

NOTICE TO PUBLIC OF INTENT TO REQUEST RELEASE OF FUNDS

_____
(Name of CDBG Recipient)

Date of Publication: _____

_____
(Street, City, Zip Code)

TO ALL INTERESTED AGENCIES, GROUPS AND PERSONS

Notice is hereby given that on or about *(7 days from date of publication)* the above named *(City) (County)* will submit to the Georgia Department of Community Affairs (DCA) a Certification and Request for Release of Funds (RROF) relating to a grant of (or application for) federal funds made by the State of Georgia under Title I of the Housing and Community Development Act of 1974, as amended, for the following project:

_____
(Project Title or Name)

_____
(Project Activities)

_____
(Purpose or Nature of the Project)

_____
(Specific Location of the Project)

An Environmental Review Record respecting the proposed project has been made by the above named *(City) (County)* which documents the environmental review of the project. The Environmental Record is on file at *(location)* and is available for public examination and copying upon request at *(Room or other specific location)* between the hours of and _____ .

The applicant requesting release of funds for the above referenced project is *(Name of City or County)*. The applicant's chief executive officer is *(Name and address)*.

The *(City or County)* is certifying to DCA that (1) it has performed the environmental review prescribed by HUD regulations ("Environmental Review Procedures for Title I Community Development Block Grant Program" - 24 CFR Part 58), and 2) the Certifying Officer, *(name)*, consents to accept the jurisdiction of the federal courts if an action is brought to enforce responsibilities in relation to the environmental review or resulting decision-making and action. The legal effect of the certification is that by approving it, DCA will have satisfied its responsibilities under the National Environmental Policies Act of 1969, as amended, thus allowing the *(City or County)* to commit Community Development Block Grant funds to this project.

OBJECTION TO RELEASE OF FUNDS

DCA will accept objection to this approval of the release of funds and the certification only if it is on one of the following bases: a) that the certification was not in fact executed by the Certifying Officer; or b) that applicant's Environmental Review Record for the project indicated omission of a required decision, finding, or step applicable to the project in the environmental review process.

Objections must be prepared and submitted in accordance with the required procedure (24 CFR Part 58) and may be addressed to DCA at CDBG Section, 60 Executive Park South, Atlanta, Georgia 30329-2231.

Objections to the release of funds on bases other than those stated above will not be considered by the State. No objection received after *(22 days plus mailing time from the date of publication)* will be considered by DCA.

_____
Name of Local Government

_____
Name of Certifying Officer

_____
Address

_____
City/ Zip/Telephone

Request for Release of Funds and Certification

Request for Release of Funds and Certification

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB No. 2506-0087
(exp. 12/31/2007)

This form is to be used by Responsible Entities and Recipients (as defined in 24 CFR 58.2) when requesting the release of funds, and requesting the authority to use such funds, for HUD programs identified by statutes that provide for the assumption of the environmental review responsibility by units of general local government and States. Public reporting burden for this collection of information is estimated to average 36 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Part 1. Program Description and Request for Release of Funds (to be completed by Responsible Entity)

1. Program Title(s)	2. HUD/State Identification Number	3. Recipient Identification Number (optional)
4. OMB Catalog Number(s)	5. Name and address of responsible entity	
6. For information about this request, contact (name & phone number)		
8. HUD or State Agency and office unit to receive request	7. Name and address of recipient (if different than responsible entity)	

The recipient(s) of assistance under the program(s) listed above requests the release of funds and removal of environmental grant conditions governing the use of the assistance for the following

9. Program Activity(ies)/Project Name(s)	10. Location (Street address, city, county, State)

11. Program Activity/Project Description

Part 2. Environmental Certification (to be completed by responsible entity)

With reference to the above Program Activity(ies)/Project(s), I, the undersigned officer of the responsible entity, certify that:

1. The responsible entity has fully carried out its responsibilities for environmental review, decision-making and action pertaining t the project(s) named above.
2. The responsible entity has assumed responsibility for and complied with and will continue to comply with, the National Environmental Policy Act of 1969, as amended, and the environmental procedures, permit requirements and statutory obligations of the laws cited in 24 CFR 58.5; and also agrees to comply with the authorities in 24 CFR 58.6 and applicable State and local laws.
3. After considering the type and degree of environmental effects identified by the environmental review completed for the proposed project described in Part 1 of this request, I have found that the proposal ☐ did ☐ did not require the preparation and dissemination of an environmental impact statement.
4. The responsible entity has disseminated and/or published in the manner prescribed by 24 CFR 58.43 and 58.55 a notice to the public in accordance with 24 CFR 58.70 and as evidenced by the attached copy (copies) or evidence of posting and mailing procedure.
5. The dates for all statutory and regulatory time periods for review, comment or other action are in compliance with procedures and requirements of 24 CFR Part 58.
6. In accordance with 24 CFR 58.71(b), the responsible entity will advise the recipient (if different from the responsible entity) of any special environmental conditions that must be adhered to in carrying out the project.

As the duly designated certifying official of the responsible entity, I also certify that:

7. I am authorized to and do consent to assume the status of Federal official under the National Environmental Policy Act of 1969 and each provision of law designated in the 24 CFR 58.5 list of NEPA-related authorities insofar as the provisions of these laws apply to the HUD responsibilities for environmental review, decision-making and action that have been assumed by the responsible entity.
8. I am authorized to and do accept, on behalf of the recipient personally, the jurisdiction of the Federal courts for the enforcement of all these responsibilities, in my capacity as certifying officer of the responsible entity.

Signature of Certifying Officer of the Responsible Entity	Title of Certifying Officer
X	Date signed

Address of Certifying Officer

Part 3. To be completed when the Recipient is not the Responsible Entity

The recipient requests the release of funds for the programs and activities identified in Part 1 and agrees to abide by the special conditions, procedures and requirements of the environmental review and to advise the responsible entity of any proposed change in the scope of the project or any change in environmental conditions in accordance with 24 CFR 58.71(b).

Signature of Authorized Officer of the Recipient	Title of Authorized Officer
X	Date signed

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Notice of Early Public Review (Floodplains and/or Wetlands)

Sample
Notice of Early Public Review
(For Floodplain and/or Wetland Compliance)

Publication Date: _____

Notice is hereby given that *(Grant Recipient or Applicant)* has determined that the project hereafter described is proposed to be located in, or may affect, a floodplain and/or wetland as defined by Executive Order 11988 and/or Executive Order 11990:

1. *(Name, location and brief description of the Project, including funding sources.)*
2. *(Set forth the facts and reasons for the proposed project.)*

The *(Grant Recipient or Applicant)* has additional information on the proposal and such information may be obtained at (*Address*) between the hours of *(time range and days of the week available for public inspection.)*

Comments respecting the proposed project may be submitted to (*Name and address of applicant*) no later than *(Minimum of 15 days following publication date).*

_____
Name and Address of Applicant

_____
Name and Address of Chief Executive Officer

Notice of Explanation
(Floodplains and/or Wetlands)

Sample
Notice of Explanation
(For Floodplain and/or Wetland Compliance)

Publication Date: _____

Notice is hereby given of a determination that there is no practicable alternative to locating in or impacting a (*floodplain and/or wetland*) by the following proposed project: *(Name, location and brief description, including funding sources.)*

1. *Explain why the proposed project must be located in or impact a floodplain and/or wetland.*
2. *Provide a description of all significant facts considered in making the determination including alternatives considered (including alternative locations).*
3. *Provide a statement indicating whether the actions conform to applicable state or local floodplain and/or wetland protection measures.*
4. *Provide a statement as to the applicability of the National Flood Insurance Program.*
5. *Provide a description of how the activity will be designed or modified to minimize harm to or within the floodplain and/or wetland.*
6. *Provide a statement indicating how the action affects natural or beneficial floodplain and/or wetland values.*
7. *Provide a listing of other involved agencies, including any applicable regulatory or permitting agencies.*

Comments respecting the proposed project may be submitted to *(Name and address of applicant)* no later than *(minimum of 7 days from publication date.)*

_____
Name and Address of Applicant

_____
Name and Address of Chief Executive Officer

Request for Wage Rate Determination and Response to Request

Georgia Department of Community Affairs Office of Community Development 60 Executive Park South, NE Atlanta, Georgia 30329	Request for Determination and Response to Request (Davis-Bacon Act as amended and Related Statutes) Wage Determination under the Davis-Bacon and related act. (This decision is effective from the date of publication in the Federal Register without limitation as to time.)

Name, Address and Phone Number to Which a Copy of This Determination is to be Mailed (Other than Grant Recipient)		
	CDBG Recipient (City/County)	Grant Number
Name	Name	
	Title (Mayor/County Commissioner)	Project Name
Street/Box	Street/Box	County
City/State/Zip	City/State/Zip	Date of this Request
E-mail Address/Telephone Number	Area Code/Phone Number	

Check Type of Work	Estimated Cost		
☐ Water/Sewer			
☐ Drainage		Estimated Advertising Date:	Estimated Date of Bid Opening:
☐ Street			
☐ Buildings		Estimated Date of Contract Award:	Estimated Construction Start Date:
Estimated Total Cost			

To Be Completed by Georgia Department of Community Affairs

Approving DCA Representative: _____

Wage Decision Number (s): _____

_____

Clearance of Prime Contractor

Georgia Department of Community Affairs
Office of Grant Administration
60 Executive Park South, NE
Atlanta, Georgia 30329-2231

Request for Clearance of Prime Contractor

CDBG Recipient

Grant Number

Name

Title (Mayor/Commissioner)

Address

City, State, Zip

Type of Work	*Contractor Name and Address*	*Start Date*

Submitted by:

Signature and Date

Cleared by DCA Staff:

Signature and Date

CC Form To:

Name

Address

City, State, Zip

E-Mail Address

Note: You may also fax or e-mail request and receive a letter back for documentation
Fax Pam Truitt at (404) 679-1583
Email: pam.truitt@dca.ga.gov

Record of Employee Job Site Interview

Record of Employee Interview

U.S. Department of Housing and Urban Development
Office of Labor Relations

OMB Approval No. 2501-0009
(exp. 10/31/2010)

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, g g and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete th ı, unless it displays a currently valid OMB control number. The information is collected to ensure compliance with the Federal labor standards by recording interviews with construction workers. The information collected will assist HUD in the conduct of compliance monitoring; the information will be used to test the veracity of certified payroll reports submitted by the employer. **Sensitive Information**. The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity that could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained. **The information collected herein is voluntary, and any information provided shall be kept confidential.**

1a. Project Name	2a. Employee Name
1b. Project Number	2b. Employee Phone Number (including area code)
1c. Contractor or Subcontractor (Employer)	2c. Employee Home Address & Zip Code
	2d. Verification of identification? Yes ☐ No ☐

3a. How long on this job?	3b. Last date on this job before today?	3c. No. of hours last day on this job?	4a. Hourly rate of pay?	4b. Fringe Benefits?	4c. Pay stub?
				Vacation Yes ☐ No ☐ Medical Yes ☐ No ☐ Pension Yes ☐ No ☐	Yes ☐ No ☐

5. Your job classification(s) (list all) --- continue on a separate sheet if necessary

6. Your duties

7 s or equipment used

	Y	N		Y	N
8. Are you an apprentice or trainee?	☐	☐	10. Are you paid at least time and ½ for all hours worked in excess of 40 in a week?	☐	☐
9. Are you paid for all hours worked?	☐	☐	11. Have you ever been threatened or coerced into giving up any part of your pay?	☐	☐

12a. Employee Signature	12b. Date

13. Duties observed by the Interviewer (Please be specific.)

14. Remarks

15a. Interviewer name (please print)	15b. Signature of Interviewer	15c. Date of interview

Payroll Examination

16. Remarks

17a. **Signature of Payroll Examiner**	17b. **Date**

Instructions for Job Site Interviews

Record of Employee Interview Instructions	U.S. Department of Housing and Urban Development Office of Labor Relations	OMB Approval No. 2501-0009 (exp. 10/31/2010)

Instructions

General:

This form is to be used by HUD and local agency staff for recording information gathered during on-site interviews with laborers and mechanics employed on projects subject to Federal prevailing wage requirements. Typically, the staff that will conduct on-site interviews and use this form are HUD staff and fee construction inspectors, HUD Labor Relations staff, and local agency labor standards contract monitors.

Information recorded on the form HUD-11 is evaluated for general compliance and compared to certified payroll reports submitted by the respective employer. The comparison tests the veracity of the payroll reports and may be critical to the successful conclusion of enforcement actions in the event of labor standards violations. The thoroughness and accuracy of the information gathered during interviews is crucial.

Note that the interview itself and the information collected on the form HUD-11 are considered confidential. Interviews should be conducted individually and privately. All laborers and mechanics employed on the job site must be made available for interview at the interviewer's request. The employee's participation, however, is voluntary. Interviews shall be conducted in a manner and place that are conducive to the purposes of the interview and that cause the least inconvenience to the employer(s) and the employee(s).

Completing the form HUD-11

Items 1a - 1c: Self-explanatory

Items 2a – 2d: Enter the employee's full name, a telephone number where the employee can be reached, and the employee's home address. Many construction workers use a temporary address in the locality of the project and have a more permanent address elsewhere from which mail may be forwarded to them. Obtain a more permanent address, if available. Ask the employee for a form of identification (e.g., driver's license) to verify their name.

Items 3a – 4c: Enter the employee's responses. Ask the employee whether they have a pay stub with them; if so, determine whether the pay stub is consistent with the information provided by the employee.

Items 5 – 7: Be certain that the employee's responses are specific. For example, job classification (#5) must identify the trade involved (e.g., Carpenter, Electrician, Plumber) – responses such as "journeyman" or "mechanic" are not helpful for our purposes.

Items 8 – 12b: Self-explanatory

Items 13 – 15c: These items represent some of the most important information that can be gathered while conducting on-site interviews. Please be specific about the duties you observed the employee performing. It may be easiest to make these observations before initiating the interview. Please record any comments or remarks that may be helpful. For example, if the employee interviewed was working with a crew, how many workers were in the crew? Was the employee evasive?

The level of specificity that is warranted is directly related to the extent to which interview(s) or other observations indicate that there may be violations present. If interviews indicate that there may be underpayments involving a particular trade(s), the interviewer is encouraged to interview as many workers in that trade(s) that are available.

Items 16 – 17b: The information on the form HUD-11 may be reviewed for general compliance, initially. For example, are the job classification and wage rate stated by the employee compatible with the classifications and wage rates on the applicable wage decision? Are the duties observed by the interviewer consistent with the job classification?

Once the corresponding certified payroll reports are received, the information on the HUD-11 shall be compared to the payroll reports. Any discrepancies noted between the HUD-11 information and that on the payroll report shall be noted in Item 16, Remarks. If discrepancies are noted, follow-up actions to resolve the discrepancies must be taken.

Historial de Entrevista del Empleado

Departamento de Vivienda y Desarrollo Urbano de EE.UU.
Oficina de Relaciones Laborales

Aprobación de OMB No. 2501-0009
(exp. 10/31/2010)

Se estima que la tarea de recolección de esta información pública es de aproximadamente 15 minutos por respuesta, incluso el tiempo para examinar instrucciones, buscar fuentes de datos existentes, recopilar y mantener datos necesarios, y completar y examinar la recopilación de la información. Esta agencia no puede recopilar esta información y no se rec que usted llene este formulario, a menos que éste exhiba un número de control válido de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés. La informac e se recopila tiene la finalidad de garantizar la conformidad a las normas laborales Federales mediante entrevistas con obreros de construcción. La información recopilada asistirá a nUD a conducir el monitoreo de conformidad; la información se usará para examinar la veracidad de los informes de nómina certificados presentados por el patrón. **Información confidencial**. La información recopilada en este formulario es considerada confidencial y está protegida por la Ley de Privacidad. La Ley de Privacidad requiere que estos archivos se mantengan con salvaguardas administrativos, técnicos, y físicos apropiados para garantizar su seguridad y confidencialidad. Además, estos archivos deberán ser protegidos contra cualquier amenaza anticipada o riesgos a su seguridad o integridad, que podría causar daño sustancial, vergüenza, inconveniencias, o injusticias a cualquier individuo de quien se mantiene la información. **La información recopilada aquí es voluntaria y cualquier información proporcionada será mantenida como confidencial**.

1a. Nombre del proyecto	2a. Nombre del empleado
1b. Número del proyecto	2b. Número de teléfono del empleado (incluso prefijo local)
1c. Contratista o subcontratista (Patrón)	2c. Dirección residencial del empleado y código postal
	2d. ¿Verificación de identificación? Sí ☐ No ☐

3a. ¿Cuánto tiempo en este trabajo?	3b. ¿Último día en este trabajo antes de hoy?	3c. ¿No. de horas en su ultimo día en este trabajo?	4a. ¿Salario por hora?	4b. ¿Beneficios complementarios?	4c. ¿Talonario de paga?
				Vacaciones Sí ☐ No ☐ Médicos Sí ☐ No ☐ Pensión Sí ☐ No ☐	Sí ☐ No ☐

5. Clasificación(es) de su trabajo(s) (enumere todas) --- continúe en una página separada si es necesario

6. Sus deberes

7. Herramientas o equipo usado

	S	N		S	N
8. ¿Es aprendiz?	☐	☐	10. ¿Le pagan al menos tiempo y medio por todas las horas trabajadas superior a 40 horas semanales?	☐	☐
9. ¿Le pagan todas las horas trabajadas?	☐	☐	11. ¿Alguna vez ha sido amenazado o coercionado a entregar parte de su paga?	☐	☐

12a. Firma del empleado	12b. Fecha

13. Deberes observados por el entrevistador (Por favor sea específico.)

14. Comentarios

15a. Nombre del entrevistador (use letra de imprenta)	15b. Firma del entrevistador	15c. Fecha de la entrevista

Examinación de Nómina

16. Comentarios

17a. **Firma del examinador de nómina**	17b. **Fecha**

Ir ciones

Generalidades:

Este formulario será utilizado por personal de HUD y agencias locales a fin de anotar toda información recopilada durante las entrevistas en sitio con obreros y mecánicos empleados en proyectos sujetos a requisitos de pago de salario vigente federal. Por lo general, el personal que efectúe entrevistas en sitio y use este formulario será personal de HUD e inspectores de construcción con comisión, personal de la Oficina de Relaciones Laborales de HUD, e inspectores de contratos de la agencia de normas laborales local.

La información recopilada en este formulario HUD-11 es evaluada para su conformidad general y comparada con informes de nóminas certificados presentados por el empleador correspondiente. La comparación examina la veracidad de los informes de nómina y puede ser crítica para la exitosa conclusión de gestiones de cumplimiento en caso de existir violaciones a las normas laborales. La meticulosidad y exactitud de de la información recopilada durante las entrevistas es trascendental.

Tenga en cuenta que tanto la entrevista misma y la información recopilada en el formulario HUD-11 se consideran ser de carácter confidencial. Las entrevistas se deberán efectuar en forma individual y en privado. Todos los trabajadores y mecánicos empleados en el sitio de trabajo deben ser puestos a disposición para las entrevista a petición del entrevistador. Sin embargo, la participación del empleado es voluntaria. Las entrevistas serán conducidas en una manera y lugar que sean conducentes a los objetivos de la entrevista y ocasionen el menor inconveniente al patrón(nes) y empleado(s).

Instrucciones para rellenar el formulario HUD-11

Líneas 1a - 1c: Auto aclaratorio

Líneas 2a – 2d: Anote el nombre completo del empleado, un número telefónico donde se le pueda contactar, ý su dirección residencial. Muchos trabajadores de construcción usan una dirección temporal en la localidad del proyecto y tienen una dirección más permanente en algún otro lugar a donde se les puede enviar correspondencia. Si puede, obtenga una dirección más permanente. Pida al empleado algún tipo de identificación (por ej., licencia de conducir) para verificar su nombre.

Líneas 3a – 4c: Anote las respuestas del empleado. Pregunte a los empleados si tienen un talonario de paga con ellos; si no, determine si el talonario de paga concuerda con la información provista por el empleado.

Líneas 5 – 7: Asegúrese de que las respuestas del empleado sean específicas. Por ejemplo, la clasificación de trabajo (#5) debe identificar el tipo de oficio que desempeña (por ej., carpintero, electricista, plomero) – respuestas tales como "jornalero" o "mecánico" no ayudan para nuestros propósitos.

Líneas 8 – 12b: Auto explicatorio

Líneas 13 – 15c: Estos asuntos representan alguna de la información más importante que se puede recopilar durante una entrevista en sitio. Por favor sea específico en cuanto a los deberes que según su observación desempeñó el empleado. Quizás sea más fácil hacer estas observaciones antes de iniciar la entrevista. Por favor anote cualquier comentario que pueda ser de importancia. Por ejemplo, si el empleado entrevistado estaba trabajando con un equipo, ¿cuántos trabajadores tenía el equipo? ¿Se mostraba el empleado evasivo?

El nivel de precisión garantizado está directamente relacionado al grado que la(s) entrevista(s) u otras observaciones pueden indicar que existen posibles violaciones. Si las entrevistas indican que puede haber paga de salario insuficiente relacionado a algún particular oficio (s), se recomienda al entrevistador conducir entrevistas con tantos trabajadores en ese oficio(s) estén disponibles.

Líneas 16 – 17b: Inicialmente, la información en el formulario HUD-11 puede ser examinada para conformidad general. Por ejemplo, ¿está la clasificación de trabajo y el salario declarado por el empleado compatible con las clasificaciones y tasas de salario en la decisión de salario aplicable? ¿Concuerdan los deberes observados por el entrevistador con la clasificación de trabajo?

Una vez se reciben los informes de nómina certificados correspondientes, se hará una comparación de la información anotada en el formulario HUD-11 con los informes de nómina. Cualquier discrepancia entre la información del formulario HUD-11 y la del informe de nómina será anotada en la línea 16, Comentarios. Si se hacen observaciones de discrepancias se deberán tomar pasos de seguimiento para resolver las discrepancias.

Final Wage Compliance Report

FINAL WAGE COMPLIANCE REPORT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

CDBG
Recipient: _____

Grant Number: _____

Project Name: _____ Project Completion Date: _____

1. While you or your representative were reviewing the contractor's and subcontractor's weekly payroll submissions, were any laborers or mechanics paid less than the prevailing wage rate as specified in the Secretary of Labor's official Wage Rate Determination that applied to this project (Check one Answer)?

☐ Yes, or ☐ No.

2. If yes, provide the following information:

a) Total amount of wage restitution paid (difference between what was first paid and what was required to be paid by Wage Rate:

$ _____

b) Method of restitution (check one):
☐ Paid by contractor, or
☐ Paid by CDBG Recipient government with funds withheld from payments to contractor.

Name of Contractor or Subcontractor	Name of Affected Employee	Amount of Restitution Paid to Employee	Nature of the Violation Requiring Restitution

Signed by: _____ Title: _____ Date: _____

Weekly Payroll Report
(reduced sample copy, one page)

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

OMB No.: 1215-0149
Expires: 12/31/2011

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☐	ADDRESS
PAYROLL NO / FOR WEEK ENDING	PROJECT AND LOCATION / PROJECT OR CONTRACT NO

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE — HOURS WORKED EACH DAY	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS: FICA	WITH-HOLDING TAX			OTHER	TOTAL DEDUCTIONS	(9) NET WAGES PAID FOR WEEK
			O											
			S											
			O											
			S											
			O											
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			S											

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

Date _____

I, _____ _____
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

_____ on the
(Contractor or Subcontractor)

_____; that during the payroll period commencing on the
(Building or Work)

_____ day of _____, _____, and ending the _____ day of _____, _____,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

_____ from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

_____

_____

_____

_____

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ – in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ – Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Statement of Compliance for Weekly Payroll

Date _____

I, _____ _____
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

_____ on the
(Contractor or Subcontractor)

_____; that during the payroll period commencing on the
(Building or Work)

_____ day of _____, _____, and ending the _____ day of _____, _____,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

_____ from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ – in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ – Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Notice of Contract Action

NOTICE OF CONTRACT ACTION, PRIME CONTRACTORS

Community Development Block Grant

ACTION THIS REPORT

( ) Notice of Award
( ) Start of Construction

Please attach itemized bid tabulation

Contract(s) No: _____

_____

Grantee: _____

Grant Number: _____

Submitted by: _____

Phone No: _____

Date Submitted: _____

RETURN TO:

CDBG Administrative Secretary
GA. Dept. of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329-2231

	Contract 1	Contract 2	Contract 3
1. Activity Number			
2. Architect/Engineer Name			
3. Description of Work			
4. Wage Dec.# / Mod. #			
5. Bid Date			
6. Date of Award			
7. Contract Amount			
8. Contractor/Address			
9. Construction Start Date *(n/a at time of award)*			
10. Estimated Completion Date			

INSTRUCTIONS:

1. Complete this form each time an award and/or start of construction. If award and/or construction start date coincide, only one report activity should be submitted. This also applies to multiple contracts.
2. Include appropriate information for all contracts each time form is submitted.
3. Number reports beginning with #1. Mark last report "Final".
4. Submit "Request for Clearance of Prime Contractor" separately.
5. Attach certified bid tabulation.

Sample Time and Attendance Record

SAMPLE FORCE ACCOUNT CONSTRUCTION ACTIVITY REPORT

FORCE ACCOUNT PAYEE _____ DATES _____

LABOR COSTS

HOURS REG.	HOURS OT	RATE	FRINGE BENEFITS	EMPLOYEE CLASSIFICATION	EMPLOYEE	TOTAL
						$0.00
						$0.00
						$0.00

SAMPLE FORCE ACCOUNT CONSTRUCTION ACTIVITY REPORT

FORCE ACCOUNT PAYEE _____ DATES _____

EQUIPMENT USAGE CHARGES

HOURS OPERATED	RATE	OPERATOR NAME	EQUIPMENT DESCRIPTION	EQUIPMENT S/N	TOTAL
					$0.00
					$0.00
					$0.00

SAMPLE FORCE ACCOUNT CONSTRUCTION ACTIVITY REPORT

FORCE ACCOUNT PAYEE _____ DATES _____

MATERIAL COSTS

QUANTITY	UNIT	DESCRIPTION	DOCUMENT OR INVOICE REFERENCE	UNIT PRICE	TOTAL
					$0.00
					$0.00
					$0.00

CDBG/EIP Disclosure Report
(DCA Form 13)

Georgia Department Of Community Affairs
CDBG Program
Disclosure Report

Part I – Applicant/Recipient Information

1. Name of CDBG Applicant or Recipient: _____

2. Indicate if this is: Initial Report ☐ Updated Report ☐

3. Grant Number (if Updated Report): _____

4. Project Funding:

   a. CDBG Amount Requested or Received: $ _____

   b. Program Income to be used: $ _____

   c. TOTAL CDBG Assistance: $ 0.00

Part II – Threshold Determination

	Yes	No
1. Does the amount listed above at Part I, 4c exceed $200,000?	☐	☐
2. Have you received or applied for any other HUD assistance that when added to 4c exceeds $200,000?	☐	☐

If the answer to either Part II, 1 or Part II, 2 is YES, then you must complete the remainder (Part III through VI) of the Disclosure Report (you do not need to sign below, signature in this case is in Part VI).

If the answer to both Part II, 1 and Part II, 2 is NO, then you are not required to complete the remainder of this Report, BUT you must sign the following Certification and include the Report in your Application for CDBG and/or CHIP assistance.

CERTIFICATION

I hereby certify that this information is true:

_____ _____

(Signature of Certifying Official) (Date)

_____

(Typed or Printed Name and Title)

If this is an Updated Report:

1) Check this box, ❑
2) Provide CDBG Recipient:

   Name:_____

   Grant #:_____
3) Certifying Official must sign below.

PART III – Other Government Assistance Applied For and/or Provided

Provide the information below for any other federal, state or local governmental assistance on-hand or applied for, that will be used in conjunction with the CDBG grant.

Name of Agency Providing or to Provide Assistance	Program Name	Type of Assistance	Amount Requested or Provided

I hereby certify that this information is true and correct: (Note: Sign only if this is an updated page)

_____ _____

Signature of Certifying Official Date

_____

(Typed or Printed Name and Title)

If this is an Updated Report:

1) Check this box, ❑
2) Provide CDBG Recipient:

   Name:_____

   Grant #:_____
3) Certifying Official must sign below.

PART IV – Interested Parties

List of all persons or entities with a reportable financial interest in the project (See instructions)	Social Security # or Employer ID #	Type of Participation	Financial Interest (Amount and Percent of Total Project Cost)

I hereby certify that this information is true and correct: (Note: Sign only if this is an updated page)

_____ _____

Signature of Certifying Official Date

_____

(Typed or Printed Name and Title)

If this is an Updated Report:

1) Check this box, ❑
2) Provide CDBG Recipient:

   Name:_____

   Grant #:_____
3) Certifying Official must sign below.

Part V – Expected Sources and Uses of All Funds

This Part requires that you identify the sources and uses of all assistance for the project, including CDBG, CHIP and any other funds that may or will be used for the Project.

Source	Use

Part VI – CERTIFICATION

I hereby certify that the information provided in the Disclosure Report is true and correct and I am aware that any false information or lack of information knowingly made or omitted may subject me to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, I am aware that if I knowingly and materially violate any required disclosure of information, including intentional nondisclosure, I am subject to a civil monetary penalty not to exceed $10,000 for each violation.

_____ _____

(Signature of Certifying Official) (Date)

_____

(Typed or Printed Name and Title)

Cash Match Verification

Cash Match Verification/Leverage Assessment

Recipient:_____

Grant No:_____

Match Amount Required:_____

Match Amount Verified:_____

Leverage Required:_____

Leverage Contributed to Date:_____

Date Match/Leverage Reviewed: _____

How Verified/Assessed: _____

Recommendation for Final Draw: Yes No

Assessment of Status of Leverage:_____

_____

_____

_____

_____

_____
Signature of Program Representative

Route to: (1) Grants Consultant; (2) Grant file

Instructions: This form is to be prepared prior to a grantee's final draw request. It is to be used to ***verify*** the required cash match and to ***assess*** the status of committed leverage funds. Leverage can be assessed by reviewing leverage funds contributed to date and estimating leverage funds to be contributed based on contracts, project schedules, and type of grantee in-kind contributions. Final **verification** of leverage must be done at the closeout site visit. Under "Assessment of Status of Leverage" above, please indicate whether meeting anticipated leverage requirements is expected to be an issue for the grantee.