

# FHEO REMOTE MONITORING SUBMISSION CHECKLIST

DCED Use Only:

**For which**

**Type of**

**Grant:** CDBG \_\_\_\_ CDBG-DR \_\_\_\_ HOME \_\_\_\_ ESG \_\_\_\_

In Submission  
Packet

**Documentation Required**

- 1 DCED-CMT 179 - Applicant Data for Direct Benefit Activities

**Do Not Send Completed Form** Send support documentation of the number of applicants for FY XXXX activities that directly benefit household. Broken down by activity, race, ethnicity and gender.

**Please note:** Activities that include Acquisition, Demolition, Clearance, and/or Direct Assistance for Multi-Family rental or Homeownership Programs, even if no funds are going into the construction of the units, must maintain this information for the completed units.

- 2 DCED-CMT 4710 - Labor Standards Enforcement Report

**Do Not Send Completed Form** Send support documentation on all contracts awarded during the reporting periods (2) in XXXX, including contract amount, contractor name, race, ethnicity and gender

- 3 Send support Documentation of Racial, Ethnic, and Single Head of Households by Gender  
Both Applicants and Beneficiaries For the following Activities:

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- |   |  |                          |
|---|--|--------------------------|
| a |  | <input type="checkbox"/> |
| b |  | <input type="checkbox"/> |
| c |  | <input type="checkbox"/> |
| d |  | <input type="checkbox"/> |
| e |  | <input type="checkbox"/> |

(OBO's: one activity per Entitlement)

If there has been no activity in the activity selected, please note that and choose an activity that has had activity. If nothing for XXXX, choose one from 2014.

**Anti-Displacement**

- 4 Copy of Anti-Displacement Policy - approved by governing body within the last 5 years. Make sure approval signatures are on the policy.

- 5 No XXXX Activities Caused Displacement (check if accurate)  Move to #6 if marked  
If activity did cause displacement: Name of activity:

- a. Support Documentation of Persons affected by the Displacement   
*Should include: Racial, Ethnicity, Gender, Head of Household, Address of Relocation*

- b. Documentation Provided to Displacees as part of URA process   
*Uniform Relocation Information, Fair Housing Rights, Fair Housing Officer contact info.*

**Administrative Contract Management**

- 6 Sample Subcontract Agreement (OBO or Administrative Agreement) signed by all parties

**Corrective Action Activities from Previous Monitoring**

- 7 Documentation of Affirmative Action Measures Taken to Overcome Prior Discrimination if found by HUD or EEOC.
- No Affirmative Actions where found (check if accurate)  Move to #8 if marked

**Equal Employment Opportunity**

- 8 Send Support Documentation of Previous Employment Statistics for the Grantee in relation to their latest EEO-4 submission.
- If grantee has under 15 employees; documentation for the latest DCED- CMT-169
- 9 If there were any new hires during this period of reporting on the latest EEO-4 or CMT-169, please submit one of the job advertisements and job description
- 10 Please submit the grantee's hiring policy.

**Fair Housing**

- 11 Documentation of the XXXX Fair Housing Activity as reported on their XXXX Annual report, submitted Jan., XXXX.   
*Handouts, Pamphlets, Pictures, Newspaper Advertisements, Public Service Announcements, etc.*
- 12 Notice of Fair Housing Officer & Documentation of Publication for XXXX
- 13 Fair Housing Resolution of the grantee for XXXX & Documentation of its Advertisement or Postin
- 14 Examples of how the public, staff, program participants where made aware of the grantee's policy on Fair Housing   
*Copy of Letterhead with EEO symbol, Screen Shot of Website with FH Material on it*  
*Applicant Pamphlet with EEO symbol on it, Beneficiary Docs. that include Fair Housing Info.*

**Citizen Participation and Limited English Proficiency**

- 15 Written Citizen Participation Plan Approved by Governing Body within the last 5 years with approval signatures   
Must include how residents with Limited English Proficiency or Disabilities will be assisted
- 16 If Four-Factor Analysis indicated the Need for a Language Access Plan - The Plan approved by the governing body including approval signatures
- 17 Items that support document the utilization of the recommendations of the LAP   
*Ex: Citizen Participation items, Fair housing items, Posters, ERR Notices,*  
*Income survey including public notice, Service Intake items including public*  
*notice of project, intake forms, handout material, Outreach materials, etc.*

**Section 504**

- 18 Public Notices of both Public Hearings and Projects Being Proposed for XXXX application   
Include documents and proof of publication or posting
- 19 Public Notice for any Modifications to XXXX Contract Activities, if applicable   
Include documents and proof of publication or posting
- No Modifications have been made to the contract

20 Public Notice of Section 504 Officer and Grievance Procedures   
Include Proof of Publication

21 Written Grievance Procedures for both Section 504 and Fair Housing

22 Copies of any citizen complaints or grievances on discrimination and agency's written response and actions taken to resolve the matter   
 No complaints or grievances have been filed

23 Master Section 504 Self-Evaluation including Transitional Plan if applicable for the grantee

24 Activity Section 504 Self Evaluation including Transitional Plan if applicable for the following activities:   
a.  
b.  
c.

**Section 3**

25 Copy of Section 3 Plan for the grantees who receive a contract from DCED for \$200,000 or more; approved and signed within the last 5 years.

26 If any contract for a FY XXXX activities that met the \$100,000 threshold for Section 3 compliance; submit supporting documentation of the outreach and hiring of the Section 3 business.   
 None of the FY XXXX activities' contracts met the threshold for Section 3

**Minority Owned and Women Owned Business Enterprises (MBE/WBE)**

27 Copy of MBE/WBE Plan for the grantee approved and signed within the last 5 years, including approval signatures

28 Choose one of the activities identified in Item #3 that has had contracts let over \$25,000.  
Which Activity? Name of Contract/Project:

29 From the activity chosen in #28 above, please submit:  
a. Description of Activity - should have enough detail to determine the work to be completed  
b. Invitation to Bid Advertisement including Proof of Publication  
c. Award letter(s) of all the Prime Contractors  
d. MBW/WBE Commitment forms of the Prime Contractors from Bid Documents (DCED-CCD-286)  
e. Prime contractors utilization form indicating which MBE/WBE contractor is being used. (MWBE- 9-08- (9-08))  
f. Contract or sub contract to qualified MBE/WBE firms should include amount of contract  
g. Cancelled check, including backs or bank statement indicating MBE/WBE was paid for the work they performed on the project.

30 Documentation of outreach activities for MBE/WBE contractors on the project listed above contract bid over \$25,000 Both for the grantee/administrator and for the prime contractor   
**More than just a listing from DGS or other sources, evidence of actual outreach activities**  
*Advertisements in specific MBE/WBE trade papers, e-mails, websites, list of MBE/WBE businesses maintained by grantee and documentation that these firms were notified of the availability of bid*

None of the FY XXXX activities' contracts met the threshold for MBE/WBE  
If marked, Please choose a project from 2013 or 2014 that was greater than \$25,000

**Affirmatively Marketing Housing Units**

- 31 For Activities that include Rental Units or Homeownership, even if providing only Acquisition, Demolition, Clearance or Direct Assistance: Submit the Affirmative Marketing Plan for the grantee or one that is project specific,
- 32 Submit supporting documentation for steps utilized by the grantee, administrator, developer, or management group to affirmatively market new units and ongoing vacant units for the project.  

*Advertisements, posters, pamphlets, etc. advertising units. Listing of where these are posted, placed, and passed out*
- 33 Written agreement with Developer and/or management group that includes all of the required FHEO requirements for marketing units that have utilized federal funds.
- 34 Completed FHEO Checklist with items marked or filled out where applicable. Please place this on top of the documentation

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