

**CDBG MONITORING AND COMPLIANCE REVIEW**

**CHAPTER ONE  
GENERAL PROJECT INFORMATION SUMMARY SHEET**

**A. GENERAL PROJECT AND CONTACT  
INFORMATION**

Date(s) of In-House Review: \_\_\_\_\_

Grantee/Project Name: \_\_\_\_\_

Program Year: \_\_\_\_\_ Date of Award: \_\_\_\_\_

Grant #: \_\_\_\_\_ Grant Amount: \$ \_\_\_\_\_ Grant Term: \_\_\_\_\_

**Key Local Project Contacts:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone Number/E-mail Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Type of Project: (circle one):** HOUSING ECDEV PUB-FAC INFRA PLAN OTHER

**General Project Statement/Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Project Location:** \_\_\_\_\_

(Specify address) \_\_\_\_\_

**Amendments/Dates** (Note *type* of amendment – time, scope, location, activities, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Conditions (if any):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. PROJECT RESOURCES**

Identify which types of funding are being used in the project, and the amount of funds allocated for each activity. If funds are allocated from other sources (that is, non-CDBG), please list amount and source for these as well (if known):

<u>ACTIVITY</u>	<b>Check If Applies</b>	<b>Amount Allocated from CDBG</b>	<b>Amount Allocated from Other Sources</b>	<b>Source</b>
01 Acquisition	_____	\$ _____	\$ _____	_____
03 Public Facilities/Infrastructure	_____	\$ _____	\$ _____	_____
04 Clearance/Demolition	_____	\$ _____	\$ _____	_____
05 Public Services	_____	\$ _____	\$ _____	_____
08 Relocation	_____	\$ _____	\$ _____	_____
10 Remove Archit. Barriers	_____	\$ _____	\$ _____	_____
13 Homeownership Assistance	_____	\$ _____	\$ _____	_____
14 Housing Rehabilitation	_____	\$ _____	\$ _____	_____
15 Code Enforcement	_____	\$ _____	\$ _____	_____
16 Historic Preservation	_____	\$ _____	\$ _____	_____
17 Commercial/Industrial	_____	\$ _____	\$ _____	_____
18 Economic Development	_____	\$ _____	\$ _____	_____
20 Planning	_____	\$ _____	\$ _____	_____
21 General Administration	_____	\$ _____	\$ _____	_____
Other (specify): _____	_____	\$ _____	\$ _____	_____
Other (specify): _____	_____	\$ _____	\$ _____	_____
<b>TOTAL</b>		\$ _____	\$ _____	

**C. PROJECT GOALS AND PROGRESS**

**Instructions to Monitoring Staff:**

For the checklist on the following page, the Reviewer should first identify the proposed beneficiaries, accomplishments, and funding objectives established for the project and list these in the “Planned Per Grant Agreement” column. The progress noted in the grantee’s Progress Reports should then be listed in the “Actual Per Progress Reports” column. Finally, the actual progress found during the site visit (based on the actual on-site review of the grantee’s records) should be listed in the “Actual at Time of Monitoring Site Visit” column.

PROJECT GOALS/OBJECTIVES	PRE-SITE VISIT		SITE-VISIT
	Planned Per Grant Agreement	Actual Per Progress Reports	Actual at Time of Monitoring Site Visit
<b>Beneficiaries (complete the following as applicable)</b>			
Total low-income persons/households benefited? (specify which)			
Total persons/households benefited? (specify which)			
Number of homeowners assisted?			
Number of renters assisted?			
Number of businesses assisted?			
Number of community organizations assisted?			
Number of indirect beneficiaries? (Specify: _____)			
Other?: _____			
Other?: _____			
<b>Project Accomplishments (complete as applicable)</b>			
Total number of housing units completed?			
Total number of structures acquired?			
Total number of structures demolished/sites cleared?			
Total number of loans/grants made? (Specify type: _____)			
Total number of jobs created/retained for low-income persons (Specify: _____)			
Total number of public facilities assisted?			
Total number of water/sewer hook-ups made?			
Total feet of sewer/water line improvements?			
Total number of streets on which street, sidewalk, and/or lighting improvements made? (Specify type: _____)			
Other? _____			
Other? _____			
<b>Funds Obligated, Expended and Drawn Down</b>			
Total funds expended?	\$	\$	\$
% of funds expended?			
Total funds obligated but not expended?	\$	\$	\$
% of funds obligated but not expended?			
% of Administrative funds expended?			
Total funds drawn down?	\$	\$	\$
% of funds drawn down?			
Total funds leveraged?	\$	\$	\$

**Performance Reporting:** Are the grantee’s Progress Reports on the project current and accurate? If “No”, explain:

**Yes No**

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**Overall Progress:** Based on submitted Progress Reports, does the grantee appear to be making satisfactory progress toward achieving the goals established in the grant agreement? If “No”, explain:

**Yes No**

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**Updates:** Have there been any changes or significant progress since the grantee’s most recent Progress Report warranting discussion and/or updating? If “Yes”, please describe:

**Yes No**

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**Extensions:** Might the grantee require an extension to the current period for performance (see Section 6 of the Grant Agreement and existing amendments)? If “Yes”, explain:

**Yes No**

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**Expired Grant:** If the grant has expired, is the grantee in possession of CDBG funds that should be recaptured? If “Yes”, explain:

**Yes No**

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**D. PRELIMINARY ISSUES/CONCERNS FROM IN-HOUSE REVIEW:**

Please describe any issues arising from the above In-House Review. Also note Special Program Features from the attached form. Describe any issues warranting further review and/or discussion with the grantee’s staff:

Issues for On-Site Follow-Up	Related Handbook Questions/Citations	DHCD Staff Responsible for Follow-up
<hr/>	<hr/>	<hr/>

Maryland CDBG Program Staff Completing In-House Review: \_\_\_\_\_

**Special Program Features and Requirements:**

The grantee’s project activity(ies) may – and in some cases **must** -- require compliance with the following regulations. For each of the regulations that the Reviewer determines to be applicable to the grantee’s project, (s)he should circle the “Y” in the appropriate column below. **For each affirmative response, DHCD staff must complete the relevant chapter(s) of this Handbook.** Once the Reviewer has confirmed that the required Handbook chapter(s) have been completed, (s)he should check off the appropriate box below.

	Regulations Applicable?		Chapter(s) of Handbook Completed?
	Y	N	
<b>National Objectives?</b> (See 24 CFR 570.483) Please refer to Chapter Three of this Handbook for additional details.	Y	N	<input type="checkbox"/>
<b>Land or Other Real Property Acquisition?</b> (See 49 CFR 24, Subpart B) Please refer to Chapter Six of this Handbook for additional details.	Y	N	<input type="checkbox"/>
<b>Acquisition of Easements or Rights-of-Way?</b> (See 49 CFR 24, Subpart B) Please refer to Chapter Six of this Handbook for additional details.	Y	N	<input type="checkbox"/>
<b>Relocation?</b> (See 24 CFR 570.488, 24 CFR 570.606, and 24 CFR 42) Please refer to Chapter Seven of this Handbook for additional details.	Y	N	<input type="checkbox"/>
<b>Davis-Bacon/Other Labor Standards Provisions?</b> (See 29 CFR Parts 1,3,5,6,7) Please refer to Chapter Ten of this Handbook for additional details.	Y	N	<input type="checkbox"/>
<b>Environmental Review?</b> (See 24 CFR 58 and Exhibits D and E of the Grant Agreement) Please refer to Chapter Two of this Handbook for additional details.	Y	N	<input type="checkbox"/>
<b>Flood Insurance Provisions?</b> (See 44 CFR 59-79) Please refer to Chapters Two and Eleven of this Handbook for additional details.	Y	N	<input type="checkbox"/>
<b>Procurement?</b> (See 24 CFR 570.489(g) and 24 CFR 85.36) Please refer to Chapter Five of this Handbook for additional details.	Y	N	<input type="checkbox"/>
<b>Subrecipient Agreement?</b> (See 24 CFR 85.40, 24 CFR 570.503, and Section 14 of the Grant Agreement) Please refer to Chapter Fourteen of this Handbook for additional details.	Y	N	<input type="checkbox"/>
<b>Historic Preservation?</b> (See 36 CFR 800) Please refer to Chapters Two and Eleven of this Handbook for additional details.	Y	N	<input type="checkbox"/>
<b>Lead-Based Paint?</b> (See 24 CFR 570.487 and 24 CFR 35) Please refer to Chapter Eleven this Handbook for additional details.	Y	N	<input type="checkbox"/>
<b>Program Income?</b> (See 24 CFR 570.489(e)) Please refer to Chapter Four of this Handbook for additional details.	Y	N	<input type="checkbox"/>