

Guide for Review of National Objective for Urgent Needs			
Name of Program Participant:			
Staff Consulted:			
Name(s) of Reviewer(s)		Date	
Activity Name, Number and Brief Description:			
Amount of CDBG Funds Obligated/Expended:			

**NOTE:** All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding.**"

**Instructions:** Use this Exhibit for activities that are designed to meet community development needs having a particular urgency. One Exhibit is to be completed for each activity reviewed.

**Questions:**

1.

a. Has the program participant documented a condition of "particular urgency" that poses "a serious and immediate threat to the health or welfare of the community?" [24 CFR 570.208(c) and 24 CFR 570.506(b)(12)(i)]	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

**Describe Basis for Conclusion:**

b. Describe the condition.

**Describe Basis for Conclusion:**

Exhibit 3-9  
CDBG Entitlement Program

2.

a. Did this condition become critical within the 18 months preceding the program participant's certification? [24 CFR 570.208(c) and 24 CFR 570.506(b)(12)(iii)]	<input type="checkbox"/> <input type="checkbox"/> Yes No
<b>Describe Basis for Conclusion:</b>	

b. If "yes", indicate month and year.
<b>Describe Basis for Conclusion:</b>

c. If the answer to "b" above is later than 18 months preceding the CDBG assistance, how did the program participant justify that this condition was of recent origin?
<b>Describe Basis for Conclusion:</b>

3.

a. What activity was (activities were) assisted with CDBG funds?
<b>Describe Basis for Conclusion:</b>

b. What evidence does the program participant have to show that it certified that the activity was (activities were) designed to address the urgent need?  
[24 CFR 570.506(b)(12)(ii)]

**Describe Basis for Conclusion:**

c. Was the CDBG funding limited to the activity or activities necessary to alleviate the threat? [24 CFR 570.208(c)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Describe Basis for Conclusion:**

4.

Has the program participant clearly documented that other sources of funding were not available to cover all the activity costs (e.g., does it have letters denying assistance from agencies that provide the type of assistance needed)? [24 CFR 570.208(c) and 24 CFR 570.506(b)(12)(iv)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Describe Basis for Conclusion:**

5.

Did your inspection of the records validate the information contained in the Integrated Disbursements and Information System (IDIS) and/or the program participant's most recently completed Consolidated Annual Performance and Evaluation Report (CAPER) for the activity? [24 CFR 91.525(a)(3)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Describe Basis for Conclusion:**

Exhibit 3-9  
CDBG Entitlement Program

6.

<p><b>[OS]</b> If you inspected the activity, is there any substantial evidence to the contrary that would indicate that the CDBG-assisted activity/activities did not alleviate a threat to the community's health or welfare? [24 CFR 570.208(c)]</p>	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p><b>Describe Basis for Conclusion:</b></p>							