Lead Hazard Control Grant Program
MONITORING EXHIBIT FOR ON-SITE REVIEWS

Grantee:
_____

Date of Review:
_____

Grant Number:
_____

Reviewer:
_____

Contact Person:
_____

Subrecipient
_____

Subrecipient's Address
_____

Contact Person & Title of Subrecipient
_____

_____

Complete the exhibit questions that are applicable to the role of the grantee and/or a subrecipient organization. Enter name of LHC Program and/or subgrantees being assessed where indicated. Questions address components of the Work Plan, the grant agreement and NOFA. The exhibits are intended to help the reviewer to identify issues that if not properly addressed could result in deficient performance.

PART A: MANAGEMENT/ORGANIZATION CHECKLIST

Subpart A-1: Staffing Review

1. Provide the following information about Grantee's key positions:

   a) Check the key positions that are filled. (Also provide names of the staff people employed)

      - ❑ Program Director:
        Name_____
        _____

- Program Administrator:
  Name_____
- Program Manager:
  Name_____
  _____
- Other:
  Name_____
  _____

If there is other staff please provide name, title and basic area of responsibility:

_____
_____
_____
_____
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If there are positions that are not filled or if there is additional explanation needed to describe what you found please enter here:_____
_____
_____
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_____
_____
_____
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_____
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_____
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_____

b) Is the organization staffed sufficiently to accomplish goals? ☐ ☐

yes no

If “no,” describe what you found:

c) Do staff have individual production goals? ☐ ☐

yes no

If “no,” describe what you found:

d) Do staff persons assigned to the LHC program have other responsibilities? ☐ ☐

yes no

If “yes,” describe what, if any, impact you found this to have on quality of work and production of units:

_____
_____
_____
_____

e) Are there written job descriptions? ☐ yes ☐ no

f) Are staff responsibilities clearly defined? e.g., do staff understand their job duties and responsibilities and authority? ☐ yes ☐ no

If "no," describe what problems you found:

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_____
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Subpart A-2: Organizational Relationships

2. Provide the following information about the LHC program's organizational relationships consistency with the Work Plan:

a) Does the Work Plan call for the involvement of <u>more than one</u> agency or organization in the implementation of program deliverables? ☐ yes ☐ no

b) Has the grantee been able to involve agencies and organizations in a manner called for in the Work Plan? ☐ yes ☐ no

If "no" please list the agencies that are involved and briefly describe their roles and responsibilities.

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_____
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c) Are any of these agencies nonprofit, community-based organizations? ☐ yes ☐ no

d) If applicable, what steps are being taken to include nonprofit community-based organizations as well as to address other organizational linkages called for in the Work Plan? ☐ yes ☐ no

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b) Are there written agreements with these organizations? ☐ yes ☐ no

e) Are there other informal interagency linkages? ☐ yes ☐ no

If "yes," describe the nature of these linkages:

_____
_____
_____
_____
_____
_____
_____

f) Are the organization relationships working effectively, e.g., is there mutual cooperation and communication or are there disconnects? ☐ yes ☐ no

If “no,” describe what you found:

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_____
_____
_____
_____
_____
_____
_____
_____

g) Does the program have a board of directors or a committee structure?

☐ yes ☐ no

h) If applicable, is the board or committee structure working effectively?

☐ yes ☐ no

If “no,” describe what you found:

_____
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Subpart A-3: Subrecipient & Subgrantee Monitoring

3. If applicable to the Work Plan, provide the following information about how the grantee carries out monitoring of any subrecipients or subgrantees:

a) Does the grantee receive accurate reports from the subrecipient/subgrantee on unit production, including inspections, risk assessments, lead hazard work and units clearance?

☐ yes ☐ no

If “no,” describe what you found:

b) Does the grantee receive at least monthly progress reports on efforts being taken by subrecipients/subgrantees to address obstacles to performance?

☐ yes ☐ no

If "no," describe what you found:

- Does the grantee receive reports that describe the subrecipient/subgrantee efforts to enhance coordination and integration of LHC work with other organizations and programs?

☐ yes ☐ no

If "no," describe what you found:

_____
_____

- Does the grantee receive financial reports and/or regular invoices for services provided and work performed?

☐ yes ☐ no

If "no," describe what you found:

_____
_____
_____
_____
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_____
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e) Do subrecipients/subgrantees have individual production goals?

☐ yes ☐ no

If "no," describe what you found:

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_____
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- Does the grantee check invoices for accuracy and eligibility prior to honoring them for payment?

☐ yes ☐ no

If "no," describe what you found:

- Does the grantee receive financial reports and/or regular invoices for services provided and work performed?

☐ yes ☐ no

If "no," describe what you found:

- Does the grantee perform any type of quality control (e.g., periodically conducting on-site visits) to determine whether all aspects of the program are being performed according to program requirements?

☐ yes ☐ no

If "no," describe what you found:

_____

_____

- Check items below that the grantee monitors to assure that the LHC Program is meeting performance standards:

a. Changes in key personnel? ☐ yes ☐ no

b. Training & Certifications obtained or being sought by personnel? ☐ yes ☐ no

c. Changes in the Work Plan and/or budget? ☐ yes ☐ no

d. Progress in education and outreach activities? ☐ yes ☐ no

e. Compliance with eligibility requirements? ☐ yes ☐ no

f. Compliance work standards for lead hazard remediation, safe work practices and family relocation? ☐ yes ☐ no

g. Please list areas below where there was noncompliance with program requirements and where corrective actions are needed to address performance concerns:

_____

_____

_____

(If additional space is necessary, continue on separate sheets and attach to this form-)

_____

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TITLE OF REVIEWER

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PART B: DATA BASE, FILES & TRACKING SYSTEM

Whether a grantee or responsible subrecipient is maintaining an accurate database as well as complete and accurate files is an indication of how well the program is being administered and whether reports to HUD can be relied on for accuracy. A tracking system, although not required to meet program goals, is a recommended tool to assist the grantee to stay on schedule in the accomplishment of Work Plan benchmarks.

Subpart B-1: Completeness of Database & Files

1. Provide the following information about the Grantee's database (or if applicable that of a subrecipient).

   a) Is a database being maintained? ☐ yes ☐ no

   b) Is the database automated? ☐ yes ☐ no

If no describe how data is maintained:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

c) Is the database up to date? ☐ yes ☐ no

d) Does the database contain sufficient information to tack the status of each case? ☐ yes ☐ no

If "no," describe what you found:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

e) Check the information that is maintained in the database. (all information should be segmented and maintained on a monthly, quarterly and cumulative basis to enable accurate reporting.)

- ❑ No. of units completed and cleared
- ❑ No. of units with lead hazards identified
- ❑ No. of units in progress or under contract
- ❑ No. of occupied rental units
- ❑ Unit addresses

- No. of units assisted with children under six years of age
- Occupancy data on children 6 years of age and over including adults
- Blood lead values of children under 6 years of age in units where lead hazard work occurred
- Age of housing units completed and cleared
- No. of occupants residing in each unit when lead hazard control work was initiated
- No. of units completed monthly, quarterly, annually
- No. of units cleared monthly, quarterly, annually
- Other

f) Are complete and accurate files being maintained? ☐ yes ☐ no

If "no," describe what you found:

_____
_____
_____
_____
_____
_____
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_____

g) Check the information that is maintained in the Grantee's files.

- Completed intake or application form
- Family release forms
- BLL tests
- Lead inspections & risk assessment reports
- Family release forms
- Executed work authorization form by owner or landlord
- LHC scope of work & work specifications

- ❑ Relocation notifications
- ❑ Contractor bids for work to be performed
- ❑ Information on selected contractor (e.g., certifications)
- ❑ Information on supervisors and workers (e.g., certifications)
- ❑ Executed Contract(s)
- ❑ Clearance test results
- ❑ Other

Subpart B-2: Tracking System

1. Provide the following information about the Grantee's tracking system (or if applicable that of a subrecipient).

   a) Is there a system or methodology for tracking cases from intake through clearance? ☐ yes ☐ no

   b) Is the tracking system automated? ☐ yes ☐ no

   If no describe how the tracking system is maintained:

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

   c) Is the tracking system up to date? ☐ yes ☐ no

   d) Check the information that is maintained in the tracking system.

   - ❑ Date of referral
   - ❑ Date of initial application or intake
   - ❑ Date that application was complete
   - ❑ BLL test dates
   - ❑ Date of lead paint testing & results

- ❑ Date of Risk Assessments
- ❑ Date that family signed release form
- ❑ Date that family was notified of temporary relocation
- ❑ Date that family was temporarily relocated
- ❑ Date of proposed LHC Scope of Work
- ❑ Date that rehab specifications were finalized
- ❑ Date that request for bids was released
- ❑ Date that bids were received
- ❑ Date that contractor(s) was selected
- ❑ Date that contract was executed
- ❑ Date that notice to start work was issued
- ❑ Date that work began
- ❑ Date that work was completed
- ❑ Date of initial clearance test results
- ❑ Date that work was cleared
- ❑ Date that contractor was paid in full
- ❑ Date that family was notified to return to their residence
- ❑ Other

Please list areas below where there was noncompliance with program requirements and where corrective actions are needed to address performance concerns:

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(If additional space is necessary, continue on separate sheets and attach to this form-)

_____

REVIEWER DATE OF REVIEW

TITLE OF REVIEWER

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Grantee: _____ Date of Review: _____
Grant Number: _____
Reviewer: _____
Contact Person: _____
Subrecipient _____
Subrecipient's Address _____
Contact Person & Title of Subrecipient _____

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PART C: OUTREACH & EDUCATION

Subpart C-1: Effective Outreach

Whether a grantee or responsible subrecipient has an effective outreach and educational network is an indication how well the program is meeting the needs of the community and thereby accomplishing the goals of the OHHLHC grant.

1. Provide the following information about the Grantee's outreach efforts (or if applicable that of a subrecipient).

   a) Is the outreach outreach program or effort consistent with the Work Plan? ☐ ☐

yes no

If “no,” describe what you found:

_____
_____
_____
_____
_____
_____
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_____

b) Is the program still active? ☐ yes ☐ no

If no describe why not:

c) Are there staff assigned to outreach? ☐ yes ☐ no

If “no,” describe how outreach is performed:

_____
_____
_____
_____
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_____
_____
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_____
_____
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d) Are there multiple agencies involved in outreach? ☐ yes ☐ no

If “yes” please list the agencies and their roles briefly below:

e) Has outreach generally been successful? ☐ yes ☐ no

If no describe what problems have been encountered:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

f) Have adequate steps been taken to expand and/or improve outreach? ☐ yes ☐ no

Briefly state what steps that are being taken:

_____
_____
_____
_____
_____
_____
_____
_____

Subpart C-2: Education and Job Training

2. Provide the following information about the consitency of the Grantee's educational and job development efforts with the Work Plan (or if applicable that of a subrecipient).

a) Is there an established outreach job training/placement program in place? ☐ yes ☐ no

b) If "no," are there efforts to start one? ☐ yes ☐ no

c) If there was a program and it is no longer active briefly state why the program was discontinued.

_____
_____
_____
_____
_____
_____
_____
_____
_____

d) Have residents from the community been trained as LHC rehab supervisors or workers? ☐ yes ☐ no

f) If "no," are there efforts to start hiring them? ☐ yes ☐ no

If no describe why not:

_____
_____
_____
_____
_____
_____
_____
_____
_____

e) Have residents from the community been hired as paraprofessionals, professionals or technical staff to work in the offices of the grantee? ☐ yes ☐ no

f) If "no," are there efforts to start hiring them? ☐ yes ☐ no

If no describe why not:

d) Are all of these workers still employed? ☐ yes ☐ no

If no describe why not:

_____
_____

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Please list areas below where there was noncompliance with program requirements and where corrective actions are needed to address performance concerns:

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REVIEWER DATE OF REVIEW

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Lead Hazard Control Grant Program

MONITORING EXHIBIT FOR ON-SITE REVIEW OF LHC GRANTEES

PART D: ELIGIBILITY

Grantee: _____

Date of Review: _____

Grant Number: _____

Reviewer: _____

Contact Person: _____

Subrecipient _____

Subrecipient's Address _____

Contact Person & Title of Subrecipient _____

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Subpart D-1: Property Eligibility

Care in assuring that only eligible families receive assistance from the LHC Program is important in assuring that those most in need of protection from the dangers of lead hazards are assisted. The reviewer should assure consistency with the management Work Plan in the determination of eligibility by the grantee.

1. Provide input here about how the eligibility process works.

   a) Is there a clear process in place for determining that selected units meet the priorities of the Work Plan? ☐ yes ☐ no

If “no,” describe what you found:

b) Are all of the units that receive LHC work constructed prior to 1978?

☐ yes ☐ no

c) Does the application review process screen out ineligible properties that were inconsistent with the Work Plan and the policies of the OHHLHC? e.g., Are project based Sec. 8units screened out of consideration?

☐ yes ☐ no

If “no,” describe what you found:

Subpart D-2: Family Eligibility

1. Provide input here about how family eligibility is determined.

a) Are the decisions about application eligibility consistent with the goals of the Work Plan?

☐ yes ☐ no

If “no,” describe what you found:

_____
_____
_____
_____

b) Do all beneficiaries meet the income requirements of the program?

☐ yes ☐ no

c) Is there consistent and adeqaute documentation of family income?

☐ yes ☐ no

e) Does the program meet the requirements of the "Special Condition Clause" (Title X Section 1101) of the grant agreement with regard to the prioritization of households with children under the age of six?

☐ yes ☐ no

d) Does the grantee have a methodology for requiring landlords to comply with the three year requirement for giving priority to families with children under six years of age?

☐ yes ☐ no

e) Are there cases with no children or where it cannot be verified if children frequently visit the property?

☐ yes ☐ no

If "yes," briefly describe the extent of the problem:

f) Is there sufficient information available to show that the grantee is in compliance with the program eligibility criteria, including income where applicable?

☐ yes ☐ no

If "no," describe what you found:

_____
_____
_____
_____

_____
_____
_____
_____
_____
_____

g) In your opinion is there excessive verification information and/or paper work being required from families given the nature of the program? e.g., a requirement that a family meets the same or similar loan under writing requirements required for a homeowner occupied rehabilitation loan program. ☐ yes ☐ no

If "yes," describe what you found:

_____
_____
_____

Please list areas below where there was noncompliance with program requirements and where corrective actions are needed to address performance concerns:

_____
_____
_____
_____
_____

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PART E: PRODUCTION PROCESS OF LHC ACTIVITIES

E-1: Assessment Activities

1. Preliminary Assessment of the Production Process:

a) In its last Quarterly Progress Report, did the grantee reached its Minimum Benchmark Performance Standard? ☐ yes ☐ no

- ❑ Paint inspections/risk assessments
- ❑ Units completed & cleared

b) Did the last Quarterly Progress Report discuss any obstacles to performance and the measures taken to overcome those obstacles?

☐ yes ☐ no

c) Has the grantee prepared a functional flowchart of its production process?

☐ yes ☐ No

c) Does the production process divide activities into various sub-phases?

☐ yes ☐ No

d) Can the grantee's Case Tracking System report on the number of cases at each phase of production?

☐ yes ☐ No

e) Can the number of days it takes a case to complete each phase of production, be determined from the Case Tracking System?

☐ yes ☐ no

2. Detailed Analysis of the Production Process:

Application Intake:

- Is there a backlog of unprocessed applications?

  ☐ yes ☐ No

- Does the local CLPPP Program refer cases to the grantee?

  ☐ yes ☐ No

- Are there other organizations assisting with application intake and processing?

  ☐ yes ☐ No

- Is the application form and required documentation overly complex?

  ☐ yes ☐ No

- Are applications screened for eligibility? (e.g., within target area, age of structure, age of children, household income, etc.)

  ☐ yes ☐ No

- Is the ratio of Units Evaluated and Units in Progress or Under Contract unusually low? (Quarter Report, C4a –v-C4c)

☐ yes ☐ No

- Does the grantee protocol insure all children residing in a property receive blood lead tests prior to the start of construction?

☐ yes ☐ No \

- **Lead Inspections & Risk Assessments:**

- Is there a backlog of applications awaiting lead inspections and risk assessments?

☐ yes ☐ No

- Are lead inspections and risk assessments conducted by grantee staff members?

☐ yes ☐ No

- Do risk assessment reports conform to requirements of the HUD Guidelines?

☐ yes ☐ No

- **Work-write-up and Scope of Work:**

a) What kind of evaluation was performed on the property? (check all that apply)

- Visual Inspection
- XRF Paint Testing
- Dust Wipes/certified lab analysis
- Risk Assessment

If neither of the above, describe the process used to identify lead hazards:

_____
_____
_____
_____
_____
_____
_____

_____
_____

b) Is there a copy of the inspection/risk assessment report in the file? ☐ yes ☐ no

c) Was the inspector/risk assessor certified by the State/EPA? ☐ yes ☐ no

d) What areas of the property do the LBP inspection cover?

- ❑ Interior of the building
- ❑ Exterior of building (bldg. itself)
- ❑ Soils

e) Does the LBP inspection report include a floor plan? ☐ yes ☐ no

d) Does the LBP inspection report specifically identify the extent of lead hazards and where they are located? ☐ yes ☐ no

If "no," describe what you found:

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_____
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e) Does the LBP risk assessment report present options for treatment of each lead hazard identified? ☐ yes ☐ no

If "no," describe what you found:

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_____
_____
_____
_____
_____
_____

- Do grantee staff members prepare work write-ups?

☐ yes ☐ No

- Do work write-ups clearly separate abatement from interim control activities? (See OHHLHC Policy Guidance 2002-02)

☐ yes ☐ No

- Has the grantee set a maximum cost per unit for LHC work?

☐ yes ☐ No

- Are estimated LHC work costs under the maximum allowable cost?

☐ yes ☐ No

E-2: Contracting Activities

1. Bids, Contractor Selection:

- Is there a backlog of properties awaiting requests for bids and contractor selection?

☐ yes ☐ No

- Are bids released and contractors selected in accordance with HUD Procurement Regulations at 24 CFR 85.36?

☐ yes ☐ No

- Is the circulation of the request for bids limited to a pre-approved list of contractors?

☐ yes ☐ No

- Does the grantee conduct a pre-bid walk-through inspection for all prospective contractors?

☐ yes ☐ No

- Are small, female-owned, and minority-owned construction firms encouraged to submit bids?

☐ yes ☐ No

- Does the grantee have a method of ensuring that a wide range of contractors participate in LHC grant funded projects?

☐ yes ☐ No

- Does a Bid Review and Selection Committee review bids?

☐ yes ☐ No

- Are all final contract awards approved by an elected body such as a city council or county board of supervisors approval?

☐ yes ☐ No

2. Grant, and Owner/Contractor Agreements:

- Is there a separate grant agreement between the property owner and the LHC Program?

☐ yes ☐ No

- Is there a separate loan agreement between the property owner and the LHC Program?

☐ yes ☐ No

- Are the owner and/or tenants required to attend a training course on the elimination of lead hazards, relocation requirements, and recommended cleaning and maintenance techniques?

☐ yes ☐ No

- Is there a formal written contract between the owner and the contractor selected for the LHC work?

☐ yes ☐ No

- Does the wording of the construction contract reflect the risk assessment and work write-up for the property?

☐ yes ☐ No

3. Resident Protection and Work Place Preparation:

- Does the scope of work describe the protocol for resident protection during LHC activities?

☐ yes ☐ No

- Is there a written plan for temporary relocation of the residents?

☐ yes ☐ No

- Are there delays or problems associated with resident relocation?

☐ yes ☐ No

- Does grantee staff conduct daily monitoring visits to properties undergoing LHC activities to inspect for warning signs, site security, worksite containment, worker decontamination, and debris handling procedures?

☐ yes ☐ No

- Does grantee staff document the contractor's adherence to the interior work site preparation standards of Chapter 8 of the HUD Guidelines?

☐ yes ☐ No

4. Hazard Abatement and Interim Control Activities:

- Is there a backlog of properties awaiting the start of construction?

☐ yes ☐ No

- Does the contractor notify the state regulatory agency, and receive authorization to begin regulated abatement activities prior to the start of construction?

☐ yes ☐ No

- Does grantee staff conduct daily monitoring visits to properties undergoing LHC activities to inspect for evidence of required worker training and the use of materials, components, and equipment specified in the scope of work?

  ☐ yes ☐ No

- Does the grantee have mechanisms for handling change orders?

  ☐ yes ☐ No

- Does the grantee have procedures for tracking activities funded under other HUD programs such as HOME or CDBG?

  ☐ yes ☐ No

- At the end of construction, is there a final "walk-through" by the owner, the contractor, and a representative of the grantee?

  ☐ yes ☐ No

4. Clearance Testing:

a) Was clearance testing performed upon completion of all lead hazard control activities? ☐ yes ☐ no

If "no," describe what you found:

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_____
_____
_____
_____
_____

b) Is there a copy of clearance test reports for all completed units including laboratory results, in the files? ☐ yes ☐ no

c) Did an independent state-certified inspector conduct the final clearance examination? ☐ yes ☐ no

d) Was the clearance examiner certified? ☐ yes ☐ no

e) Was at least one dust wipe sample taken in each room in which work was performed? ☐ yes ☐ no

If "no," describe what you found:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

f) If the entire unit was cleared, were dust wipe samples conducted in at least four rooms? ☐ yes ☐ no

If "no," describe what you found:

_____
_____
_____
_____

f) Did the unit pass clearance? ☐ yes ☐ no

g) Is not, was the unit/room/area recleaned? ☐ yes ☐ no

h) Did the unit/room/area pass clearance after recleaning? ☐ yes ☐ no

5. Resident Re-Entry:

- Does the grantee receive a copy of the laboratory report on the clearance dust wipes and soil samples? ☐ yes ☐ No

- Is the resident allowed to re-enter the unit prior to the grantees receipt and acceptance of the laboratory report on the final clearance examination? ☐ ☐

yes No

- Are the results of the clearance examination given to the owner and/or tenants of the property?

☐ ☐
yes No

- Is the completed unit listed in the grantee's Registry of Lead-Safe Units?

☐ ☐
yes No

Please list areas below where there was noncompliance with program requirements and where corrective actions are needed to address performance concerns:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(If additional space **is** necessary, continue on separate sheets and attach to this form-)

_____
REVIEWER DATE OF REVIEW

_____
TITLE OF REVIEWER

Lead Hazard Control Grant Program

MONITORING EXHIBIT FOR ON-SITE REVIEWS

Grantee: _____

Date of Review: _____

Grant Number: _____

Reviewer: _____

Contact Person: _____

Subrecipient _____

Subrecipient's Address _____

Contact Person & Title of Subrecipient _____

Complete the exhibit questions that are applicable to the role of the grantee and/or a subrecipient organization. Enter name of grantee and any subrecipient being assessed where indicated. Questions address components of the Work Plan, the cooperative agreement and NOFA. The exhibits are intended to help the reviewer to identify issues that if not properly addressed could result in deficient performance.

PART G: FINANCIAL

Subpart G-1: Financial Management

Professional financial management of funds received form federal sources is required under OMB Circulars A-87 for state and local governments and A-122 for nonprofit and community based organizations. Under A-133 for all recipients of federal funds must keep adequate financial records and submit audits as required. The following monitoring exhibits are designed to assist in a review of a grantee's financial management systems for compliance with these requirements.

1. Provide information about how the grantee (and/or subrecipient) maintains financial records.

   a) Is there a financial management/accounting system in use by the grantee or subrecipient? ☐ yes ☐ no

   b) Is the financial system automated? ☐ yes ☐ no

   c) Does the grantee produce financial reports that can easily be read and understood to determine the use of grant funds? ☐ yes ☐ no

   If "no," describe what you found:

   _____
   _____
   _____
   _____
   _____
   _____
   _____

Subpart G-2: Financial Record Keeping

   a) Does the organization maintain accurate and complete financial records on program expenditures? ☐ yes ☐ no

   If "no," describe what you found:

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

   b) Can the grantee account for the use of funds on LHC units? ☐ yes ☐ no

   If "no," describe what you found:

c) Is it relatively easy to determine from the financial records being maintained what funds were expended for the lead hazard program versus other programs administered by the organization? ☐ yes ☐ no

If "no," describe what you found:

d) Is the grantee required to prepare and submit an annual audit? ☐ yes ☐ no

e) Is the grantee current in the submission of financial audits? ☐ yes ☐ no

f) Whether or not an audit is required, does the grantee prepare a detailed annual financial statement delineating use of funds, accounts receivable, accounts payable, fund balances, salaries & benefits, contract costs, equipment, materials & supplies, overhead and indirect costs, bad debts and program income? ☐ yes ☐ no

If "no," describe what you found:

Subpart G-3: Match

1. What is the total amount of the LHC grant including program match?

Dollar amount of total grant $_____

Percentage match required _____%

Dollar amount of match required $_____

a) Does the grantee keep accurate records of the match applied to the program? ☐ yes ☐ no

If "no," describe what you found:

_____
_____
_____
_____
_____
_____
_____
_____

b) Does the grantee distinguish between in-kind and cash match in how it accounts for the match to be applied toward the program? ☐ yes ☐ no

If "no," describe what you found:

_____
_____
_____
_____
_____
_____

c) Can the grantee readily provide information about match including the amount booked to date and the sources of the match to be applied toward the program? ☐ yes ☐ no

If "no," describe what you found:

_____
_____
_____

d) How would rate the overall quality of the grantee's financial management system? Check one of the following:

- ❑ Excellent
- ❑ Good
- ❑ Acceptable but needs improvement
- ❑ Fair
- ❑ Poor

Please list areas below where there was noncompliance with program requirements and where corrective actions are needed to address performance concerns:

_____
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_____
_____
_____

(If additional space is necessary, continue on separate sheets and attach to this form-)

_____

REVIEWER DATE OF REVIEW

_____

TITLE OF REVIEWER