

Public reporting burden for this collection of information is estimated to average .5 hour 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. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

All Federal agencies administering programs subject to Davis-Bacon wage provisions are required to enforce Federal wage and reporting provisions in an accordance with the U.S. Department of Labor (DOL) regulations at 29 CFR Part 5, Section 5.6 paragraphs (a)(1), (2) and (3). This information is being collected to assess compliance with Federal labor standards provisions. This information collection will assist the U.S. Department of Housing and Urban Development (HUD) to determine if an agency is in compliance with Federal labor standards wage and reporting requirements on covered HUD-assisted construction and maintenance work pursuant to the Davis-Bacon Act and HUD Davis-Bacon Related Acts. Participation in this collection is required. Failure to provide this information may result in a monitoring finding and sanctions may be imposed in accordance with 29 CFR Section 5. 6. No assurances of confidentiality are provided.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, OMAC, US. Department of Housing and Urban Development, 451 7th Street SW, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2501-0043.

<b>HUD Reviewer:</b> [Redacted]	<b>HUD Review Date(s):</b> [Redacted]
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**Part A. Agency Overall Labor Standards Administration**

**1. Agency Information**

a. Agency Name [Redacted]	b. Agency Address [Redacted]	c. Agency No. (HUD Use) [Redacted] CPD/PIH No. (if different) [Redacted]
d. Principal Program Director/ Executive Director [Redacted]	e. Agency Labor Standards Officer (LSO) [Redacted]	f. Agency Telephone No. [Redacted]

g. Agency Personnel Contacted During Review

Name:	Title	Phone:
1. [Redacted]	[Redacted]	[Redacted]
2. [Redacted]	[Redacted]	[Redacted]
3. [Redacted]	[Redacted]	[Redacted]
4. [Redacted]	[Redacted]:	[Redacted]

h. Projects/Contracts Reviewed

Project Name and Identifier:	Brief Description:	Contract/Budget Amount
1. [Redacted]	[Redacted]	[Redacted]
2. [Redacted]	[Redacted]	[Redacted]
3. [Redacted]	[Redacted]	[Redacted]
4. [Redacted]	[Redacted]	[Redacted]

**Part A, continued**

**2. Agency Labor Standards Officer (LSO) / Staff** **Yes No NA**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| a. Agency staff includes an LSO or key staff person with primary responsibility for labor compliance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. LSO is informed of all proposed projects funded/assisted with HUD funds?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. LSO usually has sufficient time to obtain wage decisions and include in bid documents?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. LSO approval required prior to advertisement of contracts?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. LSO approval required on all payments to contractors?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. LSO examines subrecipient/subgrantee/subcontract management firm contract activity as necessary?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3. Federal Labor Standards Monitoring Review Process** **Yes No NA**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| a. Procedure established to verify inclusion of correct wage decision and labor standards provisions in contracts?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Procedure established to verify/document contractor eligibility?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Payrolls/documents are examined regularly to assess Federal labor standards compliance?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Procedure established to conduct/target employee interviews?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Violations and corrective actions are communicated timely?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Maintains a system to track deficiencies and resolves them timely, and in accordance with established requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Procedure established to track complaint resolution?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Examines subcontracts/subgrantee/subcontract management entity files as necessary?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Schedule for monitoring grantees:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Total subgrantee monitoring reviews performed during past _____ months:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**4. Wage Decision Issuance Process** **Yes No NA**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| a. Maintains a system to ensure that applicable wage decisions are obtained/applied timely? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wage decision requests processed correctly (correct WD type and WD number)?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Wage decision modification issued timely?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Maintains system to verify wage decision "lock-in"?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**5. HUD-Determined Maintenance Wage Rate Administration and Enforcement** **Yes No NA**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| a. Does the agency effectively administer HUD-determined maintenance wage rates for its regular staff?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the agency effectively administer HUD-determined maintenance wage requirements for other force account labor?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the agency effectively administer HUD-determined maintenance wage rates (routine/non-routine) requirements in contracted work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the agency correctly utilize training or apprenticeship programs for workers subject to HUD-determined maintenance wage rates? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. Training** **Yes No NA**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| a. Provides labor standards training for subgrantees/contractors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Training materials used are accurate (current)?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part A, continued**

**7. Other Requirements – Reports and Escrows**

**Yes No NA**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| a. Make reports using HUD Form 4710 for CWHSSA liquidated damages?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Submits Labor Standards Enforcement Reports (5.7), timely and complete?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Number of active escrow agreements: # <input type="text"/>                             |                          |                          | <input type="checkbox"/> |
| d. Total amount of funds escrowed for HUD/DBRA/CWHSSA violations: \$ <input type="text"/> |                          |                          | <input type="checkbox"/> |

**8. Summary – Labors Standards Administration**

**A NI NA**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| a. Staffing  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Information systems/tracking mechanisms                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Enforcement files/records   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Labor standards review – procedures                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Labor standards review - effectiveness                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Training  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Wage decision issuances   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Complaints  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Restitution and escrow administration                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Reporting requirements – Semi-annual reports, Enforcement Reports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. HUD-determined wage rate administration                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Summary Key: A = Acceptable; NI = Needs Improvement; NA = Not Applicable

**Additional deficiencies identified are listed on a separate page and attached to this forms, along with copies of supporting documentation.**

- End of Part A -

**Part B. Agency Labor Standards Contract Compliance – Davis-Bacon Covered Projects**

**1. Contract Identification**

a. Agency Name and Identification [REDACTED]		b. Grant No. & Type (Funding Source) [REDACTED]	
c. Project Name [REDACTED]		d. Project Identifier (Agency's contract number, etc.) [REDACTED]	
e. Location of Project (City, County, State) [REDACTED]		f. Prime Contractor [REDACTED]	
g. Description (Scope) of Work – Include number of units & stories for housing projects [REDACTED]			h. Contract Amount \$ [REDACTED]
i. Labor Standards Provisions (HUD Form Used) [REDACTED]	j. Wage Decision No. Used – Include type and modification date [REDACTED]		k. Bid Opening Date [REDACTED]
l. Contract Award Date [REDACTED]	m. Construction Start Date [REDACTED]	n. % Complete or Completion Date [REDACTED]	

**2. Contract Documents**

	Yes	No	NA
a. Correct labor standards provisions incorporated in contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Correct wage decision incorporated in contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Was the prime contractor eligibility verification on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Weekly Payrolls**

	Yes	No	NA
a. Did the agency obtain all payrolls (first to current/last) for each contractor on the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. All contractors / trades represented by payrolls received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Payroll data consistent with inspection & employee interviews (HUD-11)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Payroll certification statements signed by employer or authorized representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Apprentices or trainees reported on payrolls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Apprentice/trainee certification obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Contractors in compliance with apprentice/trainee ratio requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Do payrolls report generic job classifications (e.g., "mechanic," "operator," "installer," "journeyman") not on wage decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Do payrolls report job classifications for which an "Additional Classification" request was necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Did the agency obtain DOL approval to add classifications to the wage decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Did the agency review to ensure that the correct wages were paid in accordance with the wage decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Where reported, were payroll deductions permissible per DOL regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. If reported, were fringe benefits acceptable per DOL regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Was the Contract Work Hours and Safety Standards Act (CWHSSA) threshold met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Has any laborer or mechanic worked over 40 hours per week on this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. If yes to (n) and (o), has overtime (1.5 times the regular rate of pay) been paid for hours worked over 40/wk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. If answer to (n) is yes and (p) is no, was the employer notified to pay restitution & were liquidated damages computed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide explanatory information for each "No" response, as needed; NA = Not Applicable

**Part B, Continued**

**4. Employee Interviews**

	<b>Yes</b>	<b>No</b>	<b>NA</b>
a. Were employee interviews completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the agency target interviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did interviews record <u>work</u> performed by worker and observed by the interviewer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were interviews compared to payrolls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did the agency send mail-out questionnaires to employees if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Did the agency follow up on leads developed from interviews/questionnaires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Contract Administration**

	<b>Yes</b>	<b>No</b>	<b>NA</b>
a. Were contract records available, including all documentation required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were violations (misclassification, underpayment, etc.) corrected/addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Were violations reported to HUD or DOL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were any complaints received on this contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do records indicate other violations (not covered above) that the agency failed to address?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional deficiencies identified are listed on a separate page and attached to this form, along with copies of supporting documentation (contracts, payrolls, interviews, correspondence, etc.)**

- End of Part B -

**Part C. Agency Contract Labor Standards Compliance – HUD-Determined Wage Rates for Routine and Non-routine Maintenance Contracts**

**1. Contract Identification**

a. Agency Name [REDACTED]		b. Agency ID and Activity Type [REDACTED]	
c. Project Name [REDACTED]		d. Project Identifier (e.g. Agency's Contract Number) [REDACTED]	
e. Location of Project		f. Prime Contractor	
g. Description (Scope) of Work [REDACTED]		h. Contract Amount [REDACTED]	
i. Wage Decision Used – Include Effective Date and Routine or Non-Routine [REDACTED]	j. Labor Standards Provisions Used (HUD form used, if applicable) [REDACTED]	k. Bid Opening Date [REDACTED]	
l. Contract Award Date [REDACTED]	m. Work Start Date [REDACTED]	n. % Complete, or Completion Date [REDACTED]	

**2. Contract Documents**

	Yes	No	NA
a. Labor standards requirements incorporated in contract, purchase order, or similar agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wage decision incorporated in contract, purchase order, or similar agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wage Rates correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Prime contractor eligibility verification, when required, on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Wage Payment**

	Yes	No	NA
a. Has the agency established a method to ensure workers are paid not less than the rate determined by HUD? Describe methodology on separate sheet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are site inspections or other on-site reports used to corroborate proper classification/payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does work require classifications not included on the applicable HUD wage decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If yes to (c), did the agency obtain HUD approval to add classifications to the applicable wage decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Were the correct wages paid in accordance with the applicable wage decision (HUD-52158)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Has the agency established a method to ensure laborers or mechanics working over 40 hours per week on this project have been paid overtime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Was the Contract Work Hours and Safety Standards Act (CWHSSA) threshold met? (prime contract exceeds \$100,000)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Has any laborer or mechanic worked over 40 hours per week on this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If yes to (g) and (h), has overtime (1.5 x the regular rate of pay) been paid for hours worked over 40/wk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If answer to (h) is yes and (i) is no, was the employer notified to pay restitution & were liquated damages computed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part C, Continued**

**4. Employee Interviews**

**Yes No NA**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| a. Were employee interviews completed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Did the agency target interviews?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Did interviews record <u>work</u> actually performed by the worker and observed by the interviewer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Were interviews compared to the HUD-determined rate schedule?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Did the agency conduct mail-out questionnaires if needed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Did the agency follow up on leads developed from interviews/questionnaires/on-site reports, etc?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**5. Contract Administration**

**Yes No NA**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| a. Were records available, including all documentation required?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Were violations/discrepancies (misclassifications, underpayment, etc.) corrected?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Were any complaints received on this contract?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do records indicate other violations (not covered above) that the agency failed to address? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Additional deficiencies identified are listed on a separate page and attached to this form, along with copies of supporting documentation (contract payrolls, interviews, correspondence, etc.)**

- End of Part C -

**Part D. Agency Maintenance Wage Rate Administration**

Agency Name:

Agency ID No.:

**1. Maintenance Wage Enforcement**

**Yes No NA**

- a. Are the agency's personnel policies for maintenance laborers and mechanics acceptable?  Yes  No  NA
- b. Does the agency have position descriptions that accurately describe the work performed by maintenance staff?  Yes  No  NA
- c. Is a copy of the current HUD-52158 on file?  Yes  No  NA
- d. Do the maintenance classification/wage rates identified in the current operating budget correspond to the current HUD-52158?  Yes  No  NA
- e. Are employees working within assigned classifications?  Yes  No  NA
- f. Are employees properly compensated for hours worked over 40 per week?  Yes  No  NA
- g. Were maintenance employees interviewed? Number interviewed:   Yes  No  NA
- h. Has the agency conducted work employing force account workers? If yes, record individual projects using force account employees on part E, Force Account Work.  Yes  No  NA

**2. Training, Apprenticeship, & Special Employment Programs**

**Yes No NA**

- a. Does the agency participate in an apprenticeship program for maintenance employees?  Yes  No  NA
- b. Has the agency obtained HUD approval for maintenance apprenticeship programs?  Yes  No  NA
- c. Does agency participate in job/skill training for agency residents or other low-income persons?  Yes  No  NA
- d. Does the agency employ youth in maintenance at any time during the year?  Yes  No  NA
- e. Are youth compensated at less than prevailing rates?  Yes  No  NA

**Additional deficiencies identified are listed on a separate page and attached to this form, along with copies of supporting documentation (contract payrolls, interviews, correspondence, etc.)**

- End of Part D -



## Part E. Agency Labor Standards Compliance – Force Account Work

Part E is for work performed by the regular employees of a PHA, IHA, TDHE, or DHHL or by other workers hired by the agency specifically for a project or work item (i.e. “Force Account” labor). Depending on the type of work, HUD-Determined or Davis-Bacon wage rates could apply to the work. If a contractor performed part of the force account work, fill out Part B or Part C to review the contracted work.

### 1. Project Identification

a. Agency Name [REDACTED]		b. Activity Type (development or operations) / Grant No. (if any) [REDACTED]	
c. Project Name [REDACTED]		d. Project Identifier / Work Item Number [REDACTED]	
e. Location of Project [REDACTED]		f. Description of Work (include number of stories for housing projects) [REDACTED]	
g. HUD Maintenance Wage Rate Decision - Include Effective Date and if Routing/Non-Routing or if Davis-Bacon Wage Decision - Include Modification Number [REDACTED]			h. Budgeted Cost (Labor & Materials) [REDACTED]
i. Work Start Date [REDACTED]		j. % Complete, or Completion Date [REDACTED]	

### 2. Enforcement – General

	Yes	No	NA
a. Has the agency established a method to ensure force account workers are paid not less than the rate required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the agency maintain work records for employees showing employee name, address, Social Security Number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the agency maintain weekly work records showing daily hours worked, classification (trade), pay rate & deductions for each worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were apprentices or trainees employed on the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Was the apprentice/trainee program approved? (if no apprentices, answer 'NA')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Were apprentices/trainee ratio requirements met? (if no apprentices, answer 'NA')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did the applicable wage decision include all classifications needed for completion of the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If no to (g), did the agency obtain approval from/through HUD DBLS to add classifications to the wage decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Project Administration

	Yes	No	NA
a. Procedure established to track complaint resolution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were any complaints received from workers or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Were violations (misclassification, underpayment, etc.) corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional deficiencies identified are listed on a separate page and attached to this form, along with copies of supporting documentation (contract payrolls, interviews, correspondence, etc.)

- End of Part E -

**Part X. Exit Conference**

a. Agency Name [Redacted]	b. Agency ID No. [Redacted]
c. Conference Location [Redacted]	d. Conference Date and Time [Redacted]
e. Conference Attendees/Participants - Name, Organization, and Title (attach list to this form if more room needed) [Redacted]	
f. Reviewer(s) - Name and Title [Redacted]	

**Agency representatives were advised of problem areas, and were provided an opportunity to question and discuss the basis for preliminary conclusions. The following principal areas were discussed; additional items are covered on a separate page and attached to this form.**

<input type="checkbox"/>	<p><b>Staffing</b> Knowledge, capacity, sufficient number for volume of work. Is the work that is being done effective? Is there a disproportionate amount of covered activity not being reviewed?</p>
<input type="checkbox"/>	<p><b>Information Systems / Tracking Mechanisms</b> Note: Agencies have very wide latitude in the configuration, locations, and functioning of the system.</p>
<input type="checkbox"/>	<p><b>Enforcement Files / Records</b> Note: Agencies have very wide latitude in the configuration, locations, and functioning of the system. The focus in this section is that complete records for covered activities are maintained for the duration required and that they be retrievable in a reasonable time. As with management system, "blind spots" can be brought to the attention of the agency. Reviewers are cautioned about requiring revisions in the absence of violations resulting from a flawed system.</p>
<input type="checkbox"/>	<p><b>Labor Standards Review – Procedures</b> Agency processes to review funded/assisted projects for applicability of labor standards ensure appropriate wage decisions/determinations and labor standards provisions are included in agreements/orders for covered work and that project records are established and managed with the knowledge of appropriate officials and offices of the agency.</p>

**Part X., continued**

<input type="checkbox"/>	<p><b>Labor Standards Review – Effectiveness</b> Outcome of the agency’s systems and efficiency, including actions of grantee agencies and management firms.</p>
<input type="checkbox"/>	<p><b>Technical Assistance and Training</b> Quality and effectiveness of the technical assistance and training provided by the agency to its grantees, contractors, and management firms. Also covers the technical assistance and training needs of the agency’s staff.</p>
<input type="checkbox"/>	<p><b>Wage Decision Issuances</b> The agency’s application of wage decisions/determinations, including applying for changes.</p>
<input type="checkbox"/>	<p><b>Complaints</b> Actual complaints received or procedures established/needed.</p>
<input type="checkbox"/>	<p><b>Restitution and Escrow Administration</b> Conclusions concerning the “perfection” of restitution. Were certified payroll reports submitted for the restitution payments, as well as an assurance of future compliance? Were sufficient funds retained when needed? Were funds handled appropriately? Does the agency have appropriate documentation on the circumstances requiring escrows?</p>
<input type="checkbox"/>	<p><b>Reporting Requirements (Semi-Annual Reports, Enforcement Reports)</b> Conclusions about the validation of the reports were sent to HUD/DOL.</p>
<input type="checkbox"/>	<p><b>Other (summarize below or provide details on separate sheet and attach to this form)</b>  <div style="background-color: #cccccc; height: 100px; width: 100%;"></div> </p>
<input type="checkbox"/>	<p><b>Preliminary Conclusions</b>  <div style="background-color: #cccccc; height: 100px; width: 100%;"></div> </p>

**Part X., continued**

<input type="checkbox"/>	<b>Areas of Disagreements, if any</b> [Redacted]
<input type="checkbox"/>	<b>Required follow-up actions by LCA or Reviewers, if any</b> [Redacted]
<input type="checkbox"/>	<b>Additional Comments</b> [Redacted]

- End of Form -