
CHAPTER 2. REVIEW FOR COMPLETENESS

- 2-1. PURPOSE. This review is designed to assure that each Grantee Performance Report submitted contains all of the required forms and that those forms are internally consistent. The accuracy of the substantive reviews would be questionable if they were based upon information reported in the GPR which was incomplete or internally inconsistent.
 - 2-2. CONDUCTING THE REVIEW. The Area Office shall review each entitlement Grantee Performance Report for completeness as soon as possible following receipt, normally within five (5) days. The Area Office shall review the GPR to assure that it contains all of the required forms, that each form is internally consistent (for example, sums total correctly), and that the data presented on related forms do not conflict. A checklist is included as Exhibit 2 at the end of this chapter to assist Area Offices in conducting this review of the entitlement Grantee Performance Reports (HUD-4950.1 through HUD-4950.10).
 - 2-3. CORRECTING DEFICIENCIES. Deficient GPR's should be returned to the grantee for correction along with an identification of the errors to be corrected, unless it is determined that the omissions and errors are such that they can be corrected orally. If a GPR is corrected orally, the Area Office should enter in the file the following documentation: (1) the changes made to each form, (2) the date of the change, and (3) the grantee staff member(s) or official(s) agreeing to the change. All necessary corrections should be made not later than thirty (30) days after the original submission of the GPR. This will allow the Area Office to use the GPR data to identify and follow-up on apparent performance problems, and to select projects for on-site monitoring.
 - 2-4. AMENDMENTS TO GPR'S. Any page of any form which has been amended by the grantee and resubmitted to HUD should be subjected to the completeness review again before the substantive reviews are carried out. When a page to the GPR has been revised or amended, Area Office shall clearly mark on that page that it has been revised or amended and the date of the revision.
 - 2-5. SANCTIONS FOR AN INCOMPLETE GPR. If, despite the Area Office's repeated attempts to acquire a complete and accurate GPR, the grantee has failed to submit a GPR, failed to complete an incomplete GPR, or failed to correct an erroneous GPR, the Area Office should either condition the succeeding year's grant or make a recommendation to the Assistant Secretary for Community Planning and Development in Headquarters for an appropriate adjustment to that grant. Such grant adjustments and contract conditions are taken pursuant to 24 CFR 570.911(b) and are based upon nonconformance with the requirements of 24 CFR 570.906. Recommendations for grant reductions should be based upon the seriousness of the nonconformance of the GPR to the requirements, the grantee's willingness to
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correct such deficiencies, and the Area Office's administrative record in dealing with such deficiencies.

- 2-6. SUBMISSION OF GPR TO HEADQUARTERS. When the Area Office has received a final corrected copy of the GPR from the grantee, which meets the completeness screening criteria, one copy of this corrected document shall be forwarded to Headquarters, CPD, Office of Evaluation, Program Evaluation Division. The corrected copy of the GPR shall be forwarded to Headquarters no later than sixty (60) days after the submission due date to the Area Office. Allowing a greater period of time, or failing to have GPRs that are properly corrected, will cause significant delays in meeting the Department's program evaluation and Congressional reporting responsibilities.
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Suggested Completeness Screening

Exhibit 2

COVER SHEET (4950.1)

Grantee:_____ Reviewer:_____ Date:_____

- | | | |
|---|-----|----|
| 1. Do items 1. & 2. contain the Name and Address of the grantee? | YES | NO |
| 2. Does item 3. contain the CDBG Number for the last completed program year? | YES | NO |
| 3. Do items 4. & 5. contain a Name and Telephone of a local official? | YES | NO |
| 4. Does item 6. contain the date of the last day of the last completed CDBG program year? | YES | NO |
| 5. CITIZEN PARTICIPATION (CP) COMMENT'S | | |
| Has the grantee completed one of the following? | YES | NO |
| a. Attached written CP comments to the GPR; or | | |
| b. Stated that CP comments had previously been forwarded to HUD; or | | |

c. Stated that NO written CP comments were received during the last CDBG program year.

6. Does item 10 contain the signature of the chief executive officer? YES NO

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Provide details for all NO answers above.

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Exhibit 2

Suggested Completeness Screening

PROJECT PROGRESS (HUD-4950.2)

FISCAL YEAR 1979 AND LATER

Grantee:_____ Reviewer:_____ Date:_____

Complete one copy of this checklist for each Project Progress form for FY 1979 or later for each annual entitlement grant received which has not been reported as complete in a previous GPR.

1. Has each project reported as incomplete in the last GPR been reported on this Project Progress form? YES NO

2. Has the current environmental review status been reported in column (b) for each project? YES NO

3. For each project reported, has the grantee included the individual component activities in column (c) of the Project Progress form? YES NO

4. Have street addresses been provided for each physical development component activity (excluding residential rehabilitation)? YES NO

5. Has the Total Estimated Cost been entered in column (d) for each Project and component activity in column (c)? YES NO

6. For each project and component activity in column (c), do the financial figures add as follows?: YES NO

column (d) = column (e) + column (f) + column (g)

Total Unliquidated Unobligated
Estimated = Expenditures + Obligations + Balance
Cost

7. Have products and units of measure, # of units completed,

| | | |
|---|-----|----|
| and "Total Projected Units" been shown in columns (h), (i), and (j), respectively, for each activity listed in in column (c)? | YES | NO |
|---|-----|----|

| | | |
|--|-----|----|
| 8. For each product listed in column (h), is the number shown in column (j) equal to or greater than the number shown in column (i)? | YES | NO |
|--|-----|----|

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Provide details for all NO answers above.

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Suggested Completeness Screening

Exhibit 2

PROJECT PROGRESS (HUD-4950.2)
FISCAL YEARS 1975-1978

Grantee:_____ Reviewer:_____ Date:_____

Use one copy of this checklist for each Project Progress form for
each FY 1975-1978 entitlement grant received but not previously
reported as complete.

| | | |
|---|-----|----|
| 1. Has each activity reported as incomplete in the last GPR been reported on this Project Progress form? | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| 2. Has the environment review status been shown in column (b) for each activity? | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| 3. Have street addresses been provided for each physical development activity (excluding residential rehabilitation)? | YES | NO |
|---|-----|----|

| | | |
|--|-----|----|
| 4. Has the Total Estimated Cost been entered in column (d) for each activity in column (c)? | YES | NO |
|--|-----|----|

| | | |
|--|-----|----|
| 5. For each activity in column (c), do the financial figures add as follows?: | YES | NO |
|--|-----|----|

column (d) = column (e) + column (f) + column (g)

| | | |
|-----------|------------------------------|-------------|
| Total | Unliquidated | Unobligated |
| Estimated | = Expenditures + Obligations | + Balance |
| Cost | | |

| | | |
|--|-----|----|
| 6. Have products and units of measure, # of units completed, and "Total Projected Units" been shown in columns (h), (i), and (j), respectively, for each activity listed in column (c)? | YES | NO |
|--|-----|----|

7. Has the number of units completed been shown in column (i) for each product listed in column (h)? YES NO
8. For each product listed in column (h) is the number shown in column (j) equal to or greater than the number shown in column (i)? YES NO

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Provide details for all NO answers above.

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Exhibit 2. Suggested Completeness Screening

STATUS OF FUNDS (HUD-4950.3)

Grantee:_____ Reviewer:_____ Date:_____

1. Has the Status of Fund information been provided for each grant not previously reported as complete? YES NO
2. For each annual grant checked as complete in item 3., have all funds reported under Total Estimated Costs (column a/e/i) been reported as Expended (column b/f/j)? YES NO
3. For each annual grant, does the amount shown on line 4a Total Estimated Cost (column a/e/i) equal the sum of the Total Estimated Costs reported on the Project Progress form? (Note, don't double count both project costs and component activity costs reported on the Project Progress form.) YES NO
4. For lines 4a. through 8., are the following arithmetic calculations correct?: YES NO

column = column + column + column
(a/e/i) (b/f/j) (c/g/k) (d/h/l)

Total Unliquidated Unobligated
Estimated = Expenditures + Obligations + Balance
Cost

5. Has the grantee attached a schedule of program income received during the last program year? Note: a schedule is not required if the grantee had no program income. YES NO

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Provide details for all NO answers above.

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Suggested Completeness Screening

Exhibit 2

AREA BENEFIT (HUD-4950.4)
FISCAL YEARS 1976-1978

Grantee: _____ Reviewer: _____ Date: _____

Complete one copy of this checklist for each annual grant from
Federal Fiscal Years 1975-1978.

- | | | |
|---|-----|----|
| 1. Has the number and name of each activity shown on the Project Progress sheet been listed in columns (a) and (b) of the Area Benefit form (HUD-4950.4)? | YES | NO |
| | | |
| 2. For each activity listed in column (b), has the grantee completed columns (f) through (j)? | | |

OR

YES NO

Has the grantee listed that activity as:

- a. a direct benefit activity;
- b. a citywide activity;
- c. an economic development activity; or
- d. an architectural barrier removal activity?

- | | | |
|---|-----|----|
| 3. For each activity listed, does the sum of the percentages in columns (f) through (j) equal 100%? | YES | NO |
|---|-----|----|

* * * * * * * * * *

Provide details for all NO answers above.

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Exhibit 2

Suggested Completeness Screening

AREA BENEFIT (HUD 4950.4)
FISCAL YEAR 1979 AND LATER

Grantee:_____ Reviewer:_____ Date:_____

Complete one copy of this checklist for each annual grant from Federal Fiscal Years 1979 and later.

- | | | |
|---|-----|----|
| 1. Has the number and name of each project shown on the Project Progress sheet been listed in columns (a) and (b) on the Area Benefit form (HUD-4950.4)? | YES | NO |
| 2. For each project listed in column (b), has the grantee identified the subparagraph of Section 570.302 under which that project qualifies under the "Maximum Feasible Priority" criteria? | YES | NO |
| 3. For any project for which the grantee has not provided data in columns (d) through (j), has the grantee listed that project as: | YES | NO |
| a. a direct benefit project, | | |
| b. a citywide or countywide project, | | |
| c. an economic development project principally benefitting low- and moderate-income households; or | | |
| d. an architectural barrier removal project. | | |

FOR EACH PROJECT NOT QUALIFIED IN 3. ABOVE:

- | | | |
|---|-----|----|
| 4. Has the grantee completed columns (d) through (j)? | YES | NO |
| 5. Is the percentage in column (d) greater than the percentage in column (e)? | YES | NO |
| 6. Does the sum of the percentages in columns (f) through equal 100%? | YES | NO |

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Provide details for all NO answers above.

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Suggested Completeness Screening

Exhibit 2

DIRECT BENEFIT (HUD 4950.5)

Grantee:_____ Reviewer:_____ Date:_____

- | | | |
|--|-----|----|
| 1. Has the grantee listed the project number and name columns (a) and (b) for each project identified as a | YES | No |
|--|-----|----|

Direct Benefit Project on the Area Benefit form (b)?

- | | | |
|---|-----|----|
| 2. For non direct benefit projects listed on the Area Benefit form, has the grantee identified all obvious or known direct benefit component activities carried out within such projects? | YES | NO |
| 3. For each direct benefit activity listed in column (b), has the grantee completed columns (c) through (k)? | YES | NO |
| 4. For each activity listed in column (b), the percentage in column (e) is less than the percentage in column (d)? | YES | NO |
| 5. For each activity listed in column (b), the sum of the percentage in columns (f) through (j) equals 100%? | YES | NO |

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Provide details for all NO answers above.

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Exhibit 2

Suggested Completeness Screening

HOUSING ASSISTANCE PERFORMANCE - PART I (FORM 4950.6)

Grantee:_____ Reviewer:_____ Date:_____

The Housing Assistance Performance - Part I form should be reviewed for completeness to determine whether all arithmetic calculations are correct.

1. ARITHMETIC CALCULATIONS

Are the arithmetical calculations correct so that the following are true?:

YES NO

A. Additions of Figures In Individual Lines

For each column (a) through (h), the following should be correct:

- | | |
|-----------------------------|-------------------------|
| 1. Homeowners: | OK |
| a. line 2 = lines 3 + 4 | _____ /___/ |
| b. line 5 = lines 6 + 7 + 8 | _____ /___/ |
| c. line 1 = lines 2 + 5 | _____ /___/ |
| 2. Renters: | |
| a. line 11 = lines 12 + 13 | _____ /___/ _____ |

- b. line 14 = lines 15 + 16 /___/
- c. line 19 = lines 20 + 21 /___/
- d. line 17 = lines 18 + 19 + 22 /___/
- e. line 24 = lines 25 + 26 /___/
- f. line 23 = lines 24 + 27 /___/
- g. line 10 = lines 11 + 14 + 17 /___/

B. Additions of Figures in Columns

For each completed line, the following should be correct:

- a. column (a) = columns c + e + g /___/

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Suggested Completeness Screening

Exhibit 2

HOUSING ASSISTANCE PERFORMANCE - PART I, cont.

OK

- b. column (b) = columns (d) + (f) + (h) /___/
- line 9, column (e) = line 1, column (e) /___/
line 1, column (a)
- d. line 9, column (g) = line 1, column (g) /___/
line, column (a)
- e. line 28, column (e) = line 10 column (c) /___/
line 10 column (a)
- f. line 28, column (e) = line 10, column (e) /___/
line 10, column (a)
- g. line 28, column (g) = line 10, column (g) /___/
line 10, column (a)

II. ADDITIONAL CHECKS FOR INTERNAL CONSISTENCY

For each line is:

- a. Column (b) = column (a)? /___/
- b. Column (d) = column (c)? /___/

c. Column (f) = column (e)? / /

d. Column (h) = column (g)? / /

III. Has the grantee attached a narrative of steps taken to achieve its HAP goals, short of firm financial commitment of units? YES NO

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Provide details for all NO answers above.

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Exhibit 2 Suggested Completeness Screening

HOUSING ASSISTANCE PERFORMANCE - PART II (HUD 4950.7)

Grantee: _____ Reviewer: _____ Date: _____

1. Has the grantee entered on this form each HUD assisted housing project which received a firm financial commitment since 1975, and which has not been previously reported on this form in a previous GPR as having either begun construction or lost its firm financial commitment. YES NO
(Note, to verify this item check both the last completed GPR and the Housing Production Reports in the Area Office.)

2. For each project has the grantee completed each of the following: YES NO

OK

column a: Project Number / /

column b: Project Name / /

column c: Census Tract Number / /

column d: i. Total Number of assisted units / /

ii. # of assisted units by household type
(E = Elderly, S = Small Family, &
L = Large Family) / /

column e: The month and year of HUD's firm financial commitment. / /

3. For each assisted housing project in which more than 18 months has elapsed from the date of the GPR, has the grantee completed either column (f) or column (g) or provided a narrative description describing the reasons for the delay?
- YES NO

* * * * * * * * * *

Provide details for all NO answers above.

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Suggested Completeness Screening

Exhibit 2

HOUSING OPPORTUNITIES - PART I

HUD FORM 4950.8

Grantee: _____ Reviewer: _____ Date: _____

- | | | |
|---|-----|----|
| 1. Has the grantee described in item 3 the actions taken in the last CD program year to further fair housing? | YES | NO |
| 2. Has the grantee described in item 3. the results of the actions taken to affirmatively further fair housing? | YES | NO |
| 3. Has the grantee described in item 4. specific actions it has taken in the last CD program year to increase housing opportunities for lower-income persons? | YES | NO |

* * * * * * * * * *

Provide details for all NO answers above.

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Exhibit 2

Suggested Completeness Screening

HOUSING OPPORTUNITIES - PART II

HUD FORM 4950.9

Grantee: _____ Reviewer: _____ Date: _____

1. Has the grantee completed a separate Housing

| | | |
|--|-----|----|
| Opportunities Part H forms for each housing program which provided assistance in the grantee's jurisdiction during the last CD program year? (Note that the name of each housing program should be entered in item 3.) | YES | NO |
| 2. For each completed form, has the grantee provided census tract numbers? | YES | NO |
| 3. Opposite each census tract number, has the grantee identified the number of households receiving assistance in columns (b) through (p)? (Note, each line should be completed for each household type and racial or ethnic group.) | YES | NO |
| 4. For each column (b) through (p), has the grantee provided the correct arithmetic Total for the column? | YES | NO |
| 5. For each completed form, has the grantee provided the number of "female headed households" for each household type? | YES | NO |

* * * * *

Provide details for all NO answers above.

| | |
|----------------------------------|-----------|
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| Suggested Completeness Screening | Exhibit 2 |

DISPLACEMENT (HUD 4950.10)

Grantee:_____ Reviewer:_____ Date:_____

Complete this review if the grantee shows on the form that displacement has occurred or if you know that activities causing displacement have occurred during the last completed program year.

| | | |
|--|-----|----|
| 1. If the grantee has completed the Displacement form, has the grantee attached a narrative of the actions it has taken to mitigate any adverse effects? | YES | NO |
| 2. Has the grantee provided census tract numbers in column (a)? | YES | NO |
| 3. For each column (b) through (s), has the grantee provided the correct arithmetic Total at the bottom of each column? | YES | NO |

CHECKS FOR INTERNAL CONSISTENCY: Review the "TOTALS" line only

4. Are each of the following correct?:

YES NO

- a. WHITE, not Hispanic origin
Totals line: column (b) = columns (h) + (n) OK

/___/
- b. BLACK, not Hispanic origin
Totals line: column (c) = columns (i) + (o) _____
/___/
- c. AMERICAN INDIAN or ALASKAN NATIVE
Totals line: column (d) = columns (j) + (p) _____
/___/
- d. HISPANIC
Totals line: column (e) = columns (k) + (q) _____
/___/
- e. ASIAN or PACIFIC ISLANDER
Totals line: column (f) = columns (l) + (r) _____
/___/
- d. FEMALE HEADED HOUSEHOLD
Totals line: column (g) = columns (m) + (s) _____
/___/

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Provide details for all NO answers above.

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