



03362

# Review Checklist Fair Housing Assistance Program (FHAP) Applications

U.S. Department of Housing  
and Urban Development  
Office of Fair Housing and Equal Opportunity

Applicant	Capacity Building	Incentive Funds
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**Note:** The 'Remarks' section should be used to comment on the inadequacy of the application. The information should be written in such a way as to be instructive to the applicant so that they can correct any noted deficiency. If the answer to any one of the above is 'no' or 'incomplete' the Regional Office will notify the applicant in writing of the deficiencies found. The applicant **must**, within 20 days from the receipt of the notification from the Regional Office, correct the deficiency or supply the additional information that the Regional Office requests. Such notification should remind the applicant that failure to respond appropriately within the 20 day period may be construed to be an abandonment of the applicant.

### I. Threshold Eligibility Criteria

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A. Applicant's law has been recognized as providing rights and remedies subsequently equivalent to those provided by Title VIII, or the Department has entered into an agreement regarding interim referrals of complaints before September 13, 1988, the date of the enactment of the Fair Housing Amendments Act of 1988. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Applicant agency has executed a written Memorandum of Understanding with the Department or an Agreement for Interim Referrals of Complaints.   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Applicant has demonstrated to HUD procedures acceptable for cooperating with other FHAP-funded agencies having concurrent jurisdiction.  | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Applicant has not unilaterally reduced the level of financial resources committed to fair housing complaint processing.  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Applicant has agreed to participate in HUD-sponsored training.   | <input type="checkbox"/> | <input type="checkbox"/> |

### II. Additional Criteria for Incentive Funds

- |   | Yes                      | No                       |   |
|---|--------------------------|--------------------------|---|
| A. Applicant acceptably processed the stated minimum number of dual filed cases in the 12 month period specified by NOFA.   | <input type="checkbox"/> | <input type="checkbox"/> | Number Processed                                |
| B. Applicant performed satisfactorily in the timely submission of vouchers  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| C. The applicant completes the administrative processing of a complaint in a timely manner, (such timely manner will be defined in written guidance to the reforms).  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| D. Applicant engaged in comprehensive and thorough investigative activities based on HUD's most recent annual evaluation and monitoring.  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| E. Applicant's budget expenditure data for most recently concluded year indicates that the agency spent no less than the minimum percentage of funds other than Federal funds, as set forth in the NOFA, in support of fair housing activities. | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Determine<br><input type="checkbox"/> |
- See also III F below.

### III. Submission Requirements

- |  |                          |                          |
|--|--------------------------|--------------------------|
| A. Application received by date and time established in RFA.               | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Applicant submitted original and 2 copies of the application            | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Application was signed by authorized representative of the applicant.   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Application contains signed Standard Assurances (SF-424b)               | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Application contains completed Drug Free Workplace Certification.       | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Application contains signed certifications required by 24 CFR Part 111. | <input type="checkbox"/> | <input type="checkbox"/> |

Remarks

**IV. Substantive Requirements**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A. Application contains a completed SF-424 (Application for Assistance)   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Application contains a <i>Program Narrative Statement</i> describing the applicant's proposed activities and objectives.                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. All activities proposed for funding address, or have ultimate relevance to matters affecting fair housing which are cognizable under the Fair Housing Act. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Application contains a schedule for completion of each task/activity.  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Activities proposed are consistent with the objectives to be met.  | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Objectives are related to reasonable fair housing concerns for the applicant.  | <input type="checkbox"/> | <input type="checkbox"/> |
| G. For Capacity Building, application contains information to justify amount of funds requested.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Remarks   |                          |                          |

**V. Budget Requirements**

- |  | Yes                      | No                       |   |
|--|--------------------------|--------------------------|---|
| A. Does the budget contain requisite data in Section A, B, C and D of the SF-424a?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| B. Does the application contain an estimated cost of each proposed activity?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| C. Is the budget information on the SF-424a supported by the summary of the development of the individual costs?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| D. Is the summary of the development of the individual costs consistent with the activities/task proposed?   | <input type="checkbox"/> | <input type="checkbox"/> | More Information Needed<br><input type="checkbox"/> |
| E. <i>Summary of Development of Individual Costs</i>   |                          |                          |   |
| 1. For direct labor, does it have an estimated number of hours and rate per hour or otherwise established pay scale?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 2. For fringe benefits, does it show what the base is and what the rate is?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 3. For material and equipment, does it show, by item, the quantity and unit cost?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 4. For transportation, does it show mileage and rate/mile for POV? Fare for public transportation? Trips and destination? Number of days and daily rate per diem or subsistence? | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 5. For consultants, does it show the type of and the number of days and rate per day for each type?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Is it within the maximum rate allowed?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 6. For subcontracts, does it list individual subcontracts and amounts with a separate budget proposal for each subcontract?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 7. For other direct costs, does it show, by item, the quantity and unit cost?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| F. Are there indirect costs proposed?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 1. If yes, is the indirect rate: <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined<br><input type="checkbox"/> Final <input type="checkbox"/> or Fixed |                          |                          |   |
| How?   |                          |                          |   |
| Did CAO confirm this rate?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 2. What is the rate? What is the base to which the rate is applied?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 3. Was RCO consulted on the indirect costs?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| If not, was any technical advice solicited?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| From Whom?   |                          |                          |   |

EOS Name & Date:

DOC Name & Date

ROD Signature & Date: