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**MARION COUNTY**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM MANUAL**

**for**

***Public Service Projects***

**Marion County Board of Commissioners Office**

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**Instructions to all Applicants for Community Development Block Grant Funding**

This Program Manual outlines the various public service project requirements that will apply to entities receiving funding from the Community Development Block Grant (CDBG) program that is funded by the Federal Department of Housing and Urban Development (HUD) and administered by Marion County. One of our responsibilities, as grant administrators, is to ensure that federal and local program requirements are met. These requirements are implemented locally through the current Marion County, Oregon Consolidated Plan, and guided by the Marion County Community Development Block Grant Program Policy Manual. The purpose of the CDBG Program Manual is to provide guidance to applicants about the steps they must undertake and consider before applying for funding from Marion County’s CDBG Program.

In certain aspects of program activity, federal requirements may be quite detailed. We have not attempted to copy all federal requirements in this manual; rather to give you enough information to know whether you can proceed on your own or should contact this office for further instructions relating to individual project needs. In some areas, federal requirements may be vague and/or subject to interpretation. Do not hesitate to contact this office if you have any questions as to how to proceed. If necessary, we will contact HUD for guidance.

Sponsors are cautioned that federal requirements may apply to non-CDBG funded portions of a project or to activities that are undertaken prior to receipt of a grant award. For example, the implications of environmental review requirements, which prohibit any “choice-limiting” activities be performed on the project site after the application for funding is submitted but prior to completion of the environmental review and “Notice to Proceed”.

Once you are notified your project has been selected for funding, Marion County will conduct the environmental review and draw up an agreement with your jurisdiction or agency. This agreement will require compliance with specific federal and local program requirements. Marion County will send you a "Notice to Proceed" when the environmental review is completed and the agreement between the County and your jurisdiction or agency will be signed by both parties. From that date to the termination date specified in the agreement, you will be able to undertake project activities reimbursable by the grant program.

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**Section I**

**Environmental Review Requirements**

**Environmental Review Requirements**

These guidelines apply to all public service projects receiving awards of CDBG funds from Marion County. This section offers guidance for the completion of an environmental review (ER) under HUD’s Environmental Review Regulations (24 CFR Part 58).

Please read the following guidance carefully to determine whether your project will be compliant with the HUD requirements related to environmental reviews.

Overview of the Environmental Review Process

Environmental review processes, particularly the level of review required, vary with the type of project being considered. Most Public Service projects will convert to exempt under federal regulation for further review. The Environmental Review Checklist for Public Services that follows, is intended, once completed, to provide enough information for Marion County staff to determine whether a project may be considered to have “passed” environmental review, or whether more detailed information will be needed to evaluate that question. Marion County will complete this checklist for public services as it applies to your project prior to contract execution.

***Please note that no choice-limiting actions can take place until the entire HUD Environmental Review process has been completed. Types of choice-limiting actions include but are not limited to executing a purchase agreement for acquisition (though an option agreement is allowed), executing a lease agreement, demolition, construction, and executing construction contracts.***

#### Environmental Review Checklist for Public Services

**Determination of Exemption and Determination of Categorical Exclusion (not subject to Section 58.5)**

**24 CFR 58.34(a) and 58.35(b)**

|  |
| --- |
| **Activity Name and Grant Number: Address:**  **Activity Description:**  Funding Source: CDBG HOME ESG HOPWA EDI ICDBGNAHASDA Other: |
| √ **The activity falls into the category below, which is listed at 24 CFR 58.34(a) as Exempt**  **ls into the category below, which is listed at 24 CFR 58.34(a) as Exempt.** | |
| 1. Environmental and other studies, resource identification, and development of plans and  strategies |
| 2. Information and financial services |
| 3. Administrative and management activities |
| 4. Public services that will not have a physical impact or result in any physical changes including but not limited to services concerned with: |
| * Employment Education * Crime prevention Counseling * Child care Energy conservation * Health Welfare * Recreation needs Other * Drug abuse |
| 5. Inspections and testing of properties for hazards or defects |
| 6. Purchase of insurance |
| 7. Purchase of tools |
| 8. Engineering or design costs |
| 9. Technical assistance and training |
| 10. Temporary or permanent improvements that do not alter environmental conditions and are limited to activities to protect, repair or arrest the effects of disasters or imminent threats to public safety, including those resulting from physical deterioration. |
| 11. Payment of principal and interest on loans made or obligations guaranteed by HUD |
| **The activity falls into the category listed below, which is listed at 24 CFR 58.35(b) as categorically Excluded activity not subject to Section 58.5.** | |
| 1. Tenant-based rental assistance |
| 1. Supportive Services (including but not limited to):    * Health care    * Housing services    * Permanent housing placement    * Day care    * Nutritional services    * Short term payments for rent/mortgage/utility costs    * Assistance in gaining access to government benefits/services |
| 1. Operating Costs:    * Maintenance  Furnishings    * Security  Equipment    * Operation  Supplies    * Utilities  Staff training and recruitment |

|  |
| --- |
| 1. Economic Development Activities:    * Equipment purchase    * Inventory financing    * Interest subsidy    * Operating costs    * Other expenses not associated with construction or expansion |
| 1. Activities to assist homeownership with existing or dwelling units under construction not assisted with Federal funds:    * Closing costs and down payment assistance to homebuyers    * Interest buydowns or other actions resulting in transfer of title |
| 6. Affordable housing pre-development costs   * Legal consulting * Developer and other site-option costs * Project financing * Administrative costs for loan commitments, zoning approvals, and other activities which don’t have a physical impact |
| 7. Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under Part 58, if the same responsible entity conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under Section 58.47 |

**24 CFR 58.6 Requirements Section 1. Flood Disaster Protection Act**

|  |  |  |
| --- | --- | --- |
| Are funds for acquisition (including equipment) or construction (including repair and rehabilitation) purposes? | Yes  Continue | No  Proceed to Section 2- Act does not apply |
| Is the Activity in an area identified as having special flood hazards (SFHA)?  Identify FEMA flood map used to make this determination: Community Name and Number  Map panel number and date | Yes, Document and Continue | No Document and Proceed to Section  2-Act does not apply |
| Is the Community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)? | Yes-Document and follow instructions below. | No-**Federal Assistance may not be used for this project.** |
| Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file. | | |

**Section 2. Airport Runway Clear Zones (Civil) and Accident Potential Zones (Military)**

|  |  |  |
| --- | --- | --- |
| Does the project involve HUD assistance, subsidy or insurance for the purchase or sale of an existing property? | Yes Continue | No—Proceed to Section  3-Regulation does not  apply. |
| Is the project located within 2,500 feet of a civil airport or 15,000 feet of a military airfield? | Yes Continue | No—Document and Proceed to Section 3-- Regulation does not apply. |
| Is the project located within an FAA-designated civilian airport Runway Clear Zone (RCA) or Runway Protection Zone, or within the military Airfield Clear Zone (CZ) or Accident Potential Zone/Approach Protection Zone (APZ), based upon information from the airport or military airfield administrator identifying the boundaries of such zones? | Yes Continue | No—Document and Proceed to Section 3— regulation does not apply. |

Comply with 24 CFR Part 51, Subpart D. This may include providing a written notice to a prospective buyer or leaser of the potential hazards from airplane accidents and the potential that an airfield operator may wish to purchase the property. Maintain copies of the signed notice. For properties located in a military clear zone, make and document a determination of whether the use of the property is consistent with DOD guidelines. Notice Sample: <http://www.hud.gov/offices/cpd/energyenviron/environment/compliance/qa/airporthazards.pdf>)

**Section 3. Coastal Barrier Resources Act**

Section 58.6 also requires compliance with the Coastal Barrier Resources Act. There are no Coastal Barrier Resource Areas in Washington, Oregon, Alaska, or Idaho. Therefore, the Act does not apply.

**Certification**

A Request for Release of Funds (RROF) is not required for this project. The activity may be initiated without further environmental review beyond 24 CFR Part 58.6.

**Name of project \_**

**Responsible Entity Signature**

**Name and Title (print) Date**

**Section II**

**Guidelines for Project Beneficiary Income Verification & Documentation**

**CDBG Guidelines for Project Beneficiary**

**Income Verification & Documentation**

One basic intent of the Community Development Block Grant (CDBG) program is to assist individuals/families with low-to-moderate incomes in meeting their needs for housing or services. As this is a prime purpose of the programs, it follows that it is of critical importance for funding recipients, Marion County, and the U.S. Department of Housing and Urban Development (HUD) to know that low-income households are indeed benefiting from the investment of CDBG resources. The best way to gain this knowledge is to verify and document the incomes of all project or activity beneficiaries who qualify based on income. This section details the responsibilities each recipient of CDBG funding from Marion County must accept, and the tasks that must be carried out, in order to qualify for CDBG funding for acquisition and construction projects.

Marion County and its funding recipients generally must verify household income eligibility for all of the beneficiaries of federally assisted programs and activities. Community Development Block Grant program resources must be used in ways that primarily benefit people in Marion County with incomes at or below 80% of the median income for their household size. The CDBG program regulations require that the income of all adults (18 or older) household members (with certain exceptions) be included in the determination of "annual income." Also, income limitations are relative to household size. In practice, this means that before determining income, you must first determine the number of persons comprising the household, then calculate the income of all adult persons in the household.

To determining eligibility for assistance, the CDBG regulations require that funding recipients anticipate (project) a beneficiary household's annual income. In order to accomplish this, a "snapshot" of the household's current circumstances can be used to project future income. You can then assume that a household's current circumstances will continue for the next 12 months unless there is verifiable evidence to the contrary.

CDBG Program Income Limits refer to the HUD Median Income Levels for the Salem Primary Metropolitan Statistical Area. These income limits are included in the application package for CDBG funding and are available upon request.

Funding recipients receiving funding for Public Service projects are required to determine the number of low-income beneficiaries that will access the services provided within a one-year time period, typically between July 1 – June 30th of the program year in which they are receiving CDBG funding. Multi-year projects determine the number of beneficiaries for the two- or three-year period that services are provided. Activities may also qualify if they serve clients that are documented to be income eligible as defined by HUD Income Standards. If the facility project will ***exclusively*** serve any of the following groups, then they are ***presumed*** to be serving low-income beneficiaries:

* abused children
* battered spouses
* elderly persons (over the age of 62)
* adults meeting the Bureau of Census definition of “severely disabled”
  + homeless persons
  + illiterate adult
  + persons living with AIDS
  + migrant farmworkers

To compare a household's annual income information to the area median income table:

Find the column that corresponds to the number of persons in the household, then

compare the verified annual gross income of the household with the income limit for that household size. If the annual gross income is at or below the limit for the household size, then the beneficiary is determined to be income qualified.

The attached Sample Client Intake Form at the end of this section contains the minimum information that must be collected by the Sponsor for all beneficiaries during the specified one-year time period.

**Instructions for the Race and Ethnic Data Reporting**

Applicants and organizations receiving Federal financial assistance from the Department of Housing and Urban Development (HUD) are required to report race and ethnic information. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

***Please note that HUD’s collection of racial data treats ethnicity as a separate category from race!*** To report race and ethnicity data correctly, each person must first identify his or her race, and then select the appropriate ethnicity (either Hispanic/Latino or NOT Hispanic/Latino). Example, if someone answers that they are Latino, you would indicate “Hispanic/Latino” under the ethnicity column, and then ask the person to indicate which category under race most closely identifies with that person’s continent of origin.

|  |  |
| --- | --- |
| *Race* | *Ethnicity* |
| **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. | **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.” |
| **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam. | **Not Hispanic or Latino**. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. |
| **Black or African American**. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.” |  |
| **Native Hawaiian or Other Pacific Islander**. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |  |
| **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa. |  |

HUD states that self-reporting of self-identification, rather than observer identification is the preferred method for collecting race and ethnicity data. Self-identification for race and ethnicity means that responses are based on self-perception. You must make every effort to collect data for the aforementioned racial and ethnic categories. You may use the category “Other Multi- Racial”, but you must track what these race categories or race combinations are. Anytime you gave a number that fits in this “other multi-Racial” category, you should be able to provide a narrative description in the space provided.

CDBG Client Intake Form Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Effective March 17, 2022)*

**Income Reporting**

In the table below, please find your household size (the total number, including yourself, who live in your home) in the first column, and then look at the three numbers in the columns to the right of your household size. Please circle the one number that is both higher than your annual income, and the closest to your annual income:

|  |  |  |  |
| --- | --- | --- | --- |
| Household Size | 80% AMI  (Low Income) | 50% AMI  (Very Low Income) | 30% AMI  (Extremely Low Income) |
| 1 | $ 39,600 | $ 24,750 | $ 14,850 |
| 2 | $ 45,250 | $ 28,300 | $ 17,420 |
| 3 | $ 50,900 | $ 31,850 | $ 21,960 |
| 4 | $ 56,550 | $ 35,350 | $ 26,500 |
| 5 | $ 61,100 | $ 38,200 | $ 31,040 |
| 6 | $ 65,600 | $ 41,050 | $ 35,580 |
| 7 | $ 70,150 | $ 43,850 | $ 40,120 |
| 8 | $ 74,650 | $ 46,700 | $ 44,600 |

Race and Ethnicity Reporting (Report for both Race AND Ethnicity)

|  |  |
| --- | --- |
| **1) Please check the box below next to your race: (You may check more than one box.)** | **2) Please check the box below next to your ethnicity: (Check only one box.)** |
| American Indian or Alaska Native | Hispanic or Latino |
| Asian | Not Hispanic or Latino |
| Black or African American |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| American Indian or Alaska Native and  White |  |
| Asian AND White |  |
| Black/African American and White |  |
| American Indian/Alaska Native and  Black |  |
| Other Multi-Racial |  |

|  |  |
| --- | --- |
| Do you have a disability?  Yes  No | Please check the box below next to your gender:  Male  Female |
| **If you checked “female” above, are you the head of your household (either living alone, or a single mother, or living with a female roommate)?**   * Yes * No | |

**Section III**

**CDBG Guidelines for Procurement of Goods and Services**

**CDBG Guidelines for Procurement of Goods and Services**

It is the policy of the Marion County to encourage and foster competition in the awarding of contracts for goods and services to be funded with federal CDBG resources. Applicants must be aware of the requirements that will apply to their selection of the contractors that will carry out the work proposed in a CDBG funding application, where applicable.

Depending upon various factors such as the type of agency seeking funds, the type of project, and the contractual relationship that an applicant will have with Marion County (subrecipient or non-subrecipient as defined by HUD), specific federal procurement regulations (e.g., 24 CFR 84 or 24 CFR Part 85) may or may not apply. Prior to purchasing equipment, developing project plans or specifications, or soliciting contractors for a project, applicants should contact Marion County to request that a determination be made regarding the procurement requirements for their project. Early determination is critical because applicants may need to proceed differently depending upon which requirements apply.

The new OMB “Super-Circular”, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, supersedes and streamlines requirements from OMB Circulars A-21, A-87, A-110, A-122, A-89, A-102, and A-133; and the guidance in Circular A-50 on Single Audit Act follow-up. (Available at:

http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\_main\_02.tpl

Applicants are encouraged to review these documents as you prepare your project application and as you are preparing to procure goods and/or services. Regardless of whether or not specific federal procurement regulations such as 24 CFR 84 apply to an applicant, there are a number of universal procurement standards that apply to all capital projects funded in whole or in part through Marion County’s CDBG program.

Key procurement and contracting requirements that apply include:

*Cost reasonableness* must be determined and documented for all project costs including costs for purchase of goods and services. Some form of price analysis must be made and documented in the applicant’s procurement files in connection with every procurement action. At a minimum, records must include criteria for proposal selection, justification for lack of competition when competitive bids or offers are not obtained, and the basis for making a cost reasonableness determination. [2 CFR Part 200 – Subpart E](http://www.ecfr.gov/cgi-bin/text-idx?SID=e583b3f4a781bcdb09dd9763cd06ddf6&amp;mc=true&amp;node=sp2.1.200.e&amp;rgn=div6) stipulates that a cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

Using a price analysis to determine cost reasonableness may be accomplished in various ways, including: the comparison of price quotations submitted; independent and qualified third-party estimates or in-house estimates that are performed and documented prior to receiving contractor proposals; or written comparisons to market prices.

Proposals shall be reviewed and compared in order to assess cost reasonableness, scope, completeness, and satisfaction of other criteria that may have been stipulated in the request for proposal. While project cost will, in all cases, be weighted heavily in reviewing competing proposals, the selected proposal shall be the one determined to be most advantageous when price, quality, and other factors such as contractor experience and capacity for your specific project, are considered.

The applicant makes the final contractor selection and will contract directly with the contractor. Marion County does not and will not have a contractual relationship with the contractor, does not endorse or recommend one contractor over another, warranty the work or performance of any contractor.

**MBE/WBE Outreach Requirement Overview**

***Applicability***

At a minimum, Marion County, and the recipients of funding through its CDBG program are required to implement outreach programs to ensure that contracting opportunities are facilitated, to the maximum extent possible, for entities owned by minorities and women. MBE/WBE compliance requirements are included in all CDBG funding agreements. These requirements include provisions that all funding recipients, prime contractors, and owners of CDBG -assisted projects comply with the MBE/WBE outreach program procedures as a condition of assistance.

***Definitions***

A Minority Business Enterprise (MBE) is defined as a business firm which is at least 51 percent (51%) owned by minority group members, or in the case of a publicly owned business, at least 51 percent (51%) of the stock of which is owned by minority group members. A Women’s Business Enterprise (WBE) is defined as a business firm which is at least 51 percent (51%) owned by women group members, or in the case of a publicly owned business, at least 51 percent (51%) of the stock of which is owned by women group members. The minority or women’s ownership must exercise actual day to day management and control of the business; Minority and Women’s Business Enterprises must be officially certified or recognized as such, and must be included on the state of Oregon’s listing of such firms, available at <https://oregon4biz.diversitysoftware.com/FrontEnd/VendorSearchPublic.asp.> Please consult with Marion County staff to assure that you receive and work with a copy of the most recently-updated MBE/WBE list.

***Requirements and Procedures***

Marion County can help applicants prepare a solicitation list of certified MBE/WBE firms which includes their capabilities, services, supplies and/or products. The services and assistance of the Minority Business Development Agency of the U.S. Department of Commerce, and other appropriate federal and state agencies, may also be called upon as needed to meet the MBE/WBE requirements. The Office of Minority, Women, and Emerging Small Businesses and the MBE/WBE Directory Web site noted above offer comprehensive on-line directories of minority and women owned business enterprises specific to the area of a proposed project site.

Marion County and its recipients of CDBG funds will both maintain records which describe MBE/WBE outreach activities undertaken, and will require that prime contractors, developers, and owners of CDBG-assisted projects do the same and submit annual reports on their MBE/WBE outreach activities to Marion County as a condition of receipt of federal funds while funded projects are underway. Contractor reporting forms are available from Marion County.

As a prerequisite to demonstrate MBE/WBE goal achievement, applicants will need to provide Marion County with the following information:

Copies of timely solicitation letters (dated a minimum of fourteen (14) calendar days prior to bid opening) sent to MBE/WBE firms. The solicitation letters should include the specific type or work and delivery schedule conforming to the type of work that the MBE/WBE firm performs.

Documentation of any other efforts to extend opportunities to MBE/WBE firms, such as advertisements in minority and women trade association newsletters and minority-owned media and written notification sent to minority and women contractor associations.

The names of selected MBE/WBE subcontractors to be utilized.

The type of work and dollar amount to be awarded to each MBE/WBE subcontractor.

The total dollar amount of MBE/WBE participation

**METHODS OF PROCUREMENT**

Whatever method of procurement is used, all contracts and Requests for Proposals (RFP's) must be reviewed by Marion County before prospective vendors are allowed to tender a bid or submit a proposal. In addition, Marion County must pre-authorize any noncompetitive proposal procurement.

Small purchasing procedures are applicable for the procurement of services, supplies, or other property costing in the aggregate not more than $100,000. These procedures are relatively simple, informal and do not always involve competitive bidding. In obtaining goods or services by the small purchase method, local Contract Review Board Rules and ORS 279 must be followed, where applicable. In addition, a minimum of three competitive price quotes must be obtained for any small purchase.

Procurement by noncompetitive proposals is procurement through solicitation of a proposal from only one source, or after solicitation of several sources, competition is determined inadequate.

Procurement by noncompetitive proposals may be used only when the award of a contract is infeasible under small purchase procedures, sealed bids, or competitive proposals and one of the following circumstances apply:

* The item is available only from a single source;
* Public emergency when the urgency for the project will not permit a delay
* relative to competitive solicitation;
* After solicitation of a number of sources, competition is determined inadequate; or,
* HUD authorizes noncompetitive negotiation

CONTRACT COMPLIANCE

The sponsor's subcontracts must contain the provisions of this section:

All CDBG-funded contracts must be provided to Marion County to review prior to execution. All ***contract documents*** must include the following language:

“This contract and the work it will carry out is being funded in whole or in part with funding from the U.S. Department of Housing and Urban Development through the Marion County CDBG program.”

1. Termination for cause and for convenience by the sponsor including the manner by which it will be affected and the basis for settlement (for all contracts in excess of $10,000). Sample contract language will be provided by Marion County upon request.

The sponsor must also monitor for insurance requirements and invoices for completion where applicable.

**Section IV**

**Non-Discrimination, Fair Housing and Accessibility Requirements**

***Non-Discrimination, Fair Housing and Accessibility Requirements for Projects Receiving CDBG Funding***

Different sets of accessibility-related nondiscrimination requirements apply to the CDBG program: the Architectural Barriers Act, the Fair Housing Act, and the Americans with Disabilities Act (ADA), and Section 504. It is important to note that these requirements will vary depending on the type of proposed activity.

**The Architectural Barriers Act**

The Architectural Barriers Act of 1968 requires certain federal and federally funded buildings and other facilities to be designed, constructed, or altered in accordance with standards that insure accessibility to, and use by, physically handicapped people. A building or facility, including a residential structure, designed, constructed, or altered with CDBG funds after December 11,1995, and that meets the definition of a “building” (as defined below) is subject to the requirements of the Architectural Barriers Act as it is implemented through the Uniform Federal Accessibility Standards (UFAS) (24 CFR Part 40 and 41 CFR Part 101).

Building: The term "building" means any building or facility (other than (A) a privately owned residential structure not leased by the Government for subsidized housing programs and (B) any building or facility on a military installation designed and constructed primarily for use by able bodied military personnel) with the intended use for which either will require that such building or facility be accessible to the public, or may result in the employment or residence therein of physically handicapped persons, which building or facility is:

1. To be constructed or altered by or on behalf of the United States;
2. To be leased in whole or in part by the United States after August 12, 1968; or
3. to be financed in whole or in part by a grant or a loan made by the United States after August 12, 1968, if such building or facility is subject to standards for design, construction, or alteration issued under authority of the law authorizing such grant or loan.

**The Fair Housing Act**

The Federal Fair Housing Act makes it illegal for landlords, managers, home owners, real estate agents, mortgage brokers, lenders, banks and others to discriminate against anyone on the basis of:

* Race
* Color
* National Origin & Ethnicity
* Religion
* Family Status (families with children under 18)
* Physical or Mental Disability
* Sex & Gender

State Protected Classes Include:

* Marital status
* Legal sources of income (including Section 8 Voucher Holders)
* Sexual orientation including gender identity

***The Americans with Disabilities Act***

The Americans with Disabilities Act (ADA) provides comprehensive civil rights to individuals with disabilities in the areas of employment, public accommodations, state and local government services and telecommunications. The ADA also states that discrimination includes the failure to design and construct facilities that are accessible to and usable by persons with disabilities. The ADA also requires the removal of architectural and communication barriers that are structural in nature in existing facilities. Removal must be readily achievable, easily accomplishable, and able to be carried out without much difficulty or expense.

***Section 504***

HUD’s regulations implementing Section 504 in federally assisted programs services and activities are codified at 24 CFR Part 8. HUD’s regulations at 24 CFR Part 8 apply to all applicants for, and recipients of, HUD financial assistance in the operation of programs or activities receiving such assistance.

*Section 504 states:*

“No otherwise qualified individual with a disability in the United States... shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, service or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service.”

HUD’s Section 504 regulations define an individual with a disability as any person who has a physical or mental disability that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment [24 CFR 8.3]. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. The law also applies to individuals who have a history of such impairments as well as those who are perceived as having such an impairment.

A person who meets the above definition, and who is otherwise qualified for the program, service or activity, is covered under Section 504. To be otherwise qualified means the individual meets the essential eligibility requirements, including, for example, requirements for tenancy, if the program is a housing program.

Section 504 covers all programs, services, and activities of recipients of HUD financial assistance, including, for example:

* Outreach and public contact, including contact with program applicants and participants
* Eligibility criteria
* Application process
* Admission to the program
* Tenancy, including eviction
* Service delivery
* Employment policies and practices

*Section 504 Prohibitions Against Discrimination:*

* Denying a qualified individual with disabilities the opportunity to participate in, or benefit from, the housing, aid, benefit, or service.
* Failing to afford a qualified individual with disabilities the opportunity for equal participation and benefit.
* Honorably discharged veterans / military status
* Survivors of domestic violence

Failing to provide a qualified individual with disabilities a program or service that affords the same opportunity to benefit as that afforded others.

* Providing different or separate housing, aid, benefits, or services on the basis of disability unless providing such is necessary to provide housing or benefits that are as effective as that provide to persons without disabilities.
* Providing significant assistance to an agency, organization or person that discriminates on the basis of disability in any aspect of a federally assisted activity.
* Denying a qualified individual with disabilities the opportunity to participate as a member of planning or advisory boards.
* Denying a dwelling to an otherwise qualified buyer or renter because of a disability of that buyer or renter or another prospective tenant.
* Limiting in any other manner a qualified individual with disabilities in the enjoyment of any right, privilege, advantage, or opportunity afforded to others.
* Providing programs or services to qualified individuals with disabilities in settings that are unnecessarily separate, segregated, or restricted.

*Recipients’ Responsibilities Under Section 504*:

* Take steps to ensure effective communication with applicants, beneficiaries, and members of the public. [24 CFR 8.6]
* Take steps to ensure that employment activities, including job announcements, recruitment, interviews, hiring, work assignments, promotions, and dismissals, do not discriminate on the basis of disability.
* [24 CFR 8.10 - 8.13]
* Ensure that all non-housing programs are operated in a manner that does not discriminate on the basis of disability and that new construction and alterations of non-housing facilities are made accessible in accordance with applicable standards. [24 CFR 8.21]
* Operate existing housing programs in a manner that does not discriminate on the basis of disability, and take steps, as needed, to ensure that existing housing programs are readily accessible to and usable by persons with disabilities. Develop and implement a transition plan to assure compliance. [24 CFR 8.24]
* Provide reasonable accommodations which may be necessary for a person with a disability to use or participate in the program, service, or activity; unless the recipient can demonstrate that the accommodation will result in an undue financial and administrative burden or a fundamental alteration in the nature of the program, service or activity. A reasonable accommodation is an adaptation or modification to a policy, program, service, or workplace which will allow a qualified person with a disability to participate fully in a program, take advantage of a service, or perform a job. Reasonable accommodations may include, but are not limited to, adjustments or modifications to buildings, facilities, dwellings, and may also include provision of auxiliary aids, such as readers, interpreters, and materials in accessible formats. [24 CFR 8.4, 8.11, 8.20, 8.21, 8.24, 8.25, 8.33]
* Pay for a reasonable accommodation needed by the individual (e.g., a ramp to a unit) unless providing that accommodation would be an undue financial and administrative burden or a fundamental alteration of the program. [24 CFR 8.4, 8.11, 8.20, 8.21, 8.24, 8.25, 8.33]
* Ensure that all new construction of housing facilities is readily accessible to and usable by persons with disabilities and meets the requirements of applicable accessibility standards. [24 CFR 8.22 and 8.32]
* Ensure that substantial alterations, when undertaken, meet the requirements for new construction. [24 CFR 8.23(a)] Ensure that all other alterations, to the maximum extent feasible, meet the requirements of the applicable accessibility standards. [24 CFR 8.23(b)]
* Conduct any required needs assessments (for recipients who are public housing agencies) to determine the extent to which the housing needs of persons with disabilities are being met in the recipient’s program and in the community. [24 CFR 8.25]
* Distribute accessible dwelling units throughout projects and sites and make such units available in the same ranges of sizes and amenities to provide housing choices for persons with disabilities that are the same as those provided to others. [24 CFR 8.26]
* Adopt suitable means to ensure persons with disabilities are made aware of the availability of accessible units and to maximize use of accessible units by individuals needing the features of these units. [24 CFR 8.27]
* Conduct any required self-evaluations of programs, services, and activities to determine if they are programmatically and physically accessible to persons with disabilities and involve persons with disabilities in these evaluations.[24 CFR 8.51]
* Recipients with 15 or more employees must designate an employee to ensure the recipient’s programs, services and activities meet the requirements of Section 504; adopt a grievance procedure to effect due process standards and prompt and equitable resolutions of complaints. [24 CFR 8.53]
* Recipients with 15 or more employees must notify participants, beneficiaries, applicants, and employees of their nondiscriminatory provisions. [24 CFR 8.54]
* Recipients must maintain records and reports of efforts to meet the requirements of Section 504 and keep these records on file so that they are available if a complaint is filed, or if HUD conducts a compliance review. [24 CFR 8.55]

Oregon Accessibility Laws

The State of Oregon has its own laws addressing certain aspects of accessibility that may apply:

ORS 447.210 et seq., as originally enacted in 1971, applied only to government buildings, and incorporated only some of the then current ANSI A117.1 criteria. In subsequent years, the legislature extended the reach and breadth of the law. Current Oregon law is very broad, and even extends the reach of the ADA accessibility standards beyond those covered by the federal law to include certain private educational facilities, “private membership clubs, and churches” when located in buildings of two stories or more which are either: a) over 4,000 square feet in ground floor area; or b) over 20 feet in height).

ORS 447.233 contains explicit numerical requirements for accessible parking spaces and related signage, dimensional requirements, and access spaces.

ORS 456.506 et seq., passed in 2003, adopted most of the accessibility criteria of the FHA and mandated they be included in all new non-owner-occupied housing, even single units, if those units were financed or subsidized in any way by state or federal funds, guarantees, or tax credits.

**Section V**

**CDBG Funding Terms and Contract Compliance**

**CDBG Funding Terms and Contract Compliance**

PROMISSORY NOTE AGREEMENT

All Public Services sponsors shall enter into a Promissory Note with the County. The Promissory Note guarantees that the sponsor will operate the project to meet a national objective of the CDBG program during a pre-determined period of time; and it imposes conditions which the county determines are necessary to protect the county’s CDBG investment. Following completion of the project, Marion County will return the canceled Promissory Note to the sponsor.

CONTRACT EXHIBITS

Before we can enter into a formal grant agreement with your agency that will allow you to access CDBG funds, the County must complete the HUD Part 58 Environmental Review. Once this is complete and all contracts are signed by the County Administrator, we will send you an original copy of the final executed grant agreement accompanied by the official "Notice to Proceed," which will allow you to incur eligible costs chargeable to the CDBG program. Please note that we are prohibited from reimbursing you for any activities performed prior to the date specified in the Notice to Proceed!

Because contracting can be time consuming, we like to begin this process immediately upon sending the Notice of Award letter to your agency. The first step in contracting is for you to review and/or complete the documents that are included with your Notice of Award letter (further described below). The following items must be returned to our office upon the specified date provided in the letter in order to prepare the contract with your agency:

|  |  |
| --- | --- |
| Exhibit A, "Project Description, Scope of Activities and Anticipated Accomplishments | Prepared by Marion County - You will only be reimbursed for activities that are included in this project description, so be sure that the scope of work and corresponding budget is an accurate reflection of your project. If you feel the description is inaccurate, please contact staff so that we may revise it as needed. |
| Exhibit B – Authorization Signature Card | It is recommended that you have at least three signers for all voucher requests designated in case a back-up is needed. You may also access the form and instructions on how to complete it here by contacting Marion County Community Development Division. |
| Exhibit C – Budget Summary | The Budget Summary is available in MS Excel format and will be emailed to you by staff. Please complete the budget summary and *email* it back to for review prior to signing and submitting the approved contract version. This helps us identify early on any errors that may need correcting. |
| Insurance Requirements | Provide your agency’s most recent Certificate of Liability insurance showing that “***Marion County, its officers, agents, elected officials and employees***” is listed as an additional insured on the policy. Please instruct your insurance agent to send us a certificate as described above and *be sure to ask them to include the additional insured endorsement with the certificate*. Refer to the section, “Insurance Requirements” at the end of this section for further instructions on the types and amounts of insurance that is required. |
| FFATA  Checklist | Refer to the checklist at the end of this section for further instructions. | |
| Faith-Based Checklist | Refer to the checklist at the end of this section for further instructions. | |
| Section 504 Checklist | Refer to the checklist at the end of this section for further instructions. | |
| Matching Funds letter | According to program policy, you have until 90 days after the Notice of Award to verify the availability of matching funds for the project as proposed in your application. Please note this requirement and submit the letter to this office by that date designated in your Notice of Award letter verifying that all proposed funds are in place for the project. | |

Following receipt and review of the completed contract exhibits and all other requested items, we will prepare three agreements, which will include the enclosures, and send them to your agency for endorsement along with the Promissory Note. After we receive the signed agreements, they will be entered into the County's contract review process. We will then send you back an original copy of the fully executed agreement along with the Notice to Proceed.

**EXAMPLE – EXHIBIT A**

**PROJECT DESCRIPTION, SCOPE OF ACTIVITIES AND ANTICIPATED ACCOMPLISHMENTS**

1. **Project Number and Title:**

**CDBG Project #XXXX—**

1. **Description of: Project, Activities, Anticipated Accomplishments, Low and Moderate or Other Target Group Beneficiaries.**
   1. **Nature and Purpose of the Project:**
   2. **Proposed Location or Impact Area(s):**
   3. **Duration/Timing of the Project:**
   4. **Number of Low and Moderate Income or Target Group Beneficiaries:**
   5. **Component Activities (CDBG vs. Others):**

**CDBG = $ Agency = $**

* 1. **Quantitative Projections for CDBG Component Activities (in units, linear feet, square feet, etc.) for all acquisitions, construction, reconstruction, rehabilitation, etc.:**

**EXAMPLE – EXHIBIT B**

**Project No**

**Project Year (funded)**

**AUTHORIZATION SIGNATURE CARD**

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF SIGNATURE OF INDIVIDUALS AUTHORIZED TO SIGN FINANCIAL DOCUMENTS:**

**NAME (Type or Print**) **SIGNATURE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that the signatures above are of the individuals authorized to execute financial documents.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Signature of Authorized Official**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Director Title of Authorized Official**

**EXAMPLE – EXHIBIT C**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Number:  XXXX  Project Year (Funded):  20XX  **Budget Summary (2-page form)**  Community Development Block Grant | | | |
| Project Title: | | | |
| Legal Name of Entity: | | | |
| Address: City: State: Zip: | | | |
| **I. BUDGET LINE ITEMS**  **A. Personnel Services** | | | |
| **1. No. of Employees** | **2. Job Title** | **3. Total Salary** | **4. Portion Chargeable to CDBG** |
| **1** | Project Coordinator | $ 54,950.00 | $ 23,450.00 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 5. Subtotal |  | $ 54,950.00 | $ 23,450.00 |
| 6. Extra Help/Overtime | |  |  |
| 7. Fringe Benefits | | $ 23,550.00 | $ 10,050.00 |
| 8. TOTAL PERSONNEL COSTS | | $ 78,500.00 | $ 33,500.00 |
|  | | **Materials and Services** | **Portion Chargeable to CDBG** |
| **I.B. Materials and Supplies** | |  |  |
| 9. Office Supplies | | $ 500.00 | $ 500.00 |
| 10. Operating Supplies | |  |  |
| 11. Communications | |  |  |
| 12. Travel and Training | | $ 1,000.00 | $ 1,000.00 |
| 13. Legal & Public Notices | |  |  |
| 14. Professional Services | | $ 20,000.00 | $ 10,000.00 |
| 15. Construction Contracts | |  |  |
| 16. Other: Specify | |  |  |
| 17. TOTAL MATERIALS AND SERVICES | | $ 21,500.00 | $ 11,500.00 |

**SAMPLE**

|  |  |  |
| --- | --- | --- |
| **C. CAPITAL OUTLAY** | **Total Capital Outlay** | **Portion Chargeable to CDBG** |
| 18. Capital Outlay Quantity Item |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 19. Real Property Acquisition |  |  |
|  |  |  |
| 20. TOTAL CAPITAL OUTLAY | $ - | $ - |
|  | **21. Total Project Cost** | **22. Total CDBG Award** |
|  | **$ 100,000.00** | **$ 45,000.00** |
| **II. SOURCES OF PROJECT FUNDING** |  |  |
| 1. Federal |  |  |
| 2. State | $ 30,000.00 |  |
| 3. Local Cash | $ 15,000.00 |  |
| 4. County |  |  |
| 5. In-Kind Service and Supply |  |  |
| 6. Other (detail) | $ 10,000.00 |  |
|  |  |  |
| 7. Subtotal | $ 55,000.00 |  |
| 8. CDGB | $ 45,000.00 |  |
| **9. TOTAL PROJECT COST** | $ 100,000.00 |  |
| **III. AUTHORIZATION** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| Authorized Signature for Project \_ | Date | |
|  |  | |
| COUNTY USE ONLY | | |
| Reviewed and approved by Marion County on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | |
|  | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | | |

**INSURANCE**

A. Agency shall provide insurance coverage and limits as described below. All insurance carried by Agency must be primary to and non-contributory with any insurance, including any self-insurance or retentions carried by the County.

B. **Workers’ Compensation Insurance**: Agency shall comply with ORS 656.017, which requires subject employers to provide Oregon workers’ compensation coverage for all their subject workers. No Workers’ Compensation Insurance has been or will be obtained by the County for Agency or Agency’s employees and subcontractors. Agency shall provide and maintain workers’ compensation coverage for its employees, officers, agents or partners as required by applicable workers’ compensation laws including employers’ liability with limits not less than $500,000 each.

C**. Commercial General Liability Insurance**: Agency shall at all times carry a Commercial General Liability insurance policy for at least $1,000,000 per occurrence and at least $2,000,000 in the aggregate per project, for Bodily Injury, Property Damage, and Personal Injury. This insurance shall include contractual liability coverage for the indemnity provided under this Agreement.

D. **Automobile Liability Insurance**: Agency shall at all times carry Automobile Liability Insurance in the amount of $1,000,000 combined single limit per accident for Bodily Injury and property damage for Agency’s vehicles, whether owned, hired, or non-owned, which coverage is for Marion County, its agents, officers, elected officials and employees.

E. **Professional Liability/Errors and Omissions Insurance**: Agency shall at all times carry a Professional Liability/Errors and Omissions type insurance policy with limits of not less than $1,000,000 each occurrence (or each claim if coverage is afforded on a claim made basis) and $2,000,000 in the annual aggregate. If this policy is a “claims made” type policy, the policy type and company shall be approved by Marion County prior to commencement of the Work.

F. **Extended Reporting Coverage (“Tail Coverage”):** For Professional Liability/Errors

& Omissions Insurance written on a “claims made” basis and for any other required liability insurance provided on a “claims made” basis, Agency shall provide “tail” coverage at the completion of the contract for a duration of thirty-six (36) months or continuous “claims made” liability coverage provided for thirty-six (36) months following contract completion. Continuous “claims made” coverage will be acceptable in lieu of “tail” coverage provided the retroactive date of the coverage is on or before the effective date of this Agreement.

G. **Bonding:** The Agency shall ensure that every director, officer or employee who is authorized to act on behalf of the Agency for the purpose of receiving or depositing funds into Agency project accounts or issuing financial documents, checks, or other instruments of payment for projects be bonded or covered under a commercial crime policy to provide for protection against loss. The bond or commercial crime policy must be endorsed to add “Client Coverage”. The amount of the coverage must be $100,000 or the total amount received by Agency pursuant to this Agreement, whichever is greater, and must be secured until the entire amount is repaid in accordance with the terms of the Promissory Note and Trust Deed. The Agency shall provide the County with a copy of the bonding instrument or a certification of coverage from the bonding company or commercial crime policy issuer.

H. **Maximum Deductible/Retention:** Any deductible or retention must be disclosed on the certificate of insurance and no deductible or retention may exceed $25,000 without the prior written consent of the County.

I. **Additional Insureds**: The County, its agents, officers, elected officials and employees all while acting in their official capacity as such, must be named as additional insureds on all insurance, other than worker’s compensation insurance and professional liability insurance, required under this Agreement. The additional insured status must include both ongoing and completed operations and must be continued for at least 24 months after the project is completed and accepted. Such insurance shall include “cross-liability” coverage as provided under the standard ISO forms “Separation of Insured” clause.

J. **Proof of Insurance**: Agency shall deliver to the County, prior to the commencement of the work, a certificate of insurance evidencing all policies required by this Agreement including additional insured provisions afforded by the policy. This requirement can be satisfied by providing a copy of the coverage form and/or the endorsement(s).

*Further, it shall be an affirmative obligation of the Agency to notify the County within two (2) business days of the cancellation or substantive change of any insurance policy or endorsement required herein, and failure to do so shall constitute a breach of this Agreement.*

K. **Subcontractor/ Subgrantee Insurance**: Agency shall require and verify that all of its subcontractors or subgrantees of any tier provide insurance coverage and limits identical to the insurance required of the Agency under this Agreement, unless this requirement is expressly modified or waived by the County.

L. **Self Insurance:** If the Agency is self-insured, for any of its insurance requirements herein, it shall submit satisfactory evidence to the County of the terms and conditions of its own insurance coverage. A certification of self-insurance shall constitute compliance with the section.

M. **Acceptability of Insurers:** All insurance required pursuant to this section shall be issued by an insurance company or companies doing business in the state of Oregon. Insurance is to be placed with a carrier(s) having a Best’s rating of no less than A: VII. Any exception must be approved by the County.

N. **Builders Risk Insurance:** In addition to the requirements above, if this Agreement is for a capital project, the following will also be required:

(1) During the term of this Agreement, for new construction, the Agency shall require the Owner to maintain in force, at its own expense, Builders Risk insurance on an all-risk form, including earthquake and flood, for an amount equal to the full amount of this Agreement. Such insurance shall be maintained until the facility has reached substantial completion. The Agency shall or shall require Owner to name Marion County as Additional Insured and Mortgagee under the Builder’s Risk insurance policy and any loss shall be adjusted by the Agency, Owner and County, as their interests may appear. The property insurance deductibles will be no more than $25,000 per occurrence. The Agency shall require the Owner to pay costs not covered because of such deductibles.

(2) Insurance - Reconstruction Following Casualty

* + 1. **Maintenance of Insurance** – At its sole cost and expense, the Agency shall or shall require Owner to keep the building and all other improvements on the premises insured throughout the term of this Agreement and the Trust Deed required therein, against loss or damage by fire and such other risks, including earthquake and flood, written on an “all risk” form on a replacement cost basis, including coverage for loss or damage due to leakage of sprinkler systems and coverage for loss or damage due to explosion of steam boilers, pressure vessels, oil or gasoline storage tanks or similar apparatus.
    2. **Insurance Casualties – Insurance Proceeds** – In the event of any loss, damage or casualty which is covered by the insurance described in paragraphs (1) and (2) of this subsection M, the parties to this Agreement shall proceed cooperatively to settle the loss and collect the proceeds of such insurance, which proceeds shall be held in trust by the County (including interest earned by County on such proceeds) for use in accordance with the terms of this Agreement. The parties recognize that insurance proceeds shall be used for the purpose of repairing and restoring the improvements damaged by the casualty to their former condition or replacement of the same with equivalent or more suitable improvements.
    3. **Insured Casualties – Reconstruction** – using such insurance proceeds (set forth in paragraph (ii) above, the parties shall proceed with reasonable diligence as soon as sufficient funds are available to prepare plans and specifications for, and thereafter carry out, all work necessary: (a) to repair and restore the building and/or improvements on the premises damaged by the casualty to their former condition, or (b) to replace said building and/or improvements on the premises to a quality and usefulness for the Project described in the application submitted by the Agency for the CDBG funding and the plans associated therewith, at least equivalent to, or more suitable than, the building and/or improvements which were damaged.

The County, in its sole discretion, may waive or modify some or all the insurance required in Section 11 of this Agreement. Any such waiver or modification must be approved in writing by the County’s Risk Manager.

**FFATA Checklist (contracts $30,000 and over)**

The Federal Funding Accountability and Transparency act (FFATA) requires the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, Marion County is requiring all agencies that have been awarded funding to complete this form.

|  |  |
| --- | --- |
| **To Be Filled Out By Marion County Staff** | |
| **Program source** |  |
| **CFDA program number for grant** |  |
| **Name of agency receiving award** |  |
| **Amount of award** |  |
| **Project number** |  |
| **Award title descriptive of the funding action** |  |
| **To Be Filled Out By Agency** | |
| **Address of the entity including: (Zip + 4)** |  |
| **Place of performance including: (Zip + 4)** |  |
| **Congressional District** |  |
| **Total compensation and names of top five executives\*** | **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |
| **DUNS number** |  |
| **Central Contractors Registration (CCR) number\*\*** |  |

\*Must give total compensation and names of top five executives if:

1. More than 80% of annual gross revenues from the federal government, and those

revenues are greater than $25M annually and

2. Compensation information is not already available through reporting to the SEC.

\*\*Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

**How do you get a DUNS number?**

The unique identifier used in reporting to FFATA is the entity’s Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For sub awardees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS number may be requested via the web at: <http://fedgov.dnb.com/webform>

**What is a CCR and how do you register?**

CCR stands for Central Contractor Registration, which is the primary registrant data

Federal Government. CCR collects, validates, stores and disseminates data in support of agency acquisition missions. Here is the link to information needed to register and become familiar with CCR:

* Registration information: <https://www.sam.gov/portal/public/SAM/>

***Please sign below certifying that the above information is correct:***

Signature Print Name Date

**Marion County**

**Checklist Relating to Faith-Based Organizations**

**Seeking CDBG or HOME Funds**

In September 2003, the US Department of Housing and Urban Development (HUD) provided new guidelines that expanded the ways in which Faith-Based Organizations may participate in HUD programs. (24 CFR Part 92 et al.) To ensure that Marion County is up to date in complying with these new regulations, Marion County is requiring ALL APPLICANTS for CDBG or HOME funds to complete this checklist, whether or not your organization is a Faith- Based Organization. Organizations that are not faith-based may simply complete Section A, answer the first question in Section B in the negative, and complete Section C and return the application to the Marion County. Please complete one of these for each application that you submit, as some of the answers might be different for various programs.

**If you have any questions or would like assistance, please contact 503-846-8814.**

Please complete this form and return it Marion County Community Development Staff

1. **General Information**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Questions About Your Agency and Project:**

*Please answer all required questions.*

1. Does your organization provide inherently religious activities, such as worship, religious instruction or proselytization? Please check appropriate box Yes No

If YES, please complete the remainder of Section B. If no, proceed to Section C.

1. When and where does your organization offer religious activities?

Please describe in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2(a). When and where does your organization offer the services to be funded with HUD funds?

Please describe in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2(b). Are these religious activities offered separately in time from the assistance to be funded with HUD funds? Please check appropriate box Yes  No

Please describe in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2(c). Are these religious activities offered in a separate location from the assistance to be funded

with HUD funds? Please check appropriate box Yes No

Please describe in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is participation in the religious activities voluntary for the beneficiaries of the HUD-funded assistance? Please check appropriate box Yes No

Please describe in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the HUD-funded assistance that your organization offers open to all, without respect to religion or religious belief? Please check appropriate box Yes No

Please describe in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your organization take religion into consideration in the employment of individuals to perform work for your organization? Please check appropriate box Yes  No

Please describe in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you planning to use HUD funds for the acquisition, construction or rehabilitation of a structure or site? Please check appropriate box Yes No

If YES, please proceed to 6(a) below. If NO, please proceed to Section C.

6(a). Will a part of that structure or site be used to inherently religious activities?

Please check appropriate box Yes No

If YES, please proceed to 6 (b-e) below. If NO, please proceed to Section C.

6(b). What part of the structure or site will be used for inherently religious activities?

Please describe in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6(c). What part of the structure or site will be paid for with HUD funds?

Please describe in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6(d). Can the portion of the structure or site funded with HUD funds be clearly distinguisted from the portion where religious activites will occur? Please check appropriate box Yes No

If YES, please describe in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6(e). Please complete the chart below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total Structure | HUD-Funded Portion of Structure | Portion Where Religious Activities Will Occur |
| Square feet |  |  |  |
| Cost ($) |  |  |  |

1. **Assurances and Signature**

**I am an authorized representative of the organization described in Section A. I affirm that all of the statements on this form are true and accurate.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Title

**Instructions for the Section 504 Checklist**

This checklist is designed to assess your organization’s compliance with requirements under Section 504 of the Rehabilitation Act of 1973.

These requirements are based on the regulations governing Section 504 of the Rehabilitation Act of 1973 (24 CFR 8), the Fair Housing Act (24 CFR 100), and the Uniform Federal Accessibility Standards (UFAS) (24 CFR 8.32 and Appendix A to 24 CFR 40).

Regarding compliance with Section 504 communications provisions, 24 CFR 8.6 requires that your organization take appropriate steps to ensure effective communication with applicants, beneficiaries, and members of the public. In effect, this means that, "to the maximum extent possible," persons with disabilities receive the benefits and services of the CDBG funded program or activity. You are not, however, required to take actions that can be demonstrated to result in a fundamental alteration in the nature of a program or activity or in undue financial and administrative burdens.

With respect to the accessibility of non-housing facilities, 24 CFR 8.21 and 8.32(a) requires the design and construction of all new non-housing facilities to be readily accessible to, and usable by, persons with disabilities. The regulations also require alterations to existing non-housing facilities to make such facilities accessible to, and usable by, persons with disabilities, unless such alterations result in a fundamental change to the nature of the program or an undue financial and administrative burden.

Program accessibility requirements under Section 504, at 24 CFR 8.4 and 8.20, call for your organization to operate its non-housing programs or activities in ways that makes them readily accessible to, and usable by, persons with disabilities, unless it can be demonstrated that the actions taken to make these programs accessible would fundamentally change the nature of the program or impose undue financial or administrative burdens.

Please note that Section 504 record keeping requirements (at 24 CFR 8.55) will be reviewed at your CDBG monitoring visit. Marion County staff will examine applicable records maintained by your organization to determine that, not only are such records available, but that they correspond to information contained in performance and other reports submitted to Marion County. While a lack of documentation may not imply discrimination, your organization’s data serves as a basis for further investigation of compliance with nondiscrimination requirements.

**Section 504 Checklist**

1. **General Information:**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions About Your Agency and Project:**

*Please answer all required questions.*

**ACCESSIBILITY PROCEDURES**

**1.**

|  |  |
| --- | --- |
| If your organization has 15 or more employees, does it have a formal, written grievance procedure for resolution of complaints alleging discrimination based on disability? (If yes, obtain copy for FHEO review of due process standards.) [24 CFR 8.53(b)] | Yes  No  N/A |
| **Describe Basis for Conclusion:** | |

**ACCESSIBILITY OF NON-HOUSING FACILITIES**

**2.**

|  |  |
| --- | --- |
| Does your organization maintain documentation (e.g., blueprints and  construction specifications) that all new non-housing facilities assisted with CDBG program funds are being designed and constructed to be readily accessible to, and usable by, persons with disabilities in conformance with accessibility requirements? | Yes  No |
| **Describe Basis for Conclusion**: | |

**3.**

|  |  |
| --- | --- |
| Do your organization’s records indicate that, if any alterations have been made to existing non-housing facilities, that such alterations have made these facilities usable by, and accessible to, persons with disabilities? | Yes  No  N/A |
| **Describe Basis for Conclusion:** | |

**ACCESSIBILITY OF HOUSING PROGRAMS**

**4.**

|  |  |
| --- | --- |
| Do records indicate that programs or activities are readily accessible to, and  usable by, persons with disabilities?  [24 CFR 8.4, 24 CFR 8.20, 24 CFR 8.21(c)(2)] | Yes  No |
| **Describe Basis for Conclusion:** | |

**COMMUNICATIONS**

**5.**

|  |  |
| --- | --- |
| a. Has you organization taken steps to ensure effective communication with applicants, beneficiaries, and members of the public who have hearing, vision, or speech impairments using:  i. Qualified sign language and oral interpreters?  ii. Readers?  iii. Use of tapes?  iv. Braille Materials?  v. TTY?  vi. Other (describe below)? [24 CFR 8.6] | Yes  No |
| **Describe Basis for Conclusion:** | |

|  |
| --- |
| b. If the answer to “a” above is “no”, describe the method(s) used by your organization to facilitate effective communication. |
| **Describe Basis for Conclusion:** |

**6.**

|  |  |
| --- | --- |
| Has your organization adopted and implemented procedures to ensure that interested persons (including those with impaired vision or hearing) can obtain  information concerning the existence and location of accessible services, activities and facilities? [24 CFR 8.6(b)] | Yes  No |
| **Describe Basis for Conclusion:** | |

**7.**

|  |  |
| --- | --- |
| Is there documentation to show steps that your organization has undertaken to  attract persons with disabilities, such as: making buildings more accessible to persons with physical disabilities; home visits to assist applicants for program benefits in filling out applications; supplying sign language interpreters for public meetings on issues relating to your programs? [24 CFR 8.54(b) and (c)] | Yes  No |
| **Describe Basis for Conclusion:** | |

**RECORD KEEPING**

**8.**

|  |  |
| --- | --- |
| Does your organization maintain data for compliance purposes showing the  extent to which persons with disabilities are beneficiaries of the program(s) being reviewed? [24 CFR 8.55 (b) and 24 CFR 8.121] | Yes  No |
| **Describe Basis for Conclusion:** | |

**9.**

|  |  |
| --- | --- |
| Are copies of your organization’s Reasonable Accommodation Policy, Section 504 Self-Evaluation Form and Transition Plan available for review? | Yes  No  N/A |
| **Describe Basis for Conclusion:** | |

**Section VI**

**Finance/Accounting Overview**

**FINANCE/ACCOUNTING**

The following procedures are guidelines that should be adhered to in financial transactions to meet federal requirements under Marion County Community Development Block Grant (CDBG) Program.

Some of these forms can also be obtained in Microsoft Excel. Please contact the Senior Community Development Specialist or the Grants Technician to request these forms in MS Excel.

**FINANCIAL PROCEDURES**

To assist sponsors in meeting the financial guidelines, Marion County has developed standard policies and procedures under the following sections for:

1. Authorizations
2. Budgeting/Budget Summary
3. Budget Revisions
4. Contingency Funds
5. Surplus Project Funds
6. Program Income
7. How to Submit a Voucher Request for Reimbursement

Limited technical assistance in setting up proper internal controls and record keeping can be obtained through Marion County. However, sponsors will ultimately be held responsible for management of their project and budget.

**Authorizations**

In order to assure that budgets, budget revisions and requests for payment are properly authorized, all forms will require the signature of at least two individuals designated by the sponsor to request reimbursement. The chief executive or certifying officer authorizes these designated signatories to sign budgets, budget revisions and requests for reimbursement by executing the Marion County Authorization Signature Card form. It may be helpful to obtain three or four signatures to assure the availability of two authorized signers at any given time. If the authorized signers change for any reason, a new Authorization Signature Card is required.

**Budgeting/Budget Summary**

The Budget Summary form is used in conjunction with the Voucher Request and Program Accomplishments. It is designed to enable sponsors, program staff, County finance and federal auditors to identify and track the expenditure of program funds. The sponsor, prior to executing a standard contract with the County, must complete the Budget Summary form. Upon receipt of the Budget Summary and the Authorization Signature Card, Marion County will prepare the standard project contract which incorporates the Project Description and Scope of Activities, Budget Summary and Signature Authorization Card as exhibits.

**Budget Revisions**

A request for a Budget Revision must be submitted to Marion County before a sponsor:

1. Overspends in one cost category and proposes to use the surplus remaining in another cost category to cover any shortfall: or
2. Allows costs for any category or the total unobligated balance of project funds to be reduced to a level that is inadequate to meet current or anticipated obligations.

**Contingency Funds**

Requests for the use of contingency funds may only be requested for a public facility or infrastructure project, as the amount of funding that is allowed to be spent on public service activities is capped at 15% of the annual CDBG award received from HUD. Contingency funding requests must be made in writing in accordance with current program policies and prior to incurring costs. (See Program Policy Manual, policy number 4.) The request shall state the amount of funds requested and documentation of how that number was derived, as well as the circumstances that caused the need for additional funding. The sponsor must conclusively demonstrate that efforts have been made to contain cost overruns and to fund the additional expense from a source other than CDBG funds.

**Surplus Project Funds**

Surplus project funds that result from completing a project under budget shall be reported to Marion County as soon as practicable. Sponsors must obtain written approval from Marion County if they wish to use any surplus project funds. Such requests must be made in writing prior to incurring costs. Costs must be related to the project for which your agency originally received the CDBG funds. Unspent surplus income shall be returned to the program to be used as reprogrammable income. (See Program Policy Manual, policy number 3.) If a project’s expiration date is approaching and you think you need more time to spend the remaining funds, you should contact the CDBG/HOME Program Manager.

**Program Income**

Program income is defined as any funds accruing to a sponsor as a result of using CDBG resources. Examples include rental fees from the use of a community facility, sale proceeds from purchased equipment or property, and fees charged for services funded by program resources.

Sponsors are required to keep records of the sources of program income, reporting unanticipated program income as soon as possible. The use of all program income must be documented. Program income may be used to support the operation of a CDBG program activity. Program income not used to continue or benefit the original CDBG activity shall be returned to the program.

**How to Submit a Voucher Request for Reimbursement**

This piece will give you specifics on how to submit a voucher for reimbursement including how best to prepare and submit your back-up documentation. Your reimbursement voucher is a four (4)-page document that Marion County provides. ***If you do not have the Excel version of the Voucher Request, please email our office to request that it be emailed to you as this form is not available online!***

The first critical piece of information you need to know is how you are charging costs: will you be charging direct costs, or will you be charging a combination of direct costs and indirect costs?

Direct Costs are costs that only benefit one program or activity. Indirect costs are those costs that benefit more than one activity or program. **If you are going to be charging indirect costs, you MUST have a federally approved cost allocation plan with an established indirect cost rate.** This plan must be submitted to Marion County for approval. If you gave an internal allocation plan but it has not been approved by a federal agency, we can NOT pay for those indirect costs. This is a requirement.

Contact Marion County if you have any questions about indirect cost rates. If there is a problem, the earlier we address it, the fewer delays there will be in processing vouchers.

When sponsors receive billings or incur costs for projects, the amount due can be paid and then reimbursement may be requested from the County, or the sponsor may request reimbursement from the County and then pay the amount due. The sponsor must disburse, within 72 hours, any reimbursement or combination of reimbursement made from Marion County that exceeds $5,000.

Costs which are charged must be included in the approved Budget Summary and must be allowable under 2 CFR Part 200 Subpart E.

To request payment for projects, the voucher request form must be completed. The form is made up of two (2) parts: the financial component and the program accomplishments. The financial component (two pages in length) includes the amount requested, by line items, according to the budget for the project. The Program Accomplishments component (two pages in length) provides the format for reporting on activities completed and beneficiaries served, explanation of costs incurred, and reasons for any deviation from planned progress. Both components must be fully and accurately completed. Billings or invoices must be attached and coincide with the dates cited in the Voucher Request. Vouchers without back-up documentation will not be accepted.

When submitting a voucher request, only record the CDBG portion of your budget and expenses on this form. Recording the matching portion of the grant should be done under separate documentation and retained by the agency.

Retain a copy for your files. Send the completed form (four pages in length), along with documentation of the costs you are charging to the Block Grant (i.e., invoices, payroll time sheets, etc.) to Marion County. When the form has been processed and payment authorized, a copy of the form will be returned along with the payment. If receiving electronic payment, a copy of the form will be emailed to the recipients designated on the voucher request.

At present, the average time for the county to process a voucher is ten (10) working days. Please refer to the Step-by Step Instructions for completing a CDBG Voucher Request for answers to frequently asked questions.

**Step-by-Step Instructions for completing the Voucher Request**

**VOUCHER PAGE 1**

**Project Year (located on page 1 and 2 of voucher)** — On the voucher you will be asked to fill in the Project Year. Even if your project is a three-year project, the funding year is the year the project was initially funded. If you have a project that came on-line July1, 20XX it will ALWAYS be a 20XX project. If you have a project beginning July 1, 20XX, your funding year will ALWAYS be 20XX.

**The Environmental Release Date (located on page 1 of voucher)** — For most projects, the environmental release date is July 1st of the year your project is funded. To be sure, check the letter you receive from this office that gives you the “Notice to Proceed.” This letter usually accompanies your fully executed copy of the contract. The date specified in the letter is the date you use on page 1. You cannot incur costs prior to the environmental release date (the start date of your project).

Column 1 of Voucher Page 1 — Approved CDBG budget. This reimbursement request is only for CDBG dollars, so you only show the CDBG budget. Check the budget (Exhibit C) in your contract to get the numbers for this column.

Column 2 of Voucher Page 1 — Expended this Period. This is the amount you are requesting for this voucher. Your back-up documentation should total what you have in this column.

Column 3 of Voucher Page 1 — Expended to Date. This is the amount you have expended INCLUDING this voucher.

Column 4 of Voucher Page 1 — Unobligated Balances. This is the amount of funds remaining after the expenditures from this voucher. As a way to check yourself, column 3 PLUS column 4 EQUALS column 1.

VOUCHER PAGE 2

Item 5 = Total of Column 1 (from page 1) Item 6 = Total of Column 3 (from page 1)

Item 7 = Total of Column 3 FROM THE PREVIOUS VOUCHER (unless you have a payment in transit – see item # 9).

Item 8 = Cash on Hand — This will always be “0” unless you have just received a check from our office which you have not disbursed. In that we require you to disburse the funds within 72 hours, there is rarely “cash on hand.” Cash on hand means CDBG funds. CDBG funds should never be deposited into an interest-bearing account.

Item 9 = Payments in Transit — This will happen occasionally when you have submitted a voucher but have not actually received the payment yet. Having a payment in transit is uncommon as we try to have a fairly quick turnaround.

Item 10 = Cash Requested — Total on Column 2 (from page 1)

**Preparers and Authorized Signers** — Exhibit A of your contract is a Signature Authorization Card. This tells us who your agency has designated the authority to sign financial documents for this project. Check the Signature Authorization Card so you know who can sign documents.

A preparer is the person who fills out the voucher and compiles the back-up documentation. A preparer CAN ALSO BE an authorized signer but does not have to be.

This section must be signed, name must be printed or typed, and the date must be filled in.

**VOUCHER PAGES 3 & 4 (PROGRAM ACCOMPLISHMENTS)**

Item 1 = PERSONNEL — In this section, you should list the names of the agency personnel that are funded with this grant. If employees are funded in whole or in part with block grant dollars, their names should be listed here.

Item 2 = TASK PERFORMED — In this section, you should put a short narrative describing the work accomplished with the funds for which you are requesting reimbursement.

If you are a public service or housing project, you may have on-going activities such as case management, provision of services like counseling, weatherization activities, after-school activities, etc. If you are a construction project, you may be in the design and engineering phase or you may be in the construction phase pouring concrete, laying pipe, installing equipment, etc. Describe what tasks were performed for which you are requesting reimbursement.

Item 3 = UNITS OF SERVICE COMPLETED — In this section, you will be providing information on accomplishments. Before you can fill this out, you need to know what the contract states you will accomplish overall. Look at **Exhibit A** of the contract under “Number of Low and Moderate Income or Target Group Beneficiaries (public service projects) or Quantitative Projections” (construction projects). This will tell you what will be accomplished with this contract.

Description – describes the unit of service being provided (low/mod income people, lineal feet of pipe/sidewalk/pavement, # of manhole covers, houses to be repaired etc.)

Proposed total (#) to be provided – take this number from Exhibit A.

Actual total provided this request – how many NEW **(beneficiaries can only be counted once)** low- and moderate-income persons did you serve this reporting period (public service projects) or how many feet of pipe/sidewalk/pavement was laid, sq. ft. of foundation poured, # of houses repaired or weatherized. Sometimes this isn’t cut and dry for construction projects so you must do the best you can with what you know.

Provided Cumulative to Date – how many units of service (as described above) you have completed in total.

Item 4 = EXPLANATION — This section should indicate any unexpected and/or significant changes in project output. If you are halfway through a project, and you have served only 25% of the people to-date, you should let us know that. Indicate what the problem is and how you are handling it.

Item 5 = PERFORMANCE MEASUREMENTS INDICATORS — Number of persons assisted (CHOOSE ONE INDICATOR ONLY).

**WHAT IS THE DIFFERENCE BETWEEN NEW OR IMPROVED ACCESS?**

**PUBLIC SERVICES**

Where a service or facility did not exist, the assistance provided results in "new" access to that service or facility. Where a service/facility was limited in size or capacity, and the assistance expanded the existing service or facility, the result would be "improved" access.

New access to a service is when a service is offered for the first time. This indicator would be used in the instance when a public service has not previously been available to these households. For instance, the sponsor might elect to fund a new job transportation service for working mothers. No such program currently exists in the area and so this is access to a new service for these households.

Improved access to a service is when a service was offered, but the public service activity allowed the sponsor to expand the service, in terms of size, capacity, or location. For instance, assume that an existing meal on wheels program only provided lunch and the expanded service provides lunch and dinner service. For these elderly households, this would constitute improved access. If a sponsor is re-funding an ongoing program, the improved access indicator is generally used.

**PUBLIC FACILITIES/INFRASTRUCTURE IMPROVEMENTS**

New access to a public facility is when the facility did not previously exist and is provided for the first time. Examples are the construction of a new sewer line for a low-income neighborhood. Or rehabilitation of an abandoned building to be used as a center for training severely disabled persons to enable them to live independently provides new access to this type of facility for the targeted population.

Improved access to a public facility or infrastructure is when the facility or infrastructure is improved or expanded, enabling the grantee to expand the number of people or type of service the facility provides. For instance, the rehabilitation and expansion of a recreation center that enables the center to serve more people and provide a wider variety of recreational programs. Paving gravel streets and installing curbs, gutters, and sidewalks in a predominantly low-income neighborhood provides improved access to the intended beneficiaries.

**QUALITY STANDARD/IMPROVED QUALITY**

Where the public facility was used to meet a quality standard or measurably improved quality, the number of persons that no longer have access to only a substandard facility or infrastructure. For example, rehab of a dilapidated community center that had been closed improves the quality of the facility and the services provided.

Item 6 = INCOME PROFILE OF PERSONS SERVED (**PUBLIC SERVICE PROJECTS ONLY**)

Public Service projects must complete this section to receive payment. This section takes the number of people served and breaks it down by income.

There is a row for “current request” numbers and a row for “cumulative to-date” numbers.

In the row for “current request,” your total # of households/persons served should equal the number in Item 3 “Provided this Request.” Of that number, how many are in the moderate-low- income bracket, how many are in the low-income bracket, and how many are in the extremely low-income bracket? The three income categories should equal the total amount served (current request).

In addition, if your accomplishments are in housing units or households, you will need to collect this data if you are collecting by persons.

Item 7 = RACIAL/ETHNIC PROFILE OF PERSONS SERVED

HUD regulations have changed regarding how racial data is collected. There was a shift towards collecting race and ethnicity data similar to how the 2000 Census collected the data. HUD expanded the racial categories to include dual races. Under the new requirements, Hispanic is no longer a racial category. It is an ethnic category, which can overlay race. Ethnicity can be based on language, cultural affiliation, country or origin, customs, ancestry, etc. Clients need to identify their **race** and whether or not they are Hispanic/Latino. Your income and race totals (item 6 & 7) for both current request and cumulative-to-date should agree.

To obtain your cumulative-to date total, you will need to add the current request figure to the cumulative figure from the previous voucher.

Item 8 = NUMBER OF DISABLED PERSONS SERVED

HUD regulations require that CDBG entitlements must collect disability information on applicants receiving program benefits.

Item 9 = NARRATIVE FOR OTHER MULTI-RACIAL

Give brief narrative for racial profile (if applicable).

**BACK-UP DOCUMENTATION**

Back-up documentation is a critical component of your request for reimbursement.

One of the areas that seem to cause the most problems is providing documentation for staff salaries (personnel line item) when staff work in multiple programs/projects. The reason for that is because you must track ACTUAL HOURS spent on the CDBG projects as opposed to an approximation or PERCENTAGE of hours.

For personnel charges, you need to provide timesheets that clearly show the hours you and/or your staff worked on this CDBG project. If you spent 5 hours on Monday, 3 hours on Tuesday, and 6 hours on Wednesday working on the CDBG project, it should be reflected this way on your timesheet. Work with your agency’s finance person to be sure that your timesheets can accommodate tracking your hours in such a way (must be shown as hours per day)

**EXAMPLE:** Employee A works 110 hours in one month on the CDBG project and has an hourly wage of $10.00. The timesheet would reflect the 110 hours spent on the CDBG project and would note the hourly wage for a total of $1,100. If applicable (i.e., if taxes and fringe benefits are included in your budget) you would need to then calculate the appropriate amount for taxes and fringe benefits that are relevant to the $1,100 and submit that amount along with the timesheet. The total of salary and taxes and benefits would be the amount shown under Personnel on page 1 of the voucher.

You CANNOT round off and say Employee A worked 64% of his/her time on the CDBG project. Percentages are ONLY allowed if you have a federally approved indirect cost rate which Marion County has reviewed and approved**.**

If you have multiple employees, you should provide some kind of summary sheet (in addition to the timesheets) that shows what you are requesting.

**Office Supplies/Operating/Travel/Communications/Legal Notices**

If you have multiple invoices/sales slips for reimbursement for any of the above line items, you should copy the bills legibly and highlight the amount on each invoice.

The amount on the spreadsheet will equal the amount on page 1 on the voucher for that line item.

If you have funds budgeted in the professional service line item or the construction line item, provide the professional invoices that detail the work completed and the amount requested.

If you are using CDBG to pay a portion of a bill, mark on the bill “$XXX charged to CDBG and $XXX charged to (name other program). Another way to indicate this would be to write on the invoice “Charge only $XXX to CDBG.” Then highlight that amount.

**The important thing to remember is to prepare your voucher with a clear connection between your invoices and your total request for payment.**

**Section VII**

**Monitoring**

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) MONITORING PROCEDURE**

The procedures outlined in this chapter are designed specifically to apply to monitoring of Community Development Block Grant (CDBG) funds from Marion County’s CDBG program.

Through on-site and desk monitoring, the reviewer can determine whether the program participant's performance meets CDBG program requirements and improve program participant performance by providing guidance and making recommendations. The specific purposes of monitoring are to:

* Validate the accuracy of information presented by the program participants;
* Follow-up on problems identified during the monitoring visit;
* Determine compliance for those activities where there is sufficient information to make eligibility and/or national objective determinations;
* Evaluate the reasonableness of judgments made for those activities that involve high levels of program participant judgment;
* Ascertain the Sponsor’s ability to ensure that activities carried out meet compliance requirements;
* Verify the accuracy of the program participant's records; and,
* Identify apparent causes of any problem(s) and offer recommendations for corrective actions.

**ELIGIBILITY AND NATIONAL OBJECTIVE COMPLIANCE CRITERIA**

The specific categories of eligible activities under which an activity may be carried out by a program participant using CDBG funds are found at 24 CFR 570.201 through 24 CFR 570.206. The criteria for determining whether an activity addresses one or more of the three national objectives are found at 24 CFR 570.208.

**DOCUMENTATION**

As described in the CDBG regulations at 24 CFR 570.200(a), each Sponsor is required to maintain records that fully describe the assisted activity, including related financial and eligibility information, typically to show that the project funded with CDBG funding is benefitting low- and moderate-income individuals. The required documentation that must be maintained by the program participant is described at 24 CFR 570.506(a) and (c) for eligibility and at 24 CFR 570.506(b) for national objectives.

**APPROACH TO MONITORING**

Marion County staff views monitoring not as a once-a-year or a periodic exercise, but as an ongoing process involving continuous communication with the Sponsor and evaluation of financial records. Such a process involves frequent telephone/email contacts, written communications, analysis of reports and audits, and periodic meetings as needed. It is the responsibility of Marion County staff to keep fully informed concerning Sponsor’s compliance with program requirements and the extent to which technical assistance is needed.

The overriding goal of monitoring is to determine compliance, prevent/identify deficiencies and design corrective actions to improve or reinforce Sponsor performance. As part of this process, Marion County staff must be alert for fraud, waste and mismanagement or situations with potential for such abuse. Where possible, any identified deficiencies in need of corrective action should be handled through discussion, negotiation, or technical assistance in a manner that maximizes local discretion. Monitoring also provides opportunities to identify program participant accomplishments,

as well as successful management, implementation, and evaluation techniques that might be replicated by other Sponsors.

Marion County will conduct monitoring in the fall, with a few exceptions. Marion County staff will revise the Monitoring Checklist annually to determine which are to be monitored. The Program Manager will be provided a copy of the monitoring schedule. Past practice has been to monitor all Sponsors who have spent funds since last year, but in years where there may be too many projects to monitor, staff will use their discretion to implement a method to calculate those projects that may be more vulnerable and require monitoring more than others.

**MONITORING STANDARDS**

Because it is not always possible that Marion County staff will be able to monitor all of a program participant’s activities, projects and/or functions, or even review activities in a specific area spanning a participant’s entire program year, random sampling is generally expected to form the basis for drawing conclusions about the program participant’s performance. Staff may choose to take a sufficient sample of projects to be monitored, based on a “risk” calculation to determine a sampling of units to be monitored. In certain instances, however, non-random sampling will be the more efficient method to use. Such cases include activities that have only a few projects to review, any activities with unresolved problems remaining from previous monitoring visits, any new types of activities being undertaken, and/or activities considered high risk. Note that any sample review or spot-check of program participant records that raises questions concerning the accuracy of the data indicates the need for further follow-up.

All new competitively funded CDBG projects contracted in a given fiscal year will be monitored at least once. Public service projects will be monitored sometime in the fall, although delays are acceptable in order to accommodate staff capacity issues.

Public Facility and infrastructure projects will be monitored towards/at completion of the project – one time only.

Multi-year public service projects will be monitored annually (after first year’s monitoring) if any one of the following applies:

* Had findings/concerns in last year’s Marion County monitoring
* Had findings in last completed A-133 audit concerning CDBG funding
* Agency is less than 5 years old
* Agency is a 1st time Marion County CDBG recipient
* Staff determines that the complexity of project necessitates annual monitoring.

Marion County staff may decide to monitor a Sponsor as often as needed. Marion County staff may also elect to monitor multi-year public service contracts every other year if all of the following apply:

* Sponsor had no findings/concerns in last year’s Marion County monitoring
* Had no findings in last completed A-133 audit concerning CDBG funding (ONLY if applicable – sometimes A-133 not required)
* Is an agency more than 5 years old
* Has received CDBG funding in consecutive funding years
* Project scope has not changed
* Desk audits of voucher requests reveal no concerns.

Housing Rehab set-aside projects can be monitored every 3rd year (is NOT applicable to public services set-aside projects):

Public services set-aside projects will be monitored every other year unless one of the following applies:

* Had findings/concerns in last year’s Marion County monitoring
* Had findings in last completed A-133 audit concerning CDBG funding.

On-Site Monitoring Procedure

Marion County staff will call to set up an agreed upon time with Agency and follow-up with boilerplate letter and include the monitoring checklist to inform the agency being monitored about what staff will be looking at. This monitoring checklist will be filled out by Marion County staff during the visit. In preparation for this visit, the agency should review the Monitoring Checklist to ensure records are ready for Marion County staff’s review.

Prior to the monitoring visit, the agency should send a letter certifying that federal funding did or did not trigger the A-133 audit requirements. A sample template that can be used to compose this letter is concluded at the end of this section. This letter should be signed by their Chief Financial Officer or Executive Director and returned to Marion County staff prior to or no later than at the monitoring visit. Staff will also request a copy of the most recent financial audit, if applicable.

Once a copy of an audit from an agency is obtained, Marion County staff will review the audit for any findings and record it in a federal tracking database. When possible, where Beaverton and the County have the same project with an agency, it would be preferred to coordinate monitoring visits to lessen the burden on the agency, to share methods for monitoring, to communicate same messages, etc.

###### AUDIT RESPONSIBILITIES

All sponsors that expend $750,000 or more in federal funds in a year must meet the audit requirements as specified in OMB Circular A-133. Additionally, all financial transactions with CDBG monies are subject to federal audit. Each sponsor is required to permit independent auditors access to the records and financial statements at least once a year, or not less frequently than every two (2) years. Sponsors must be prepared to explain how transactions were made, why, and be able to account for any funds expended.

During an audit, the auditor will examine records to ascertain if:

1. Funds are properly budgeted and approved;
2. Budget revisions have been documented and approved;
3. Personnel charges are properly allocated to the block grant and based on payroll

documents such as time and attendance records;

1. All expenditures can be traced to source documents (i.e., purchase orders, invoices,

and canceled checks);

1. Drawdowns have been timely;
2. Only allowable activities have been claimed as costs toward the project;
3. The sponsor's accounting system reflects all assets, liabilities, etc.
4. Property has been managed and inventoried properly;
5. In-kind costs and costs billed to other funds are clearly documented; and,
6. If there are billings for indirect costs, a federally approved indirect rate and allocation plan have been approved by HUD through Marion County prior to the expenditure of any CDBG funds.

In addition, the auditor will ascertain if the sponsor's program has been accomplished in the manner set out in the application and/or the contract with the County.

Please note that in order for the Marion County CDBG Program to comply with Federal Regulations, Marion County strongly requires all grant recipients to pursue the timely expenditure of their awarded funds.

SAMPLE ONLY

**[*Insert Agency Name or print on letterhead*]**

**Notification of Single Annual A-133 Audit**

[*Insert Date*]

As a recipient of a federal grant from Marion County, this letter is intended to fulfill the requirement to provide assurance that as a sub-recipient of federal funds that our organization is in compliance with OMB Circular A-133: Audits of States, Local Governments and Non-profit Organizations. The certification below indicates the amount of federal expenditures from all sources for the fiscal year ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Please check one of the boxes below:*

Single A-133 audit NOT required (Total Federal Expenditures within the fiscal year identified above is less than $750,000)

Single Audit Required (Total Federal Expenditures within the fiscal year identified above is $750,000 or more). A copy will be provided to Marion County at its soonest availability.

The contact person responsible for the audit arrangement is [*Contact person’s name*] and can be reached at [*Contact person’s phone* #].

Certification by Chief Financial Officer or Executive Director:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

*Note: If a single audit is required, the grantee must have it conducted in accordance with the Single Audit Act, OMB Circular A-133 and Generally Accepted Government Auditing Standards for the fiscal year noted above. The Single Audit must be submitted by agency to the Federal Audit Clearinghouse (*[*http://harvester.census.gov/sac/*](http://harvester.census.gov/sac/)*) within the earlier of 30 days after the receipt of the auditor’s report, or nine months after the end of the audit period.*