

Project Monitoring Checklist

**Community Development Block Grant Program**

July 2025

**Montana Department of Commerce**

P.O. Box 200523

Helena, MT 59620-0523

Phone: 406-841-2700 | Fax: 406-841-2701

commerce.mt.gov

Montana 711: montanarelay.mt.gov

# Project Monitoring Checklist

This form is a guide to ensure all project items are included in the project files prior to completion and closeout.

|  |  |
| --- | --- |
| Name of grantee |  |
| **Grant contract number** | MT-CDBG- |
| **Subrecipient, if applicable** |  |
| **Project specialist** |  |
| **Date of monitoring** |  |

|  |  |
| --- | --- |
| 1. Project Information | |
| 1. Name of local project manager |  |
| 1. Address |  |

|  |  |  |
| --- | --- | --- |
| 1. Project documentation and financial management | | |
| **Are items in the project case file  or questions answered?** | **Yes / No / N/A** | **Notes** |
| 1. Copy of original application |  |  |
| 1. Grant CDBG contract(s) |  |  |
| 1. Sub-recipient agreement or loan documents, if applicable |  |  |
| 1. Management plan |  |  |
| 1. Original local survey(s), only if LMI benefit is from survey |  |  |
| 1. Documentation of insurance and workman’s compensation |  |  |
| 1. Is the grantee in compliance with auditing and annual financial report requirements? CDBG team: Check with local government services. |  |  |
| 1. Are there any findings in the audits? Are there any findings or issues concerning the financial management of CDBG funds? |  |  |
| 1. Has the grantee established a financial accounting system that can properly account for grant funds according to generally accepted accounting principles?  Subgrantee tribal governments must comply with auditing and reporting requirements provided for in OMB Circular A-133. |  |  |
| 1. Has the grantee officially adopted a budget for expenditure of the CDBG grant by resolution and in accordance with the CDBG contract? |  |  |
| 1. Were all changes in budget expenditures and project activities approved by Commerce in advance? |  |  |
| 1. Are the budget line items within the local accounting records recorded by the grantee consistent with the budget line items in the CDBG contract? |  |  |
| 1. Is the grant within the direct control of the city, town or county and included in their financial statements? |  |  |
| 1. What financial system does the grantee use?   BARS  TAS  Other |  |  |
| 1. Is the bank account that CDBG funds are deposited into interest bearing? Not applicable if CDBG funds are used to reimburse grantee. |  |  |
| 1. Has the grantee established a separate special revenue fund for CDBG grant funds? |  |  |
| 1. Are CDBG grant funds drawn down and CDBG program income receipted for in the same manner as other grantee revenue, or are there special procedures used for CDBG funds? |  |  |
| 1. Are CDBG expenditures processed in the same manner as other grantee expenditures? |  |  |
| 1. Who compares expenditures against budgeted line items? |  |  |
| 1. Which individuals validate/authorize claims for payment for the grantee? |  |  |
| 1. Which individuals prepare warrants for the grantee? |  |  |
| 1. Are the public officials and employees involved in managing CDBG funds bonded as required by Montana law, 2-9-701 and 2-9-801, MCA? Under A-87m, any losses due to failure to bond local officials and employees are ineligible CDBG expenses. |  |  |
| 1. Does the balance remaining in the grant for Commerce’s records match the grantee’s records? |  |  |
| 1. Date of award letter – CDBG authorization to incur administrative costs |  |  |
| 1. Date of CDBG environmental release of funds letters – CDBG’s authorization to incur activity costs |  |  |
| 1. Were any ineligible expenditures charged against the grant for the period between the authorization to incur administrative costs and the release of funds? |  |  |
| 1. Were any ineligible expenditures charged against the grant during the period following Commerce’s release of funds? |  |  |
| 1. Were expenditures supported by adequate source documentation such as invoices, contracts, purchase orders, etc.? |  |  |
| 1. Based upon review of receipt and disbursement of CDBG funds, were there any instances of violation of HUD’s $5,000/three-day policy? |  |  |
| 1. If yes to #29, can the grantee justify each instance of a violation of the HUD $5,000/three-day policy? |  |  |
| 1. Were salaries and wages of local government staff charged against the grant? If so, is it supported by adequate payroll records such as timesheets, prorated for a partial work on CDBG activities, and adequate documents to justify the use of public employees? |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Civil Rights | | |
| **Are items in the project case file  or questions answered?** | **Yes / No / N/A** | **Notes** |
| 1. Did the Montana Human Rights Commission notify Commerce/CDBG of any prior or current allegations of discrimination against the grantee? |  |  |
| 1. Were there any complaints of discrimination in association with CDBG-funded activities, for which affirmative action was required to overcome the effects? |  |  |
| 1. Does the grantee have an adopted nondiscrimination/equal employment opportunity policy? |  |  |
| 1. Has the grantee made its EEO policy clearly known to all staff involved in hiring, promotion and salary decisions? |  |  |
| 1. Does the grantee display EEO posters in conspicuous places? |  |  |
| 1. Has an individual been designated to oversee civil rights compliance for the local government? |  |  |
| 1. Has the grantee hired any staff using CDBG funds for work on CDBG-related activities? |  |  |
| 1. If yes to #7, were all EEO guidelines followed in hiring, including a job announcement listing the grantee is an EEO employer; notifying target agencies for EEO employment recruitment; advertising positions in minority newspapers published in the area; publishing Section 3 public notice at the time of bidding; and maintaining record of a summary of applicants and reasons for hiring decisions? |  |  |
| 1. Does the grantee keep direct benefit data? Based on available data, does there appear to be any deficiency in providing benefits to any group? |  |  |
| 1. Does the grantee follow policies and procedures to ensure nondiscrimination in the provision of grants, loans or other CDBG assistance to beneficiaries? |  |  |
| 1. Does the grantee have any local or state-specific fair housing resolutions or ordinances? For example, does the grantee have a fair housing resolution? |  |  |
| 1. Describe grantee efforts to affirmatively further fair housing. |  |  |
| 1. Are fair housing and equal opportunity language and logos included in advertisements for project activities and applications? |  |  |
| 1. Is the fair housing poster displayed in the project/rental office or other publicly accessible area? |  |  |
| 1. Has the grantee received any FHEO complaints? If yes, has the grantee taken adequate remedial actions? |  |  |
| 1. Has the grantee received determination of past discrimination? |  |  |
| 1. Does the grantee have an adopted policy regarding compliance with the federal Hatch Act? |  |  |
| 1. Who manages Hatch Act compliance for the grantee? |  |  |
| 1. Does the grantee have a copy of the ADA self-evaluation and transition plan? |  |  |
| 1. How has the grantee addressed each of the following areas of ADA compliance?  * Communications * Public meetings * Employment opportunities * Program benefits * Physically accessible housing |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Environmental | | |
| **Questions/items** | **Yes / No / N/A** | **Notes** |
| 1. Does the grantee maintain a copy of the project’s environmental review record, including the FONSI, proof of publication, statutory checklist and letters to agencies requesting comment? |  |  |
| 1. Does the local project file include a copy of the environmental release of funds letter? |  |  |
| 1. Have any environmentally related complaints been received by the grantee or CDBG because of project activities? |  |  |
| 1. Are there any concerns regarding environmental review procedures used? |  |  |
| 1. Does onsite monitoring of the project area reveal the existence of any hazardous sites or other environmental concerns that would call into question the validity of the environmental review or that may require mitigating measures during project implementation? |  |  |
| 1. Were there any substantial changes in the circumstances, magnitude or extent of the project that did or would necessitate further environmental review, or a change in the level of finding of the review? |  |  |
| 1. Does onsite monitoring of the project indicate any noncompliance with state or federal environmental laws, hazardous sites or other environmental concerns that would question the validity of the environmental review and require mitigation? |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Sample procurement (non-construction services) | | |
| **Questions/items** | **Yes / No / N/A** | **Notes** |
| 1. Name of firm/contractor |  |  |
| 1. Purpose of contract |  |  |
| 1. Is there a copy of the executed contract? Date: Amount: $ |  |  |
| 1. Is there adequate written documentation of the procedures followed for procurement? |  |  |
| 1. What type of procurement was completed – small purchase, RFP, RFQ or sole source? |  |  |
| 1. How many proposals were received from qualified sources? |  |  |
| 1. Did the grantee contact disadvantaged business, women-owned and/or minority-owned enterprises for proposals? |  |  |
| 1. Did the grantee publish the Section 3/DBE/MBE/WBE notice in their advertisement? |  |  |
| 1. Did the RFP/RFQ identify all the major factors used to evaluate the responses and their relative weight? |  |  |
| 1. Has the grantee ensured that no conflict of interest to any contract was supported by grant funds? |  |  |
| 1. Has the grantee established procedures to assure ongoing review of contractor performance and contract expenditures? |  |  |
| 1. Was the bid selected consistent with the work write-up/cost estimate? |  |  |
| 1. Did Commerce authorize any sole source procurement as required?   If yes, date: |  |  |
| 1. If yes to #13, did one of the following conditions apply after solicitation from a number of sources:  * Competition was determined to be inadequate. * The items or services required were available only from one source. * A public emergency existed such that the urgency would not permit a delay to use one of the other methods. |  |  |
| 1. Were the procurement transactions conducted in a manner that provided maximum open and free competition? |  |  |
| 1. Were the methods used to advertise or solicit competition appropriate? |  |  |
| 1. Did the grantee submit the contract for Commerce/CDBG review?   Date: |  |  |
| 1. Do the contracts reviewed contain the clauses required by Commerce? |  |  |
| 1. Were debarment checks completed prior to entering a contract? |  |  |
| 1. Was a cost reimbursement and specified “not to exceed” compensation used?   **Note: cost plus a percentage of cost and percentage of construction cost are prohibited.** |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Construction contractor and contract procurement | | |
| **Questions/items** | **Yes / No / N/A** | **Notes** |
| 1. Were competitive bids obtained through formal advertising for all publicly contracted construction in compliance with 7-5-2301 and 7-5-4302, MCA? |  |  |
| 1. Did the grantee contact DBE/MBE/WBEs for proposals? |  |  |
| 1. Did the grantee publish the Section 3/DBE/MBE/WBE notice in their advertisement? |  |  |
| 1. Has the grantee divided project activities into smaller tasks or services to allow participation by MBEs and WBEs when practical? |  |  |
| 1. Names of newspapers used for bid advertising and dates of publication: |  |  |
| 1. Bid opening date: |  |  |
| 1. List of construction bidders and amounts of bid: |  |  |
| 1. Notice of award date: |  |  |
| 1. Name of contractor(s) selected: |  |  |
| 1. Date of preconstruction meeting: |  |  |
| 1. Date of contractor’s notice to proceed: |  |  |
| 1. Is the prime contractor registered as required by 37-71-201, MCA? |  |  |
| 1. For construction contracts over $100,000, did the contractor(s) meet the requirements for bid bond equal to 10% of bid price, performance bond equal to 100% of contract price and payment bond equal to 100% of contract price? |  |  |
| 1. Were debarment checks completed prior to entering a contract? |  |  |
| 1. Did the grantee verify that the contractor was registered? |  |  |
| 1. Did the contractor selected have appropriate insurance liability, property damage and worker’s compensation? |  |  |
| 1. Does the contract list specific work or include the work write-up? |  |  |
| 1. Were all costs reasonable? |  |  |
| 1. Are all required CDBG contract clauses included? |  |  |
| 1. Is the EEO/Executive Order 11246 clause in the contract? |  |  |
| 1. Are permits on file? |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Construction management and labor standards | | |
| **Questions/items** | **Yes / No / N/A** | **Notes** |
| 1. Does the project documentation such as work write-ups, change orders, etc. demonstrate that all costs were eligible? |  |  |
| 1. Does the project file demonstrate that inspections were performed prior to contractor payments? |  |  |
| 1. Do inspection and payment documentation show all work was satisfactorily performed prior to payment? |  |  |
| 1. Did the contractor payment requests include adequate documentation of costs and work performed? |  |  |
| 1. Was a release of liens granted before final contractor payment? |  |  |
| 1. Do the construction contract(s) contain a copy of the correct Davis-Bacon prevailing wage decision for the project? |  |  |
| 1. Is Form WH347, U.S. Department of Labor payroll form or its equivalent being used by the contractor and subcontractors? |  |  |
| 1. Are the appropriate wage decisions in use? |  |  |
| 1. Wage decision date: |  |  |
| 1. Are payrolls submitted weekly and numbered sequentially? |  |  |
| 1. Is there evidence of weekly payroll review by the grantee’s representative? |  |  |
| 1. Is there evidence that all weekly payrolls have been compared to the applicable Davis-Bacon wage rates? |  |  |
| 1. Are payrolls reviewed clearly initialed by the reviewer, annotated as needed and dated to indicate completion of a weekly review? |  |  |
| 1. Are payrolls signed by the employer or an authorized representative? |  |  |
| 1. If applicable, are apprentice/trainee records on file? |  |  |
| 1. Has overtime been paid and at correct rates? |  |  |
| 1. Was the appropriate Davis-Bacon prevailing wage rate determination posted at the job site and reasonably accessible to employees for their review? |  |  |
| 1. Were the proper zone hourly rates, if applicable, used to determine the adjusted base hourly pay at work locations where the work site’s distance from the county seat exceeds the specified distances listed in the applicable Davis-Bacon wage rate determination? |  |  |
| 1. Were all required labor interviews sufficiently documented? |  |  |
| 1. Was a representative number of trades covered? |  |  |
| 1. Are interviews compared against payrolls? |  |  |
| 1. Are there instances of incorrect wage payments or labor standards violations? |  |  |
| 1. Were investigations of noted violations conducted in a timely manner? |  |  |
| 1. Has restitution been made to the affected workers? |  |  |
| 1. Were records and documentation sufficient to support the findings and the resolution of violations? |  |  |
| 1. If labor violations have occurred, have follow-up procedures been agreed on to correct or improve performance? |  |  |
| 1. Were the required labor standards posters – EEO, Davis-Bacon wage rate and U.S. Department of Labor notice to employees – posted at the job site? |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Uniform relocation assistance and real property acquisition for federal and federally assisted programs | | |
| **Questions/items** | **Yes / No / N/A** | **Notes** |
| 1. Were any properties or easements attained for the project since the time federal funds were considered? |  |  |
| 1. Number of acquisitions made to date: |  |  |
| 1. Complete for each acquisition:  * Name of property owner: * Phone number: * Address of acquired property: * Property use: * Occupants? * Tenants? |  |  |
| 1. Were any persons or businesses displaced by the acquisition? If so, they are entitled to relocation assistance. If yes, please fill out the questions below. |  |  |
| 1. Number of relocations: |  |  |
| 1. Method of relocation? Governed by Uniform Act, Section 104(d) of the Housing and Community Development Act, or optional. |  |  |
| 1. Were any complaints or appeals filed? |  |  |
| 1. Approximately 60 days after the relocation payment has been made, does the grantee follow up to determine whether the replacement housing is satisfactory? |  |  |
| 1. Optional relocations only: Did optional relocation projects receive prior approval from Commerce? |  |  |
| 1. Optional relocations only: date of adoption of local policy governing optional relocation: |  |  |
| 1. Optional relocations only: date of Commerce approval of local policy: |  |  |
| 1. Optional relocations only: Generally describe the project and system for providing benefits to affected individuals. |  |  |
| Relocations covered by the Uniform Act (residential or business) | | |
| Name: | Former address: | New address: |
| Project Name: | Acquisition number: | Relocation number: |
| Owner: | Tenant: | Business: |
| Commerce authorization to incur cost date: |  |  |
| When first occupied old unit date: |  |  |
| Initiation of negotiations to acquire property date: |  |  |
| Property acquired date: |  |  |
| General information notice date: |  |  |
| Notice of relocation eligibility date: Notice must include referral to comparable housing. |  |  |
| Moved to replacement dwelling or business date: |  |  |
| Confidential family survey guide, residential only date: |  |  |
| Identified comparable replacement dwelling, residential only: |  |  |
| 90-day notice delivered date: |  |  |
| 30-day notice delivered date: |  |  |
| Housing inspection form, residential only date: |  |  |
| Letter to relocatee in substandard unit, residential only date: |  |  |
| Applicable claim form, residential only date: |  |  |
| Letter of acknowledgement for services and payments rendered date: |  |  |
| Follow-up contact date: |  |  |
| Payments for relocations covered by the Uniform Relocation Act | | |
| Monthly housing costs for:  Acquired Dwelling  Replacement | | |
| Type of payment | Amount | Date paid |
| Moving expenses:  Actual:  Fixed:  Replacement housing payment, residential only:  Homeowner, 180-day, residential only:  Rental assistance, 90-day, residential only: |  |  |
| Relocation case review | | |
| Name:  Owner  Tenant  Address: Amount $ | | |
| **Question/items** | **Yes/No/N/A** | **Notes** |
| Was photo documentation of condition retained? |  |  |
| Monthly housing cost, including mortgage, taxes and insurance, or rent, plus utilities: |  |  |
| Was property acquired by grantee? |  |  |
| Date of temporary relocation of residents: |  |  |
| Date of SHPO clearance of demolition: |  |  |
| Date of demolition of structure: |  |  |
| Date household moved into replacement dwellings: |  |  |
| Did grantee certify replacement dwelling as suitable? |  |  |
| Monthly cost of replacement housing, including mortgage, taxes and insurance, or rent, plus utilities: |  |  |
| Amount of payment for replacement housing: |  |  |
| Amount of temporary relocation or other expenses paid: |  |  |
| Is proof of receipt of payment in file? |  |  |
| Describe method of securing the improvements to prevent sale or moving of replacement dwelling: |  |  |