

Owner-Occupied Rehabilitation Program







AGENDA

- 1. Program Overview
- 2. Subrecipient Responsibilities
- 3. Eligibility
- 4. Award
- 5. Application Process
- 6. Inspections
- 7. Homeowner Responsibilities
- 8. Construction
- 9. Closeout
- 10. Resources





Owner-Occupied Rehabilitation (OOR) Program Overview

This program will assist homeowners with repairs to their storm-damaged homes, support the rehabilitation of older and existing housing stock, and provide safe and decent housing opportunities for residents.



OOR Program Facts



- Total Budget: \$17,905,350
- Program processes and requirements:



City, county, and tribal governments will apply to DLG as subrecipients with a preliminary list of eligible homeowner beneficiaries including all supporting documentation and assume the role of the responsible entity to operate an owneroccupied housing rehabilitation and reconstruction program.



Subrecipients must work with a certified grant administrator.



Homeowner beneficiaries will then apply to the entity jurisdiction or their implementation partner for participation in the program.



All projects will be monitored by DLG for compliance during construction and closeout.





Subrecipient Responsibilities



Subrecipient Responsibilities



Responsibilities of the subrecipient include but are not limited to the following:

Homeowner intake **Eligibility Review** Duplication of Benefits Verification Homeowner award calculation Appeals Inspections **Environmental Review** Lead-Based Paint Requirements

Green Building Requirements
Homeowner contracting assistance
Monitoring construction
Contractor payments
Construction grievances
Compliance with all applicable
cross-cutting federal requirements
Construction closeout

More detail on subrecipient responsibilities is provided throughout the policy manual.



The State is committed to reducing barriers for vulnerable populations, homeowners still struggling to recover, and homeowners who have been unable to recover safely.

As part of the program design to ensure meaningful access to all, sub-recipients are required to: Provide language assistance services that result in timely, accurate, and effective communication at no cost to Limited English Proficiency clients and/or their beneficiaries.



Reasonably accommodate persons with disabilities.



Designate a fair housing and equal opportunity coordinator to be the prime liaison with DLG.









National Objectives





Low-Mod Housing (LMH): All program assistance and activity delivery costs provided to or on behalf of low- and moderate-income households.



Urgent Need: The program may use the Urgent Need national objective to assist eligible disaster-impacted homeowners with incomes greater than 80% AMI.

Eligible Counties





HUD-identified MID Area

Image Source: https://gisgeography.com/kentucky-county-map/

- HUD has identified the following MID areas for the 2021 KY disasters:
 - Graves County
 - Hopkins County
 - Breathitt County (41339)
 - Warren County (42101)
- Kentucky has decided to expand the HUD-identified MID areas in ZIP codes 41339 and 42101 to include the entire counties of Breathitt and Warren.



In addition to HUD's identified MIDs, Kentucky has identified the following counties as eligible for CDBG-DR funding:

 Boyd County, Caldwell County, Christian County, Clark County, Clay County, Estill County, Floyd County, Fulton County, Greenup County, Hart County, Hickman County, Jackson County, Johnson County, Knott County, Laurel County, Lawrence County, Lee County, Leslie County, Letcher County, Lincoln County, Logan County, Lyon County, Madison County, Magoffin County, Marion County, Marshall County, Martin County, Morgan County, Muhlenburg County, Ohio County, Owsley County, Perry County, Powell County, Pulaski County, Rockcastle County, and Taylor County





- May include a variety of eligible homeowner rehabilitation and reconstruction activities. Subrecipients are to provide funds necessary to repair, reconstruct, or replace the damaged property as per program guidelines.
- Only costs incurred after an award will be eligible for reimbursement. Reimbursement of pre-award costs is not allowed.
- Subrecipients are authorized to provide Optional Relocation Assistance to persons displaced by assisted activities.
 - Optional Relocation Procedures available on the Disaster Website: Kentucky DLG DRP Grants.
- Funds may be provided to address site-specific accessibility needs, infrastructure repairs, site remediation, elevation, and resilience and mitigation measures.
- Properties located in an SFHA must be elevated with the lowest floor, including the basement, at least 2 feet above the 1% annual chance floodplain elevation (base flood elevation). Structures that are elevated will meet federal accessibility standards.

Ineligible Activities



The following activities are ineligible:

Second homes

- > Foreclosed or seized homes
- Assistance for the rehabilitation or reconstruction of a house, if (1) the combined household income is greater than either 120% of AMI or the national median, (2) the property was located in a floodplain at the time of the disaster, and (3) the property owner did not obtain flood insurance on the damaged property, even when the property owner was not required to obtain and maintain such insurance
- Seasonal, short-term and vacation rental properties
- Portion of an applicant's home used exclusively for nonresidential purposes

- Housing units located where federal assistance is not permitted by federal regulation, including floodways, or within runway clear zones of either a civil of military airport
- Recreational Vehicles and camper trailers used as a residence
- Houseboats used as a residence
- Solution Garage, carports, sheds and outbuildings not attached to the main dwelling unit. Improvements must be physically attached to the house and be permanent in nature





Award





DLG will consider exceptions to the maximum award amounts when necessary and in compliance with federal regulations.





Application Process



Application Process



For applications to be eligible the project must:

- \bigcirc Respond to a need
- Impact vulnerable communities
- Meet a National Objective
- Qualify as a CDBG-DR eligible activity
- Be located in a declared disaster-affect area

Application Process



- Subrecipients must download the CDBG-DR Housing Application located on the website <u>Kentucky DLG - DRP Grants</u> and submit it with all attachments to:
 - <u>Dlg.ofg@ky.gov</u> or
 - <u>Dlg.dr@ky.gov</u>
- For specific application requirements please refer to Section 4.3 of the policy manual.
- Once applications have been scored and an award is determined, subrecipients will be notified directly from DLG by a preliminary approval letter.

| 22- WRIS Number PROJECT TITLE GRANT AMOUNT REQUESTED APPLICANT: Choose an item. Excluded Parties Listing System: Choose an item. Legal Applicant Authorized Representative E-mail Address Street or P. O. Box City County State KY ZIP Code + 4 Telephone Number Fax Number SAM Unique Entity ID Tax ID Number KY (If Applicable) APPLICANT'S PARTNER: Choose an item. Excluded Parties Listing System: Choose an item. Legal Applicant Authorized Representative E-mail Address | For DLG Use Only | | SAI Nur | nber? | I | f a Project invol Acti | ves Water o vities? | r Sewer |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|-------------|-------------------|----------|---------------------------|------------------------|--------------|
| APPLICANT: Choose an item. Legal Applicant Authorized Representative E-mail Address Street or P. O. Box Fax Number Fax Number Fax Number Fax Number Fax Number Criv Criv County State Criv Criv Criv County State Criv Criv Criv Criv Criv Criv Criv Criv | 22- | | | | WRIS | | | |
| Legal Applicant Authorized Representative E-mail Address Street or P. O. Box City County State ZIP Code + 4 Telephone Number Fax Number SAM Unique Entity ID Tax ID Number Tax ID Number (If Applicable) APPLICANT'S PARTNER: Choose an item. E-mail Address E-mail Address Street or P. O. Box City County State ZIP Code + 4 Legal Applicant Authorized Representative E-mail Address E-mail Address Street or P. O. Box City County State ZIP Code + 4 GRANT ADMINISTRATOR: Choose an item. Name Felephone Number FAX Number Organization E-mail Address Street or P. O. Box City County State ZIP Code + 4 Street or P. O. Box City County State ZIP Code + 4 Street or P. O. Box City County State ZIP Code + 4 | PROJECT TITLE | | | GRA | NT AN | MOUNT REQ | UESTED | |
| Street or P. O. Box City County State ZIP Code + 4 KY Telephone Number Fax Number SAM Unique Entity ID Tax ID Number (If Applicable) APPLICANT'S PARTNER: Choose an item. E-mail Address E-mail Address Legal Applicant Authorized Representative E-mail Address Street or P. O. Box City County State GRANT ADMINISTRATOR: Choose an item. Name FAX Number | | n item. | | | | | Choose an it | em. |
| Telephone Number Fax Number SAM Unique Entity ID Tax ID Number (If Applicable) APPLICANT'S PARTNER: Choose an item. Excluded Parties Listing System: Choose an item. Legal Applicant Authorized Representative E-mail Address Street or P. O. Box City County State GRANT ADMINISTRATOR: Choose an item. Name FAX Number FAX Number Organization E-mail Address Street or P. O. Box ZIP Code + 4 | Legal Applicant | | Authorize | ed Representative | E-m | ail Address | | |
| Telephone Number Fax Number SAM Unique Entity ID Tax ID Number (If Applicable) APPLICANT'S PARTNER: Choose an item. Excluded Parties Listing System: Choose an item. Legal Applicant Authorized Representative E-mail Address Street or P. O. Box City County State Telephone Number Fax Number SAM Unique Entity ID Tax ID Number | Street or P. O. Box | | | City | | County | | ZIP Code + 4 |
| Legal Applicant Authorized Representative E-mail Address Street or P. O. Box City County State KY ZIP Code KY Telephone Number Fax Number SAM Unique Entity ID Tax ID Number GRANT ADMINISTRATOR: Choose an item. Name Telephone Number FAX Number Organization E-mail Address Street or P. O. Box City County Street or P. O. Box City County | Telephone Number | Fax Num | ber | SAM Unique Ent | ity ID | Tax ID Number | | |
| Legal Applicant Authorized Representative E-mail Address Street or P. O. Box City County State KY ZIP Code KY Telephone Number Fax Number SAM Unique Entity ID Tax ID Number GRANT ADMINISTRATOR: Choose an item. Name Telephone Number FAX Number Organization E-mail Address Street or P. O. Box City County Street or P. O. Box City County | (If Applicable) APPLI | CANT'S P | ARTNER | Choose an item | Exclude | d Parties Listing | System: Cho | iose an item |
| KY Telephone Number Fax Number SAM Unique Entity ID Tax ID Number GRANT ADMINISTRATOR: Choose an item. Name FAX Number Name Telephone Number FAX Number Organization E-mail Address Street or P. O. Box City County | | | | | | | oyucan. one | ose un reun. |
| Telephone Number Fax Number SAM Unique Entity ID Tax ID Number GRANT ADMINISTRATOR: Choose an item. Name Telephone Number FAX Number Organization E-mail Address Street or P. O. Box City County State ZIP Code + 4 | Street or P. O. Box | | | City | | County | | ZIP Code |
| Name Telephone Number FAX Number Organization E-mail Address Street or P. O. Box City County State XIP Code + 4 KY ZIP Code + 4 | Telephone Number | Fax Num | ber | SAM Unique Ent | ity ID | Tax ID Number | | |
| КУ | Organization | | | | | E-mail Addre | iS | |
| | Street or P. O. Box | | | City | | County | State | ZIP Code + 4 |
| State House District State Senate District Congressional District Area Development District | | | | | | | KY | |
| | State House District | State Sena | te District | Congressional | District | Area I | evelopment | District |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | ТС | | | | | |
| TEAM - | | | | | | | | |
| KENTUCKY. | | | KE | NTUCK | Y. | | | |

Sample Program Application

Homeowner Application Intake



- Subrecipients will act as an agent on behalf of the homeowners to provide services related to this program.
- Once eligibility has been established, homeowner application intake can begin
- Information that needs to be included on all homeowner intake forms can be found in Section 4.7.1 of the policy manual.

Duplication of Benefits (DOB)



- Subrecipients are responsible for collecting all documentation pertaining to duplication of benefits (DOB) that will be verified by DLG.
- Homeowners must report all assistance they have been awarded or available to repair/reconstruct their homes from third-party sources such as:
 - Flood and homeowner's insurance
 - Increased Cost of Compliance (ICC)
 - Federal Emergency Management Assistance (FEMA)
 - Loans from the Small Business Administration (SBA)
 - Any other assistance from other government or private non-profit sources





Inspections







- 1. After award and before construction, a site inspection of the property must be conducted by the Subrecipient to determine the type and cost of work necessary.
- 2. After inspection, the work that needs to be completed should be written down.
 - A sample work-write up and cost estimate form are provided with Chapter 6 of the Subrecipient Manual

| | WORK WRITE UP A | AND COST ESTIN | IATE | |
|----------------------------------|----------------------------------|-----------------|-------------|---------------------------|
| Applicant: | | Account ID: | | |
| Inspector: | | Date Inspected: | | |
| | | | | |
| Location/Item | Description | | | Estimated Cost |
| Location/Item Ex: Living Room | * | X 15' | | Estimated Cost \$ 0.00 |
| | 10' Remove existing sub floor | - | ind replace | |

Sample Work Write-up Form

Environmental Review



Subrecipients will act as an agent on behalf of the homeowners to provide services related to this program:

| Tier | Description |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | An EA will be completed for the Program for the HUD and State MID counties. |
| 2 | Environmental Reviews will be conducted for each property that is being evaluated under the program. |
| | Will identify sites with specific environmental issues requiring a site visit or additional agency consultation and will be documented in an Environmental Review Record (ERR). |
| | These reviews must be conducted by the subrecipient in a manner that satisfies the requirements of NEPA and HUD's NEPA implementing regulations (24 CFR 58) |

Environmental Review



• From the time of application through the completed environmental review, no work should be performed on eligible homes participating in the program.

More detail on Environmental Review requirements is provided in Chapter 2 of the Subrecipient Manual.

Green Building Requirements



All subrecipients must meet the Green and Resilient Building Standards:

- For non-substantial rehabilitation:
 - Subrecipients must follow the guidelines specified in the HUD CPD Green Building Retrofit Checklist (11-2).

- For rehabilitation of substantially damaged properties and reconstruction:
 - The Green and Resilient Building Standard requires that construction assisted with CDBG-DR funds meet an industryrecognized standard which has achieved certification.
 - Reference chapter 11 in the Subrecipient Manual for more information on the standards and the required form (11-1) to submit to DLG about the selection of your chosen standard.





- All units in a project assisted with CDBG-DR funds must comply with 24 CFR Part 35 (Lead Safe Housing Rule)
- More information and required forms are provided in Chapter 2 of the Subrecipient Manual.

The levels of assistance and applicable requirements are:

| Level of Assistance | Applicable Requirements |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <\$5,000 | Paint testing of surfaces to be disturbed must be completed. Paint testing must be conducted by a certified paint inspector or risk assessor. |
| \$5,000-\$25,000 | A risk assessment must be performed of the entire unit. A risk assessment must be conducted by a certified risk assessor. |
| >\$25,000 | A risk assessment must be performed of the entire unit. A risk assessment must be conducted by a certified risk assessor. |





Homeowner Responsibilities



Homeowner Grant Determination



- The subrecipient is required to develop a scope of work including an estimate for the repair, replacement, and/or mitigation of the housing structure to meet Program requirements.
- Ineligible costs include:
 - Income payments
 - Luxury or non-standard items
 - Labor time for sweat equity
- Upgrades
 - The Program will not allocate funding for payment of any upgrades.
 - If homeowners elect to modify or deviate from the designs or scope of work they must use their own personal funds to do so.

Homeowner Agreements



- All homeowners are required to sign a grant agreement to comply with Program requirements.
- The grant agreement should require the owner to certify the following:
 - Award Calculation
 - Property Ownership
 - Primary Residency
 - Insurance Requirements
 - Agree to subrogation requirements detailed in the DOB Chapter 10 of the Subrecipient Manual
 - Deed restriction to maintain FEMA flood insurance for life of the property, where applicable.
 - Declaration of covenants and restrictions
- A sample of a Homeowner Grant Agreement can be found on the disaster website: <u>Kentucky DLG - DRP Grants</u>

| SAMPLE | REHABILITATION GRANTING AGREEMENT |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: | REFERENCE #: |
| OWNER(S): | ADDRESS: |
| City/County of | s eligible to make rehabilitation grants/loans as provided for un Development Act of 1977, amending the same Act of 1974; and, ferred to in the Granting Agreement between the Commonwe as a FORGIVABLE LOAN; and) have met all of the qualifications prescribed under the rul- nentioned Acts and the regulations heretofore adopted by the C nts; and |
| amount of | ve heretofore made application for such grant to the Grantee DOLLARS (\$), and the appl luly authorized officers for the Grantee on |
| NOW, THEREFORE, in a consideration, the parties he | consideration of the above premises and other good and va ereto agree as follows: |
| The Grantee shall g in the amount of | PERTY TO BE REHABILITATED give and make a rehabilitation loan to the above referenced Ov DOLLARS (\$) to be tas of the premises located on the real property described as follo |
| , | SEE LEGAL DESCRIPTION ATTACHMENT "A" |
| | |

Homeowner Lien Agreement



- Assistance over \$50,000 will be provided in the form of a forgivable loan.
- The forgivable loan is instituted through the use of a Lien Agreement.
- Each year the owner retains ownership and resides in the home a certain percentage of the loan amount is forgiven as if it were a grant.
- Should the property be sold, vacated or its use changed prior to the expiration of the note, the owner owes the subrecipient whatever balance remains on the note.
- A Mortgage Agreement and Promissory Note Template can be found on the Disaster website: <u>Kentucky DLG - DRP Grants</u>.

| | PROMISSORY NOTE | |
|--------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------|
| | cured by Mortgage on Real Estate) e Grantee Attorney prepare in accordance with local policy.) | |
| DATE: | REFERENCE #: | part at any time without penalty or premium. |
| MORTGAGOR: | ADDRESS: | |
| | | MORTGAGOR |
| FUNDING SOURCE: | AMOUNT SECURED: \$ | |





Construction



Pre-Construction



- Homeowners are able to hire registered/licensed and insured builders of their choice to perform the reconstruction or rehabilitation.
- Homeowners are precluded from acting as their own contractor.
- The subrecipient will complete a thorough inspection of the property.
- The homeowner will use the Work Write-up and Cost Estimate to solicit three quotes from different construction contractors.

Upon selection of contractor, the subrecipient will verify:

- Costs are reasonable and necessary
- Contractor is properly licensed
- Contractor is not on a debarred list or subcontract to entities on a debarred list
- Contractor has provided a project completion plan detailing work and timeframe





- The subrecipient will facilitate an agreement between the homeowner and the contractor.
- The subrecipient must hold a pre-construction conference.
- Contractors or subcontractors for all rehabilitation and reconstruction triggering Section 3 are required to comply with all regulation

For more detail please refer to the policy manual and Chapter 6 of the Subrecipient Manual.

Construction



- Contractors must follow all applicable building codes listed in Chapter 6 of the Subrecipient Manual.
- Once a contract is executed, the subrecipient shall issue a Notice to Proceed.
 - A sample Notice to Proceed (6-19) is provided with Chapter 6 of the Subrecipient Manual.
- Subrecipients are responsible for monitoring the progress of construction projects.

| TO: FROM: SUBJECT: Notice to Proceed with Rehabilitation/Reconstruction as owner(s) of the property located at award the rehabilitation contract to award the rehabilitation contract to on Contractor is hereby notified to commence work set forth in the contract on or before All work is to be done in accordance with program specifications, conditions provided in the contract, and the work write-up that has my (our) initials on each page and signature on last page. The project must be fully complete within in consecutive calendar days after The date of completion of all work is, therefore If the contractor does not commence work within the specified time, 1 (We) may upon proper notification, consider the rehabilitation contract to be in default. Owner Signature: Date: Owner Signature: Date: Contractor Signature: Date: Contractor Signature: Date: | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|--------------|---------------|--------------|-------------|--------------|-----------|------------|
| SUBJECT: Notice to Proceed with Rehabilitation/Reconstruction as owner(s) of the property located at award the rehabilitation contract to on Contractor is hereby notified to commence work set forth in the contract on or before All work is to be done in accordance with program specifications, conditions provided in the contract, and the work write-up that has my (our) initials on each page and signature on last page. The project must be fully complete within consecutive calendar days after The date of completion of all work is, therefore If the contractor does not commence work within the specified time, I (We) may upon proper notification, consider the rehabilitation contract to be in default. Owner Signature: Date: Owner Signature: Date: Contractor Signature: Date: | | | | | | | | | |
| All work is to be done in accordance with program specifications, conditions provided in the contract, and the work write-up that has my (our) initials on each page and signature on last page. The project must be fully complete within consecutive calendar days after The date of completion of all work is, therefore If the contractor does not commence work within the specified time, I (We) may upon proper notification, consider the rehabilitation contract to be in default. | | Notice | e to Proceed | with Rehab | vilitation/F | leconstruct | ion | | |
| All work is to be done in accordance with program specifications, conditions provided in the contract, and the work write-up that has my (our) initials on each page and signature on last page. The project must be fully complete within consecutive calendar days after The date of completion of all work is, therefore If the contractor does not commence work within the specified time, I (We) may upon proper notification, consider the rehabilitation contract to be in default. | | | | | | | | | |
| on Contractor is hereby notified to commence work set forth in the contract on or before All work is to be done in accordance with program specifications, conditions provided in the contract, and the work write-up that has my (our) initials on each page and signature on last page The project must be fully complete within consecutive calendar days after The date of completion of all work is, therefore If the contractor does not commence work within the specified time, I (We) may upon proper notification, consider the rehabilitation contract to be in default. | | | | as owner(s) |) of the pr | operty loca | ted at | | |
| Contractor is hereby notified to commence work set forth in the contract on or before All work is to be done in accordance with program specifications, conditions provided in the contract, and the work write-up that has my (our) initials on each page and signature on last page The project must be fully complete within the contractor does not commence work within the specified time, I (We) may upon proper notification, consider the rehabilitation contract to be in default. Owner Signature: Date: Owner Signature: Date: Owner Signature: Date: | | | | award the | rehabilita | tion contra | ct to | | |
| All work is to be done in accordance with program specifications, conditions provided in the contract, and the work write-up that has my (our) initials on each page and signature on last page. The project must be fully complete within consecutive calendar days after The date of completion of all work is, therefore If the contractor does not commence work within the specified time, I (We) may upon proper notification, consider the rehabilitation contract to be in default. Owner Signature: Date: Owner Signature: Date: Contractor Signature: Date: | | | | | on | | | | |
| All work is to be done in accordance with program specifications, conditions provided in the contract, and the work write-up that has my (our) initials on each page and signature on last page. The project must be fully complete within consecutive calendar days after The date of completion of all work is, therefore If the contractor does not commence work within the specified time, I (We) may upon proper notification, consider the rehabilitation contract to be in default. Owner Signature: Date: Owner Signature: Date: Contractor Signature: Date: | | | | | | | | | |
| contract, and the work write-up that has my (our) initials on each page and signature on last page The project must be fully complete within consecutive calendar days after The date of completion of all work is, therefore If the contractor does not commence work within the specified time, I (We) may upon proper notification, consider the rehabilitation contract to be in default. Owner Signature: Date: Owner Signature: Date: Owner Signature: Date: | Co | ontractor i | is hereby no | tified to cor | nmence w | ork set for | h in the cor | stract or | 1 or befor |
| The date of completion of all work is, therefore If the contractor does not commence work within the specified time, I (We) may upon proper notification, consider the rehabilitation contract to be in default. Owner Signature: Date: Owner Signature: Date: Owner Signature: Date: | | | | | | | | | |
| notification, consider the rehabilitation contract to be in default. Owner Signature: Date: Owner Signature: Date: Contractor Signature: Date: | | | | | ore | consecutiv | e calendar | days afi | ter |
| Owner Signature: Date: Contractor Signature: Date: | | | | | | | ne, I (We) n | nay upo | n proper |
| Contractor Signature: Date: | Owner Signa | ture: | | | | | | Date: | |
| | Owner Signa | lure: | | | | | | Date: | |
| Grantee Signature: Date: | Contractor Si | gnature: | | | | | | Date: | |
| | | | | | | | | D | |

Construction



- Payments are to be requested by the subrecipient from DLG and made directly to the contractor.
- All change orders must:
 - Be requested by the subrecipient and approved by DLG.
 - A sample Change Order Request is provided in Chapter 6 of the Subrecipient Manual.
 - Not exceed 20% of the original contract price
- A ten percent retainage shall be withheld until after final inspection.

| | TO CONSTRUCTION CONTRAC | т | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------|
| ACCOUNT #: | | | |
| ADDRESS: | | | |
| OWNER: | | | |
| | tion/construction contract dated hat was not visible on the initial inspect | have agreed upor | n th |
| DESCRIPTION | | AMOUNT | |
| 2 | | 2 | |
| <u>.</u> | | | _ |
| | | | _ |
| - | | 17. 19. | |
| | | | |
| | | | |
| | | | _ |
| | TOTAL OF CHANGE ORDER | 5 | |
| The Contractor agree | TOTAL OF CHANGE ORDER es to perform this work for | <u>s</u> | |
| | 1.5 M | | |
| | es to perform this work for I to the original contract of | \$ | |
| Which is to be added | es to perform this work for I to the original contract of his contract is now | \$\$sday | /s |
| Which is to be added | es to perform this work for I to the original contract of his contract is now | \$day tecreasedday | /s |
| Which is to be added | es to perform this work for I to the original contract of his contract is now | \$\$sday | /s |
| Which is to be added | es to perform this work for i to the original contract of his contract is now ract shall be | \$day tecreasedday | /s |
| Which is to be added The total amount of t The time of the Cont | es to perform this work for i to the original contract of his contract is now ract shall be | \$day decreasedday No Change Date: | /s |
| Which is to be added The total amount of t The time of the Cont Contractor: | es to perform this work for i to the original contract of his contract is now ract shall be | \$day \$day decreasedday No Change Date: Date: | /s /s |

Sample Change Order Request





Closeout



Construction Closeout



- The contractor must certify completion of work and submit final request for payment.
- Subrecipient must make the final inspection and prepare a written report prior to issuance of final payment.
- Before making final payment the subrecipient should:
 - Have the contractor sign an affidavit terminating the contract and releasing all liens;
 - Have the contractor provide all warranty documents and subcontractor release of lien waivers prior to final payout.
- If the inspection is satisfactory, the subrecipient can then issue acceptance of work and final payment.





- Once the final Construction Closeout documentation has been submitted by the contractor, the Subrecipient must:
 - Work with homeowners to collect all closeout documentation for their file:
 - Collect evidence that the property is covered by flood insurance, if required;
 - Continue to monitor DOB compliance;
 - Hold a public hearing and submit a final report.

Records Management



- Records must be kept to document compliance with program requirements, with federal, state, and local regulations, and to facilitate audit review by HUD and other designated auditors.
- All records pertaining to the project must be maintained for 5 years from the date of project closeout.
- Subrecipients must maintain records for each household that received CDBG-DR assistance.
 - All projects beneficiaries must be tracked by income, race and ethnicity as categorized by HUD, as well as by owner-occupied status, female-head of household (occupied by one or more children under the age of 18), elderly household (62 years of age or older), and disabled household.
 - Records should be maintained on each household related to any repairs, construction, or clean up of the property.
- CDBG-DR records, including program documents, are subject to the Freedom of Information Act (FOIA).

For more detail on Records Management please refer to Chapter 1 of the Subrecipient Manual.



Resources

1. Link to policy on DLG website

- 2. Link to subrecipient manual on website
- 3. Link to Action Plan on website

Travis Weber Local Government Branch Manager 502.892.3185 travis.weber@ky.gov