

BEST PRACTICE -
(Use this to ensure you have a complete Refunding Application)

Self-Help Housing Technical Assistance Grant
NCALL's REFUNDING APPLICATION REVIEW CHECKLIST

Organization/Agency Name: _____

Name of Contact: _____ Phone: _____

State of Applicant: _____

Draft or Official: Date Received: _____ 15 Day Review Due Date: _____

(1) a. Application for Federal Assistance (for Non-Construction)

Instruction No. 1944.410(e) Standard Form 424 Version 02

_____ Complete _____ Incomplete

Date of Application _____

Yes / No Is the legal name entered on the application the same as it appears on the Articles of Incorporation? If no, then enter legal name _____

Yes / No Is the DUNS Number indicated?

Yes / No Is the description of the program adequate, including number of homes planned, self-help method, very-low and low income participants, area, and the time period for the program?

Yes / No Do the totals on the SF-424 agree with the totals on the SF-424A, Budget Information – Non-Construction Program?

Yes / No Includes Intergovernmental Review Response, if appropriate?
1944.409 Box 19, SF 424 Version 02

Analysis/Findings: _____

b. USDA Survey on Ensuring Equal Opportunity For Applicants

Unnumbered Letter, Dated June 1, 2005

_____ Included _____ Not Included

_____ Complete _____ Incomplete

Analysis/Findings: _____

(2) Waiting list of participants

Instruction No. 1944.410 (e)(1)

_____ Complete _____ Incomplete

Yes / No Includes a waiting list providing evidence that there are low-income families willing to contribute labor. 2:1 ratio recommended

Yes / No Does the waiting list appear to be adequate to recruit for future participants in the program? If not, why? _____

Yes / No Includes Names and Addresses

Yes / No Includes Number in Households

Yes / No Includes total annual household income

Yes / No Indicates that families are interested in Self-Help Method

Analysis/Findings: _____

(3) Proof of eligibility for the participants in the first group

Instruction No. 1944.410 (e)(2)

_____ Complete _____ Incomplete

Yes / No Includes Determination of RD Eligibility Letters, Private Bank Loan Letters or Letters of Financial Assistance indicating that the first group of participants has been qualified for loans?

Yes / No If other mortgage funds are to be used, has source of other mortgage funds been adequately identified?

Yes / No Does the approved loan amount meet projected package cost?
If not, is there a narrative explaining the difference?

_____ Average Package Cost
_____ First Building Group Size
_____ Number of Eligibility Letters

Yes / No Does the size of first group correspond to monthly activity schedule?

Analysis/Findings: _____

(4) Lot options for first group

Instruction No. 1944.410 (e)(3)

_____ Complete _____ Incomplete

Yes / No Is there a current signed option for each applicant and accepted by the seller?

Yes / No Does the costs of the lots to the families appear to be affordable?

Yes / No Includes evidence that lots are optioned by first group of Families?

Number of lots: _____ Number in first group: _____

Yes / No Do applicant names correspond with names on eligibility letters?

Yes / No Do sellers names correspond to members on the Board of Directors or staff?

Yes / No Narrative adequately explaining land availability, infrastructure and, if needed, site development issues?

Yes / No Includes maps and/or site plans?

Analysis/Findings: _____

(5) Evidence of lot availability for remaining groups

Instruction No. 1944.410(e)(3)

_____ Complete _____ Incomplete

Yes / No Includes the availability of lots for the remaining total number of proposed houses to be built during grant period.

Type of documentation provided: _____

Number of lots needed to complete grant: _____

Number of lots provided: _____

Yes / No Includes the projected cost of sites (indicates water/sewer information).

Yes / No Includes maps of the proposed area.

Yes / No Narrative adequately explains land availability, infrastructure and, if needed site development/scattered site issues?

Analysis/Findings: _____

(6) House plans, specifications and detailed cost estimates

Instruction No. 1944.410 (e) (4)

_____ Complete _____ Incomplete

Yes / No Are the house plans modest in size and features?

_____ Indicate square footage of proposed homes.

Yes / No If the square footage is over NCALL's Best Practice recommendation of 1350 sq. ft. is there a reason for this overage?

Yes / No Are the specifications on Description of Materials, RD 1924-02 ?

Yes / No Are the specifications complete and follow RD 1924-A guidelines?

Yes / No Includes detailed cost estimates for each house plan to be built?

Yes / No Includes detailed cost estimates for each participant's house plan to be built in first group?

Yes / No Does each cost estimate total properly?

Yes / No Does the cost estimate follow the format recommended by NCALL and include all categories?

Yes / No Does each category total cost appear to be reasonable? Price range analysis?

Yes / No Is there a contingency line item? Percentage: _____ (%)

Yes / No Includes House Plans for each style to be built?

Yes / No Includes House Plans for each participant's house to be built in the first group?

Yes / No Are all elevations, views, and mechanicals noted on each plan? (Should list all views)

_____ foundation plan _____ floor plan _____ cross section _____ front elevation

_____ rear elevation _____ left side elevation _____ right side elevation _____ electrical plans

_____ plumbing plans _____ mechanical plans

Yes / No Is there appropriate use of space?

Analysis/Findings: _____

(7) Staffing needs and hiring schedule

Instruction No. 1944.410 (e)(5)

_____ Complete

_____ Incomplete

Yes / No Signed statement from Board of Directors stating that applicant has or can hire [or contract directly or indirectly] qualified people to carry out its responsibilities in administering the grant.

Yes / No Includes a staffing plan indicating hours charged to Self-Help?

Yes / No Includes Job Descriptions for each position to be paid with grant funds?

Yes / No Are Job Descriptions consistent in style and content (includes qualification for position, list of duties and responsibilities, supervisor)?

Yes / No Are all major SH functions included in the job descriptions?

Yes / No Includes Hiring Schedule showing positions already employed and positions to be hired and when?

Yes / No Includes availability of Prospective Employees? Does statement appear to be based on something, i.e. advertising and number of responses?

Yes / No Includes Resume(s) of Existing Staff

Yes / No Is there any evidence of nepotism or conflict of interest?

Yes / No Is the proposed staff experienced in the positions they will be filling?

Analysis/Findings: _____

(8) Authorized representative of applicant

Instruction No. 1944.410 (e)(6)

_____ Complete _____ Incomplete

Yes / No Is there an authorized representative of the applicant?

Yes / No Is this the same person as listed on the SF 424?

_____ Name of representative

_____ Address

_____ Official Position

Analysis/Findings: _____

(9) Budget Information – Non-construction programs

Instruction No. 1944.410 (e)(7) SF-424A & Budget Narrative

_____ Complete _____ Incomplete

Yes / No Includes a detail budget for two years or grant term?

Yes / No Does it detail salaries for each position?

Yes / No Are salaries reasonable for position and area? If not, has reasoning been documented?

Yes / No Budget totals correctly?

Yes / No Includes a budget narrative?

Yes / No Are expenses adequately explained in the narrative?

Yes / No Do the narrative and detailed budget correlate with each other?

Yes / No Is SF 424A completed correctly?

Yes / No Are line item expenses within normal ranges?

Fringe Benefits	_____ %	(25% - 30% of Total Salary)
Travel Expense	_____ %	(5% - 10% of Total Salary)
Equipment	_____ %	(2% - 5% of Total Salary)
Supplies	_____ %	(1% - 3% of Total Salary)
Contractual	_____ %	(3% - 5% of Total Salary)
Other Misc. Expenses	_____ %	15% - 20% of Total Salary)

Yes / No Are funds included for National Self Help Association and for attending regional and national conferences?

Yes / No Includes the Equivalent Value of Modest House provided by RD?

Yes / No Is EVMH the same as area loan limit? If yes, has RD provided proper justification?

Yes / No Includes Method by which they are figuring the TA Cost?

\$_____ TA cost per house

Analysis/Findings: _____

(10) Indirect or direct cost policy and proposed indirect cost procedures

Instruction No. 1944.410 (e)(8)

_____ Complete _____ Incomplete

Yes / No Are the direct cost policy and proposed indirect cost procedures adequate and meet requirements?

Yes / No / N/A Includes Letter of Approval and Direct Cost Allocation Plan?

Yes / No / N/A Includes Letter of Approval and Indirect Cost Rate proposal?

Cognizant Agency: _____

Yes / No Does approved proposed indirect cost rate correspond to rate charged on SF 424A?

Analysis/Findings: _____

(11) Monthly activities schedule

Instruction No. 1944.410 (e)(10)

_____ Complete _____ Incomplete

Yes / No Does the plan indicate the actual month of activity (i.e. Jan/Feb/Mar etc.)?

Yes / No Does the plan show actual start and completion dates for recruitment, loan processing and construction for each group of participants?

- Yes / No Does the plan indicate the number of groups and number of families in each group?
- Yes / No Does the construction time for each group correlate to the number of houses in group? Is there consistency? If not, is there a reason for inconsistency explained?
- Yes / No Does the information on this plan correspond to other information in file (i.e. start and end date on SF 424, number in first group of families etc.)?
- Yes / No Is the monthly activity schedule realistic and attainable? (Look at the time of year groups are breaking ground, and pooling dates)

Analysis/Findings: _____

(12) Personnel practices and procedures

Instruction No. 1944.410 (e)(9)

_____ Complete _____ Incomplete

Yes / No Includes Personnel Procedures and Practices? (1944.410(e)(9))

Yes / No The reviewing specialist has read Personnel Policies?

Yes / No Do the Personnel Policies include the following?

Equal Employment Opportunity _____	Affirmative Action Policies _____
Americans with Disabilities Act _____	Nondiscrimination Policy _____
Sexual Harassment Policy _____	Employment Classification _____
Hiring Policies _____	Definition of workday/work week _____
Compensation Policies _____	Benefits _____
Grievance Procedure _____	Travel policy _____
Code of Conduct _____	Alcohol & Drug Abuse _____

Yes / No Includes Personnel Forms? (1944.412)

Yes / No Are forms appropriate for agency?

Analysis/Findings: _____

(13) Authorizing Resolution

Instruction No. 1944.411(d)

Yes / No Includes a copy of the resolution adopted by (the Board of Directors or other Governing Body if public body) authorizing Appropriate the appropriate official to execute the Self-Help Technical Assistance Grant Agreement and Form RD 400-4 Assurance Agreement.

(14) Assurance Agreement

Instruction No. 1944.411 (d)

Yes / No Completed Assurance Agreement, USDA/RD Form 400-4

(15) Fidelity Bond Coverage

Instruction No. 1944.411 (e)

Yes / No Includes "Position Fidelity Schedule Bond Declarations" RD Form 440-24

Yes / No Is coverage adequate to protect the maximum amount of money, form and all sources the organization will have on hand at any one time?

Yes / No Does the policy cover all employees that have access to funds?

Coverage is: Individual person_____ "Blanket Coverage" _____

(16) Evidence of Interest Bearing Checking Account and a Statement of Interest Repayment

Instruction No. 1944.411 (g)

Yes / No Evidence of Interest Bearing Checking Account with 2 or more bonded signatures who will sign checks.

Yes / No Statement on repayment of interest
Nonprofit - \$250 cap; Government entity - \$100 cap

(17) Membership Agreement

Instruction No. 1944.411(h)

Yes / No Includes Membership Agreement between organization and Self-Help participants
Membership Agreement which will be signed by grantee and self-help participants.

Yes / No Is membership agreement our suggested agreement? If no explain differences _____

Yes / No Membership Agreement clearly shows work that is expected from participants and are task appropriate? (Exhibit B-2)

Yes / No Are any percentages split between participants and subcontractors?

Yes / No Participants are required to contribute a minimum of 30 hours per week. If fewer hours are required has a satisfactory explanation been provided? _____

Yes / No Are participant minimum labor requirements for continued grantee TA within NCALL's recommended guidelines?

Yes / No Does the type of construction correspond to plans?

Yes / No Reviewer has read Membership Agreement?

(18) Request for Obligation of Funds
Instruction 1944.412

Yes / No Request for Obligation of Funds, RD 1940-1

Yes / No Complete?

(19) Self-Help Technical Assistance Grant Agreement
Instruction 1944.412

Yes / No Self-Help Technical Assistance Grant Agreement, Exhibit A of 1944-I

Yes / No Accurately completed and signed?

(20) Certification Regarding Drug-Free Workplace
Instruction No. 1940-M, 1940.606(b)(2)

Yes / No Certification Regarding Drug-Free Workplace, Form AD 1049

Yes / No Accurately completed and signed?

(21) Certification Regarding Debarments, Suspension, and other Responsibility Matters
Instruction No. 1940-M, 1940.606(b)(1)

Yes / No Certification Regarding Debarments, Suspension, and other Responsibility Matters, Form AD 1047.

Yes / No Accurately completed and signed?

(22) Certification Regarding Lobbying

Instruction No. 1940-Q and 1940.810

Yes / No Certification Regarding Lobbying, Exhibit A-1 of RD 1940-Q

Yes / No Accurately completed and signed?

(23) Statement of Compliance

Instruction No. 1944.411 (c)

Yes / No / N/A Statement of Compliance with 7 CFR 3015 & 3019, if Nonprofit (Signed & sealed)

Yes / No / N/A Statement of Compliance with 7 CFR 3015 & 3016, if government entity (Signed & sealed)

(24) Assurances – Non Construction Programs

Instruction No. 1944.411(f)

Yes / No Assurance – Non-Construction Programs, SF 424B agreeing to establish a recordkeeping system that a certified public accountant will certify as meeting the requirements of the Grant Agreement.

(25) Rural Development Manager’s Recommendation

Instruction No. 1944.410(b)

Yes / No Is there a space held for this section?

(26) T&MA Contactor’s Review and Recommendation

Required Under National Office Contract with T&MA Contactor

Yes / No Is there a space held for this section?

(27) National Office Review

Instruction No. 1944.415 (a)

Yes / No Is there a space held for this section?

(28) Narrative Statement

Instruction No. 1944.410(a)(4))

_____ Complete _____ Incomplete

Yes / No Include dollar amount of grant request.

Yes / No Include area to be served.

Yes / No Include number of self-help units to be built.

Yes / No Include housing conditions of low-income families in the area and reasons why families need self- help assistance. Estimated cost of self-help housing monthly payments, versus the average cost of affordable housing and a conventional loan.

Yes / No Include evidence of community support (specific letters of town support if land has been targeted); officials, individuals and community organizations.

Yes / No Indicate a need in the area for housing of the type and cost to be provided by the self-help program. Census data of county(s) that will be targeted.

Analysis/Findings: _____

(29) Current Financial Statement or Audit

Yes / No Date of the financial statement _____
(Not more than 12 months) Audits preferred or a Balance Sheet showing specific nature of Assets and Liabilities, with information on the repayment schedule and status of any debt owed by the applicant.

Yes / No Are there any audit findings?

Yes / No Has there been an increase/decrease in assets?

Yes / No Liabilities appropriate/minimal?

Yes / No Dated and Signed by authorized representative of organization

Analysis/Findings: _____

(30) Outreach Plan for very low-income
Instruction No. 1944.410(a)(5)

_____ Complete _____ Incomplete

Yes / No Does the plan provide for regular consistent efforts using a wide variety of methods to reach very low-income families?

Analysis/Findings: _____

(31) HUD Fair Housing Marketing Plan

Instructions No. 1944-410(a)(10)

Yes / No HUD Fair Housing Marketing Plan, HUD Form 935.2B, (expiring 1/31/2010)

Yes / No Is if completed properly?

Yes / No Has market least likely to apply been addressed in marketing outreach?

Yes / No Has plan adequately addressed how staff is trained in Fair housing laws and the AFHMP?

Analysis/Findings: _____

(32) Determination of TA Grant Amount

Instruction No. 1944.407

Yes / No Includes the Equivalent Value of Modest House provided by RD?

Yes / No Is EVMH the same as area loan limit? If yes, has RD provided proper justification?

Yes / No Includes Method by which they are figuring the TA Cost?

\$ _____ TA cost per house

(33) Intergovernmental Review Submittal

Instruction 1944.409

Yes/No Included

(34) Civil Right's Impact Analysis Certification

RD Form 2006-38 2006-P, Instruction 2006.754(b)

Yes/No Included

Yes/No Complete

(35) OGC Review (if necessary)

Instruction No. 1944.410(b)(2)

Yes/No Section held for this section?

(Recommend) Final Evaluation on current grant

Yes / No Is Final Evaluation satisfactory or higher?

Yes / No If grantee is or was a marginal producer and is or was placed on high risk, is there a satisfactory explanation as to why and have the conditions that caused the problem been resolved?

(Recommend) Organizational Documents

Instruction No. 1944.410 (a)(2)

_____ Complete _____ Incomplete

Yes / No Copy of an accurate reference to the specific provisions of state law which the organization was organized.

Yes / No Articles of Incorporation (signed by authorized agency representative, dated and sealed by corporate seal if available)

Yes / No Does the mission statement include “production of affordable housing”

Yes / No Bylaws (signed, dated and sealed)

Yes / No Are there more than 5 members of the Board?
1944-I, section 1944.404(d)(4)

Yes / No Are there 10 Board meetings (recommended)?

Yes / No Names and Addresses of Members, Directors, Officers (5 minimum)

Yes / No Tax exemption certificate of 501(c)(3) status
1944-I, section 1944.404(d)(2)

Yes / No Certificate/Stamp of Incorporation

Yes / No Evidence of Good Standing from the State if in existence for more than one year.

Yes / No / N/A Name, Address, Principle Business of Member Organizations (if applicable)

Yes / No / N/A If about to organize, copies of proposed organizational documents attached.
Demonstrate compliance with 1944-I, section 1944.404(d)

Analysis/Findings: _____

Review Letter of Conditions

Yes / No / NA Has the applicant met all the conditions listed in the Letter of Conditions, if appropriate (Attachment 3, RD AN 3904) issued with the Form AD-622 "Notice of Pre-Application Review Action? (1944.412)

Yes/No Has reviewer read Letter of Conditions?

Overall Application:

Yes / No Is the file tabbed/segments marked?

Yes / No Does it contain a table of contents?

Yes / No / N/A Is there a transmittal letter from RD? (Official copy only)

Analysis/Findings: _____

Other Comments / Recommendations:

Name of Reviewer: _____

Date: _____