

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: _____