

CONTRACT COMPLETION CHECKLIST

FY 09/10

Date: _____ Agency Rep: _____
Agency: _____ Phone #: _____ FAX # _____
Project: _____ E-mail: _____
Project #: _____ Funding Source: CDBG _____ HOME _____
Contract Amount \$ _____ County Staff: _____

Submit **three** complete sets of the following documents:

- _____ 1. **Contract** with **original** signatures in **blue ink** and date on each contract
Please note **fill-in information** needed on page 8 and/or 9
- _____ 2. **Agency/Program Description** (Exhibit "A")
- _____ 3. **Performance Measurements** (Exhibit "B")
- _____ 4. **Proposed Implementation Time Schedule** (Exhibit "C")
Please include **numbers of clients served** each period.
- _____ 5. **Project Budget** (Exhibit "D")
- _____ 6. **Contracting Principles** (Exhibit "I") – **Original Signatures in blue ink by person who signed contract**
Type I _____ Type II _____
- _____ 7. **Three signed Signature Cards**, preferably with **two** authorized signatures

Submit **one** completed copy of each of the following documents:

- _____ 8. **Indemnity and Insurance Requirements - Designation of Exhibit G –**
NOTE: Contract will not be executed until all valid insurance has been submitted to Periculum (County Insurance Clearinghouse).
Sections A, B & C of insurance checklist completed _____
Does agency own vehicles? Yes _____ No _____
Additional Insured Language Discussed Yes _____ No _____
(Sample Language Provided)
- _____ 9. **Current Certificate of Insurance** corresponding to selected exhibit and required before contract can be executed
- _____ 10. **Determination of Tax Withholding and Benefit Status** (complete if not on file)
- _____ 11. **HUD Format III, Environmental Review Record (ERR)** (if applicable)
- _____ 12. **Cash Control Record (CCR)**

- _____ 13. **List of Salaried Positions** Funded with CDBG or HOME funds
- _____ 14. **List of all Funding Sources** for project
- _____ 15. **Current letter from Board of Directors** designating authorized signature(s)
- _____ 16. **Names and addresses of all current members of the Board of Directors**
- _____ 17. **Current Organizational Chart**
- _____ 18. Most recent **Audit** (if not previously submitted)
- _____ 19. **Current Articles of Incorporation** (if not previously submitted)
- _____ 20. **Current Bylaws** (if not previously submitted)
- _____ 21. **Indirect Cost Plan** (must be approved by HUD)
- _____ 22. **Most recent Rental Agreement** (if applicable)

Review of the following:

- _____ 23. Quarterly Project Monitoring Report: Requirements and Consequences. Monitoring Report will be available online.
- _____ 24. Contract non-compliance
- _____ 25. Request for Reimbursement; appropriate documentation
- _____ 26. Contract conditions (if applicable)
- _____ 27. Loan Agreement (if applicable)
- _____ 28. HOME Program checklist (if applicable)

 FOR HCD STAFF USE ONLY

Other: _____

Jnb/FY 09/10
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