**REHAB Project Checklist Cover Sheet**

**Project Set Up, Environmental Review and Project Completion**

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| **Agency and Project Information** |
|  |  |
| **Rehab Agency:** |  |
| **Project/Customer Name:** |  |
| **Project Address:** |  |
| **County:** |  |
| **Property Type:** Ex. Mobile Home, Single Family |  |
| **Year Home was Built:** |  |
| **Project Cost:** Ex. $85,000 |  |

**Signed by Agency Executive Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*All information provided in this packet has been verified for accuracy and is complete.**

**Project Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Agency Verification** | **MFA PM QC** | **MFA MGMT. QC** |  **Section 1**  **PROJECT SET UP PACKET*****\*Please upload the following complete and accurate documents in this order******for Set Up of this project.*** |
|  |  |  | **HOME Rehab Reservation Request Form** – *Signed, Accurate and Complete* |
|  |  |  | **Client Application (HOME Rehab)-** *Signed, Accurate and Complete*Redact all Personal Identifiable Information (PII) Ex. Social Security Numbers and Dates of Birth |
|  |  |  | **Employment Verification Form** – *Signed, Accurate and Complete* |
|  |  |  | **Income Verification Form -** with copies of source documents as proof * Homeowner Anticipated Income
* All adult members of the household 18 and older must be included
* Asset List
* Documentation of adult household members receiving no income
* Include **Zero Income Certification Form** if applicable
 |
|  |  |  | **Title Search** or Proof of Clear Title or letter from Governor if Tribal |
|  |  |  | **Proof of Principal Place of Residence** (Copy of most recent Utility Bills) |
|  |  |  | **Needs Assessment Field Report** - Project Summary |
|  |  |  | **Photos** of Outside and Inside of Home (Before Rehab work begins) |
|  |  |  | **Scope of Work** w/detailed cost estimate |
|  |  |  | **Date Home was built** (provide source verified) |
|  |  |  | **Uniform Physical Conditions Standards (UPCS) Checklist -** with deficiencies clearly listed |
|  |  |  | **Project Budget** **Spreadsheet** – Project Budget (Formerly Schedule K) |
|  |  |  | **Property Appraisals** (Non-profit, For-Profit or Local Governments) **or** Property Value Verification Form (Tribal entities) |
|  |  |  | **95% After Rehab and Cost Reasonableness Certification Form –** *Signed, Accurate and Complete* |
|  |  |  | **Contractor Certification Form** – Signed and must include Copy of print screen of www.sam.gov for your agency only – must submit with each request and cannot be blank |
|  |  |  | LEAD Based Paint (LBP)* **Screening Worksheet**
* **Lead Based Paint pamphlet** – Signed by Homeowner verifying Notification, Distribution and Review of LBP requirements by agency
* Risk Assessment Status
* **Copy of the actual signed Risk/LEAD Assessment**(s) (if applicable)
 |
|  |  |  | HOME Program **Set Up** **Form** submitted - *Accurate and Complete* |
|  |  |  | **Project Acceptance Notice Letter, PAN** (Signed by Agency) – Issued by MFA Program Manager |
|  |  |  | **HUD IDIS Project ID#** issued by MFA (Once all documentation above is received, approved and PAN letter is signed) This will be a 4 digit number which will identify the project and will need to be included with all documentation referencing the project. |
|  |  |  | **Award and Restrictive Covenants Agreement/Tribal Land Award Agreement–** Issued by MFA Program Manager (Once all documentation above is received, approved and PAN letter is signed) – This action commits the funds to the project along with the 180 day clock that begins on the date the Project ID # is sent to the agency. This document ***MUST*** be signed and notarized ***PRIOR*** to the start of work on the project. |
|  |  |  | **Mobile Homes** - teardown and replacement must include documentation for site prep, foundation or permanent tie-down, grading, utility hookups to existing or new service, skirting and any other costs that are not included in the purchase and delivery of the unit. |
| **Agency Verification** | **MFA PM QC** | **MFA MGMT. QC** | **Section 2****ENVIRONMENTAL REVIEW PACKET*****\*Please upload the following complete and accurate documents in this order******for Set Up of this project.*** |
|  |  |  | **Environmental Review Tier II Site-Specific Checklist** – Signed with all back up documentation  |
|  |  |  | **Project Abstract Form** filled out *Accurate and Complete* |
|  |  |  | **Airport Proximity/Hazards Map** (Distance of closest airport to Project Address) |
|  |  |  | **FEMA FirMette Flood Map** - Floodplain Management  |
|  |  |  | **Copy of Flood insurance** only necessary if applicable and located in a floodplain  |
|  |  |  | **RCRA info. search sheet** and site evaluation for contamination |
|  |  |  | **SHPO/THPO – Historic Preservation Letters** (Inquiry Letter and Response/Approval Letter) – All homes regardless of age. |
|  |  |  | **Risk/LEAD Assessment(s)** (if home was built in 1978 or prior) Copy of the actual signed assessment is required* **Screening Worksheet**
* **Lead Based Paint pamphlet** – Signed by Homeowner verifying Notification, Distribution and Review of LBP requirements by agency
* Risk Assessment Status
* Copy of the actual signed Risk/LEAD Assessment(s) (if applicable)

**\***Please provide the LBP documents again separate from the Project Set Up Packet above  |
|  |  |  | **Scope of work/Cost Estimate** – this can be specific to your agency but please provide documentation and proof of the scope of work performed and include detailed list of cost estimate. |
| **Agency Verification** | **MFA PM QC** | **MFA MGMT. QC** | **Section 3** **PROJECT COMPLETION PACKET*****\*Please upload the following complete and accurate documents in this order******for Completion of this project.*** |
|  |  |  | *Accurate* HOME **REVISED** **Set Up** Form, ONLY applicable if funding amounts have changed since the initial Set Up Form was submitted at the start of the project. |
|  |  |  |  |
|  |  |  | **Change Order Form** - Copies of authorized change orders, if applicable |
|  |  |  | **Progress Inspection Sheet/Field Inspection Report -** (after Rehab work has been completed – must submit with requests for reimbursement where Construction costs for the period are being billed.   |
|  |  |  | **Photos** of Outside and Inside of Home (After Rehab work is completed) |
|  |  |  |  |
|  |  |  | **Release of Lien Form** - Release of liens by contractor and subcontractors. |
|  |  |  | **Award and Restrictive Covenants Agreement/Tribal Land Award Agreement** returned to MFA via MAIL, ATTN: REHAB Program Manager – This must be the Original Recorded Signed and Notarized document. (Document must be recorded with the County the Project is located) |
|  |  |  |  |
|  |  |  | \*ALL Requests for Reimbursement MUST match total billed for Hard and Soft Costs |
|  |  |  | **Interim Request for Reimbursement** (RFR) form accurately checked and balanced* Detailed General Ledger (GL) – Containing all associated costs including admin. Specific to this project and this RFR *ONLY*
* Copy of Contractor Payment Request and/or any material receipts
* Timesheets for all direct project related salaries for project management time spent on each project. Timesheet must be dated and signed by a supervisor.
* If these documents have already previously been submitted to MFA and processed, there is no need to re-submit these documents.
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|  |  |  |  |
|  |  |  | **Final Request for Reimbursement** (RFR) form accurately checked and balanced* Detailed General Ledger (GL) – Containing all associated costs including admin. Specific to this project and this RFR *ONLY*
* Copy of Contractor Final Invoice and/or any material receipts
* Final Timesheets for all direct project related salaries for project management time spent on each project. Timesheet must be dated and signed by a supervisor.
* Final Lead-Based Paint and Asbestos invoices (if applicable)
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|  |  |  |  |
|  |  |  | *Accurate* HOME **Completion** Form * Once the FINAL Request for Reimbursement has been paid. The Completion form will need to be filled out in its entirety and submitted to MFA.

(This will close out the account with HUD and no more activity can be submitted or billed for this project) |
|  |  |  |  |

**REHAB Project Checklist Summary**

Summarized from detailed list above without descriptions

**Project Set Up:**

* Home Rehab Reservation Request Form
* Client Application
* Employment Verification Form
* Income Verification Form
* Title Search
* Proof of Principle Place of Residence Verification
* Needs Assessment Field Report
* Photos (Before)
* Scope of Work/Cost Estimate
* Date Home was Built
* UPCS Checklist
* Project/Construction Budget Spreadsheet (Formerly Schedule K)
* Property Appraisal or Property Value Verification Form (Tribal)
* 95% After Rehab and Cost Reasonableness Certification Form
* LEAD Based Paint Documents (If Applicable)
	+ Screening Worksheet
	+ Lead Based Paint Pamphlet
	+ Copy of Actual signed Assessment
* Contractor Certification Form
* SAM.gov print out for your agency
* Set Up Form
* PAN Letter
* IDIS Project Number
* Restrictive Covenant Agreement (Signed & Notarized by Homeowner- Original Copy Mailed to MFA)
* Mobile Home Documentation (If Applicable)

**Environmental Review Packet:**

* Environmental Review Tier II Site Specific Checklist
* Project Abstract Form
* Airport Proximity/Hazards Map
* FEMA FirMette Flood Map
* Copy of Flood Insurance (If Applicable)
* RCRA Info. Search Sheet
* SHPO/THPO Letters (There should be 2 Letters)
* Risk/LEAD Assessment (to include all documents in Set Up packet above)
* Scope of Work/Cost Estimate

**Project Completion:**

* REVISED Set Up Form (If Applicable)
* Change Order Form (If Applicable)
* Progress Inspection Sheet/Field Inspection Report
* Photos (After)
* Release of Lien Form
* Restrictive Covenant Agreement (Signed & Notarized by Homeowner- Original Copy Mailed to MFA)
* Interim Request for Reimbursement
* Final Request for Reimbursement
* Completion Form