

**5-Year Capital Fund Action Plan and Budget Checklist
Fiscal Year 2018**

PHA Name: _____

PHA Number- AL _____

DUNS # Active Y/N _____

YES/NO ____ ACCs (CFP & RHF) – 3 signed (original signature) and dated -**BLOCK 9 must be checked**

YES/NO ____ Are lobbying forms included? Form SFLLL HUD 50071

YES/NO ____ Did the PHA provide written certification that a Public Hearing was held?

YES/NO ____ Was the Environmental Review completed by **appropriate** authority or was a multi-year environmental previously submitted? Entity Name _____ Date _____

YES/NO ____ Did the PHA provide a written statement **defining** Significant Amendment/Modification?

YES/NO ____ Civil Rights Certification submitted: HUD-50077 (For Non-Qualified PHAs) HUD-50077-CR (For Qualified PHAs)

YES/NO ____ Capital Fund Five-Year Action Plan (HUD-50075.2) submitted in EPIC?

YES/NO ____ Capital Fund Five-Year Action Plan (HUD-50075.2) is approvable? Fixed Rolling

YES/NO ____ **PASS Score is** _____. If the PHA is near or failing in PASS, the budget includes items to support Improvement and cure deficiencies.

YES/NO ____ Exigent Health and Safety deficiencies from last inspection _____ Reported in EHS?

YES/NO/NA ____ Part II of budget includes **resident relocation** when units are required to be vacant

YES/NO ____ Part II of budget includes **detailed** descriptions and # of the units of the work items to be performed

YES/NO ____ Are work items projected to be completed by Force Account Labor (FAL)

YES/NO/NA ____ Does the PHA's official files contain a Field Office Approval of FAL Date _____

YES/NO/NA ____ **Line 1406**, Operations, **does not** exceed grant limits listed below: (____ %)

2017 allows for Large PHAs to seek waiver for more than 25 % for anticrime and antidrug activities

Large PHAs equal 250 > 25% * PIH Notice 2018-03 – pending issuance of guidance

Small Non-Troubled PHAs equal < 250 can place 100%* as long as there are no Capital Needs

Small Troubled PHAs can place 20%funds in 1406 - with FO approval

YES/NO ____ **Line 1408**, Management improvements, **does not** exceed **10%** of total grant (____ %)

YES/NO/NA ____ Management Improvements* are **eligible**; are **specific**; and, are **included** in 5-year Action Plan

***Additional guidance on eligible Management Improvements continued next page**

5-Year Capital Fund Action Plan and Budget Checklist Fiscal Year 2018

Management Improvement

PHAs must be able to demonstrate the linkage between the management improvement and the correction of an identified management improvement and the correction of an identified management deficiency, including sustaining the physical improvements. (Only for implementation period) • Training for PHA personnel in operations and procedures, including resident selection, rent collection and eviction;

- (ii) Improvements to management, financial, and accounting control systems of the PHA;
- (iii) Improvement of resident and project security;
- (iv) Activities that assure or foster equal opportunity; and
- (v) Activities needed in conjunction with capital expenditures to facilitate programs to improve the empowerment and economic self-sufficiency of public housing residents, including the costs for resident job training and resident business development activities to enable residents and their businesses to carry out Capital Fund-assisted activities.

YES/NO ___ **Line 1410, Administration, does not exceed 10%** of total grant (___ %)

___ What is the percentage of hard cost for this budget? ___ %?
If less than 50 %, what is PHA's justification?

YES/NO/NA ___ **BLI 1430 -new (1480), Fees and Costs**, is reasonable for type of work performed

YES/NO/NA ___ Are all work items that need to be reported on **line items 21-24** included on the correct lines? IS EPIC uploaded properly.- (while not listed in EPIC CFP, still required to report EPIC activity in EPIC Energy module)

YES/NO/NA ___ Verified bond payment amount on budget is correct (via LOCCs)

YES/NO ___ If 2018 CFP is approvable, check yes. If no, please note deficiencies and the date of the notification to the PHA.

Date Notified PHA of Deficiency _____ (Note in J Drive with comments)

(Note: Budget cannot be spread in LOCCS until all answers are Yes/N/A)

Field Office Specialist: _____ **Date of Approval** _____