



Who?  
What?  
When?  
Where?

**WHY?**

**Making an Impact - Knowing your WHY**  
**2024 PAAO Grant Management Workshop**



# Documenting Your Why

Electronic Files/  
Paper Files



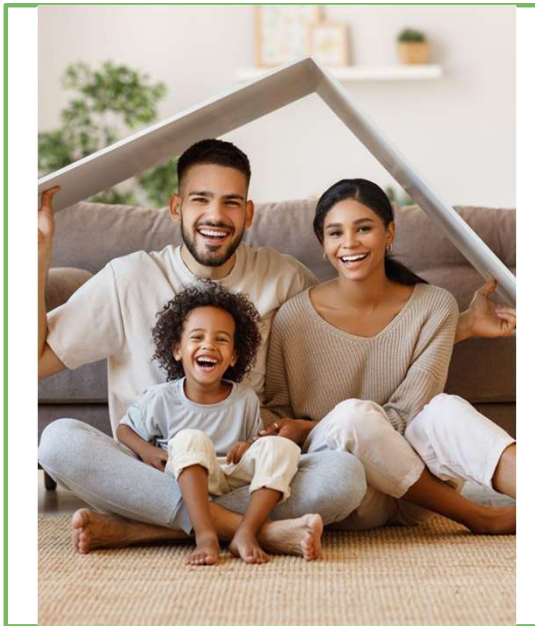
VIRGINIA DEPARTMENT OF HOUSING  
AND COMMUNITY DEVELOPMENT  
*Partners for Better Communities*





# Why Do You Document?

## Telling your story to DHCD and HUD



- Was the National Objective met?
- Were the benefits achieved?
- Did you comply with the program design, the manual, and federal rules and regulations?



# When Do You Report Out?

## Throughout the year

- *Monthly* progress reports
- *Annual* activity reports
- *Project* closeout reports
- On-demand reports

| I. CDBG EXPENDITURES BY ACTIVITY (per program budget)             |           | CDBG Expended       |
|---|-----------|---------------------|
| A) - Administration (EXCLUDING funds escrowed for audit)          | \$        | 100,000.00          |
| - Final Audit (if being held in escrow)                           |           |                     |
| B) Investor-Owned Housing Rehabilitation                          | \$        | 264,392.82          |
| C) Owner-Occupied Substantial Reconstruction                      | \$        | 103,726.11          |
| D) Sewer Improvements   | \$        | 116,520.40          |
| E) Water Improvements   | \$        | 250,727.95          |
| F) Other-Stormwater Improvements                                  | \$        | 407,206.00          |
| G)  |           |                     |
| H)  |           |                     |
| <b>TOTAL SECTION I (should equal 'Total Section II')</b>          | <b>\$</b> | <b>1,242,573.28</b> |
| II. CDBG EXPENDITURES BY HUD COST CATEGORIES                      |           | CDBG Expended       |
| 1. Acquisition, Disposition                                       | \$        | -                   |
| 2. Clearance  | \$        | -                   |
| 3. Center/Facility (e.g. senior center, health care center, etc.) | \$        | -                   |
| 4. Public Facilities - (a) Water                                  | \$        | 250,727.95          |
| (b) Sewer   | \$        | 116,520.40          |
| (c) Flood and Drainage  | \$        | 407,206.00          |
| 5. Streets  | \$        | -                   |
| 6. Other Public Facilities (not listed separately)                | \$        | -                   |
| 8. Relocation   | \$        | -                   |
| 9. Rehabilitation - (a) Residential                               | \$        | 264,392.82          |
| (b) Commercial (includes façade Improvements)                     | \$        | -                   |
| 12. Planning only (NOT APPLICABLE TO CIG's)                       | \$        | -                   |
| 13. Administration, Planning and Management (& Audit)             | \$        | 100,000.00          |
| 14. Economic Development Assistance to -                          | \$        | -                   |
| (a) Non-Profit Organizations                                      | \$        | -                   |
| (b) For-Profit Organizations                                      | \$        | -                   |
| 15. New Construction (Housing)                                    | \$        | -                   |
| (a) Last Resort   | \$        | -                   |
| (b) Not feasible for Rehab (Substantial Reconstruction)           | \$        | -                   |
| (c) Other (105) (a) (15)  | \$        | 103,726.11          |
| 16. Employment Training   | \$        | -                   |
| 17. Homeownership Assistance                                      | \$        | -                   |
| <b>TOTAL SECTION II (should equal 'Total Section I')</b>          | <b>\$</b> | <b>1,242,573.28</b> |



# How Do You Report Out?

Project Information Reporting Details Organization Budget Remittances Admin Notes Staff Roles Report Assignment Reports & Documents Portal View

**Reports & Documents**

Only scheduled reports due within the next 60 days are displayed on this page. If additional details for a report assigned to this project are required, see the Report Assignment tab.

Reports and documents may be sorted by clicking any underlined column header. Overdue reports will show both the Date Due and the Status in red indicating that the report is late. A report submitted by a grantee and denied by DHCD will show its Status as Incomplete until it is updated by the grantee.

Risk Indicator: Low  
Project Hold: Open For Remittance [Hold Notes](#)  
No Reports After This Date:  Save

Add Document/Report:  Add

Download Selected Delete Selected Tag Filter Date Filter (Due Date or Date Last Updated) Reset  
Start Date: End Date: Go

| <input type="checkbox"/> Display Name<br><u>Report Name</u>  | Show On Portal                      | Date Due | Status   | Date Last Updated          | Tags                      | Approvals                          | Comments/Notes |
|--|-------------------------------------|----------|----------|----------------------------|---------------------------|------------------------------------|----------------|
| <input checked="" type="checkbox"/> 17-03 + 18-02A Swan Fork Certificate of Substantial Completion<br><small>Contract Document</small> | <input checked="" type="checkbox"/> |          | Accepted | 5/30/2023<br>DHCD Accepted | DHCD Completed Contract   | (PM) Kathi Boatright (5/30/2023) ✓ |                |
| <input type="checkbox"/> 17-03 + 18-02A Swan Fork FCR Checklists<br><small>Compliance Document</small>                                 | <input type="checkbox"/>            |          | Accepted | 5/30/2023<br>DHCD Accepted | DHCD Completed Compliance | (PM) Kathi Boatright (5/30/2023) ✓ |                |
| <input type="checkbox"/> 17-03 and 18-02A Swan Fork A/E Agreement-Executed<br><small>Contract Document</small>                         | <input checked="" type="checkbox"/> |          | Accepted | 5/25/2023<br>DHCD Accepted | DHCD Completed Contract   | (PM) Kathi Boatright (5/25/2023) ✓ |                |
| <input type="checkbox"/> 17-03 and 18-02A Swan Fork Interagency Agreement<br><small>Compliance Document</small>                        | <input checked="" type="checkbox"/> |          | Accepted | 5/25/2023<br>DHCD Accepted | DHCD Completed Compliance | (PM) Kathi Boatright (5/25/2023) ✓ |                |
| <input type="checkbox"/> 17-03 and 18-02A Swan Fork Non-Debarment Letter<br><small>Compliance Document</small>                         | <input checked="" type="checkbox"/> |          | Accepted | 5/25/2023<br>DHCD Accepted | DHCD Completed Compliance | (PM) Kathi Boatright (5/25/2023) ✓ |                |
| <input type="checkbox"/> 17-03 and 18-02A Swan Fork Wage Decision<br><small>Compliance Document</small>                                | <input checked="" type="checkbox"/> |          | Accepted | 5/25/2023<br>DHCD Accepted | DHCD Completed Compliance | (PM) Kathi Boatright (5/25/2023) ✓ |                |
| <input type="checkbox"/> 18-02A Swan Fork Admin-Conditional-Final Closeout Letter 7.6.23<br><small>Contract Document</small>           | <input checked="" type="checkbox"/> |          | Accepted | 7/7/2023<br>DHCD Accepted  | DHCD Completed Contract   | (PM) Kathi Boatright (7/7/2023) ✓  |                |
| <input type="checkbox"/> 18-02A Swan Fork ARC Pro Rata Cost Share Waiver<br><small>Contract Document</small>                           | <input type="checkbox"/>            |          | Accepted | 6/12/2023<br>DHCD Accepted | DHCD Completed Contract   | (PM) Kathi Boatright (6/12/2023) ✓ |                |
| <input type="checkbox"/> 18-02A Swan Fork FCR Letter of Findings<br><small>Compliance Document</small>                                 | <input checked="" type="checkbox"/> |          | Accepted | 6/1/2023<br>DHCD Accepted  | DHCD Completed Compliance | (PM) Kathi Boatright (6/1/2023) ✓  |                |
| <input type="checkbox"/> 18-02A Swan Fork Final BAMR 7.3.23<br><small>Contract Document</small>  | <input type="checkbox"/>            |          | Accepted | 7/3/2023<br>DHCD Accepted  | DHCD Completed Contract   | (PM) Kathi Boatright (7/3/2023) ✓  |                |
| <input type="checkbox"/> 18-02A Swan Fork Final BAMR-Accepted by ARC 8.3.23<br><small>Compliance Document</small>                      | <input type="checkbox"/>            |          | Accepted | 8/3/2023<br>DHCD Accepted  | DHCD Completed Compliance | (PM) Kathi Boatright (8/3/2023) ✓  |                |

3:17 PM  
4/11/2024

- Uploaded into CAMS
- Submitted by the deadline provided
- COMPLETE information



# How to Store Your Files?

- Paper Files
- Electronic Files
- CAMS





# What Do You File?

## MODEL FILING SYSTEM

Grantees must maintain all project-related documents and correspondence. Each CDBG-funded project should have a separate file labeled with the following information: CDBG project number, grantee name, project name, and compliance category. Using this system, the following is a list of the compliance categories and the required contents. The first section describes the documents required for all project types. The second section describes the activity- and/or project-specific compliance documentation requirements. Please note: some documents will be required in more than one compliance category (e.g. the executed copy of a CDBG-funded engineering agreement will need to be filed in the Files and Contracts and Professional Services Procurement compliance categories).

**These files must be kept at the Grantee's offices and maintained for a minimum of ten (10) years from the date listed in the final closeout letter or a period required by other applicable statutes.**

### **SECTION I: GENERAL COMPLIANCE CATEGORIES AND GENERAL CORRESPONDENCE**

#### **Compliance Category: Files and Contracts**

1. CDBG application.
2. Prior authorization to incur pre-contract costs, and DHCD's response, if applicable.
3. Records/Correspondence regarding grant contract negotiations.
4. Executed contract with DHCD.
5. Executed contract amendments with DHCD, if applicable.
6. Executed grant management contract, including pay-for-performance budget



# Files For All Project Types

- Application and Contracts
- Project Management
- Financial Management
- Citizen Participation
- Equal Opportunity
- Benefits
- Environmental Review
- Project Closeout
- Audits
- General/Other





# Specific to Your Project

- Procurement
- Federal Labor Standards
- Housing Rehab and/or  
Production
- Public Infrastructure
- Economic Development
- Community Service Facility

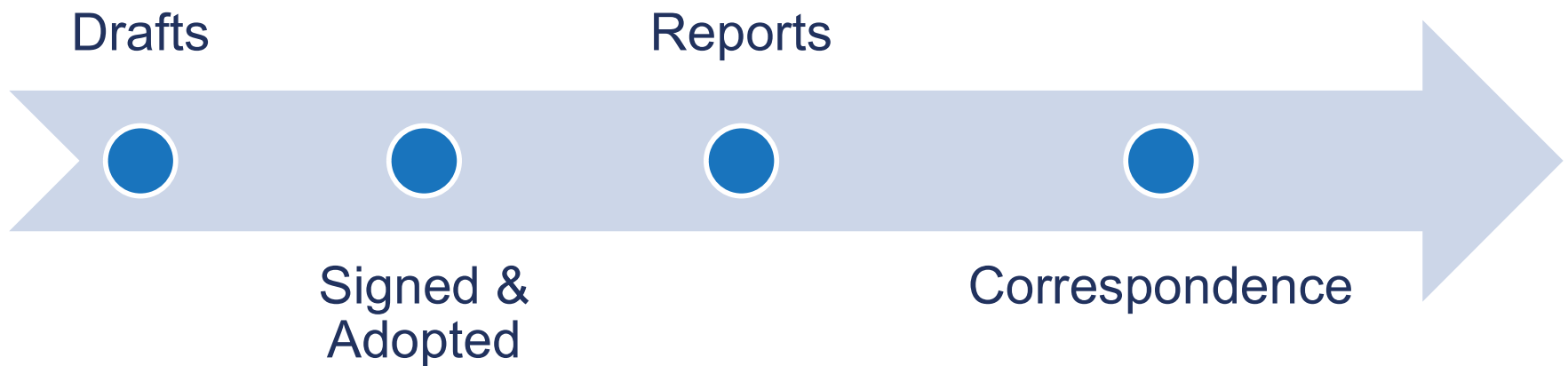


# Electronic Files

- Set it up like you would paper files
- Consistency in naming files
- Have backups
- Still need to have hard copies of documents that require original signatures

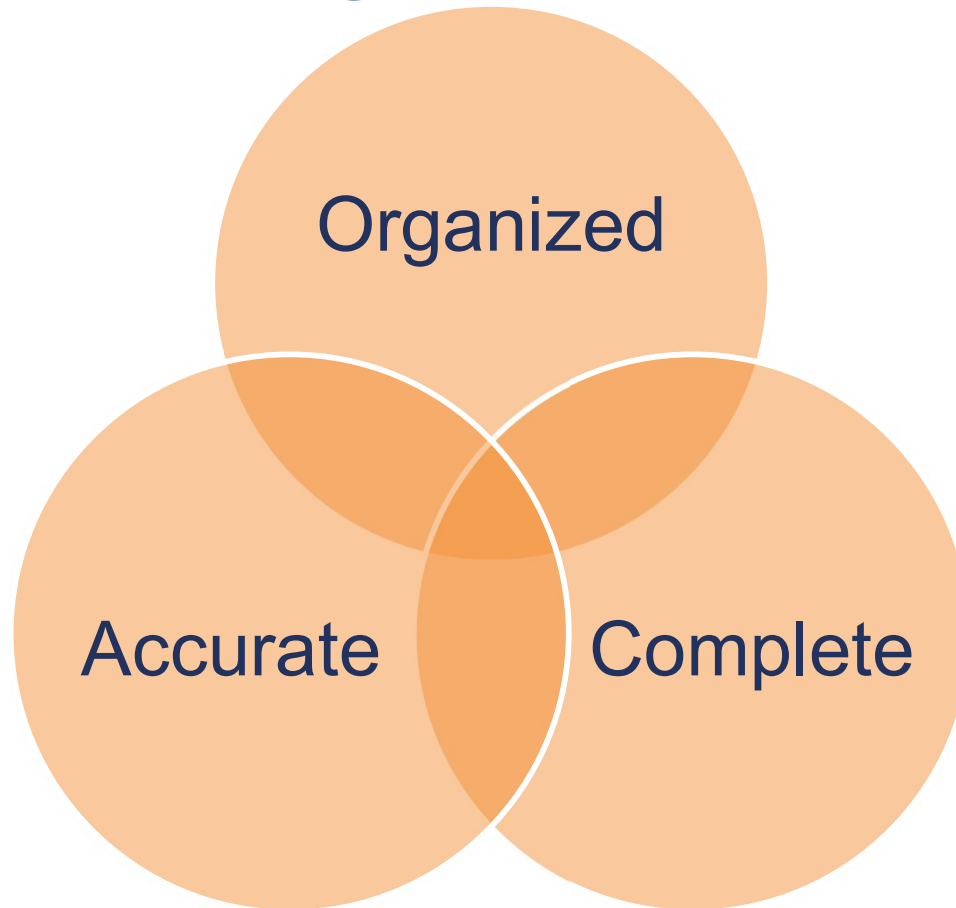


# What To Upload into CAMS





# The Filing Gold Standard





# What Are You Doing that Works?



# Employee Interview Form

| Record of Employee Interview   |   |  | U.S. Department of Housing and Urban Development<br>Office of Labor Relations                   |   | OMB Approval No. 2501-0009<br>(exp.09/30/2017)                            |  |
|--|---|--|---|---|---|--|
| <small>Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The information is collected to ensure compliance with the Federal labor standards by recording interviews with construction workers. The information collected will assist HUD in the conduct of compliance monitoring; the information will be used to test the veracity of certified payroll reports submitted by the employer. <u>Sensitive Information</u>. The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity that could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained. The information collected herein is voluntary, and any information provided shall be kept confidential.</small> |   |  |   |   |   |  |
| 1a. Project Name   |   |  | 2a. Employee Name   |   |   |  |
| 1b. Project Number   |   |  | 2b. Employee Phone Number (including area code)   |   |   |  |
| 1c. Contractor or Subcontractor (Employer)   |   |  | 2c. Employee Home Address & Zip Code  |   |   |  |
|  |   |  | 2d. Verification of identification?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |   |  |
| 3a. How long on this job?  | 3b. Last date on this job before today? | 3c. No. of hours last day on this job?   | 4a. Hourly rate of pay?   | 4b. Fringe Benefits?<br>Vacation Yes <input type="checkbox"/> No <input type="checkbox"/><br>Medical Yes <input type="checkbox"/> No <input type="checkbox"/><br>Pension Yes <input type="checkbox"/> No <input type="checkbox"/> | 4c. Pay stub?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 5. Your job classification(s) (list all) — continue on a separate sheet if necessary   |   |  |   |   |   |  |
| 6. Your duties   |   |  |   |   |   |  |
| 7. Tools or equipment used   |   |  |   |   |   |  |
| <b>CONFIDENTIAL</b>  |   |  |   |   |   |  |
| 8. Are you an apprentice or trainee?<br><input type="checkbox"/> Y <input type="checkbox"/> N  |   | 10. Are you paid at least time and 1/4 for all hours worked in excess of 40 in a week?   |   | <input type="checkbox"/> Y <input type="checkbox"/> N   |   |  |
| 9. Are you paid for all hours worked?<br><input type="checkbox"/> Y <input type="checkbox"/> N   |   | 11. Have you ever been threatened or coerced into giving up any part of your pay?<br><input type="checkbox"/> Y <input type="checkbox"/> N |   |   |   |  |
| 12a. Employee Signature  |   |  | 12b. Date   |   |   |  |
| 13. Duties observed by the interviewer (Please be specific.)   |   |  |   |   |   |  |
| 14. Remarks  |   |  |   |   |   |  |
| 15a. Interviewer name (please print)   |   | 15b. Signature of interviewer  |   | 15c. Date of interview  |   |  |
| <b>Payroll Examination</b>   |   |  |   |   |   |  |
| 16. Remarks  |   |  |   |   |   |  |
| 17a. Signature of Payroll Examiner   |   |  | 17b. Date   |   |   |  |
| <small>Previous editions are obsolete</small>  |   |  |   |   |   |  |
| <small>Form HUD-11 (06/2004)</small>   |   |  |   |   |   |  |



# Household Income Form

| 1. Name  |                   | 2. Address:                  |                           |                 |  |
|--|-------------------|------------------------------|---------------------------|-----------------|--|
| <b>ASSETS</b>  |                   |                              |                           |                 |  |
| Family Member  | Asset Description | Current Cash Value Of Assets | Actual Income from Assets |                 |  |
|  |                   |                              |                           |                 |  |
|  |                   |                              |                           |                 |  |
|  |                   |                              |                           |                 |  |
|  |                   |                              |                           |                 |  |
|  |                   |                              |                           |                 |  |
| 3. Net Cash Value of Assets  |                   | 3-                           |                           |                 |  |
| 4. Total Actual Income from Assets   |                   |                              | 4-                        |                 |  |
| 5. If line 3 is greater than \$5,000, multiply line by .06 (Passbook Rate) and enter results here; otherwise leave blank |                   |                              |                           |                 |  |
| <b>ANTICIPATED ANNUAL INCOME</b>   |                   |                              |                           |                 |  |
| Family Members   | a. Wages Salaries | b. Benefits/ Pensions        | c. Public Assistance      | d. Other Income | e. Asset Income                                    |
|  |                   |                              |                           |                 | Enter the greater of lines 4 or 5 from above in e. |
|  |                   |                              |                           |                 |  |
|  |                   |                              |                           |                 |  |
|  |                   |                              |                           |                 |  |
|  |                   |                              |                           |                 |  |
| 6. Totals  | a.                | b.                           | c.                        | d.              | e.   |
| 7. Enter total of items from 6a. through 6e. This is annual income.....  |                   |                              |                           |                 | 7-   |

\_\_\_\_\_  
 Signature (Grantee/Subrecipient Representative)      Date

\_\_\_\_\_  
 County      80% AMI Limit

\_\_\_\_\_  
 Fiscal Year      Household Income



## Section 3

\*Section 3

|                                      |                      | Calculated Percentage | Safe Harbor Benchmark Met |
|--------------------------------------|----------------------|-----------------------|---------------------------|
| <b>Total Labor Hours</b>             | <input type="text"/> |                       |                           |
| <b>Section 3 Target Worker Hours</b> | <input type="text"/> |                       |                           |
| <b>Section 3 Worker Hours</b>        | <input type="text"/> |                       |                           |





# Housing Benefits

- The number homes that were substantially reconstructed.
- The number of owner-occupied housing rehabilitations
- The number of investor-owned housing rehabilitations.
- The number of households receiving first time indoor plumbing.



# Public Infrastructure Benefits

- Number of homes receiving new septic systems.
- Number of homes with new wastewater connections.
- Number of homes connected to public water system.



# Community Service Facilities Benefits

- Number of new daycare facilities.
- Number of new multi-purpose facilities.
- Number of health clinics.
- Number of new hospitals.



# Economic Development Benefits

- Number of jobs created.
- Number of new businesses established.
- Number of existing businesses assisted.



# Business District Benefits

- Development of an Economic Restructuring Plan.
- Number of façade improvements within the locality.
- Number of new signage and streetscapes within the locality.



# Benefits Tracking

| PROPERTY INFORMATION |                  |                       |               |              |  |  | LPB (Insert 1 or 0) |                          |         |                | LMI STATUS (Insert 1 or 0) |                                    |                                |                                 | MUST EQUAL TOTAL PERSONS |                                  |       |                           |   |       |  |                 | HOUSEHOLD DATA                      |  |  |                                 |                            |                |                                     |                                |                                  |
|----------------------|------------------|-----------------------|---------------|--------------|--|--|---------------------|--------------------------|---------|----------------|----------------------------|------------------------------------|--------------------------------|---------------------------------|--------------------------|----------------------------------|-------|---------------------------|---|-------|--|-----------------|-------------------------------------|--|--|---------------------------------|----------------------------|----------------|-------------------------------------|--------------------------------|----------------------------------|
| Map #                | PROPERTY ADDRESS | PROPERTY OWNER'S NAME | TENANT'S NAME | PHONE NUMBER | TYPE OF OWNERSHIP (Owner, Renter, Heir, etc) | TYPE OF WORK (Rehab, Substantial, Mobile, Production, Demo, etc) | Housing # of Units  | Constructed before 1978? | Exempt+ | LSWP Observed? | Interim Controls Observed? | 0-30% Extremely Low-Income Persons | 31-50% Very Low-Income Persons | 51-80% Low-Income (LMI) Persons | Non-LMI Persons          | American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White | American Indian or Alaska Native AND White | Asian AND White | Black or African American AND White | American Indian or Alaska Native AND Black or African American | Balance of Persons Rptg More than One Race | Total Persons in Household (HH) | # in HH Hispanic or Latino | # in HH if LMI | Female-headed HH? If yes, insert 1* | Elderly HH? If yes, insert 1** | Disabled HH? If yes, insert 1*** |
| R-5                  | 23246 T          | Mr and Mrs A          |               |              | Owner  | Rehab  | 1                   | 1                        |         |                | 1                          |                                    |                                |                                 |                          |                                  | 2     |                           |   |       |  |                 |                                     |  | 2  | 0                               | 2                          | 0              | 1                                   | 1                              |                                  |
| SR-1                 | 22374 T          | Ms. B                 |               |              | Owner  | Substantial  | 1                   | 1                        |         |                | 1                          |                                    |                                |                                 |                          |                                  | 1     |                           |   |       |  |                 |                                     |  | 1  | 0                               | 1                          | 0              | 1                                   | 0                              |                                  |
| <b>TOTALS</b>        |                  |                       |               |              |  |  | 16                  | 16                       | 0       | 0              | 0                          | 9                                  | 5                              | 2                               | 0                        | 0                                | 0     | 31                        | 0   | 0     | 0  | 0               | 0                                   | 0  | 0  | 31                              | 0                          | 31             | 0                                   | 11                             | 8                                |



# Record Retention

**These files must be kept at the Grantee's offices and maintained for a minimum of ten (10) years from the date listed in the final closeout letter or a period required by other applicable statutes or which ever is greater.**





# Final Words

*If it isn't documented,  
It didn't happen!*







# Questions?

(please post in the chat)

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804-310-3559



# Five Minute Break

So stretch your legs and  
grab some coffee!

## Contact Us

600 East Main Street, Suite 300

Richmond, VA 23219

804-371-7000

[www.dhcd.virginia.gov](http://www.dhcd.virginia.gov)



**VIRGINIA DEPARTMENT OF HOUSING  
AND COMMUNITY DEVELOPMENT**  
*Partners for Better Communities*