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| --- | --- |
| GRANTEE/UGLG NAME: |  |
| DEHCR GRANT AGREEMENT #: |  |

| **ACQUISITION MONITORING CHECKLIST** |
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| UGLG:  |
| Grant Agreement #:  |
| Acquired Property Address:  |
| Full Name and Title of Preparer of Checklist:  |
| Preparer’s Signature: Date:  |
|  |
| Property Use Prior to Acquisition:[ ]  Single Family Residential [ ]  Multi-Family Residential [ ]  Commercial [ ]  Industrial [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Acquisition Type:[ ]  Voluntary [ ]  Involuntary |
| Nature of Acquisition:[ ]  Property Purchase [ ]  Permanent Easement [ ]  Temporary Easement  |
| Occupants:  |
| Is Relocation (Temporary or Permanent) Involved? [ ]  Yes [ ]  NoPurpose of Relocation:  |
| Seller’s Full Name:  |
| Seller’s Street Address, City, State, Zip Code:   |
| Seller’s Phone: Seller’s Email:  |
| Tenant’s Full Name:  |
| Tenant’s Street Address, City, State, Zip Code:   |
| Tenant’s Phone #: Tenant’s Email:  |

| **Acquisition Monitoring Item:** | ***YES*** | ***NO*** | ***N/A*** | ***DATE*** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **VOLUNTARY ACQUISITION** |  |  |  |  |
| Official determination to acquire*(May be the date of execution of the CDBG project Grant Agreement or a related Amendment, formal approval by the governing body for the purchase of the property, or other date documented as the UGLG’s formal decision/approval to acquire)* |  |  |  |  |
| Fair Market Value DeterminationSource/Method for Determination: Fair Market Value Amount: $  |  |  |  |  |
| Notice of Intent to Acquire/Preliminary Acquisition NoticeInitial Offer Amount: $  |  |  |  |  |
| Initiation of Negotiations documentation(Initial written offer to purchase) |  |  |  |  |
| Owner Acceptance of Offer |  |  |  |  |
| Executed Purchase Agreement (signed by all parties)Purchase Price Amount: $  |  |  |  |  |
|  |  |  |  |  |
| **INVOLUNTARY ACQUISITION** |  |  |  |  |
| Official determination to acquire(May be the date of execution of the CDBG project Grant Agreement or a related Amendment, formal approval by the governing body for the purchase of the property, or other date documented as the UGLG’s formal decision/approval to acquire) |  |  |  |  |
| Notice of Intent to Acquire/Preliminary Acquisition Notice |  |  |  |  |
| Landowner rights and/or business owner rights brochure provided to property owner |  |  |  |  |
| Did the UGLG provide the owner adequate required notice(s) in advance of initiating negotiations? |  |  |  |  |
| First AppraisalAppraisal Amount: $  |  |  |  |  |
| Second AppraisalAppraisal Amount: $  |  |  |  |  |
| Third AppraisalAppraisal Amount: $  |  |  |  |  |
| Review Appraisal(s) |  |  |  |  |
| Initial Written OfferWritten Offer Amount: $  |  |  |  |  |
| Just Compensation DeterminationJust Compensation Amount: $  |  |  |  |  |
| Initiation of Negotiations (start date of displacement process if relocation applies)(Initial written offer to purchase provided w/ Summary Statement of Just Compensation) |  |  |  |  |
| Are the data contained in the appraisals adequate to determine fair market value? |  |  |  |  |
| Are the analyses of the data in the appraisals reasonable? |  |  |  |  |
| Do the appraisals disregard the influence of the project on the fair market value of the property? |  |  |  |  |
| Is the amount determined to be just compensation an acceptable conclusion of the fair market value of the property? |  |  |  |  |
| Are the appraisals of fair market value and determination of just compensation acceptable for the acquisition? |  |  |  |  |
| Was the owner invited to accompany all of the appraisers on their inspection of the property? |  |  |  |  |
| Was the amount determined for just compensation the same or more than the UGLG’s approved appraisal of the fair market value of the property? |  |  |  |  |
| Prior to any bargaining, did the UGLG furnish the owner with a firm offer to purchase, stating all basic terms and conditions, at the full just compensation amount? |  |  |  |  |
| Did the UGLG provide the owner a Statement of the Basis for the Determination of Just Compensation at the time the owner was given the written offer to purchase? |  |  |  |  |
| Did the owner receive the amount determined to be just compensation? |  |  |  |  |
| Did the UGLG carry out the acquisition process in a manner that minimized hardships to the owner and was consistent with its treatment with other owners? |  |  |  |  |
| Owner Acceptance of Offer |  |  |  |  |
| Condemnation Proceeding Instituted |  |  |  |  |
| Estimated Just Compensation Deposited with Court (Condemnation Only) |  |  |  |  |
| Executed Purchase Agreement (signed by all parties)Purchase Price Amount: $  |  |  |  |  |
| Transfer of Title to UGLG |  |  |  |  |
| 90 Day Notice to Vacate Property |  |  |  |  |
| COMMENTS:  |

| **RELOCATION MONITORING CHECKLIST** |
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| UGLG:  |
| Grant Agreement #:  |
| Full Name and Title of Preparer of Checklist:  |
| Preparer’s Signature Date:  |
|  |
| Purpose of Relocation:  |
| Relocation Type: [ ]  Temporary [ ]  Permanent |
| Nature of Relocation:[ ]  Household / Residence [ ]  Business  |
| Head of Household Name or Business Name:  |
| Affected/Acquired Property Address (Street Address, City, State, Zip Code):  |
| Affected/Acquired Property Contact Name and Telephone Number:  |
| Number of People in Family affected by the Residential Relocation (If Applicable):  |
| Average Monthly Income of Family affected by the Residential Relocation (If Applicable):  |
| Average Monthly Cost of Affected/Acquired Business/Farm Facilities (If Applicable): $  |
| Average Monthly Cost of Replacement Business/Farm Facilities (If Applicable): $  |
| Is the displaced person affected by the Business/Farm Relocation going to relocate or discontinue (If Applicable)?[ ]  Relocate [ ]  Discontinue [ ]  Not Applicable (N/A) |

| **RELOCATION MONITORING CHECKLIST** |
| --- |
| **Relocation Monitoring Item:** | ***YES*** | ***NO*** | ***N/A*** | ***DATE*** |
| Relocation Plan for the project, approved by the State Acquisition/Relocation Specialist in DEHCR |  |  |  |  |
| Demographic data, including age and sex of Household members, including dependent family members (if Residential Household) |  |  |  |  |
| Description of the dwelling, business or farm, including useable or habitable space, # of rooms, # of bedrooms, land, type of construction, and condition (if Residential Household) |  |  |  |  |
| Description of the farm or business, usable space, # of rooms and buildings, land, type of construction, and condition (if Business/Farm) |  |  |  |  |
| Description of relocation needs and preferences |  |  |  |  |
| Documentation verifying the displaced person received the required relocation rights brochure(s)  |  |  |  |  |
| Copy of the written Preliminary Acquisition Notice |  |  |  |  |
| Description of Relocation Services and Assistance provided:  |
| Referral to replacement dwelling, business, or farm operation***Sale/Rental Price:* $**  |  |  |  |  |
| Copy of the Occupancy Agreement |  |  |  |  |
| Copy of the Replacement Property Inspection Report with dates, description of property and condition |  |  |  |  |
| Record of payment to Household for Lodging |  |  |  |  |
| Copy of the claim(s) and related documents for Household for Lodging***Amount of Payment:* $**  |  |  |  |  |
| Record of payment to Household for Meals |  |  |  |  |
| Copy of the claim(s) and related documents on file for Household for Meals***Amount of Payment:* $**  |  |  |  |  |
| Record of payment to Household for Increased Transportation Costs |  |  |  |  |
| Copy of the claim(s) and related documents on file for Household for Increased Transportation Costs***Amount of Payment:* $**  |  |  |  |  |
| Record of payment to Household for Laundry Facilities? |  |  |  |  |
| Copy of the claim(s) and related documents for Household for Laundry Facilities***Amount of Payment: $***  |  |  |  |  |
| Record of payment to Household for Other Costs***List Other Costs:***  |  |  |  |  |
| Copy of the claim(s) and related documents for Household for Other Costs***Amount of Payment:* $**  |  |  |  |  |
| Written acknowledgment from Household of receipt of Total Relocation Payment |  |  |  |  |
| Copy of Appeal and explanation of any action taken to resolve and final determination |  |  |  |  |
| Copy of individual case reports or other correspondence with DEHCR |  |  |  |  |
| Notice of Temporary Relocation |  |  |  |  |
| Owner/Tenant Moved Out of Affected/Acquired Property: |  |  |  |  |
| Replacement Address (Street Address, City, State, Zip Code):  |
| Owner/Tenant Current Telephone Number:  |
| Owner/Tenant Moved Back to Affected/Acquired Property: |  |  |  |  |
| Agency that provided Relocation Assistance: *Agency Name:*  *Agency Mailing Address:*  *Agency Contact (Full Name, Title):*  *Agency Phone Number:*   |
| COMMENTS:  |