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| **ACQUISITION/RELOCATION MONITORING CHECKLIST** |
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| GRANTEE/UGLG NAME: |
| DEHCR GRANT AGREEMENT #: |
| **ACQUISITION CHECKLIST** |
| Full Name and Title of Preparer of Checklist: |
| Preparer’s Phone: Preparer’s Email: |
| Preparer’s Signature: Date: |
| Acquisition Required for CDBG Project?  YES  NO  ***IF NO, THEN NO OTHER ENTRIES ON THE ACQUISITION CHECKLIST ARE REQUIRED. PROCEED TO RELOCATION CHECKLIST.*** |
| Acquired Property Address and Parcel #:  *If multiple properties acquired, complete a separate checklist for each property acquired.* |
| 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  No |
| 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*** |
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| **ACQUISITION FOR Sole Benefit of Property Owner**  *If acquisition for sole benefit of property owner, then all other items on the Acquisition Monitoring Checklist are to be marked as N/A. Acquisition must be Temporary Easement that meets requirements specified in Handbook to qualify as sole benefit to property owner.* | | | | |
| Sole Benefit of Property Owner Letter to DEHCR (required if applicable) |  |  |  |  |
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| **VOLUNTARY ACQUISITION**  *\*All items below are required for Voluntary Acquisition.* | | | | |
| Notice of Acquisition/Relocation to DEHCR\* |  |  |  |  |
| Preliminary Acquisition Notice to Property Owner\*  Initial current Fair Market Value (FMV) Determination:\*  $ |  |  |  |  |
| Fair Market Value (FMV) Determination:  Source(s)/Method(s) for FMV Determination (Initial determination and any subsequent determination, if applicable):\*    Final current FMV Amount:\* $ |  |  |  |  |
| State of Wisconsin rights under eminent domain brochure(s) for landowners/property owners and/or businesses provided\* |  |  |  |  |
| HUD Federal URA acquisition rights booklet(s)/brochure(s) for land owners/property owners and/or businesses provided (optional) |  |  |  |  |
| State of Wisconsin relocation rights brochure(s) for landowners/property owners and/or businesses provided (required if any displacement) |  |  |  |  |
| HUD Federal URA relocation rights booklet(s)/brochure(s) for land owners/property owners and/or businesses (optional & only if any displacement) |  |  |  |  |
| Documentation associated with any negotiation proceedings\* |  |  |  |  |
| Record(s) of official determination to acquire and approval of terms of acquisition/purchase by UGLG governing body\* |  |  |  |  |
| Intent to Purchase/Offer to Purchase Letter\* |  |  |  |  |
| Owner Acceptance of Offer\* |  |  |  |  |
| Executed Purchase Agreement (signed by all parties)  Purchase Price Amount:\* $ |  |  |  |  |
| Transfer of Title Record(s)\* |  |  |  |  |
|  |  |  |  |  |
| **INVOLUNTARY ACQUISITION**  *\*\*Items denoted with \*\* below are required for Involuntary Acquisition. Other items are required only if applicable to the project (based on Handbook and HUD guidance).* | | | | |
| Notice of Acquisition/Relocation to DEHCR\*\* |  |  |  |  |
| Relocation Order or Determination of Necessity of Taking (required – if relocation is involved) – prior to proceeding with acquisition |  |  |  |  |
| Preliminary Acquisition Notice to Property Owner(s)/Business\*\* |  |  |  |  |
| State of Wisconsin rights under eminent domain brochure(s) for landowners/property owners and/or businesses provided\*\* |  |  |  |  |
| HUD Federal URA acquisition rights booklet(s)/brochure(s) for landowners/property owners and/or businesses provided (optional) |  |  |  |  |
| State of Wisconsin relocation rights brochure(s) for landowners/property owners and/or businesses provided (required if any displacement) |  |  |  |  |
| HUD Federal URA relocation rights booklet(s)/brochure(s) for land owners/property owners and/or businesses (optional & only if any displacement) |  |  |  |  |
| Nominal Parcel Waiver Valuation (if applicable) |  |  |  |  |
| Donation of Property Waiver Valuation (if applicable) |  |  |  |  |
| Waiver Valuation completed by professional with relevant knowledge of real estate market? (required if using waiver valuation in lieu of appraisal, if appraisal waived) |  |  |  |  |
| Property owner donation of property signed statement (if applicable) – May be included with waiver valuation |  |  |  |  |
| Waiver of Appraisal (if applicable) – May be included with waiver valuation |  |  |  |  |
| First Appraisal (required if not nominal value and/or no waiver of appraisal)  Appraisal Amount: $ |  |  |  |  |
| Second Appraisal (if applicable)  Appraisal Amount: $ |  |  |  |  |
| Third Appraisal (if applicable)  Appraisal Amount: $ |  |  |  |  |
| Was the owner invited to accompany all of the appraisers on their inspection of the property? (required if appraisal required/not waived) |  |  |  |  |
| Review Appraisal(s) (required if appraisal not waived) |  |  |  |  |
| Are the data contained in the appraisals adequate to  determine FMV? (required if not waived) |  |  |  |  |
| Are the analyses of the data in the appraisals reasonable?  (required if not waived) |  |  |  |  |
| Do the appraisals disregard the influence of the project on the FMV of the property? (required if not waived) |  |  |  |  |
| Just Compensation Determination\*\*  Just Compensation Amount: $ |  |  |  |  |
| Was the amount determined for just compensation the same or more than the UGLG’s approved appraisal of the FMV of the property? (required if not waived) |  |  |  |  |
| Are the appraisal(s) of FMV and determination of just compensation acceptable for the acquisition? (required if not waived) |  |  |  |  |
| Record(s) of official determination to acquire and approval of terms of acquisition/purchase by UGLG governing body\*\* |  |  |  |  |
| Initiation of Negotiations / Written Offer to Purchase, with Statement of Basis of Determination of Offer Amount (initial written offer date or start date of displacement process if relocation applies)\*\*  Written Offer Amount: $ |  |  |  |  |
| 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? (required if not waived) |  |  |  |  |
| Is the amount determined to be just compensation an acceptable conclusion of the FMV of the property? (required if not waived) |  |  |  |  |
| Owner Acceptance of Offer\*\* |  |  |  |  |
| 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?\*\* |  |  |  |  |
| Condemnation Proceeding Instituted (if applicable – Condemnation Only) |  |  |  |  |
| Estimated Just Compensation Deposited with Court (if applicable - Condemnation Only) |  |  |  |  |
| Condemnation Proceeding Records on file (if applicable – Condemnation Only) |  |  |  |  |
| Executed Purchase Agreement (signed by all parties)  Purchase Price Amount (required if not donation):\*\*  $ |  |  |  |  |
| Did the owner receive the amount determined to be just compensation? (required if no waiver) |  |  |  |  |
| Record of Transfer of Title to UGLG\*\* |  |  |  |  |
| 90 Day Notice to Vacate Property (if applicable – required if displacement; may be combined with NOE) |  |  |  |  |
| COMMENTS: | | | | |

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| **ACQUISTION/RELOCATION MONITORING CHECKLIST** |
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| GRANTEE/UGLG NAME: |
| DEHCR GRANT AGREEMENT #: |
| **RELOCATION CHECKLIST** |
| Full Name and Title of Preparer of Checklist: |
| Preparer’s Phone: Preparer’s Email: |
| Preparer’s Signature: Date: |
| Relocation Required for CDBG Project?  YES  NO  ***IF NO, THEN NO OTHER ENTRIES ON THE RELOCATION CHECKLIST ARE REQUIRED.*** |
| Purpose of Relocation: |
| *If multiple tenants or displaced families/owners, complete a separate checklist for each tenant/displace family/owner.* |
| 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 CHECKLIST** | | | | |
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| **Relocation Monitoring Item:** | ***YES*** | ***NO*** | ***N/A*** | ***DATE*** |
| *\*Items marked with \* below are required if relocation/displacement is applicable to the CDBG project. Other items are only required if applicable to the project/displaced person(s).* | | | | |
| Notice of Acquisition/Relocation to DEHCR\* |  |  |  |  |
| Relocation Plan, approved by the DOA Legal Services\* |  |  |  |  |
| Copy of approved Relocation Plan provided to DEHCR\* |  |  |  |  |
| Preliminary Acquisition Notice Letter to Owner(s)/Tenant(s)\* |  |  |  |  |
| Documentation verifying the displaced person received the required Wisconsin relocation rights brochure(s)\* |  |  |  |  |
| Notice of Intent to Acquire (giving notice of relocation required) to Owner/Business/Tenants\*  *[May be included in/part of other notices]* |  |  |  |  |
| Public meeting(s) included required content, as specified in Ch. 5 of Handbook (if public meeting(s) held regarding relocation) |  |  |  |  |
| Notice of Relocation Eligibility (NOE) to Owner/Business/Tenants (required if deemed ‘displaced’ and eligible for relocation benefits)  *[May be included in/part of other notices]* |  |  |  |  |
| Notice of Ineligibility for Relocation to Owner/Business/Tenants (*recommended* if deemed to *not* be displacement/ineligible for relocation benefits)  *[May be included in/part of other notices]* |  |  |  |  |
| Notice of Non-displacement to Owner/Business/Tenants (required if deemed to *not* be displacement/ineligible for relocation benefits)  *[May be included in/part of other notices]* |  |  |  |  |
| 90-Day Notice / Notice of Replacement Payment Entitlement and Occupancy Term to Owner/Business/Tenants (required if displacement/relocation required) – must be at least 90 days from the date to vacate or at the request of displaced person, whichever is earlier.\*  *[May be included as Combined Notice with NOE]* |  |  |  |  |
| Record of initial interview(s) and communications with owner/tenant to determine displacement and relocation needs and eligibility\* |  |  |  |  |
| Demographic data, including age and sex of Household members, including dependent family members (required 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 (required if Residential Household) |  |  |  |  |
| Description of the farm or business, usable space, # of rooms and buildings, land, type of construction, and condition (required if Business/Farm) |  |  |  |  |
| Description of relocation needs and preferences\* |  |  |  |  |
| Written Offer of Just Compensation, with summary of what is being offered, provided to owner(s)/tenant(s)\* |  |  |  |  |
| Description of Relocation Services and Assistance provided (required if needed): | | | | |
| Referral to replacement dwelling, business, or farm operation (required if needed)   ***Sale/Rental Price:* $** |  |  |  |  |
| Copy of the Occupancy Agreement for Replacement Property (required if needed) |  |  |  |  |
| Copy of the Replacement Property Inspection Report with dates, description of property and condition (required if replacement dwelling applicable) |  |  |  |  |
| Record of payment to Household for Lodging (required if applicable) |  |  |  |  |
| Copy of the claim(s) and related documents for Household for Lodging (required if applicable)  ***Amount of Payment:* $** |  |  |  |  |
| Record of payment to Household for Meals (if applicable) |  |  |  |  |
| Copy of the claim(s) and related documents on file for Household for Meals (required if applicable)  ***Amount of Payment:* $** |  |  |  |  |
| Record of payment to Household for Increased Transportation Costs (required if applicable) |  |  |  |  |
| Copy of the claim(s) and related documents on file for Household for Increased Transportation Costs (required if applicable)  ***Amount of Payment:* $** |  |  |  |  |
| Record of payment to Household for Laundry Facilities (required if applicable) |  |  |  |  |
| Copy of the claim(s) and related documents for Household for Laundry Facilities (required if applicable)  ***Amount of Payment: $*** |  |  |  |  |
| Record of payment to Household for Other Costs (required if applicable)  ***List Other Costs:*** |  |  |  |  |
| Copy of the claim(s) and related documents for Household for Other Costs (required if applicable)  ***Amount of Payment:* $** |  |  |  |  |
| Documented acknowledgment from Household / Farm / Business of receipt of Total Relocation Payment\* |  |  |  |  |
| Copy of Appeal and explanation of any action taken to resolve and final determination (required if appealed) |  |  |  |  |
| Copy of individual case reports/records\* |  |  |  |  |
| Copy of any other correspondence with DEHCR |  |  |  |  |
| Notice of Temporary Relocation (required if relocation was temporary) |  |  |  |  |
| Owner/Tenant Moved Out of Affected/Acquired Property?\* |  |  |  |  |
| Replacement Address (Street Address, City, State, Zip Code): (required if applicable) | | | | |
| Owner/Tenant *Current* Telephone Number:\* | | | | |
| Owner/Tenant Moved Back to Affected/Acquired Property: (required if applicable) |  |  |  |  |
| Agency/Entity that provided Relocation Assistance:   *Agency/Entity Name:*  *Agency/Entity Mailing Address:*  *Agency/Entity Contact (Full Name, Title):*  *Agency/Entity Phone Number:*  *Agency/Entity Email Address:* | | | | |
| COMMENTS: | | | | |