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| Public reporting burden for this collection of information is estimated to average .5 hour 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. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.  All Federal agencies administrating programs subject to Davis-Bacon wage provisions are required to enforce Federal wage and reporting provisions in an accordance with the U.S. Department of Labor (DOL) regulations at 29 CFR Part 5, Section 5.6 paragraphs (a)(1), (2) and (3). This information is being collected to assess compliance with Federal labor standards provisions. This information collection will assist the U.S. Department of Housing and Urban Development (HUD) to determine if an agency is in compliance with Federal labor standards wage and reporting requirements on covered HUD-assisted construction and maintenance work pursuant to the Davis-Bacon Act and HUD Davis-Bacon Related Acts. Participation in this collection is required. Failure to provide this information may result in a monitoring finding and sanctions may be imposed in accordance with 29 CFR Section 5. 6. No assurances of confidentiality are provided.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, OMAC, US. Department of Housing and Urban Development, 451 7th Street SW, Washington, DC 20410. When providing comments, please refer to OMB Approval No. XXXX-XXXX. | | | | | | | | | | | | | | | | | | | |
| **HUD Reviewer**: | | **HUD Review Date(s):** | | | | | | | | | | | | | | | | | |
| Part A. Agency Overall Labor Standards Administration | | | | | | | | | | | | | | | | | | | |
| **1. Agency Information** | | | | | | | | | | | | | | | | | | | |
| 1. Agency Name | 1. Agency Address | | 1. Agency No. (HUD Use)     CPD/PIH No. (if different) | | | | | | | | | | | | | | | | |
| 1. Chief Executive Officer/Director | 1. Agency Labor Standards Officer (LSO) | | 1. Agency Telephone No. | | | | | | | | | | | | | | | | |
| 1. Agency Personnel Contacted During Review |
| Name:  1.  2.  3.  4. | Title: | | Phone: | | | | | | | | | | | | | | | | |
| **2. Data Collection** | | | | | | | | | | | | | | | | | | | |
| 1. List of grantees/funding cycles 2. Contract summaries for grantees 3. Agency labor standards training materials 4. Agenda, number of grantee participants, location, and date of LS training conducted in past 12 months 5. Schedule of training sessions planned | | | | | |  | | | | | Attached  Attached  Attached  Attached  Attached | | | | | | |
| Part A, continued | | | | | | | | | | | | | | | | | | | |
| 2. Data Collection, continued | | | | | | | | | | | | | | | | | | | |
| 1. Risk analysis methodology, if grantees are not monitored annually 2. Agency monitoring schedule 3. Agency monitoring checklist/review guide 4. Semi-annual reports for past two cycles (one year) 5. Monitoring finding tracking report | | | | |  | | | | | Attached  Attached  Attached  Attached  Attached | | | | | | |
| 3. Agency Labor Standards Officer (LSO) / Staff Yes No NA | | | | | | | | | | | | | | | | | | | |
| 1. Agency staff includes an LSO or key staff person with primary responsibility for labor compliance? 2. LSO is informed of all proposed projects funded/assisted with HUD funds? 3. LSO examines grantee and subrecipient files as necessary? | | | |  | | |  | | | | |  | | | | | | | |
| 4. Client Agency Training Yes No NA | | | | | | | | | | | | | | | | | | | |
| 1. Provides labor standards training for grantees? 2. Training materials are accurate? 3. Training frequency is appropriate? 4. Agency maintains agenda and participant list? | | | |  | | |  | | | | |  | | | |
| 5. Wage Decision Issuance Process Yes No NA | | | | | | | | | | | | | | | | | | | |
| 1. Maintains a system to ensure that applicable wage decisions are obtained/applied timely? 2. Wage decision requests processed correctly (correct WD type and WD number)? 3. Wage decision modification issued timely? 4. Maintains system to verify wage decision “lock-in”? | | | |  | | |  | | | | | | | | |
| 1. Processes wage decision requests correctly? 2. Maintains system to verify wage decision “lock-in” date? | | | |  | | |  | | | | | | | | |
| 6. Labor Standards Monitoring Review Process Yes No NA | | | | | | | | | | | | | | | | | | | |
| 1. Monitoring checklist/guide addresses labor standards enforcement requirements? 2. Maintains system to track findings? | | | |  | | |  | | | | | | | | |
| 1. Frequency of labor standards monitoring for each grantee with covered (DBA) activities: | | | |  | | |  | | | | | | | | |
| 1. Number of grantees reviewed for labor standards compliance in past       months: 2. Number of reviews in (d) which revealed labor standards violations: 3. For reviews conducted in past       months, average time between review date & report date: 4. Number of labor standards reports with outstanding findings more than 90 days past due: (attach notes) 5. Resolved non-compliance in accordance with established requirements (as specified in Chapter 4)? | | | |  | | |  | | | | | | | | |
| **Part A, continued** | | | | | | | | | | | | | | | | | | | |
| 7. Investigative Process Yes No NA | | | | | | | | | | | | | | | | | | | |
| 1. Procedure established to investigate complaints? 2. Procedure established to track investigative progress/outcomes to resolution?   Number of complaints received from employees/others in past  months:  Number of investigations initiated by agency in past  months:  Number of complaints/investigations resolved in past  months:  Number of investigations referred to HUD/DOL in past  months:   1. Resolves investigations/complaints in accordance with established procedures? | | | |  | | | |  | | | | | | |  | | | | | |
| 8. Reports, Restitution, and Escrows Yes No NA | | | | | | | | | | | | | | | | | | | |
| 1. Submits Semi-Annual Enforcement Report (HUD-4710) timely, completely, and accurately? | | | | |  | |  | | | | | | |  | | | | |
| 1. Submits Labor Standards Enforcement Reports (5.7) timely, completely, and accurately? | | | | |  | |  | | | | | | |  | | | | |
| 1. Computes and recommends CWHSSA liquidated damages when appropriate? 2. Number of active escrows for DBRA/CWHSSA: 3. Amount of funds for escrows reports in (d): $ | | | | |  | |  | | | | | |  | | | | | | | | | |
| 9. Summary – Labors Standards Administration Yes No NA | | | | | | | | | | | | | | | | | | | |
| 1. Staffing 2. Information systems/tracking mechanisms 3. Enforcement files/records 4. Labor standards monitoring 5. Labor standards review – procedures 6. Labor standards review - effectiveness 7. Training 8. Wage decision issuances 9. Complaints 10. Restitution and escrow administration 11. Reporting requirements – Semi-annual reports, Enforcement Reports | | | | |  | | | |  | | | | | |  | | | | | | |

**Summary Key: A = Acceptable; NI = Needs Improvement; NA = Not Applicable**

**Additional deficiencies identified are listed on a separate page and attached to this form, along with copies of supporting documentation.**

- End of Part A –

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| Part B. State Client Agency Monitoring | | | | |
| 1. Grant/Contract Information | | | | |
| 1. State Agency Name and Identification | | 1. Grant No. & Type (Funding Source) | | |
| 1. Grant Recipient (e.g. local government, non-profit, developer, etc.) | | 1. Project Name | | |
| 1. Location of Project (City, County, State) | | 1. Prime Contractor | | |
| 1. Description (Scope) of Work – Include number of units & stories for housing projects | | | | 1. Contract Amount |
| 1. Labor Standards Provisions (HUD Form Used) | 1. Wage Decision No. Used – Include type and modification date | | | |
| 1. Wage Decision Lock-In Action and Date | 1. Construction Start Date | | 1. Agency Reviewer (indicate if staff, consultant, other) | |
| 2. State Agency Federal Labor Standards Monitoring Reviews | | | | |

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| --- | --- | --- | --- | --- |
| **Date**  **of Monitoring Review** | **Date**  **of Review Report** | **Number**  **of FLS Findings** | **Date**  **of Grantee Response** | **Date**  **All Findings Cleared** |
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| 3. Summary - Contract Administration Yes No NA |

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| 1. Contract documents, wage decision, and procurement information examined, issued addressed? |  |  |  |
| 1. Certified weekly payroll examined, issued addressed? |  |  |  |
| 1. Employee interviews (HUD-11) examined, issued addressed? 2. Apprenticeship/trainee issued addressed? 3. Classification issues addressed? 4. Wage restitution issued addressed? 5. Violations communicated to grantee? 6. All cited findings resolved? |  |  |  |

**Additional deficiencies identified are listed on a separate page and attached to this form, along with copies of supporting documentation (contracts, payrolls, interviews, correspondence, etc.)**

- End of Part B –

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| Part X. Exit Conference | |
| 1. Agency Name | 1. Agency LSIS No. |
| 1. Conference Location | 1. Conference Date and Time |
| 1. Conference Attendees/Participants - Name, Organization, and Title (attach list to this form if more room needed) | |
| 1. Reviewer(s) - Name and Title | |

**Agency representatives were advised of problem areas, and were provided an opportunity to question and discuss the basis for preliminary conclusions. The following principal areas were discussed; additional items are covered on a separate page and attached to this form.**

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|  | **Staffing**  Knowledge, capacity, sufficient number for volume of work. Is the work that is being done effective? Is there a disproportionate amount of covered activity not being reviewed? |
|  | **Information Systems / Tracking Mechanisms**  Note: Agencies have very wide latitude in the configuration, locations, and functioning of the system. |
|  | **Enforcement Files / Records**  Note: Agencies have very wide latitude in the configuration, locations, and functioning of the system. The focus in this section is that complete records for covered activities are maintained for the duration required and that they be retrievable in a reasonable time. As with management system, “blind spots” can be brought to the attention of the agency. Reviewers are cautioned about requiring revisions in the absence of violations resulting from a flawed system. |
|  | **Labor Standards Review – Procedures**  Agency processes to review funded/assisted projects for applicability of labor standards ensure appropriate wage decisions/determinations and labor standards provisions are included in agreements/orders for covered work and that project records are established and managed with the knowledge of appropriate officials and offices of the agency. |

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| Part X., continued |  |  |  |

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|  | **Labor Standards Review – Effectiveness**  Outcome of the agency’s systems and efficiency, including actions of grantee agencies and management firms. |
|  | **Technical Assistance and Training**  Quality and effectiveness of the technical assistance and training provided by the agency to its grantees, contractors, and management firms. Also covers the technical assistance and training needs of the agency’s staff. |
|  | **Wage Decision Issuances**  The agency’s application of wage decisions/determinations, including applying for changes. |
|  | **Complaints**  Actual complaints received or procedures established/needed. |
|  | **Restitution and Escrow Administration**  Conclusions concerning the “perfection” of restitution. Were certified payroll reports submitted for the restitution payments, as well as an assurance of future compliance? Were sufficient funds retained when needed? Were funds handled appropriately? Does the agency have appropriate documentation on the circumstances requiring escrows? |
|  | **Reporting Requirements (Semi-Annual Reports, Enforcement Reports)**  Conclusions about the validation of the reports were sent to HUD/DOL. |
|  | **Other (summarize below or provide details on separate sheet and attach to this form)** |
|  | **Preliminary Conclusions** |

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| Part X., continued |  |  |  |

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|  | **Areas of Disagreements, if any** |
|  | **Required follow-up actions by LCA or Reviewers, if any** |
|  | **Additional Comments** |

- End of Form -