

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 administering 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

a. Agency Name

b. Agency Address

c. Agency No. (HUD Use)

CPD/PIH No. (if different)

d. Chief Executive Officer/Director

e. Agency Labor Standards Officer (LSO)

f. Agency Telephone No.

g. Agency Personnel Contacted During Review

Name:

Title:

Phone:

1. _____

2. _____

3. _____

4. _____

2. Data Collection

a. List of grantees/funding cycles

Attached

b. Contract summaries for grantees

Attached

c. Agency labor standards training materials

Attached

d. Agenda, number of grantee participants, location, and date of LS training conducted in past 12 months

Attached

e. Schedule of training sessions planned

Attached

Part A, continued

2. Data Collection, continued

f. Risk analysis methodology, if grantees are not monitored annually	<input type="checkbox"/>	Attached
g. Agency monitoring schedule	<input type="checkbox"/>	Attached
h. Agency monitoring checklist/review guide	<input type="checkbox"/>	Attached
i. Semi-annual reports for past two cycles (one year)	<input type="checkbox"/>	Attached
j. Monitoring finding tracking report	<input type="checkbox"/>	Attached

3. Agency Labor Standards Officer (LSO) / Staff **Yes No NA**

a. Agency staff includes an LSO or key staff person with primary responsibility for labor compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. LSO is informed of all proposed projects funded/assisted with HUD funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. LSO examines grantee and subrecipient files as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Client Agency Training **Yes No NA**

a. Provides labor standards training for grantees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Training materials are accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Training frequency is appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Agency maintains agenda and participant list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Wage Decision Issuance Process **Yes No NA**

a. Maintains a system to ensure that applicable wage decisions are obtained/applied timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wage decision requests processed correctly (correct WD type and WD number)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wage decision modification issued timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Maintains system to verify wage decision "lock-in"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Processes wage decision requests correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Maintains system to verify wage decision "lock-in" date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Labor Standards Monitoring Review Process **Yes No NA**

a. Monitoring checklist/guide addresses labor standards enforcement requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Maintains system to track findings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Frequency of labor standards monitoring for each grantee with covered (DBA) activities: <input type="text"/>			<input type="checkbox"/>
d. Number of grantees reviewed for labor standards compliance in past <input type="text"/> months: <input type="text"/>			<input type="checkbox"/>
e. Number of reviews in (d) which revealed labor standards violations: <input type="text"/>			<input type="checkbox"/>
f. For reviews conducted in past <input type="text"/> months, average time between review date & report date: <input type="text"/>			<input type="checkbox"/>
g. Number of labor standards reports with outstanding findings more than 90 days past due: (attach notes) <input type="text"/>			<input type="checkbox"/>
h. Resolved non-compliance in accordance with established requirements (as specified in Chapter 4)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide explanatory information for each "No" response, as needed; NA = Not Applicable

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Part A, continued

7. Investigative Process **Yes** **No** **NA**

a. Procedure established to investigate complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Procedure established to track investigative progress/outcomes to resolution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of complaints received from employees/others in past <input type="text"/> months: <input type="text"/>			<input type="checkbox"/>
Number of investigations initiated by agency in past <input type="text"/> months: <input type="text"/>			<input type="checkbox"/>
Number of complaints/investigations resolved in past <input type="text"/> months: <input type="text"/>			<input type="checkbox"/>
Number of investigations referred to HUD/DOL in past <input type="text"/> months: <input type="text"/>			<input type="checkbox"/>
c. Resolves investigations/complaints in accordance with established procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Reports, Restitution, and Escrows **Yes** **No** **NA**

a. Submits Semi-Annual Enforcement Report (HUD-4710) timely, completely, and accurately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Submits Labor Standards Enforcement Reports (5.7) timely, completely, and accurately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Computes and recommends CWHSSA liquidated damages when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Number of active escrows for DBRA/CWHSSA: <input type="text"/>			<input type="checkbox"/>
e. Amount of funds for escrows reports in (d): \$ <input type="text"/>			<input type="checkbox"/>

9. Summary – Labors Standards Administration **Yes** **No** **NA**

a. Staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Information systems/tracking mechanisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enforcement files/records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Labor standards monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Labor standards review – procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Labor standards review - effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Wage decision issuances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Restitution and escrow administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Reporting requirements – Semi-annual reports, Enforcement Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B. State Client Agency Monitoring

1. Grant/Contract Information

a. State Agency Name and Identification <input type="text"/>	b. Grant No. & Type (Funding Source) <input type="text"/>
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c. Grant Recipient (e.g. local government, non-profit, developer, etc.) [REDACTED]		d. Project Name [REDACTED]	
e. Location of Project (City, County, State) [REDACTED]		f. Prime Contractor [REDACTED]	
g. Description (Scope) of Work – Include number of units & stories for housing projects [REDACTED]			h. Contract Amount [REDACTED]
i. Labor Standards Provisions (HUD Form Used) [REDACTED]		j. Wage Decision No. Used – Include type and modification date [REDACTED]	
k. Wage Decision Lock-In Action and Date [REDACTED]	l. Construction Start Date [REDACTED]	m. Agency Reviewer (indicate if staff, consultant, other) [REDACTED]	

2. State Agency Federal Labor Standards Monitoring Reviews

Date of Monitoring Review	Date of Review Report	Number of FLS Findings	Date of Grantee Response	Date All Findings Cleared
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

3. Summary - Contract Administration

	Yes	No	NA
a. Contract documents, wage decision, and procurement information examined, issued addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified weekly payroll examined, issued addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Employee interviews (HUD-11) examined, issued addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Apprenticeship/trainee issued addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Classification issues addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wage restitution issued addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Violations communicated to grantee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. All cited findings resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)

Part X. Exit Conference

a. Agency Name [REDACTED]	b. Agency LSIS No. [REDACTED]
c. Conference Location [REDACTED]	d. Conference Date and Time [REDACTED]
e. Conference Attendees/Participants - Name, Organization, and Title (attach list to this form if more room needed) [REDACTED]	

Provide explanatory information for each "No" response, as needed; NA = Not Applicable

f. Reviewer(s) - Name and Title



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Part X., continued	
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Part X., continued	
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