

**City of Troy  
CONTROL SHEET  
Federally-funded (Construction Project)**

**Program Year** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Subrecipient Name:** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Federal funding source:** \_\_\_\_\_ **Federal funding amount:** \_\_\_\_\_

**City project budget code:** \_\_\_\_\_ **Purchase Order #:** \_\_\_\_\_

**City Department:** \_\_\_\_\_ **City Contact Person:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **CPS Number:** \_\_\_\_\_ **HUD Activity Number:** \_\_\_\_\_

**National Objective:**     **Low/moderate income clientele**     **Low/moderate income area**  
                                    **Slum/blight amelioration**             **Urgent Community Need**

**CDBG Eligibility Citation** [CFR 570. \_\_\_\_\_ ]

	<b>Date</b>	<b>Initials</b>
1. CPMP Projects Form	_____	_____
2. Application for funding	_____	_____
3. NEPA (environmental) review	_____	_____
a. Located in 100 year flood zone?    _____	_____	_____
If yes, flood notices published?	_____	_____
If yes, proof of flood insurance?	_____	_____
b. Located in or eligible for historic district?    _____	_____	_____
If yes, local historic district review?	_____	_____
If yes, NYSHPO review?	_____	_____
4. Grant Agreement including SOW & Budget	_____	_____
5. CDBG Eligibility Citation	_____	_____
6. Project closeout – CAPER report	_____	_____

**Project Name:** \_\_\_\_\_

**Purchase Order Amount:** \$ \_\_\_\_\_

**Purchase Order #:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**CPS Number:** \_\_\_\_\_

**HUD Activity Number:** \_\_\_\_\_

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**Is this federally-funded HUD activity/project a qualifying Section 3 activity**

\_\_\_\_\_ it is a housing construction project in excess of \$200,000

\_\_\_\_\_ it is a housing rehabilitation project in excess of \$200,000

\_\_\_\_\_ it is a public construction project in excess of \$200,000

\_\_\_\_\_ it is a consultant services contract in excess of \$100,000

[attach SECTION 3 CONTRACTOR REPORT FORM(S)]

\_\_\_\_\_ This federally-funded HUD activity/project is NOT a qualifying Section 3 activity because it does not meet any of the thresholds found at 24 CFR Part 135 and the City has no further responsibility to document Section 3 compliance.

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**Is this federally-funded HUD activity/project a qualifying MBE/WBE activity**

\_\_\_\_\_ it is a construction project or consultant services contract or subcontract of \$25,000 or more paid, or to be paid with CDBG funds receiving.

[attach WBE/MBE CONTRACTOR REPORT FORM(S)]

\_\_\_\_\_ This federally-funded HUD activity/project is NOT a qualifying WBE/MBE activity because it does not meet any of the thresholds found at 24 CFR 570.506(g)(6) and the City has no further responsibility to document WBE/MBE compliance.

1. Does Davis-Bacon Act /prev. wage rates apply? \_\_\_\_\_

If no, reason(s): \_\_\_\_\_

2. Wage Decision date: \_\_\_\_\_

3. Plans / scope of work preparation by owner/contractor/architect \_\_\_\_\_

4. Plans / scope of work reviewed by Code Enforcement \_\_\_\_\_

5. M/WBE contractor solicitation \_\_\_\_\_

6. Section 3 contractor solicitation \_\_\_\_\_

7. Date of quotes / Bid opening / Summary sheet \_\_\_\_\_

8. Conformance with city procurement policy? \_\_\_\_\_

a. Principal Contractor # 1: \_\_\_\_\_ Phone: \_\_\_\_\_

b. Principal Contractor # 2: \_\_\_\_\_ Phone: \_\_\_\_\_

**Special note to subrecipients:** Obtain signed grant agreement and City of Troy purchase order, prior to beginning work.

- |  |       |       |
|--|-------|-------|
| 9. Purchase Order with Vendor ID info                                | _____ | _____ |
| 10. Contract between subrecipient and contractor                     | _____ | _____ |
| 11. Insurance certificate, naming City as additionally insured party | _____ | _____ |
| 12. Building permit  | _____ | _____ |
| 13. Preconstruction meeting & notes                                  | _____ | _____ |
| 14. <b><u>SITE VISIT</u></b>   |       |       |
| a. confidential employee interviews on HUD 11 form                   | _____ | _____ |
| b. work site observations  | _____ | _____ |
| c. partial code inspection   | _____ | _____ |
| <b><u>DAVIS BACON COMPLIANCE</u></b>                                 |       |       |
| 15. Certified weekly payrolls  | _____ | _____ |
| 16. Contractor fringe benefit statement                              | _____ | _____ |
| 17. Internal reports including:                                      |       |       |
| a. correspondence  | _____ | _____ |
| b. comparisons of wages paid to Davis-Bacon wages                    | _____ | _____ |
| c. daily computation of apprentice/laborer ratio                     | _____ | _____ |
| 18. Final code inspection  | _____ | _____ |
| 19. Vendor's claim - partial   | _____ | _____ |
| 20. Vendor's claim – final   | _____ | _____ |