***URA COMPLIANCE CHECKLIST #4-A: ONE-FOR-ONE REPLACEMENT***

***Community Development Block Grant for Disaster Recovery/Mitigation***

*This URA Compliance Checklist covers the Subrecipient requirements for compliance with the One-for-One (****OFO****) replacement regulations, per Section 104(d) of the Housing and Community Development Act of 1974, as amended, 42 U.S.C. § 5304(d) (****HCDA****), when their CDBG-DR/MIT funded project results in the displacement of any residential occupants of property, subject to loss of units due to acquisition, construction, and/or demolition activities.* *These steps must be implemented during the project feasibility review process and should be met and documented prior to the commitment of funding and advancing of any construction activities.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **INFORMATION** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Subrecipient Name/Entity Name |  |  | Subrecipient Point of Contact |  |  | Point of Contact Phone |  |
|  |  |  |
|  |  |  |  |  |  |  |  |
| CDBG-DR/MIT Program Name |  |  | Application ID |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **PROPERTY INFORMATION** |
| Address of Residential Unit to be demolished and/or converted |  |  | Property Registry Legal Description (*If available)* |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |
|  |  |  |  Type of Unit |  | [ ]  Single Family [ ]  Attached Housing Unit [ ]  Multifamily (3+ Units in Structure) |
| CRIM Cadastral Num. *(If available)* |  |  | Tenure of Unit |  | [ ]  Rental [ ]  Owner [ ]  Vacant |
|  |  |  | Size of Unit (# of Bedrooms) |  |  |
|  |  |  |  |  |  |
| Number of Household Members |  |  | Monthly Rent Currently Paid |  | $ |
| **CHECKLIST COMPLETION INFORMATION** |
| Checklist Completed by *(name)* |  |  | Date Checklist Completed  |  |  |  |  |
| QA/QC Reviewer |  |  | Date QA/QC Completed |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **INSTRUCTIONS**  |
| The Subrecipient must complete **one** checklist **per residential unit** demolished and/or converted, due to program funded activities. Please respond Yes, No, N/A or enter the appropriate description for each line item. Ensure that supporting documentation has been attached to demonstrate each checklist item has been completed. The completed checklist must be submitted to the Puerto Rico Department of Housing **(PRDOH) Federal Compliance (FC)** team for a Quality Assurance and Quality Control (**QA/QC**) review. The QA/QC reviewer must confirm that the Subrecipient has met all required checklist items and has provided the corresponding documentation. Any additional comments on the review may be documented at the end of the checklist. |

| **DOCUMENT DISPLACEMENT MINIMIZATION ACTIONS** |
| --- |
| **Description** | **Yes** | **No** | **N/A** | **Comments** | **QA/QC****Pass** | **QA/QC****Fail** |
| 1. Have steps been taken to minimize the displacement of residential households due to the project?
 |[ ] [ ] [ ]   |[ ] [ ]
| * 1. Describe any project designs, alternative project sites, and other project features or implementation steps that have been considered or will be utilized to minimize displacement of residential households.
 | Please provide and attach document(s) detailing displacement minimization actions.  |[ ] [ ]
| 1. If displacement is necessary as part of the approved project, has the project owner created and submitted, to the program, a **Relocation Plan** which contains the information required under *URA* *Compliance Checklist #4: Relocation Plan*?
 |[ ] [ ] [ ]   |[ ] [ ]
| **ASSESS ONE FOR ONE APPLICABLE RESIDENTIAL UNITS**  |
| **Description** | **Yes** | **No** | **N/A** | **Comments** | **QA/QC****Pass** | **QA/QC****Fail** |
| 1. Determine that the applicable fair market rent of the housing unit is affordable, based on the most recent HUD Fair Market Rent (FMR) standards available at the time of the assessment.
 | Enter Fair Market Rent ­­­­­­­ |[ ] [ ]
| * 1. Is the market rent greater than HUD Fair Market Rent?
 |[ ] [ ] [ ]   |[ ] [ ]
| IF YES HAS BEEN SELECTED, UNIT IS **NOT** ONE FOR-ONE COVERED, **DO NOT** PROCEED TO #2IF NO HAS BEEN SELECTED, PLEASE, PROCEED TO #2 | **QA/QC****Pass** | **QA/QC****Fail** |
| 1. Determine if the housing unit meets the PRDOH definition of “not suitable for replacement” (**CDBG-DR**) or “not suitable for mitigation” (**CDBG-MIT**). See requirements and waivers section of the PRDOH URA-ADP Guide for the applicable “not suitable” definition based on the project’s funding grant.
 | CDBG-DR [ ] CDBG-MIT [ ]  |[ ] [ ]
| IF CDBG-DR HAS BEEN SELECTED, **ONLY** COMPLETE THE **CDBG-DR: NOT SUITABLE FOR REHABILITATION** CHECKLIST. IF CDBG-MIT HAS BEEN SELECTED, **ONLY** COMPLETE THE **CDBG-MIT: NOT SUITABLE FOR MITIGATION** CHECKLIST |
| **Yes** | **No** | **CDBG-DR****NOT SUITABLE FOR REHABILITATION** **(CHECK THE APPROPRIATE SELECTION)** | **Yes** | **No** | **CDBG-MIT** **NOT SUITABLE FOR MITIGATION****(CHECK THE APPROPRIATE SELECTION)** | **QA/QC****Pass** | **QA/QC****Fail** |
|[ ] [ ]  Is the unit hurricane-damaged and cannot be rehabilitated or reconstructed in site due to CDBG-DR program policies or program award caps? |[ ] [ ]  Is the activity to the proposed housing unit addressing an identified risk, according to the Mitigation Needs Assessment of the PRDOH CDBG-MIT Action Plan? |[ ] [ ]
| IF **NO** HAS BEEN SELECTED, **PLEASE STOP.** THE UNIT IS ONE-FOR-ONE COVERED; SUBMIT TO PRDOH FOR QA/QC REVIEW. IF **YES** HAS BEEN SELECTED, PLEASE PROCEED TO THE NEXT **CDBG-DR** OR **CDBG-MIT** QUESTION, AS APPLICABLE. |
| **Yes** | **No** | **CDBG-DR** | **Yes** | **No** | **CDBG-MIT** | **QA/QC Pass** | **QA/QC Fail** |
|[ ] [ ]  Do the estimated rehabilitation costs of the structure exceed the threshold value established by the specific CDBG-DR program? |[ ] [ ]  Is the housing unit located on a property in a 100-year floodplain, a designated floodway, a coastal flood zone, or in a landslide risk area? |[ ] [ ]
|[ ] [ ]  Does the unit face legal issues? (Unclear title, unable to obtain permits, cannot be brought up to state and local code requirements etc.) |[ ] [ ]  Does the housing unit have damages that clearly show impact from recurring hazards that are documented through site inspections and/or photographic documentation? |[ ] [ ]
|[ ] [ ]  Does the unit face any site limitation issues and/or represent engineering or environmental constraints? |[ ] [ ]  Does construction of a new and/or mitigated housing unit that is at minimum 800 sq. feet of living space present an obstacle to feasibility or mitigation goals that cannot be reasonably overcome? (i.e.: not fit the property dimensions, cannot receive adequate community infrastructure such as, electricity, potable water, wastewater, fuel, roadway access, etc.)  |[ ] [ ]
| IF **YES** HAS BEEN SELECTED FOR ANY OF THE ABOVE OPTIONS (**CDBG-DR/ CDBG-MIT**), PLEASE EXPLAIN BELOW. SUBMIT ANY RELEVANT DOCUMENTATION SUPPORTING YOUR EXPLANATION TO THE PRDOH FEDERAL COMPLIANCE TEAM, ALONG WITH THIS COMPLETED CHECKLIST FOR QA/QC REVIEW TO CONFIRM THE UNIT IS NOT ONE-FOR-ONE REPLACEMENT COVERED.IF **NO** HAS BEEN SELECTED, THE UNIT IS ONE-FOR-ONE REPLACEMENT COVERED. SUBMIT THIS COMPLETED CHECKLIST TO THE PRDOH FEDERAL COMPLIANCE TEAM FOR QA/QC REVIEW. YOU WILL RECEIVE INSTRUCTION FROM PRDOH FC TEAM ON NEXT STEPS FOR OFO COMPLIANCE.**SUBMIT COMPLETED CHECKLIST TO: FAIRHOUSING@VIVIENDA.PR.GOV** |

|  |
| --- |
| **ADDITIONAL COMMENTS** |
|  |

|  |
| --- |
| **PRDOH FC QA/QC Reviewer’s Determination** |
| **PASS** |[ ]  **RETURN FOR CORRECTIONS** |[ ]
| **UNIT IS NOT ONE-FOR-ONE COVERED** |[ ]
| **ONE-FOR-ONE COVERED UNIT REPLACEMENT METHOD DETERMINATION** |
| **UTILIZE AN AVAILABLE UNIT FROM ONE-FOR-ONE DATABASE** |[ ]  **CONDUCT MARKET STUDY** |[ ]  **NEW CONSTRUCTION** |[ ]
| **PRDOH FC QA/QC Reviewers Notes** |
|  |