**CHECKLIST FOR THE REVIEW OF STATE/SUB-GRANTEE REQUEST TO TRANSFER**

**NEIGHBORHOOD STABILIZATION PROGRAM (NSP) PROGRAM INCOME**

*U.S. Department of Housing and Urban Development*

*Office of Community Planning and Development*

Grantee: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub-Grantee/Subrecipient, if any:

* NSP grant number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 NSP Appropriation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of receipt of request to transfer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Amount of NSP program income requested for transfer. Note: only program income on-hand at the time of the request may be transferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Request to transfer all future program income.
* Activity number(s) associated with the NSP activity (ies) that generated or will generate the program income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Grantee/Sub-Grantee provided documentation that NSP program income reconciles with internal financial records and DRGR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is the documentation correct and does it agree with DRGR (list the DRGR reports reviewed forverification):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Has the grantee/sub-grantee provided an analysis documenting compliance with the LH25% set-aside requirement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Will the grantee/sub-grantee meet the LH25 set-aside requirement based on the analysis and DRGR records:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If the grantee/sub-grantee will not have met the LH25 set-aside requirement, what is being used to gauge the grantee’s ability to meet the requirement within 3 years of closeout?
* Provided documentation that any and all associated agreements or contracts have been appropriately amended with all the CDBG rules and regulations.

DELETE THIS WHEN FINALIZING THE CHECKLIST: Use the following if the state is requesting transfer of PI for a sub-grantee NSP 1, 2, or 3 grant to their open State CDBG grant:

The state of [insert state grantee] approves of the transfer of un-obligated NSP program income and/or any future program income from [sub-grantee’s or subrecipient’s name] NSP [insert 1, 2, or 3] grant to their open State CDBG grant.

DELETE THIS WHEN FINALIZING THE CHECKLIST Use the following if the state is requesting transfer of PI from a sub-grantee or subrecipient back to the State CDBG program:

The state of [insert name of state] is requesting the transfer of NSP program income from [insert the name of the sub-grantee] to the State’s CDBG program. The state grantee understands that funds must be re-allocated using the state’s approved method of distribution for its CDBG program. Further, it is understood that state loses its ability to make direct awards once the funds have been transferred to its CDBG program, its action plan will need to be amended, and any related agreements may also require amending.

Request approved [ ]  Date approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request denied [ ]  Request denied for the following reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer’s printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_