# URA COMPLIANCE CHECKLIST #4: RELOCATION PLAN

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

*This Uniform Relocation Assistance (URA) Compliance Checklist covers the requirements for Subrecipients in creating a URA Relocation Plan when their CDBG-DR/MIT funded project requires the displacement of any residential or commercial occupants of property that will be subject to acquisition, construction, and/or demolition activities.*

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| **INFORMATION** |  | | |  | |  | | |  | | | | |  | |  | | | |  | |
|  |  | | |  | |  | | |  | | | | |  | |  | | | |  | |
| Subrecipient Name/Entity Name | |  | |  | | Subrecipient Point of Contact | | |  | | | | |  | | Point of Contact Phone | | | |  | |
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| CDBG-DR/MIT Program Name | |  | |  | | Application ID | | |  | | | | |  | |  | | | |  | |
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| **PROPERTY INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| Address of Real Property to be Acquired, or Project site | |  | | | | |  | Property Registry Legal Description (*If available)* | | |  | |  | | | | | | | | |
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| CRIM Cadastral No.  *(If available)* | |  | | | | |  |  | | |  | |  | | | | | | | | |
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| **CHECKLIST COMPLETION INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Checklist Completed by *(name)* | |  |  | | Date Checklist Completed *(name)* | | | | |  | | | | | | |  |  |  | | |
| QA/QC Reviewer | |  |  | | Date QA/QC Completed | | | | |  | | | | | | |  |  |  | | |
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| **INSTRUCTIONS** |
| \*\*If the real property will be acquired by voluntary acquisition and the property is only owner-occupied, skip this checklist\*\*  \*\*If the real property subject to any acquisition, construction, and/or demolition is vacant, skip this checklist\*\*  The Subrecipient must respond Yes, No, or N/A to each line item and provide supporting documentation demonstrating completion of each checklist item. The completed checklist must be submitted 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 provided the corresponding documentation. Any additional comments on the review may be documented at the end of the document. |

| **RELOCATION PLAN CHECKLIST** | | | | | | |
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| **Description** | **Yes** | **No** | **N/A** | **Comments** | **QA/QC**  **Pass** | **QA/QC**  **Fail** |
| 1. The plan establishes the use of voluntary or involuntary acquisition related to the project. |  |  |  |  |  |  |
| 1. The plan establishes who the responsible parties are for execution of the relocation plan. |  |  |  |  |  |  |
| 1. The plan establishes the nature of the relocation: Temporary or Permanent. |  |  |  |  |  |  |
| 1. The plan includes the number of tenant households and/or businesses to be displaced. |  |  |  |  |  |  |
| 1. The plan includes an estimate of available comparable replacement dwellings in the area, including rental and sales rates for residential and/or non-residential properties, as applicable. |  |  |  |  |  |  |
| 1. The plan informs the budget including the costs of relocation activities and ensures availability of adequate resources for URA compliance. |  |  |  |  |  |  |
| 1. The anticipated timeline of relocation activities is clearly outlined, together with the expected delivery period of required URA notices. |  |  |  |  |  |  |
| 1. Identify projected challenges in acquisition or relocation activities and provides course of action to address them. |  |  |  |  |  |  |
| 1. The plan considers having special relocation advisory if necessary. |  |  |  |  |  |  |
| 1. The relocation plan includes a summary of the results of the occupant survey where at a minimum, the following information was collected: |  |  |  |  |  |  |
| 1. Type of occupant |  |  |  |  |  |  |
| 1. For residential occupants: |  |  |  |  |  |  |
| * 1. Number and ages of persons in the household |  |  |  |  |  |  |
| * 1. Start date of Occupancy |  |  |  |  |  |  |
| * 1. Number of bedrooms in dwelling |  |  |  |  |  |  |
| * 1. Employment status of household members |  |  |  |  |  |  |
| * 1. Household income |  |  |  |  |  |  |
| * 1. Location preference |  |  |  |  |  |  |
| * 1. Means of transportation |  |  |  |  |  |  |
| * 1. Housing costs |  |  |  |  |  |  |
| * 1. Accessibility needs |  |  |  |  |  |  |
| * 1. Identifies if the occupants are tenants or homeowners |  |  |  |  |  |  |
| 1. For non-residential occupants |  |  |  |  |  |  |
| * 1. Business Name |  |  |  |  |  |  |
| * 1. Type of Business, including services provided |  |  |  |  |  |  |
| * 1. Type of Business Ownership |  |  |  |  |  |  |
| * 1. Name of Principal Officer |  |  |  |  |  |  |
| * 1. Business Inventory |  |  |  |  |  |  |
| * 1. Business Income |  |  |  |  |  |  |
| * 1. Years in Business |  |  |  |  |  |  |
| * 1. Description of Current Space Occupied |  |  |  |  |  |  |
| * 1. Current Monthly Rental Amount |  |  |  |  |  |  |
| * 1. Start date of Occupancy |  |  |  |  |  |  |
| * 1. Location preference |  |  |  |  |  |  |
| * 1. Replacement property needs and preferences |  |  |  |  |  |  |
| 1. The plan establishes a summary of the relocation benefits and assistance to be provided based on occupant and relocation type, including the plan for sourcing, and offering comparable replacement dwellings. |  |  |  |  |  |  |
| 1. The plan includes how the Subrecipient will maintain the record of URA assistance, including all URA notices issued, copies of all correspondence, occupant survey, payments and any appeals or complaints. |  |  |  |  |  |  |
| 1. A plan for disbursement of funds related to residential relocation is included with the following estimates *(if applicable)*: |  |  |  |  |  |  |
| 1. Temporary relocation expenses – number of residential households |  |  |  |  |  |  |
| * + Total estimated moving expenses and/or fixed payments |  |  |  |  |  |  |
| * + Total temporary relocation expenses (increased housing costs) |  |  |  |  |  |  |
| 1. Permanent displacement expenses – number of residential households |  |  |  |  |  |  |
| * + Total estimated moving expenses and/or fixed payments |  |  |  |  |  |  |
| * + Total replacement housing payments |  |  |  |  |  |  |
| 1. A plan for disbursement of funds related to non-residential relocation is included with the following estimates *(if applicable)*: |  |  |  |  |  |  |
| * 1. Temporary relocation expenses – number of non-residential occupants |  |  |  |  |  |  |
| * + - Total estimated moving expenses and/or fixed payments |  |  |  |  |  |  |
| * + - Total reestablishment expense payments |  |  |  |  |  |  |
| * 1. Permanent displacement expenses – number of non-residential occupants |  |  |  |  |  |  |
| * + - Total estimated moving expenses and or/ fixed payments |  |  |  |  |  |  |
| * + - Total reestablishment expense payments |  |  |  |  |  |  |
| * + - Total direct loss payments |  |  |  |  |  |  |
| * + - Total substitute equipment payments |  |  |  |  |  |  |
| * + - Total personal property payments |  |  |  |  |  |  |

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| **QA/QC Reviewers Notes** |
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