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| **ACQUISITION/RELOCATION MONITORING CHECKLIST** |
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| GRANTEE NAME (LOCAL/TRIBAL GOVERNMENT): |
| DEHCR GRANT AGREEMENT #: |
| **PART 1: ACQUISITION** |
| **ACQUISITION CHECKLIST** |
| Full Name and Title of Preparer of Checklist: |
| Preparer’s Phone: Preparer’s Email: |
| Grantee Approver Name and Title\*:  Approval Date: |
| \*Type in First & Last Name and Title of Grantee Approver of this document above (required only if the Preparer is an external third-party).  *\*By entering the name and title of the Grantee Approver above, the Preparer of this document is certifying that the person identified as the Grantee Approver is an employee or official from the g; is authorized by the Grantee to review and approve this document; and approved and authorized the Preparer to submit this document to DEHCR on the Grantee’s behalf. The Grantee Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or by the Grantee’s governing body to approve FFP project documents.*  ***If the person submitting this document is not the Grantee Approver, then the submitter must copy (‘cc’) the Grantee Approver when emailing it to DEHCR.*** |
| Acquisition Required for FFP Project?  YES  NO  ***IF NO,*** then **SKIP** the remaining items in ***PART 1: ACQUISITION*** and**go to *PART 2: RELOCATION.*** |
| Acquired Property Address and Parcel #:  *If multiple properties were acquired, a separate checklist for each property or acquisition transaction may be required. Consult with DEHCR Project Representative.* |
| Property Use Prior to Acquisition:   Single Family Residential  Multi-Family Residential    Commercial  Industrial    Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Acquisition Type:  Voluntary  Involuntary |
| Nature of Acquisition:  Property Purchase/Acquisition  Permanent Easement  Temporary Easement |
| Owner Occupant(s): *[Owner(s) occupying the land/building/structure or with personal property at the address.]* |
| Is Relocation (Temporary or Permanent) Involved?  Yes  No |
| Seller(s)/Owner(s) Full Name: |
| Seller(s)/Owner(s) Street Address, City, State, Zip Code: |
| Seller(s/Owner(s) Phone: Seller’s/Owner’s Email: |
| Tenant(s) (Non-Owner Occupant(s) Full Name(s): ): *[Non-Owner person(s) occupying the land/building/structure or with personal property at the address.]* |
| Tenant(s) Street Address, Unit # (if a multiple-unit structure at the acquired property/address), City, State, Zip Code: |
| Tenant(s) Phone #: Tenant(s) Email: |

| **Acquisition Monitoring Item:** | ***YES*** | ***NO*** | ***N/A*** | ***DATE*** |
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| **ACQUISITION FOR Sole Benefit of Property Owner**  *Acquisition must be for a temporary easement that meets the requirements specified in Ch. 5 of the FFP Implementation Handbook to qualify as “sole benefit to property owner”.* | | | | |
| Was the acquisition for “Sole Benefit of Property Owner"? |  |  |  |  |
| Is Sole Benefit of Property Owner Letter to DEHCR on file? (required if applicable; *enter date of submission to DEHCR*)  **IF** the acquisition was for “Sole Benefit of Property Owner”, then **SKIP** the remaining items in ***Part 1: Acquisition*** and **go to *Part 2: Relocation*** in this document. |  |  |  |  |
| COMMENTS: |  |  |  |  |
| **VOLUNTARY ACQUISITION**  *\*All items below are required for Voluntary Acquisition.* | | | | |
| 1. Is the acquisition a voluntary acquisition?\*   **IF NO**, then **SKIP** the remaining items in the ***VOLUNTARY ACQUISITION*** section in Part 1 and **go to the *INVOLUNTARY ACQUISITION*** section of Part 1in this document. |  |  |  |  |
| 1. Notice of Acquisition/Relocation to DEHCR\* |  |  |  |  |
| 1. Acquisition Meets the ALL Criteria Required to Qualify As a Voluntary Acquisition (as specified in Chapter 5 of *FFP Implementation Handbook*) |  |  |  |  |
| 1. Initial Acquisition Notice/Informational Notice to Property Owner\*   Initial current Fair Market Value (FMV) Determination:\*  $ |  |  |  |  |
| 1. Fair Market Value (FMV) Determination:  Source(s)/Method(s) for FMV Determination (Initial determination and any subsequent determination, if applicable):\*   Final current FMV Amount:\* $ |  |  |  |  |
| 1. State of Wisconsin rights under eminent domain brochure(s) for landowners/property owners and/or businesses/farms provided (required unless buyer does not have eminent domain authority, e.g., non-profit, developer, etc.)\* |  |  |  |  |
| 1. State of Wisconsin relocation rights brochure(s) for landowners/property owners and/or businesses/farms provided (required if any displacement) |  |  |  |  |
| 1. Documentation associated with any negotiation proceedings\* |  |  |  |  |
| 1. Record(s) of official determination to acquire and approval of terms of acquisition/purchase by Grantee’s governing body (required if Grantee is buyer; otherwise strongly recommended if subrecipient/developer is buyer)\* |  |  |  |  |
| 1. Intent to Purchase/Offer to Purchase Letter/Record\* |  |  |  |  |
| 1. Owner Acceptance of Offer\* |  |  |  |  |
| 1. Executed Purchase Agreement (signed by all parties)   Purchase Price Amount:\* $ |  |  |  |  |
| 1. Transfer of Title Record(s)\* |  |  |  |  |
| COMMENTS: | | | | |
| **INVOLUNTARY ACQUISITION**  *\*\*Items denoted with \*\* below are required for Involuntary Acquisition. Other items are required only if applicable to the project (based on Handbook and URA guidance).* | | | | |
| 1. Is the acquisition an involuntary acquisition?\*\*   **IF NO**, then **SKIP** the remaining items in the ***INVOLUNTARY ACQUISITION*** section in Part 1 and **go to *Part 2: RELOCATION*** in this document. |  |  |  |  |
| 1. Notice of Acquisition/Relocation to DEHCR\*\* |  |  |  |  |
| 1. Relocation Order or Determination of Necessity of Taking (required – if relocation is involved) – prior to proceeding with acquisition |  |  |  |  |
| 1. Preliminary/Initial Notice of Acquisition to Property Owner(s)/Business/Farm\*\* |  |  |  |  |
| 1. State of Wisconsin rights under eminent domain brochure(s) for landowners/property owners and/or businesses/farms provided\*\* |  |  |  |  |
| 1. State of Wisconsin relocation rights brochure(s) for landowners/property owners and/or businesses/farms provided (required if any displacement) |  |  |  |  |
| 1. Waiver Valuation signed record (required if using waiver valuation in lieu of appraisal) |  |  |  |  |
| 1. Waiver Valuation completed by professional with relevant knowledge/expertise of current real estate market? (required if using waiver valuation in lieu of appraisal) |  |  |  |  |
| 1. Waiver of Appraisal signed record for Donation of Property (if applicable) |  |  |  |  |
| 1. Waiver of Appraisal FMV determination/valuation completed by professional with relevant knowledge/expertise of current real estate market? (required if using FMV valuation in lieu of appraisal due to owner’s waiver of appraisal) |  |  |  |  |
| 1. First Appraisal (required if not nominal value and/or no waiver of appraisal)   Appraisal Amount: $ |  |  |  |  |
| 1. Second Appraisal (if applicable)   Appraisal Amount: $ |  |  |  |  |
| 1. Third Appraisal (if applicable)   Appraisal Amount: $ |  |  |  |  |
| 1. Was the owner invited to accompany all of the appraisers on their inspection of the property? (required if appraisal required/not waived) |  |  |  |  |
| 1. Review Appraisal(s) (required if appraisal not waived) |  |  |  |  |
| 1. Are the data contained in the appraisals adequate to determine FMV? (required if not waived) |  |  |  |  |
| 1. Are the analyses of the data in the appraisals reasonable? (required if not waived) |  |  |  |  |
| 1. Do the appraisals disregard the influence of the project on the FMV of the property? (required if not waived) |  |  |  |  |
| 1. Just Compensation Determination\*\*   Just Compensation Amount: $ |  |  |  |  |
| 1. Was the amount determined for just compensation the same or more than the Grantee’s/buyer’s approved appraisal of the FMV of the property? (required if not waived) |  |  |  |  |
| 1. Are the appraisal(s) of FMV and determination of just compensation acceptable for the acquisition? (required if not waived) |  |  |  |  |
| 1. Record(s) of official determination to acquire and approval of terms of acquisition/purchase by Grantee’s governing body (or other entity of the Grantee, if local policy allows; required if Grantee is the buyer)\*\* |  |  |  |  |
| 1. Initiation of Negotiations / Written Offer to Purchase, with Statement of Basis of Determination of Offer Amount (initial written offer date or start date of displacement process if relocation applies)\*\*   Written Offer Amount: $ |  |  |  |  |
| 1. Prior to any bargaining, did the Grantee/buyer furnish the owner with a firm offer to purchase, stating all basic terms and conditions, at the full just compensation amount? (required if not waived) |  |  |  |  |
| 1. Is the amount determined to be just compensation an acceptable conclusion of the FMV of the property? (required if not waived) |  |  |  |  |
| 1. Owner Acceptance of Offer\*\* |  |  |  |  |
| 1. Did the Grantee/buyer carry out the acquisition process in a manner that minimized hardships to the owner and was consistent with its treatment with other owners?\*\* |  |  |  |  |
| 1. Administrative Settlement records on file (if applicable) |  |  |  |  |
| 1. Estimated Just Compensation Deposited with Court (if applicable - Condemnation Only) |  |  |  |  |
| 1. Condemnation Proceeding Records on file (if applicable – Condemnation Only) |  |  |  |  |
| 1. Executed Purchase Agreement (signed by all parties)   Purchase Price Amount (or Terms of Sale/Donation Records signed by all parties):\*\*  $ |  |  |  |  |
| 1. Did the owner receive the amount determined to be Just Compensation? (required if no waiver) |  |  |  |  |
| 1. Record of Transfer of Title to Buyer\*\* |  |  |  |  |
| 1. 90 Day Notice to Vacate Property (if applicable – required if displacement; may be combined with NOE) |  |  |  |  |
| COMMENTS: | | | | |

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| **ACQUISTION/RELOCATION MONITORING CHECKLIST** |
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| GRANTEE NAME (LOCAL/TRIBAL GOVERNMENT: |
| DEHCR GRANT AGREEMENT #: |
| **PART 2: RELOCATION** |
| **RELOCATION CHECKLIST** |
| Full Name and Title of Preparer of Checklist: |
| Preparer’s Phone: Preparer’s Email: |
| Grantee Approver Name and Title\*:  Approval Date: |
| \*Type in First & Last Name and Title of Grantee Approver of this document above (required only if the Preparer is an external third-party).  *\*By entering the name and title of the Grantee Approver above, the Preparer of this document is certifying that the person identified as the Grantee Approver is an employee or official from the Grantee; is authorized by the Grantee to review and approve this document; and approved and authorized the Preparer to submit this document to DEHCR on the Grantee’s behalf. The Grantee Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the Signature Certification Form (submitted with the pre-agreement documents for the project) or by the Grantee’s governing body to approve FFP project documents.*  ***If the person submitting this document is not the Grantee Approver, then the submitter must copy (‘cc’) the Grantee Approver when emailing it to DEHCR.*** |
| Affected/Acquired Property Address (Street Address, City, State, Zip Code): |
| Relocation Required for FFP Project?  YES  NO  ***IF NO, THEN NO OTHER ENTRIES ON THE RELOCATION CHECKLIST ARE REQUIRED.*** |
| Purpose of Relocation: |
| *If multiple tenants or displaced families/owners, the Grantee may be required to complete a separate checklist for each tenant/displace family/owner. Consult with DEHCR Project Representative.* |
| Relocation Type:  Temporary  Permanent |
| Nature of Relocation:  Household / Residence  Business  Farm  Non-profit |
| Head of Household Name or Name of Business/Farm: |
| Address of Displaced Person(s) (Street Address, Unit # (if a multi-unit structure at the acquired property/address), City, State, Zip Code): |
| Affected/Acquired Property Contact Name and Telephone Number: |
| Number of People in Family affected by the Residential Relocation (If Applicable): |
| Average Monthly Income of Family affected by the Residential Relocation (If Applicable): |
| Average Monthly Cost of Affected/Acquired Business/Farm Facilities (If Applicable):  $ |
| Average Monthly Cost of Replacement Business/Farm Facilities (If Applicable):  $ |
| Is/Are the displaced person(s) affected by the Business/Farm Relocation going to relocate or discontinue (If Applicable)?  Relocate  Discontinue  Not Applicable (N/A) |

| **RELOCATION CHECKLIST** | | | | | | |
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| **Relocation Monitoring Item:** | ***YES*** | ***NO*** | ***N/A*** | | | ***DATE*** |
| *\*Items marked with \* below are required if relocation/displacement is applicable to the FFP project. Other items are only required if applicable to the project/displaced person(s).* | | | | | | |
| 1. Notice of Acquisition/Relocation to DEHCR\* | |  | |  |  |  |
| 1. Relocation Plan, approved by the DOA Legal Services\* | |  | |  |  |  |
| 1. Copy of approved Relocation Plan provided to DEHCR\* | |  | |  |  |  |
| 1. Preliminary/Initial Acquisition Notice Letter to Owner(s)/Tenant(s)\* | |  | |  |  |  |
| 1. General Information Notice Letter to Owner(s)/Tenant(s)\*   *[May be included in/part of other notices]* | |  | |  |  |  |
| 1. Notice of Intent to Acquire (giving notice of relocation required – triggers relocation rights) to Owner/Business/Farm/Tenants\*   *[May be included in/part of other notices]* | |  | |  |  |  |
| 1. Was/were the displaced person(s) provided the Notice of Intent to Acquire prior to the buyer’s initiation of negotiations, as required? | |  | |  |  |  |
| 1. Documentation verifying the displaced person received the required Wisconsin relocation rights brochure(s)\* | |  | |  |  |  |
| 1. Public meeting(s) included required content, as specified in Ch. 5 of Handbook (if public meeting(s) held regarding relocation) | |  | |  |  |  |
| 1. Notice of Relocation Eligibility (NOE) to Owner/Business/Farm/Tenants (required if deemed ‘displaced’ and eligible for relocation benefits)   *[May be included in/part of other notices]* | |  | |  |  |  |
| 1. Notice of Ineligibility for Relocation to Owner/Business/Farm/Tenants (*recommended* if deemed to *not* be displacement/ineligible for relocation benefits)   *[May be included in/part of other notices]* | |  | |  |  |  |
| 1. Notice of Non-displacement to Owner/Business/Farm/Tenants (required if deemed to *not* be displacement/ineligible for relocation benefits)   *[May be included in/part of other notices]* | |  | |  |  |  |
| 1. 90-Day Notice / Notice of Replacement Payment Entitlement and Occupancy Term to Owner/Business/Farm/Tenants (required if displacement/relocation required) – must be at least 90 days from the date to vacate or at the request of displaced person, whichever is earlier.\*   *[May be included as Combined Notice with NOE]* | |  | |  |  |  |
| 1. Record of initial interview(s) and communications with owner/tenant to determine displacement and relocation needs and eligibility\* | |  | |  |  |  |
| 1. Demographic data, including age and sex of Household members, including dependent family members (required if Residential Household) | |  | |  |  |  |
| 1. Description of the dwelling, business or farm, including useable or habitable space, # of rooms, # of bedrooms, land, type of construction, and condition (required if Residential Household) | |  | |  |  |  |
| 1. Description of the business or farm, usable space, # of rooms and buildings, land, type of construction, and condition (required if Business/Farm) | |  | |  |  |  |
| 1. Description of relocation needs and preferences\* | |  | |  |  |  |
| 1. Written Offer of Just Compensation, with summary of what is being offered, provided to owner(s)/tenant(s)\* | |  | |  |  |  |
| 1. Description of Relocation Services and Assistance provided (required if needed): | | | | | | |
| 1. Referral to replacement dwelling, business, or farm operation (required if needed)   Sale/Rental Price: $ | |  | |  |  |  |
| 1. Copy of the Occupancy Agreement for Replacement Property (required if needed) | |  | |  |  |  |
| 1. Copy of the Replacement Property Inspection Report with dates, description of property and condition (required if replacement dwelling applicable) | |  | |  |  |  |
| 1. Record of payment to Household for Lodging (required if applicable) | |  | |  |  |  |
| 1. Copy of the claim(s) and related documents for Household for Lodging (required if applicable)   ***Amount of Payment:* $** | |  | |  |  |  |
| 1. Record of payment to Household for Meals (if applicable) | |  | |  |  |  |
| 1. Copy of the claim(s) and related documents on file for Household for Meals (required if applicable)   ***Amount of Payment:* $** | |  | |  |  |  |
| 1. Record of payment to Household for Increased Transportation Costs (required if applicable) | |  | |  |  |  |
| 1. Copy of the claim(s) and related documents on file for Household for Increased Transportation Costs (required if applicable)   ***Amount of Payment:* $** | |  | |  |  |  |
| 1. Record of payment to Household for Laundry Facilities (required if applicable) | |  | |  |  |  |
| 1. Copy of the claim(s) and related documents for Household for Laundry Facilities (required if applicable)   ***Amount of Payment: $*** | |  | |  |  |  |
| 1. Record of payment to Household for Other Costs (required if applicable)   ***List Other Costs:*** | |  | |  |  |  |
| 1. Copy of the claim(s) and related documents for Household for Other Costs (required if applicable)   ***Amount of Payment:* $** | |  | |  |  |  |
| 1. Documented acknowledgment from Household / Business / Farm of receipt of Total Relocation Payment(s)\* | |  | |  |  |  |
| 1. Copy of Appeal and explanation of any action taken to resolve and final determination (required if appealed) | |  | |  |  |  |
| 1. Individual Relocation Case Report(s) are on file for each relocation case and submitted to DOA Legal Services and DEHCR upon closing/relocation payment being finalized *(Enter Date(s) submitted to DOA Legal Services and DEHCR)*\* | |  | |  |  |  |
| 1. Copy of any other correspondence with DEHCR | |  | |  |  |  |
| 1. Notice of Temporary Relocation (required if relocation was temporary) | |  | |  |  |  |
| 1. Owner/Tenant Moved Out of Affected/Acquired Property?\* | |  | |  |  |  |
| 1. Replacement Address (Street Address, City, State, Zip Code): (required if applicable) | | | | | | |
| 1. Owner/Tenant *Current* Telephone Number:\* | | | | | | |
| 1. Owner/Tenant Moved Back to Affected/Acquired Property: (required if applicable) | |  | |  |  |  |
| 1. Agency/Entity that provided Relocation Assistance:   Agency/Entity Name:   Agency/Entity Mailing Address:  Agency/Entity Contact (Full Name, Title):  Agency/Entity Phone Number:  Agency/Entity Email Address: | | | | | | |
| COMMENTS: | | | | | | |