

MHC BLIGHT ELIMINATION PROGRAM
PROPERTY DEMOLITION CHECKLIST REVIEW SHEET

Program No./Grantee Name: _____

A. GENERAL INFORMATION

Property Address: _____ County: _____
 Structure Type: BEP Target Area: Yes No
 Blight Partner: _____ Demos Completed YTD:

B. FUNDING REQUEST

① Amount of HHF funds being requested: \$ -
 ② Will Grantee be utilizing MHC's Revolving Loan Fund? Yes No

C. PRE-DEMOLITION REQUIREMENTS

① The Blight Partner has shown evidence of property ownership by providing the following document:
 ② The Public Advertisements for Bids was published in on
 ③ Proposed Bids Information

| | Contractor Name | Date of Bid | Bid Amount | Identity of Interest | Selected |
|---|-----------------|-------------|------------|----------------------|--------------------------|
| 1 | | | | | <input type="checkbox"/> |
| 2 | | | | | <input type="checkbox"/> |
| 3 | | | | | <input type="checkbox"/> |
| 4 | | | | | <input type="checkbox"/> |
| 5 | | | | | <input type="checkbox"/> |

④ A copy of the Demolition Contract has been submitted: Yes No
 ⑤ A legal description of the property has been submitted: Yes No
 ⑥ Pre-Demolition photos of the property has been submitted: Yes No

⑦ Project Budget:

| | | |
|--------------------------|----|---|
| Amount of Total Sources: | \$ | - |
| Estimated Total Costs: | \$ | - |
| GAP: | \$ | - |
| Additional Funds Needed? | | |

| ELIGIBLE COSTS | | |
|--|------------------------------|-----------------------------|
| Acquisition Cost is within MHC limits. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appraisal Cost is within MHC limits. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Title Work Cost is within MHC limits. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

MHC APPROVAL

Pre-Demolition Documents Reviewed By: Date:
 RLF Loan Approved: Yes No Date:
 Approved By: _____

D. DEMOLITION SCHEDULE

| | Anticipated Date | Actual Date | Milestones | |
|---|----------------------|----------------------|---------------|------------|
| | | | Timeframe | % Expended |
| ① Date of MHC's Participation Agreement: | <input type="text"/> | <input type="text"/> | w/in 60 days | 0% |
| ② Date of Property Acquisition: | <input type="text"/> | <input type="text"/> | w/in 120 days | 0% |
| ③ Date of MHC's Notice to Proceed Letter: | <input type="text"/> | <input type="text"/> | w/in 180 days | 0% |
| ④ Demolition Start Date: | <input type="text"/> | <input type="text"/> | | |
| ⑤ Demolition Completion Date: | <input type="text"/> | <input type="text"/> | | |
| ⑥ Field Inspection Date: | <input type="text"/> | <input type="text"/> | | |

E. DRAW REQUESTS

| Draw Type | Date Requested | Amount | MHC APPROVAL | | |
|-----------------|----------------------|--------|--------------|---------------|--------------|
| | | | Approved By | Date Approved | Amt Approved |
| Acquisition | <input type="text"/> | \$ - | | | \$ - |
| Demolition | <input type="text"/> | \$ - | | | \$ - |
| Maintenance YR1 | <input type="text"/> | \$ - | | | \$ - |
| Maintenance YR2 | <input type="text"/> | \$ - | | | \$ - |
| Maintenance YR3 | <input type="text"/> | \$ - | | | \$ - |
| | | \$ - | | | \$ - |

F. POST DEMOLITION PROCESS

① A waste removal receipt from a state licensed landfill has been submitted: Yes No
 ② All final invoices have been submitted: Yes No
 Total of all invoices submitted: \$ -
 Total of all invoices paid: \$ -
 ③ Grantee has provided evidence that the contractor was paid: Yes No
 ④ Grantee has executed the Letter of Attestation: Yes No
 ⑤ Post Demolition photos of the property has been submitted: Yes No
 ⑥ Field Compliance Inspector completed post demolition inspection: Yes No

Field Inspector:
 Inspection Date:
 Results:

MHC APPROVAL

Post-Demolition Documents Reviewed By: Date:
 HHF Loan Approved: Yes No Amount: \$ -
 Approved By: _____