

**2021**  
Table of Contents

I. Purpose .....2

II. Pre-Visit Preparation .....2

III. On-Site Review .....4

IV. Recipient Responsibilities (TDHE or Tribe).....4

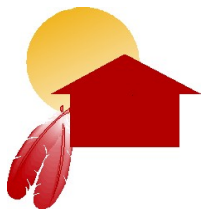
V. Recipient Responsibilities If TDHE Is Recipient .....7

VI. Tribe Responsibilities If TDHE Is Recipient .....7

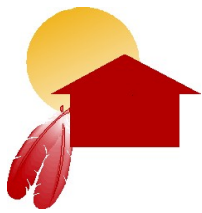
VII. Subrecipients .....8

VIII. Self-Monitoring Mutual Agreements.....9

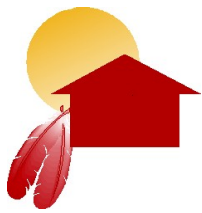
IX. Summary.....10



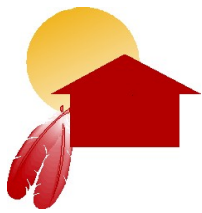
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
<b>I. Purpose</b>				
<p>IHBG recipients are required to complete an annual self-monitoring compliance assessment (Assessment) of adherence to IHBG program requirements and applicable statutes. Self-monitoring activates the tribal self-determination framework envisioned under NAHASDA. Beneficiaries and recipients of assistance are expected to be accountable for their stewardship of NAHASDA resources. An Assessment system assists IHBG recipients to identify weak management practices that may lead to later consequences that could lessen the ability of the organization to provide affordable housing. Self-monitoring builds organizational capacity by learning from mistakes and successes to improve the way housing activities and programs operate.</p> <p>The following questions should assist the reviewer in evaluating the recipient’s Assessment process.</p>	<p>NAHASDA, Section 403(b)</p> <p>2 CFR 200.328(a)</p> <p>24 CFR 1000.502(a) and (b)</p>	<p>Program Guidance 2007-08 and 2005-04, (Tribes/ TDHEs)</p> <p>HUD-52737 (IHP/APR)</p>		Read & Noted
<b>II. Pre-Visit Preparation</b>				
<p>A. If ONAP has entered into a Self-Monitoring Mutual Agreement (SMMA) with the recipient, review the SMMA, as well as:</p>	<p>24 CFR 1000.503(d)</p>			N/A – No SMMA in place in 2021 to date
<p>1. The self-monitoring plan or policy or revised plan or policy.</p>				Read & Noted



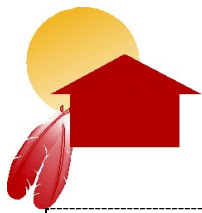
<b>RECIPIENT NAME:</b>	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
2. The latest Assessment conducted and submitted by the recipient and the results.				Read & Noted
3. The actions proposed or taken to correct any deficiencies noted in the Assessment.				Read & Noted
<p>B. If available, review the following documents:</p> <ol style="list-style-type: none"> <li>1. Most recent IHP, approved IHP amendments, IHP amendments in process</li> <li>2. Section 10 of latest APR. Based on any deficiencies identified in Section 10, identify areas for additional attention during site review.</li> <li>3. Previous monitoring findings in the areas of procurement, Indian preference, contract administration, and/or Section 3.</li> <li>4. Financial audits and OIG audits findings and/or work papers in the areas of procurement, Indian preference, contract administration, and/or Section 3.</li> <li>5. Corrective actions status for findings in any of these areas.</li> <li>6. Previous and current enforcement actions.</li> <li>7. Valid complaints received in the areas of procurement, occupancy, Indian preference, contract administration, and/or Section 3.</li> <li>9. Relevant correspondence</li> </ol>				<p>Read &amp; Noted</p> <p>2020 APR 2021 IHP 2020 Self-Monitoring Report</p>



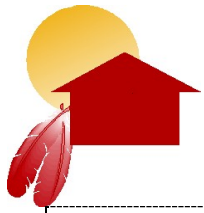
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
<b>III. On-Site Review</b>				-
<p>Under NAHASDA, both the recipient and the grant beneficiary have a role in reviewing the activities conducted and housing assisted to assess compliance with the requirements of NAHASDA. The sections below review each entity's role.</p> <p>Review the sampling methods in the General Instructions.</p>	<p>NAHASDA, Section 403(b)</p> <p>24 CFR 1000.502(a) and (b)</p> <p>24 CFR 1000.503(b) and (c)</p>	<p>Program Guidance 2007-08 and 2005-04, (Tribes/ TDHEs)</p>		Read & Noted
<b>IV. Recipient Responsibilities (TDHE or Tribe)</b>				-
<p>A. If the recipient has a Self-Monitoring Policy, the reviewer should review the policy to assist in determining whether the recipient's plan or process has been followed.</p>	<p>NAHASDA, Section 403(b)</p>			Read & Noted
<p>1. Is a self-monitoring plan or process in place?</p>		<i>See Attached</i>		Yes, and policy was passed by Resolution 2013-12-009
<p>2. Does the self-monitoring plan indicate there could be a conflict of interest in regards to the person conducting the Assessment?</p>				No



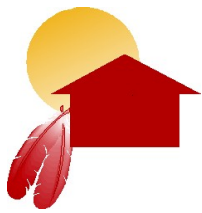
<b>RECIPIENT NAME:</b>	<b><u>Regulatory/ Statutory Citation</u></b>	<b><u>Other Tools</u></b>	<b><u>W/P Pg.</u></b>	<b><u>Remarks</u></b>
3. Review the recipient's Assessments.				Read & Noted
4. Are Assessments completed at least annually?	24 CFR 1000.502(a) and (b)			Yes
5. Are the Assessments adequate?	24 CFR 1000.502(b) and .506			Yes
a Is the recipient providing regular Assessment reports to the BOC or Tribal officials?				Yes, programmatic & fiscal reporting is given to Tribal Council at their monthly meeting and the Annual Self-Monitoring Report is provided with the annual APR for their review.
b. Does the Assessments process include an analysis of the planned activities identified in the IHP?				Yes
c If so, does the Assessment provide information concerning the status of the planned activities?				Yes
B. Has the recipient noted any deficiencies or areas of noncompliance with NAHASDA and other applicable regulations?				Yes, in 2021 we have identified that additional work is needed to ensure compliance with conflict of interest documentation and age of unit documentation; we found additional documents should be available on our website for public review.



<p>1. If so, does the recipient have an adequate corrective action plan or strategy in place to address those deficiencies or violations?</p>	<p>24 CFR 1000.508</p>		<p>Yes.</p> <ul style="list-style-type: none"> <li>• After identifying the issue with conflict of interest in 2020, our client intake documents have been edited to declare those relationships clearly; however, we did not at that time review all current files to ensure they too had adequate support documentation. As a corrective action for this year, the program is reviewing all current client's' files to ensure every client has the required documentation in their file for conflict of interest;</li> <li>• HHS Specialist is now pulling a confirmation for every housing client of the age of the home to ensure that all client files have sufficient documentation; moving forward this documentation will be done by the case manager and the supervisor will be verifying that evidence is in place annually by signing off on the inspection.</li> <li>• Corrective action to ensure all required documentation is available for public review was needed as we found that ERRs, Fair market rates, and income level eligibility documents were not uploaded to the website for public review in 2021. Moving forward, the program will create a checklist for the required documentation to be available for public review on the website, and the HHS Specialist will be responsible for completing those uploads and the checklist for the date it was added.</li> </ul>
---	------------------------	--	--

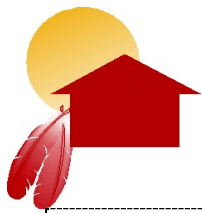


				That will ensure the Program Director can review the checklist throughout the year to assess compliance.
--	--	--	--	--

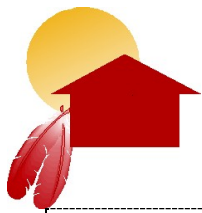


<b>RECIPIENT NAME:</b>	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
2. If deficiencies are identified in the Annual Performance Report (APR) with corrective actions, test on site to confirm the statements.	24 CFR 1000.512	HUD-52737 (IHP/APR)  <i>IHP/APR See Attached</i>		Reviewed and confirmed by reviewing the 2020 APR, and 2020 Self-Monitoring Results report.
3. Test for completion and effectiveness of corrective actions.		<i>See Attached</i>		Reviewed, corrective actions were completed by the end of 2020; however, additional work in both the conflicts and age of units were identified this year to further strengthen documentation and procedures and ensure this is no longer an area of concern in 2022.
<p>C. Has HUD’s on-site monitoring review identified deficiencies or areas of noncompliance that were not identified in the recipient’s Assessments?</p> <p>If yes, the reviewer should make an additional finding or concern in this area citing that its Assessments process is not adequate to ensure compliance with applicable Federal requirements.</p> <p>If no Assessment deficiencies are identified, go to question 2.</p>	24 CFR 1000.508			N/A; no HUD on-site occurred in 2020 or 2021

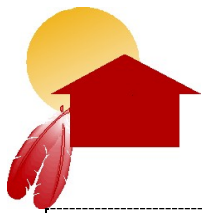




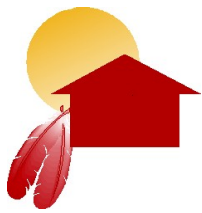
<p>1. Has the recipient made progress from year to year in addressing deficiencies identified in the Assessments?</p> <p>NOTE. The most efficient way to determine progress over time is to design an exception chart, identifying by year, the problem, and corrective actions determined</p>			<p>In most cases, it has lead to strengthened controls and program procedures being put in place. However, we did find some work surrounding deficiencies from recent years could have been stronger:</p> <ol style="list-style-type: none"> <li>1) In our 2016 Self-monitoring, we noted a deficiency to document the age of the home in the client file. In 2016, the program implemented a procedure to use the county assessor website or real estate websites to print a documented verification of the homes age for the client file. That procedure was in place through 2018, but was replaced in 2019 with a Landlord declaration of the age of the home because case managers were having a barrier in finding reliable access with all the different assessor sites. That declaration was used from 2019 to 2021, but this year we found that self-declaration was not sufficient to identify and document our staff’s responsibilities for inspection of Lead-based paint, and thus have asked the program again begin to include a verification of the homes’ age in the client file from an outside source. We feel commercial real estate sources, such as Zillow and Redfin, that have emerged as a reliable source the program can use to overcome the lack of access to assessor records in some counties. Since this was a repeat of an issue, we have asked the</li> </ol>
--	--	--	--



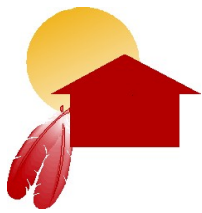
				<p>program to create a formalize procedure in the client's in-take and/or pre-occupancy inspection to ensure sufficient documentation of the verification of the homes age is completed without further failure.</p> <p>2) Additionally, we identified failures in conflict of interest identification and notice and posting as required in both 2019 and 2020 . In 2019 there was a failure to identify a conflict, and in 2020 there were 3 files that failed for notify ONAP and complete the public posting. Corrective action was taken in 2019 to add the HUD definition of immediate family to the application form, which it continues to be in place and has been successful. In 2020, the program completed the required notification to ONAP and the public posting as soon as we identified the issue for those 3 files found during the review, but the program did take that opportunity to review all case files for this failure at that time. As a result, this year we identified that several additional files initiated prior to 2020 also contained a failure to identify a real or apparent conflict correctly, and or, failed to ensure the client file had sufficient documentation of the required ONAP notification and public posting. As a result, the HHS Specialist is now reviewing every current client's file to ensure that it has sufficient</p>
--	--	--	--	--



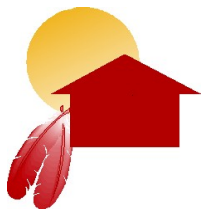
				evidence concerning conflicts of interest. Additionally, this year we felt that conflict could change annually due to marriage or death, so the program will be completing the conflict of interest declaration annually as part of recertification.
--	--	--	--	--



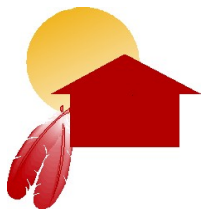
<b>RECIPIENT NAME:</b>	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
and taken. Progress over time should result in fewer problems each year.				-
2. Has the recipient made the results of its Assessment available to the public? (Determine this from either the APR or from management and staff interviews.)	24 CFR 1000.518	<i>See Attached: Section 10 of the IHP/APR</i>		2020 APR was posted for public review on our website and included the 2020 Self-Monitoring Report.
<b>V. Recipient Responsibilities If TDHE Is Recipient</b>				-
Has the TDHE submitted periodic progress reports to the Tribe, including the Assessment, APR, and audit reports? Note: This may have to be determined when reviewing the tribe to ensure the TDHE has met its responsibilities.	24 CFR 1000.502(b) and .506			N/A to Samish
<b>VI. Tribe Responsibilities If TDHE is Recipient</b>				-
When the recipient is a TDHE, the tribe is responsible for monitoring programmatic and compliance requirements by requiring the TDHE to prepare periodic progress reports including the Assessment, APR, and audit reports.				N/A to Samish
A. Has the tribe established a schedule for the TDHE to submit Assessment reports and has the tribe provided the schedule to the TDHE?	24 CFR 1000.502(b)			N/A to Samish



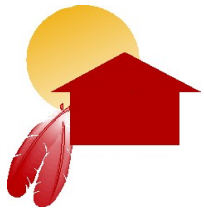
<b>RECIPIENT NAME:</b>	<b><u>Regulatory/ Statutory Citation</u></b>	<b><u>Other Tools</u></b>	<b><u>W/P Pg.</u></b>	<b><u>Remarks</u></b>
B. If yes, is the TDHE submitting the Assessment reports to the Tribe according to the schedule established?	24 CFR 1000.506			N/A to Samish
C. Has the Tribe monitored the TDHE to determine whether the TDHE is meeting the programmatic and compliance requirements of the IHP and NAHASDA?	24 CFR 1000.506			N/A to Samish
1. If yes, has the Tribe identified any compliance concerns?	24 CFR 1000.510			N/A to Samish
2. If yes, has the TDHE addressed these concerns?	24 CFR 1000.510			N/A to Samish
3. If no, include the finding in the monitoring report to the TDHE and send a letter to the Tribe notifying them of the finding.				N/A to Samish
<b>VII. Subrecipients</b>				-
A. Are subrecipients contractually involved in the recipient's IHBG activities?	2 CFR 200.330 and .331			N/A in 2021
1. If so, is the recipient monitoring the subrecipients for compliance with the subrecipient agreement and applicable NAHASDA requirements?	2 CFR 200.331			N/A in 2021



<b>RECIPIENT NAME:</b>	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
2. Use the above questions to evaluate the recipient’s monitoring of its subrecipients – this may cover area(s) that ideally should have been included in a contract and were not.				N/A in 2021
B. Are subrecipients included in the Assessments process?				N/A in 2021
<b>VIII. Self-Monitoring Mutual Agreements</b>				
A. Has ONAP entered into a SMMA with the recipient? If so,	24 CFR 1000.503(d)			N/A in 2021
1. Has the self-monitoring plan and/or policy been revised since the SMMA was executed?				N/A in 2021
a. If so, does it still address all the items contained in the Program Guidance under the “Initial Review” section?				N/A in 2021
b. If not, the SMMA should be reviewed and possibly terminated.				N/A in 2021
2. Was the Assessment conducted by an independent person.				N/A in 2021
3. If corrective actions were identified in the last Assessment, have they been taken?				N/A in 2021



<b>RECIPIENT NAME:</b>	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
4. If so, have the deficiencies been corrected?				N/A in 2021
5. Has the reviewer identified any findings that were not identified in the recipient's last Assessments?				N/A in 2021
a. If the violation(s) occurred after the last Assessment, make additional finding(s) in this area.				N/A in 2021
b. If the violation(s) occurred prior to the last Assessment, make additional finding(s) <u>and</u> contact the Area ONAP to terminate the SMMA.				N/A in 2021
<b>X. Summary</b>				-
<ul style="list-style-type: none"> <li>A. Summarize the results of the review in a work paper.</li> <li>B. Discuss significant issues with Supervisor.</li> <li>C. Develop findings, including questioned costs and corrective actions, as appropriate.</li> <li>D. Develop concerns because they could lead to a violation</li> <li>E. Develop report language, including any findings and concerns.</li> <li>F. If there are any major issues identified in this review and the recipient has approval to invest, determine if a withdrawal of investment authority should be recommended.</li> </ul>				No areas of concern identified for the self-monitoring process and policy and program is in Compliance



<b>Reviewer Name:</b>	Jenna Burnett, with Tiffany Ross, interviewed Sharon Paskewitz and Justin Krupa
<b>Review Date(s):</b>	12/02/2021

Jenna Burnett: *J B*

Tiffany Ross:

Sharon Paskewitz:

Justin Krupa

Reviewed and Approved by Carey Thurston, CFO: