

2023

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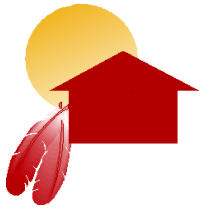
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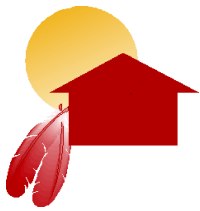
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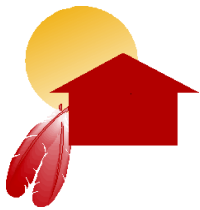
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
I. Purpose				
<p>IHBG recipients are required to complete an annual self-monitoring compliance assessment (Assessment) of adherence to IHBG program requirements and applicable statutes. Self-monitoring 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>		
II. Pre-Visit Preparation				
<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>			<p>N/A – No SMMA in place in 2023 to date</p>
<p>1. The self-monitoring plan or policy or revised plan or policy.</p>				



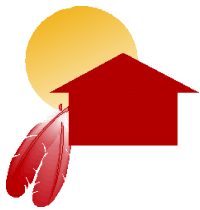
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2. The latest Assessment conducted and submitted by the recipient and the results.				
3. The actions proposed or taken to correct any deficiencies noted in the Assessment.				
<p>B. If available, review the following documents:</p> <ol style="list-style-type: none"> 1. Most recent IHP, approved IHP amendments, IHP amendments in process 2. Section 10 of latest APR. Based on any deficiencies identified in Section 10, identify areas for additional attention during site review. 3. Previous monitoring findings in the areas of procurement, Indian preference, contract administration, and/or Section 3. 4. Financial audits and OIG audits findings and/or work papers in the areas of procurement, Indian preference, contract administration, and/or Section 3. 5. Corrective actions status for findings in any of these areas. 6. Previous and current enforcement actions. 7. Valid complaints received in the areas of procurement, occupancy, Indian preference, contract administration, and/or Section 3. 9. Relevant correspondence 		<p>2022 APR</p> <p>2023 IHP</p> <p>2022 Self-Monitoring Report</p> <p>2022 Single Audit Findings</p>		<p>No Official complaints received from Housing</p> <p>No exiting due to lack of compliance.</p>



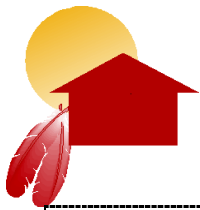
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III. On-Site Review				
<p>Under NAHASDA, both the recipient and the grant beneficiary have a role in reviewing the activities conducted and housing assisted to assess compliance with the requirements of NAHASDA. The sections below review each entity's 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>		
IV. Recipient Responsibilities (TDHE or Tribe)				
<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>			
<p>1. Is a self-monitoring plan or process in place?</p>		<p>Resolution 2013-12-009</p>		<p>Yes</p>
<p>2. Does the self-monitoring plan indicate there could be a conflict of interest in regards to the person conducting the Assessment?</p>				<p>No</p>



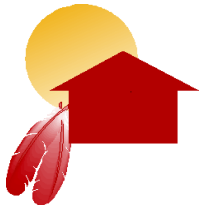
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3. Review the recipient's Assessments.				2022 Assessment Reviewed
4. Are Assessments completed at least annually?	24 CFR 1000.502(a) and (b)			Yes
5. Are the Assessments adequate?	24 CFR 1000.502(b) and .506			Yes - both Housing Director and Performance and Quality Improvement Specialist agree the assessment is adequate.
a. Is the recipient providing regular Assessment reports to the BOC or Tribal officials?				Yes, supplies programmatic and fiscal reporting is given to Tribal Council during monthly meetings. Annual Self-Monitoring Report is provided with the annual IHP, 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?				No
1. If so, does the recipient have an adequate corrective action plan or strategy in place to address those deficiencies or violations?	24 CFR 1000.508			No noted deficiencies found in 2022 Assessment



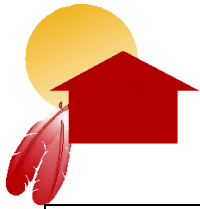
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2. If deficiencies are identified in the Annual Performance Report (APR) with corrective actions, test on site to confirm the statements.	24 CFR 1000.512	HUD-52737 (IHP/APR)		Reviewed and confirmed in the 2022 APR and 2022 Self- Monitoring Report
3. Test for completion and effectiveness of corrective actions.				No correct actions from 2022 Self-Monitoring Report
<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, 2021, 2022 nor 2023
<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>Yes, generally showing year over year improvement in and deficiencies identified.</p> <p>1) 2016- Deficiency to document age of home in client files. Program has created a formalized 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)2019 & 2020: Identified failures in conflict of</p>



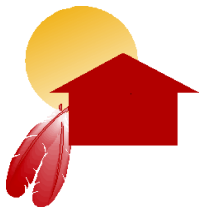
			<p>interest identification and notice and posting as required. , the HHS Specialist is now reviewing every current client’s file to ensure that it has sufficient evidence concerning conflicts of interest. Additionally, in 2022 we felt that conflict could change annually due to marriage or death, so the program will be completing the conflict of interest declaration annually as part of recertification. Confirmed in 2023 the conflict of interest is included in annual recertification.</p> <p>3) 2021 - There was lack of confirmation that common areas were being inspected for Lead-Based paint deterioration in residences built before 1978that have children under 6 in residence.</p> <p>The standard HUD inspection form only had a single cell as “areas of concern” with no comments. To ensure proper inspection and detailed documentation, the program created an addendum pg20, to add to the standard HUD inspection form that identifies all the specific common areas requiring inspection Starting in 2022 form is now completed as applicable with the pre-occupancy and the annual inspection to capture greater detail of the common areas inspected.</p>
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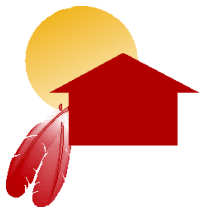
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and taken. Progress over time should result in fewer problems each year.				
2. Has the recipient made the results of its Assessment available to the public? (Determine this from either the APR or from management and staff interviews.)	24 CFR 1000.518	Section 10 of the IHP/APR		<p>Posted on the public Samish Indian Website: https://www.samishtribe.nsn.us/departments/housing</p> <p>2022 APR - was posted for public review</p> <p>2023 – IHP is currently in review and final version no posted</p>
V. Recipient Responsibilities If TDHE Is Recipient				
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
VI. Tribe Responsibilities If TDHE is Recipient				



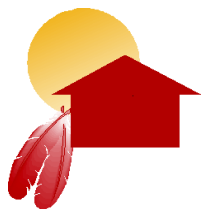
When the recipient is a TDHE, the tribe is responsible for monitoring programmatic and compliance requirements by requiring the TDHE to prepare periodic progress reports including the Assessment, APR, and audit reports.				
A. Has the tribe established a schedule for the TDHE to submit Assessment reports and has the tribe provided the schedule to the TDHE?	24 CFR 1000.502(b)			N/A in 2023



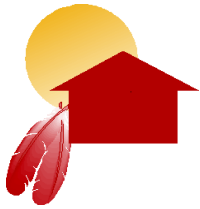
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B. If yes, is the TDHE submitting the Assessment reports to the Tribe according to the schedule established?	24 CFR 1000.506			
C. Has the Tribe monitored the TDHE to determine whether the TDHE is meeting the programmatic and compliance requirements of the IHP and NAHASDA?	24 CFR 1000.506			N/A in 2023
1. If yes, has the Tribe identified any compliance concerns?	24 CFR 1000.510			
2. If yes, has the TDHE addressed these concerns?	24 CFR 1000.510			
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.				
VII. Subrecipients				
A. Are subrecipients contractually involved in the recipient's IHBG activities?	2 CFR 200.330 and .331			N/A in 2023
1. If so, is the recipient monitoring the subrecipients for compliance with the subrecipient agreement and applicable NAHASDA requirements?	2 CFR 200.331			



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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.				
B. Are subrecipients included in the Assessments process?				N/A in 2023
VIII. Self-Monitoring Mutual Agreements				
A. Has ONAP entered into a SMMA with the recipient? If so,	24 CFR 1000.503(d)			N/A in 2023
1. Has the self-monitoring plan and/or policy been revised since the SMMA was executed?				
a. If so, does it still address all the items contained in the Program Guidance under the “Initial Review” section?				
b. If not, the SMMA should be reviewed and possibly terminated.				
2. Was the Assessment conducted by an independent person.				
3. If corrective actions were identified in the last Assessment, have they been taken?				



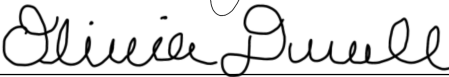


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4. If so, have the deficiencies been corrected?				
5. Has the reviewer identified any findings that were not identified in the recipient's last Assessments?				
a. If the violation(s) occurred after the last Assessment, make additional finding(s) in this area.				
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.				
X. Summary				
<p>A. Summarize the results of the review in a work paper.</p> <p>B. Discuss significant issues with Supervisor.</p> <p>C. Develop findings, including questioned costs and corrective actions, as appropriate.</p> <p>D. Develop concerns because they could lead to a violation</p> <p>E. Develop report language, including any findings and concerns.</p> <p>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.</p>				



Office of Native American Programs

Self-Monitoring
Monitoring Plan (IHBG Only)
RECIPIENT

Reviewer Names:	Lisabeth Nielssen Compliance Executive Director	
	Justin Krupa Housing Director	
	Olivia Duvall Performance & Quality Improvement Specialist	
Review Date(s):	12/01/2023	

Attach supporting documents to back of this page.