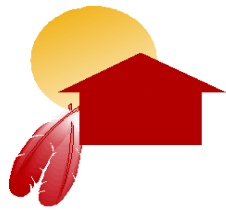
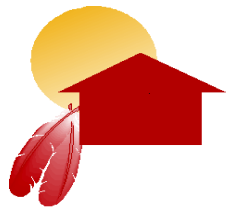


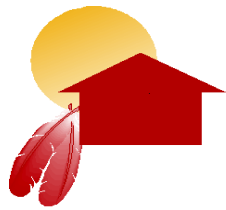
RECIPIENT NAME:	Regulatory/ Statutory Citation	Other Tools	WP. Pg.	Remarks
<b>I. Purpose</b>				
<p>The purpose of this portion of the review is to assess the day- to-day operation of the overall organization, structure, and administration of the recipient. The review is intended to determine the recipient’s implementation of key areas of authority, appropriate lines of reporting, and adequate controls to ensure assets are safeguarded.</p>	<p>NAHASDA, Sections 403(c) and 405(b)(1)(ii) 2 CFR Part 200, 24 CFR 1000.26, 24 CFR 1000.524 and .526, 24 CFR Part 1003 (ICDBG)</p>	<p>ICDBG, ROSS, and RHED/RIF NOFAs for the year grant was funded. See Other Programs Monitoring Plan for web links to ICDBG, ROSS, and RHED/RIF NOFAs.</p>		
<b>II. Pre-Visit Preparation</b>				
<p>A. If available, review the following documents as they pertain to organization and structure:</p> <ol style="list-style-type: none"> <li>1. Most recent IHP, approved IHP amendments, IHP amendments in process</li> <li>2. Policies and procedures (see section III for review instructions)</li> <li>3. Previous monitoring findings</li> <li>4. Previous self-monitoring report(s)</li> <li>5. Previous 2 CFR Part 200 audit and OIG audits findings and/or work papers</li> <li>6. Corrective actions status for findings</li> <li>7. Previous and current enforcement actions</li> <li>8. Valid complaints</li> <li>9. Relevant correspondence</li> </ol>	<p>24 CFR § 1000.302 Formula Area (5)</p>	<p>HUD-52737 Appendix D of the last Formula Response Form (HUD 4117)</p>		



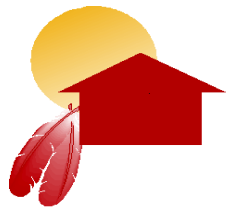
RECIPIENT NAME:	Regulatory/ Statutory Citation	Other Tools	WP. Pg.	Remarks
10. Appendix D of the last Formula Response Form (HUD-4117) if the grantee is subject to a population cap 11. Other documents				
B. Review the sampling methods in the General Instructions for Monitoring Plans.	24 CFR 1000.503 and .526			
C. Indian Preference in Employment/Hiring	24 CFR 1000.48, .50 and .52			
1. Identify whether prior monitoring reports addressed noncompliance with Indian preference requirements.				
a. If a monitoring finding remained unresolved, the on-going noncompliance is a repeat finding				
2. Review and discuss with Grants Management any Indian preference complaints received by ONAP during the review period.	24 CFR 1000.54 24 CFR 1003.510 (e)			
<b>III. On-Site Review</b>				
A. Policies and Procedures/Records Management				
1. Has the Board/Tribal Council adopted the required policies; i.e., rent and homebuyer policy; eligibility, admission, and occupancy; management and maintenance, tenant and homebuyer selection, relocation and real property acquisition; drug free workplace, Indian preference, Section 3?	NAHASDA Sec. 102(b)(2)(d), 2 CFR 200.318(a)(c) 2 CFR 200.475.(d)	PG 2002-11		



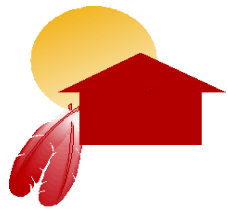
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	24 CFR 1000.14 24 CFR 1000.26 24 CFR 1000.42 24 CFR 1000.46 24 CFR 1000.158 24 CFR 1003.510			
2. Do meeting minutes confirm that the Board/Tribal Council is following its policies?				
3. Do the minutes confirm that staff is following its policies?				
4. Do the minutes reveal any instances where tribal officials have interfered with the Board/Tribal Council and/or staff in enforcing its policies?				
B. Board/Tribal Council Actions				
1. Does the Board/Tribal Council provide guidance and direction to management?				
2. If applicable, does the governing body review and evaluate the performance of the Director and its grant administration activities?	24 CFR 1000.502			



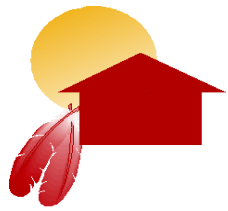
RECIPIENT NAME:	Regulatory/ Statutory Citation	Other Tools	WP. Pg.	Remarks
3. Does the Board/Tribal Council adhere to all laws, regulations, and policies?				
a. Review meeting minutes for evidence of noncompliance with federal requirements and recipient policies.				
b. Interview staff and program participants for opinions on compliance.				
c. Review policies for compliance with federal requirements.				
4. Have Board/Tribal Council members placed their relatives in housing ahead of others on the waiting list? (Note: this should also be cited in the Occupancy Monitoring Plan.)	24 CFR 1000.30 24 CFR 1000.32 24 CFR 1000.34			
5. Does the Board/Tribal Council allow the recipient to operate without undue interference?				
a. Does the Board/Tribal Council interfere with the day-to-day operations of the recipient?				
b. Does the Board/Tribal Council override internal or financial controls put in place for the recipient's staff?	2 CFR 200.303			
6. Does the Board/Tribal Council convey the message that integrity and ethical values are not compromised?				



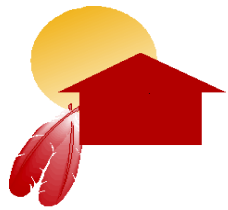
RECIPIENT NAME:	Regulatory/ Statutory Citation	Other Tools	WP. Pg.	Remarks
7. Are Board/Tribal Council minutes transcribed and stored to preserve a history of Board/Tribal Council actions?				
8. Are Board/Tribal Council meetings held in accordance with the terms of the bylaws?				
9. Are financial reports reviewed as part of each regular monthly Board/Tribal Council meeting?				
10. Do Board/Tribal Council members receive a stipend to attend meetings?				
a. If so, is the stipend reasonable in accordance with local practice and ONAP Program Guidance?	2 CFR 200.404	Program Guidance 98-13t		
C. Conflict of Interest				
1. Is there a written Code of Conduct or Conflict of Interest statement or policy?	2 CFR 200.318(c) and (k) 24 CFR 1000.30, 32, .34 and 36 24 CFR 1003.606	PG 2002-13 (R)		
2. Has the statement or policy been adopted by the Board/Tribal Council?				
3. Does the Board/Tribal Council follow the policy?				



RECIPIENT NAME:	Regulatory/ Statutory Citation	Other Tools	WP. Pg.	Remarks
D. Complaints and Grievances				
<i>NOTE: This section applies only to complaints and grievances by staff and board members.</i>				
1. Is there a written policy or procedure to cover the management of complaints and grievance resolution?	24 CFR 200.318(c) 24 CFR 1000.54	PG 2001-06		
2. Does the recipient have a method to track grievances to ensure that they are resolved?				
3. Is there a provision for an impartial hearing panel or alternate dispute resolution?				
4. Are complaints and grievances resolved promptly, with fair and reputable action by the recipient?				
E. IHP Certification				
1. Has the Board/Tribal Council executed the certificate of compliance in the IHP?		HUD-52737 (Section 9)		
2. Does documentation confirm that the recipient is in compliance with its certification?				
a. Did the recipient comply with title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes?				

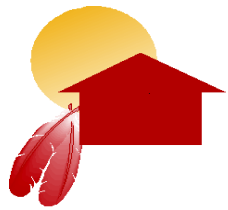


RECIPIENT NAME:	Regulatory/ Statutory Citation	Other Tools	WP. Pg.	Remarks
b. If applicable, are there households within the recipient's jurisdiction at or below 80 percent of median income?				
3. Are the following policies available for review by both HUD and the public? <i>(Contents in the policies are reviewed under the applicable monitoring plans)</i>				
a. Eligibility, admissions, and occupancy.	NAHASDA, Section 203(d)			
b. Rents charged and methods of calculation.	NAHASDA, Sec. 203(a)			
c. Management and maintenance of assisted housing.	NAHASDA, Sec. 203(b)			
F. Insurance				
1. Obtain a copy of the latest insurance policy(s) and proof of payment(s).		PG 2014-03 (R)		
2. Does the recipient provide proof of insurance to indemnify from loss against fire, weather, and liability claims for all IHBG-assisted housing units owned or operated by the recipient?	NAHASDA Section 203(c) 24 CFR 1000.136 24 CFR 1003.202			
3. Has the recipient produced a copy of the certification of insurance, including an inventory of the structures and buildings insured?	24 CFR 1000.136 24 CFR 1000.138			

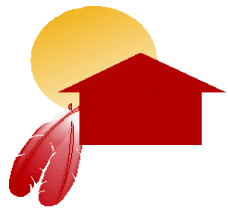


RECIPIENT NAME:	Regulatory/ Statutory Citation	Other Tools	WP. Pg.	Remarks
	24 CFR 1000.38 24 CFR 1003.202			
4. Obtain a copy (or verify existence) of a list of insured housing to document that all units are covered.				
<i>NOTE: If this is not included in the policy, access the insurance company's website.</i>				
a. Are all NAHASDA-assisted units covered by the insurance policy?	24 CFR 1000.136			
5. If the recipient has done extensive rehab on private homes, then verify that there is adequate insurance coverage for these units.				
a. Verify insurance coverage by reviewing the listing of units in the policy or by accessing the insurance company's website.				
G. Administrative Climate				
1. Is there evidence of frequent staff turnover among key positions?				
2. Is there frequent staff turnover in finance?				
3. Is there frequent staff turnover in maintenance?				

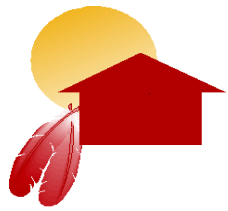




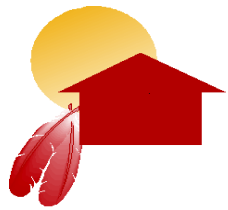
<b>RECIPIENT NAME:</b>	<b>Regulatory/ Statutory Citation</b>	<b>Other Tools</b>	<b>WP. Pg.</b>	<b>Remarks</b>
4. Is there a lack of seniority among staff?				
5. Is there an accurate organization chart available on site?				
6. Is there an emphasis on training and educational opportunities for staff and Board/Tribal Council members?				
7. Are the appropriate staff and Board/Tribal Council members attending training?				
8. Is the training adequate?				
<b>H. Record Retention</b>				
1. Are records maintained for 3 years from the end of the program year during which the funds were expended (NAHASDA)?				
2. Does the recipient have an effective file management and records retention system?				
<b>I. Indian and Tribal Preference in Employment and Hiring</b>				
The purpose of the review is to determine if the recipient has complied with the Indian and tribal preference requirements under the Indian Self Determination Act, NAHASDA, and the ICDBG regulations.	Section 7(b) of P.L. 93-638 (Indian Self Determination Act)	PG 2013-7(R)		



RECIPIENT NAME:	Regulatory/ Statutory Citation	Other Tools	WP. Pg.	Remarks
<p>Section 7(b) of the Indian Self-Determination and Education Assistance Act provides that any contract, subcontract, grant, or subgrant pursuant to NAHASDA shall require that, to the greatest extent feasible: 1) preference and opportunities for training and employment shall be given to Indians; and 2) preference in the award of contracts and subcontracts shall be given to Indian organizations and Indian-owned economic enterprises.</p> <p>Section 101 (k) of NAHASDA allows a tribe to adopt tribal preference in employment and contracting. The tribal employment and contract preference laws (including regulations and tribal ordinances) must be adopted by the Indian tribe that receives the preference.</p> <p><i>NOTE: Indian and tribal preference requirements should be referenced in both the procurement policy and personnel policy.</i></p>	<p>NAHASDA, Section 101, (k) 24 CFR 1000.48, 24 CFR 1000.50, 24 CFR 1000.52, 24 CFR 1000.56, 24 CFR 1003.510</p>			
<p>1. Review the recipient's policies to determine if they are compliant with the requirements.</p>				
<p>2. If complaints regarding Indian or tribal preference were filed, determine if the procedures for addressing the complaints are consistent with program requirements.</p>				
<p>3. Determine if the recipient complies with the Indian preference requirements in employment and hiring.</p>				
<p>4. Interview staff and review files to determine if the recipient has provided hiring preference</p>				



RECIPIENT NAME:	Regulatory/ Statutory Citation	Other Tools	WP. Pg.	Remarks
and training opportunities to Indians and Alaska Natives.				
a. If problems are noted in the staff interview process, research the records to determine if a violation exists.				
<b>J. Confirming Pop-Cap Enrollment Numbers</b>				
1. Request Tribal enrollment numbers from the Tribal Enrollment Office.	24 CFR 1000.302 Formula Area (5)			
2. Compare the enrollments numbers provided to those certified in Appendix D of the last Formula Response Form (HUD 4117).		Appendix D, Formula Response Form (HUD 4117)		
3. If the enrollment numbers provided deviate substantially from those certified in Appendix D of the last Formula Response Form (HUD 4117), refer the matter to the IHBG Formula Customer Service Center and the Director of the Office of Grants Management for further action.				
<b>IV. Summary</b>				
1. Summarize the results of the review in a work paper. 2. Discuss significant issues with GE Director. 3. Develop findings, including questioned costs and corrective actions, as appropriate.				



<b>RECIPIENT NAME:</b>	<b>Regulatory/ Statutory Citation</b>	<b>Other Tools</b>	<b>WP. Pg.</b>	<b>Remarks</b>
4. Develop concerns because they could lead to a violation. 5. Develop report language, including any findings and concerns. 6. 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.				

<b>Reviewer Name:</b>	
<b>Review Date(s):</b>	
<b>GE Director's Name:</b>	