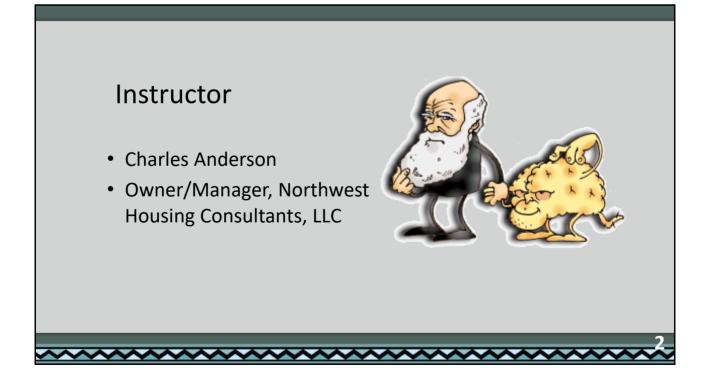
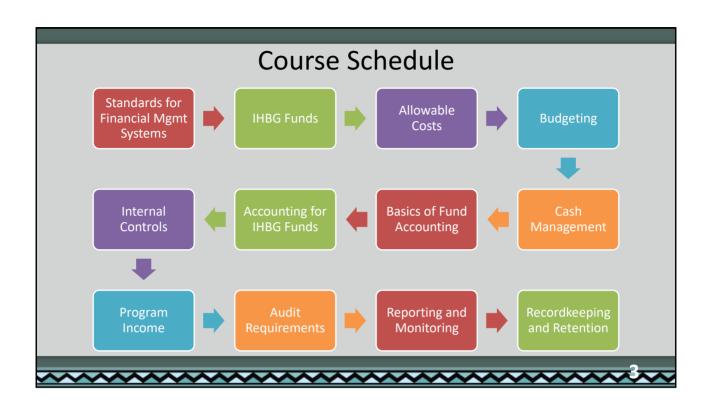
# Welcome to Basic Finance and Recordkeeping

March 2-3, 2021 | Day 2

Sponsored by Office of Native American Programs (ONAP) Provided by the National American Indian Housing Council (NAIHC)



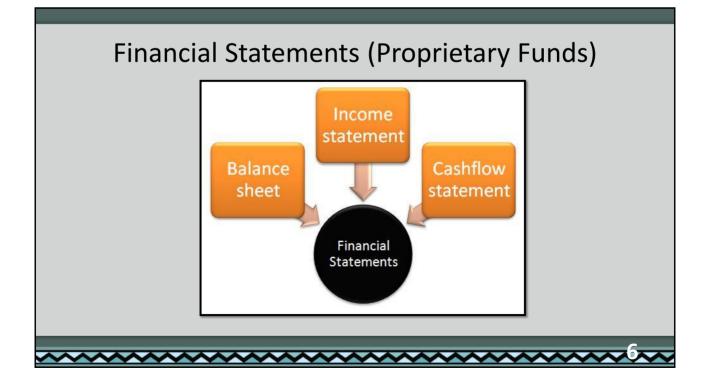


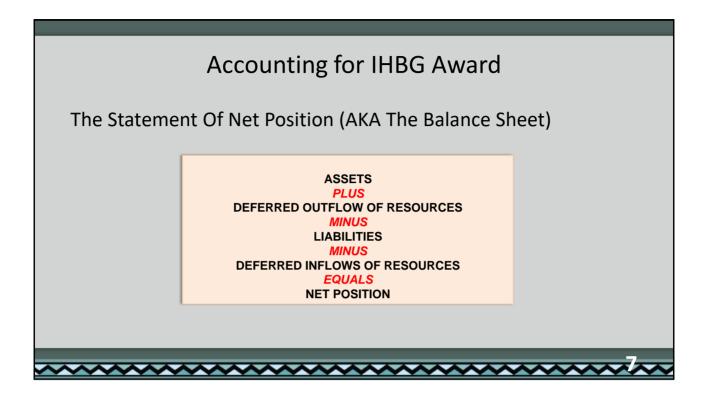


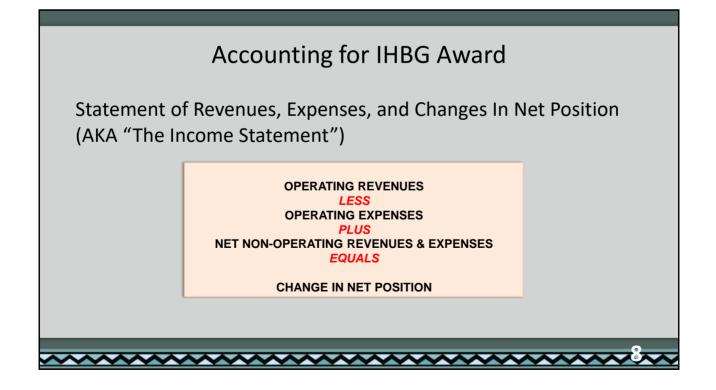
#### **Uniform Guidance Requirement**

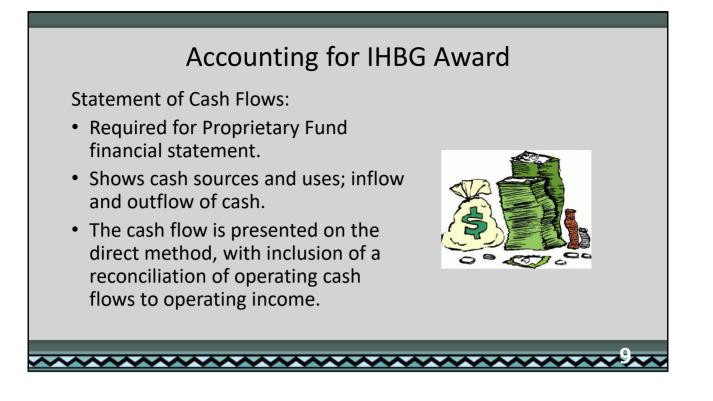


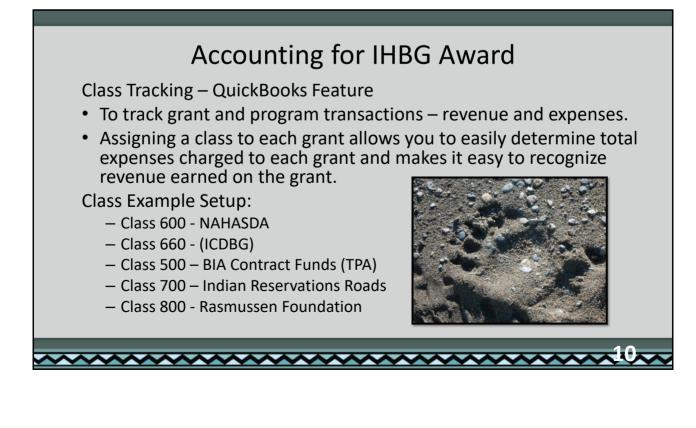
- 200.302(b)(2): Provide accurate current, and complete disclosure of the financial results of the IHBG program in accordance with reporting requirements in 200.327.
- 200.302(b)(3): Maintain records that identify adequately the source and application of funds for IHBG funded activities..











#### Accounting for IHBG Award

Sub-classes – QuickBooks Feature

- Allows for ease in reporting by the required activities in your IHP.
- Apply Sub-Classes to organize IHP activities:

#### Examples

- Sub-class 100 Planning and Administration
- Sub-class 110 Rehab Program
- Sub-class 120 Development Construction
- Sub-class 130 Emergency Program
- Sub-class 140 Youth Activity
- Sub-class 150 Homebuyer Assistant Program

						OGRAM AC h December 3						
	Class	600	600	600	600	600	600	600	600	650	700	
	Sub-Class	200	210	220	300	305	400	100		220	220	
		REHAB PROGRAM	Development Construction	Tribal Office	Emergency	Youth Activity	Homebuyer Assist	Planning & Admin	Total	Tribal Office	Tribal Office Total	GRAND
		NAHASDA	NAHASDA	NAHASDA	NAHASDA	NAHASDA	NAHASDA	NAHASDA	NAHASDA	Total ICDBG	Rasmuson	TOTAL
Income 4230 · Rasmuson Foundation 4520 · Federal grants - NAHASE 4520 · Federal grants - ICDBG	A	- 50,000.00 -	-	70,000.00	20,000.00	- 15,000.00	25,000.00	120,000.00	- 300,000.00 -	50,000.00	25,000.00	25,000.00 300,000.00 50,000.00
Total Income		50,000.00	-	70,000.00	20,000.00	15,000.00	25,000.00	120,000.00	300,000.00	50,000.00	25,000.00	375,000.00
Expense												
7220 · Salaries & wages - other		25,000.00				5,000.00		53,515.00	83,515.00			83,515.00
7240 · Employee benefits		5,500.00				1,250.00		12,500.00	19,250.00			19,250.00
7250 · Payroll taxes		3,185.00				455.00		4,550.00	8,190.00			8,190.00
7520 · Accounting fees		-		-				7,500.00	7,500.00			7,500.00
7540 · Professional fees - other		-		-		3,000.00		15,000.00	18,000.00			18,000.00
7550. Homebuyer Assistance							25,000.00		25,000.00			25,000.00
8110 · Supplies		8,250.00			3,500.00	2,295.00		2,500.15	16,545.15			16,545.15
8130 · Telephone & telecommu		500.00						1,500.00	2,000.00			2,000.00
8140 · Postage, shipping, delive	ery	-						750.00	750.00			750.00
8170 · Printing & copying		-				3,000.00		3,500.00	6,500.00			6,500.00
8210 · Rent, parking, other occu		5 045 00			45 000 00			579.85	579.85			579.85
8260 · Equip rental & maintenar	nce	5,815.00			15,000.00			7,500.00	28,315.00			28,315.00
8310 · Travel		1,000.00			1,500.00			2,000.00	4,500.00			4,500.00
8320 · Conference, convention, r 8450 · Deprec & amort - allowal		-						3,000.00 2,000.00	3,000.00 2,000.00			3,000.00 2,000.00
8520 · Insurance - non-employe		750.00						1,500.00	2,000.00			2,000.00
8570 · Advertising expenses	e	750.00						2,000.00	2,250.00			2,250.00
8591 · Bank charges & credit ca	and disc	-		-				2,000.00	2,000.00			105.00
9000. Office Building	nu uiou			70,000.00				105.00	70,000.00	50,000.00	25,000.00	145,000.00
Total Expense		50,000.00		70,000.00	20,000.00	15,000.00	25,000.00	120,000.00	300,000.00	50,000.00	25,000.00	375,000.00

# Accounting for IHBG Award

Journal entries :

- Reconciling items from the bank statement, such as posting interest earned or a monthly bank charge;
- Reclassify previous posting and correct errors; and
- Record depreciation expense.

Percent the	hank anning shares for Descentarios and N				
bank.	bank service charge for December and N	SF CF	neck return	hed by	
lote: Enter deb	bits before credits.				
Transaction	General Journal		Debit	Credit	
1	Bank service charges	-1	25		
	Accounts receivable (Jane Jones)		775		
		1			
	-	-	-		
	-	+	-		
		_			

Apply Internal Controls to Journal Entry Transactions

)

	Conn	mon Accruals & Treat	inche				
1	ACCRUAL CONCEPT	PREPAID EXPENSE					
	DESCRIPTION	Insurance practice is to pay upfront for insu	Irance				
	EXAMPLE	Tribe pays \$12,000 up front for GL insurance to cover the program y					
	ACCOUNTING ENTRIES		DEBIT	CREDIT			
	ACCOUNTING ENTRIES	PREPAID EXPENSE - INS	\$12,000	CREDII			
		CASH	φ12,000	\$12,000			
		To record prepayment of insurance at the b	beginning of the fis				
			DEBIT	CREDIT			
		INSURANCE EXPENSE	\$1,000	OREDIT			
		PREPAID EXPENSE - INS	<i><i><i>ϕ</i> 1,000</i></i>	\$1,000			
			To record monthly insurance expense (1/12th of \$12,000)				

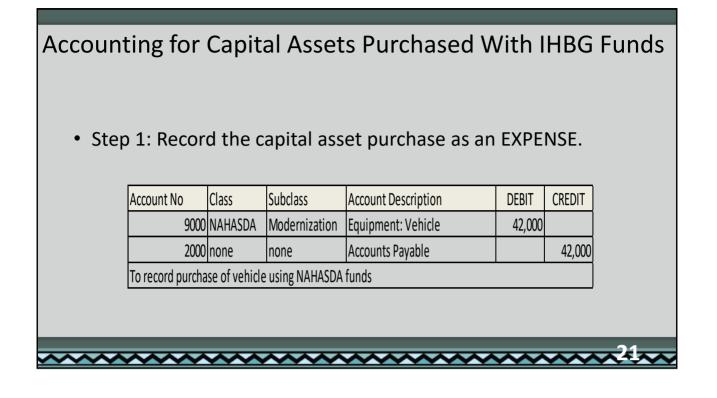
2	ACCRUAL CONCEPT	RECEIVABLE - TENANT		
	DESCRIPTION	Tribe has rental properties rented to eligible trib	al families.	
	EXAMPLE	Tenant's monthly rent is \$300.		
	ACCOUNTING ENTRIES		DEBIT	CREDIT
		Tenant Accounts Receivable	\$300	
		Rent Revenue		\$30
		To record monthly rent charge to Tenant.		
			DEBIT	CREDIT
		Cash	\$300	
		Tenant Accounts Receivable		\$30
		To record Tenant's payment of the month's ren	t	

	Com	mon Accruals & Treat	ment				
_							
3	ACCRUAL CONCEPT	RECEIVABLE - GRANTS					
	DESCRIPTION	Grant from the Rasmuson Foundation for con Building. Tribe has incurred the cost.	struction of the	Tribal			
	EXAMPLE	Tribe is awarded a Rasmuson Foundation gra Building, and will receive the funds within 60 d	awarded a Rasmuson Foundation grant of \$25,000 for a Tribal g, and will receive the funds within 60 days.				
	ACCOUNTING ENTRIES		DEBIT	CREDIT			
		Grants Receivable-Rasmuson Foundation	\$25,000	0			
		Grant Revenue		\$25,000			
		To record grants receivable from the Rasmus	on Foundation				
			DEBIT	CREDIT			
		Cash	\$25,000				
		Grants Receivable-Rasmuson Foundation		\$25,000			

	Com	mon Accruals &	x iied	unen	ι	
4	ACCRUAL CONCEPT	PAYABLES				
	DESCRIPTION	Vendor payables and employer p expenses (estimated amounts, s				
	EXAMPLE	Housing Program staff received approval with a purchase order to buy supplies from Spenard Builders Supply on credit for the Rehab Program.				
	ACCOUNTING ENTRIES			DEBIT	CREDIT	
		Supplies Expenses		\$2,000		
		Accounts Payable			\$2,000	
		To record invoices received from	n Spenard Build	lers Supply.		
				DEBIT	CREDIT	
		Accounts Payable		\$1,000		
		Cash			\$1,000	
		To record payment to Spenard B for payment.	Builders Supply	for invoices t	hat are due	

	Comr	non Accruals & Tre	eatmer	nt
5	ACCRUAL CONCEPT	CAPITAL ASSETS		
	DESCRIPTION	Long lived investments in equipment, furniture improvements	e, fixtures and b	uilding
	EXAMPLE	Purchased a vehicle and shipping for total co	st of \$42,000	
	ACCOUNTING ENTRIES		DEBIT	CREDIT
		Capital Asset-Vehicle	\$42,000	
		Cash		\$42,000
		Record purchase of capital Asset - Vehicle		
	The cost of the asset is spread			
	out (depreciated) over the 5-		DEBIT	CREDIT
	years useful life of the asset at	Depreciation Expense	\$700	
	\$700/month (\$42,000 divided by	Accumulated Depreciation		\$700
	60 months)	Record the monthly depreciation on the Vehic	le.	

6	DEFERRED REVENUE/REFUNDABLE ADVANCES	NAHASDA GRANT AWARD THE TF		O INVEST.
	EXAMPLE	The Tribe's NAHASDA grant award for HUD has approved the Tribe to draw invest the funds.		
	ACCOUNTING ENTRIES		DEBIT	CREDIT
		Cash	\$400,000	
		Refundable Advances		\$400,000
		To record receipt of \$400,000 of NAH	IASDA grant funds	
			DEBIT	CREDIT
		Refundable Advances	\$20,000	
		NAHASDA Grant Revenue		\$20.000



Accounting for Capital Assets Purchased With IHBG Funds

• Step 2: Record the purchase as a CAPITAL ASSET (GAAP)

Account No	Class	Subclass	Account Description	DEBIT	CREDIT
1600	none	none	Asset: Equipment	42,000	
9999	NAHASDA	Mondernization	Equipment Contra-Account		42,000
To move equipm	ent to the ba	alance sheet			

•	-	•	em will be paid wi nue to offset the p		•	
Account No	Class	Subclass	Account Description	DEBIT	CREDIT	
2700	none	none	Refundable Advances	42,000		
	NAHASDA	Modernization	NAHASDA Revenue		42,000	
4500	INARASUA	INDUCTINZUTION			,	

Accounting for Capital Assets Purchased With IHBG Funds

• Step 4: For grant management reporting, run the revenue and expense report for NAHASDA and exclude the 9999 contraaccount.

Ac	ccount No	Class	Subclass	Account Description	DEBIT	CREDIT
	9000	NAHASDA	Mondernization	Equipment - Vehicle	42,000	
	4500	NAHASDA	Mondernization	NAHASDA Revenue		42,000

Accounting for Capital Assets Purchased With IHBG Funds

- Step 5: Review the Trial Balance for:
- The NAHASDA revenue has been recorded for the amount of the capital expenditure
- The "capital expense" accounts 9000 and 9999 nets to zero.

Account No	Account Description	DEBIT	CREDIT
1600	Asset - Equipment	42,000	
2000	Accounts Payable		42,000
2700	Refunable Advances	42000	
4500	NAHASDA Revenue		42000
9000	Equipment - Vehicle	42000	
9999	Equipment Contra-Account		42000
	Total	126,000	126,000

Upnorth Vi	llage Tribal Housing						
Fixed Asse	ts Schedule						
December	31, 2016						
			Beginning			End	ding
Date	Item	Source	Balance	Additions	Deletions	Bal	ance
Land							
6/1/1998	B Land/Office Bldg: 1.5 acres	Donated Village Corp	30,000				30,000
12/31/2013	B Land/Triplex 1.5: acres	Donated Village Corp	30,000				30,000
		Total Land	60,000	(	)	0	60,000
Buildings							
	) Office Building	BIA/NAHASDA	346,999				346,999
4/1/2015	-	NAHASDA	424,075				424,075
., .,		Total Buildings	771,074		)	0	771,074
		rotal ballangs	// 2,0/ 1			Ŭ	,,,,,,,,
Equipment							
7/1/2010	Allweld Boat 18' w/Murcury 115 HP	EPA/IGAP	21,500				21,500
12/1/2015	6 Honda 4 wheeler VIN 1234	EPA/IGAP	7,689				7,689
3/31/2015	5 Ford single cap VIN 6698	BIA TPA	26,750				26,750
7/15/2016	6 Honda 4 wheeler VIN 9988	BIA TPA		7,70	)		7,700
		Total Equipment	55,939	7,70	)	0	63,639
		Total All Assets	887,013	7,70	)	0	894,713
Constructio	on in Progress						
enter if voi	have construction in progress durin	g a specific year. You m	ove items out	of CWIP Bui	ldings when	com	olete

	ge Tribal Housing							
Fixed Assets S								
December 31,	2016							
		Ending		Beginning Accumulated	2016	2016	Ending Accumulated	
Date It	em	Balance	Life		Additions	Deletions	Depreciation	Net
Land		Buildinge	2.1.0					
	and/Office Bldg: 1.5 acres	30,000						30,000
12/31/2013 La	and/Triplex 1.5: acres	30,000						30,000
		60,000	-	0	0	0	0	60,000
Buildings								
	ffice Building	346,999	360	176,391	11,567	0	187,958	159,041
4/1/2015 T	U U	424,075			14,136			399,337
		771,074	-	186,993	25,702	0	212,696	558,379
Equipment								
	llweld Boat 18' w/Murcury 115 HP	21,500	120	11,825	2,150	0	13,975	7,525
	onda 4 wheeler VIN 1234	7,689	-					6,499
	ord single cap VIN 6698	26,750		2,006	2,675	0		22,069
7/15/2016 H	onda 4 wheeler VIN 9988	7,700	84	0	458	0	458	7,242
		63,639	-	13,923	6,382	0	20,305	43,334
		894,713	-	200,916	32,084	0	233,000	661,713
Construction i	in Progress		-					



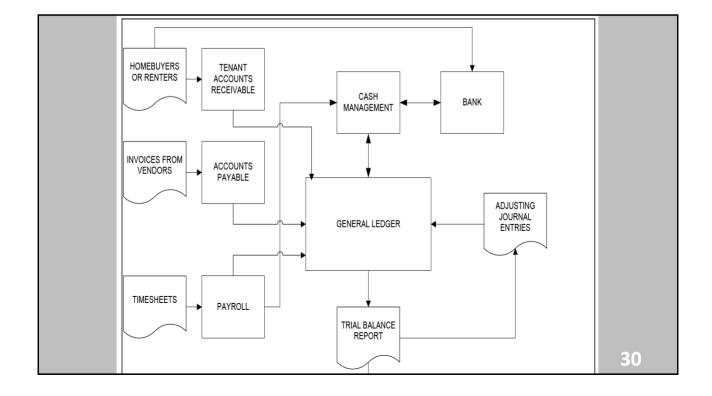
Accounting Systems and Internal Controls

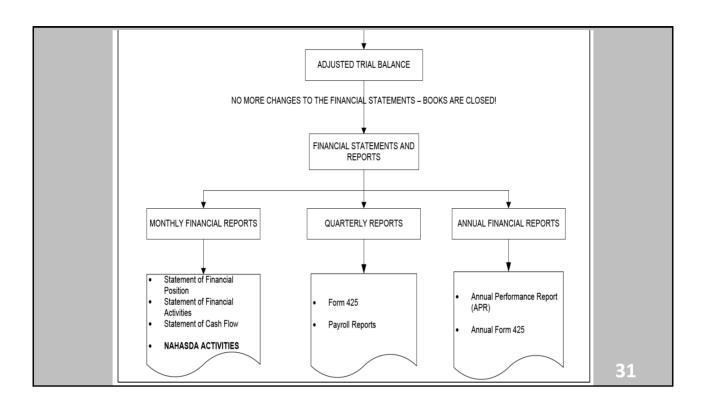
ACCOUNTING SYSTEMS AND INTERNAL CONTROLS (page 59)

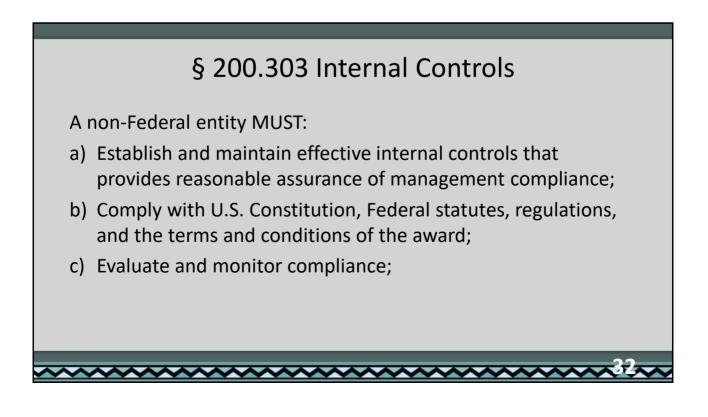
#### **Uniform Guidance Requirement**

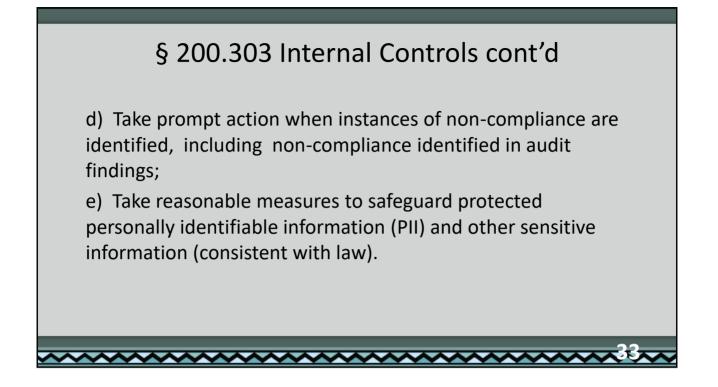


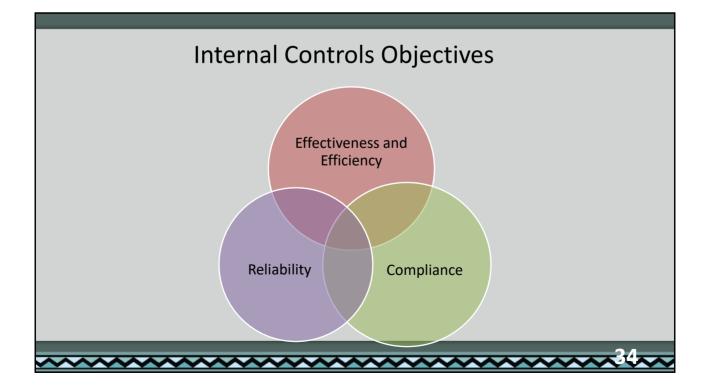
200.302(4): The Tribe/TDHE must • have effective control over, and accountability for, all funds, property, and other assets. The Tribe/TDHE must adequately safeguard all assets and assure that they are used solely for authorized purposes.



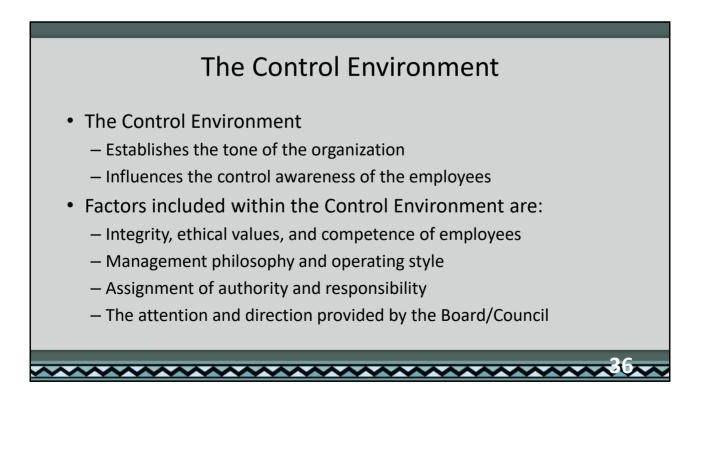


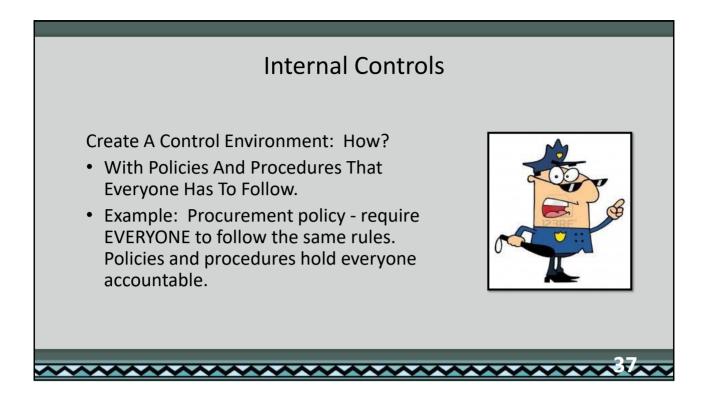






1 11 / 0	mework to determine adequacy of internal controls s for allowable and unallowable costs
Control Environment	<ul> <li>Management sets reasonable budgets; identifies allowable expenditures.</li> </ul>
Risk Assessment	<ul> <li>Managers and staff are required to use the written policies and procedures as guidance to identify allowable or unallowable costs.</li> </ul>
Information and Communication System	<ul> <li>Department managers compare monthly budget and actual expenditures to review for accuracy and initiate corrections, if needed.</li> </ul>
Control Activities	<ul> <li>Managers follow established written procedures for authorization and approval of purchases based on approved budget, prior to purchase.</li> </ul>
Monitoring	<ul> <li>Accounting provides financial reports to managers for monthly review; includes the reports to the Board.</li> </ul>

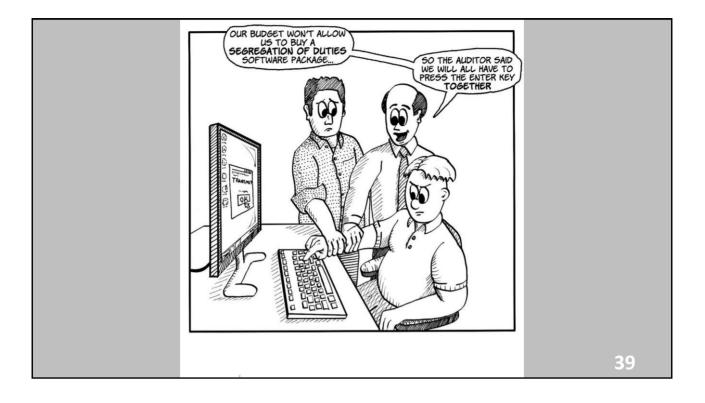


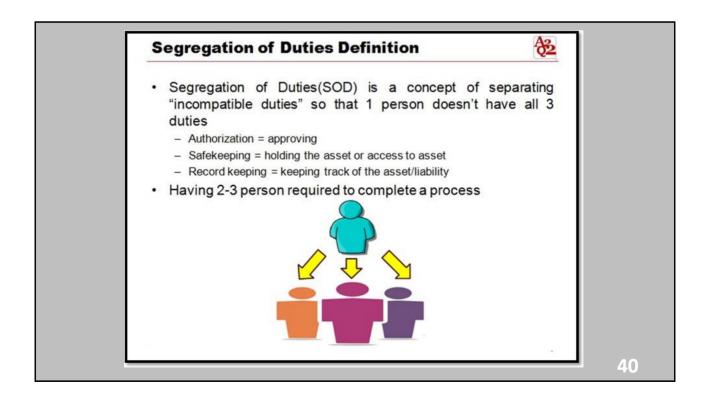


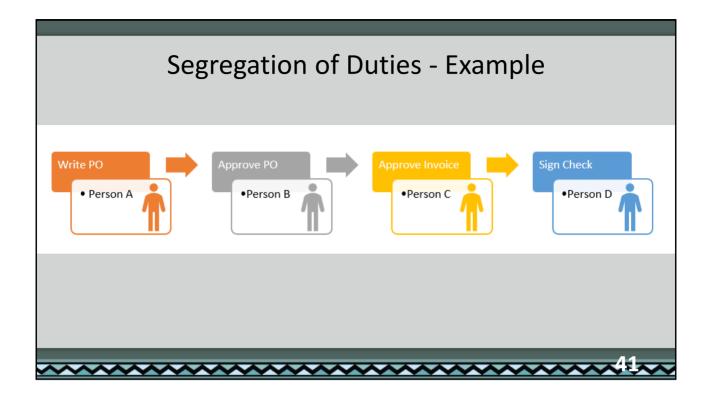
#### **Types of Internal Controls**

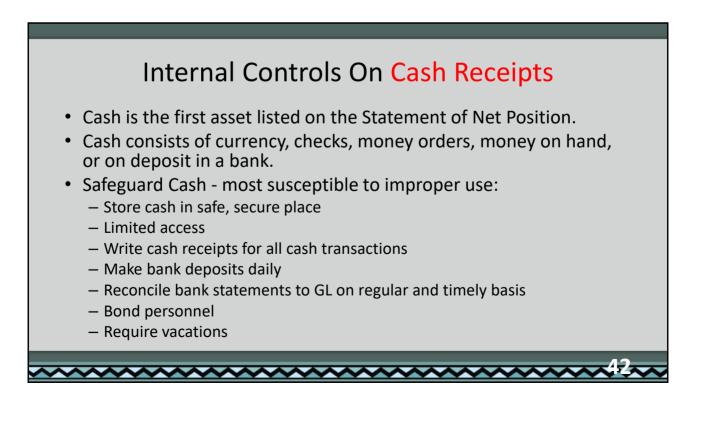
- **Preventive**. Prevent undesirable activities from happening with policies and procedures.
- **Detective**. Identifies what happens after the something happens.
- **Corrective**. Put into place to correct any errors that were found by the detective internal controls











#### **Internal Controls On Cash Receipts** Responsibility and Segregation of duties: designate different staff to perform different functions: 1. Receptionist receives cash and writes cash Cash Receipt receipts. Cash Receipt #: 123456788 Date: DD/MM/YYYY 2. Bookkeeper reconciles cash to cash Cash Received From receipts and prepares the bank deposit. Total Amount Due Bookkeeper also posts the cash receipts to Payment Received in: Balance Due the accounting system. 3. Tribal administrator reviews the bank Cash Receipt Template deposit to the deposit ticket, and reviews and approves the bank reconciliation.

#### Internal Controls On Cash Disbursements

- Cash is disbursed to pay expenses and liabilities or to purchase assets.
- Effective internal control over cash disbursements, utilize the accounts payable module in your accounting system.
- Benefits:
  - Record of invoices paid. Vendor history reports. Aging of invoices.
  - Cash management. Automated bank reconciliation functions.
  - Ease in creating 1099's at the end of the year.
  - Using pre-numbered checks adds another level of oversight, strengthening your internal controls.
  - The paid check provides proof of payment.

#### Internal Controls On Cash Disbursements

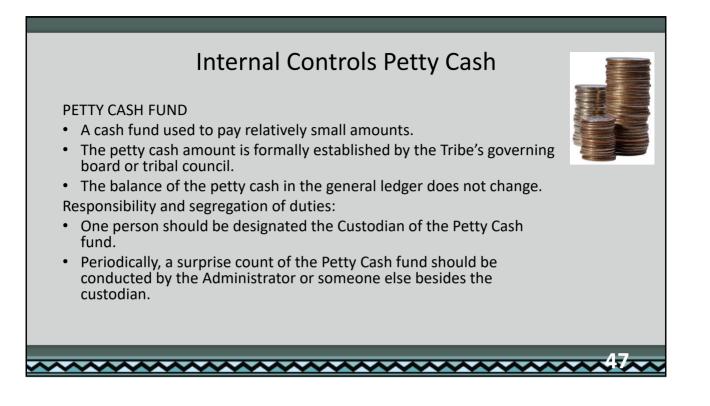
Responsibility and segregate duties.

- Only designated personnel are authorized to sign checks.
- There must be a clear separation of duties in the accounts payable processes.
- Use pre-numbered checks and account for them in sequence.
- Each check must have an approved invoice that is correctly coded and proof of receipt.

# Internal Controls On Credit Cards

Responsibility and segregation of duties

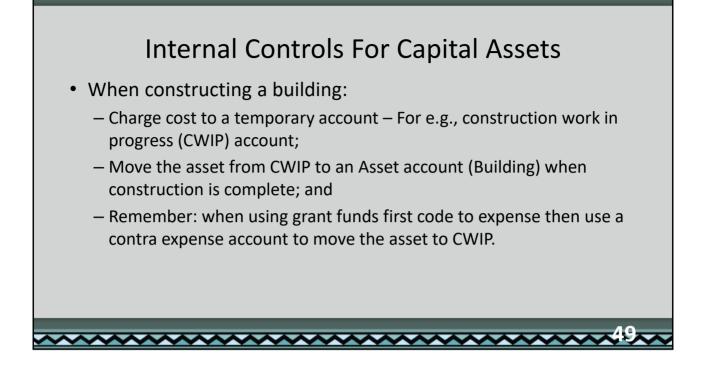
- Card Administrator has access to on-line banking and on-line statements
- Card Administrator can control credit card usage and limits through on-line access to credit cards
- Procedures clearly outline responsibilities of cardholders
- Cardholders sign an "Agreement and Acknowledgement of Understanding."
- Cardholder submits charges to Supervisor for review and approval
- Credit card charges are entered into the Accounts Payable module on a timely basis
- Charges are reconciled to the statement prior to payment

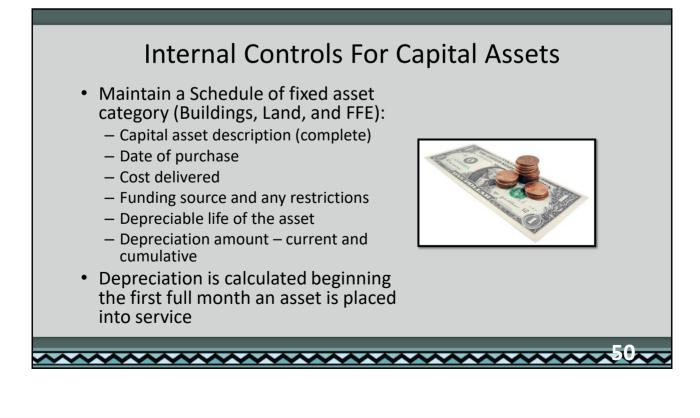


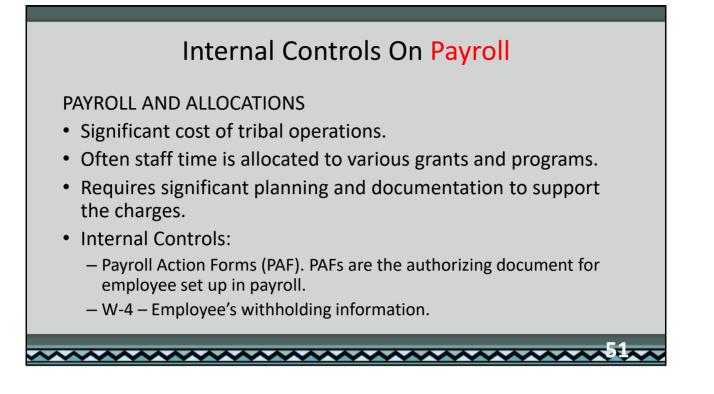


- All procured capital assets should be approved through the budget process
- Adopt a Policy and Procedure that includes definition of asset groupings, asset life for depreciation.
- Include the process for disposing of assets.
- NAHASDA requires you to conduct a physical inventory fixed assets at least every two years (PIH 2006-39 Accounting for Fixed Asset Depreciation and Related Issues).









		Employee Name	
Job Title:		Housing Coordinator	
DOH or effective date of change:		January 1, 2014	
Regular/Temporary:		Regular	
Exempt or Hourly:		Hourly	
Pay rate:		\$14.00 per hour	
Hours per day:		8	
Benefits: Yes/No		Yes	
Account code		7220	
Class	600	NAHASDA	
SubClass 1:	100	Administration	
SubClass 2:	300	YouthActivity	
Employee Signature			

#### **Internal Controls On Payroll**

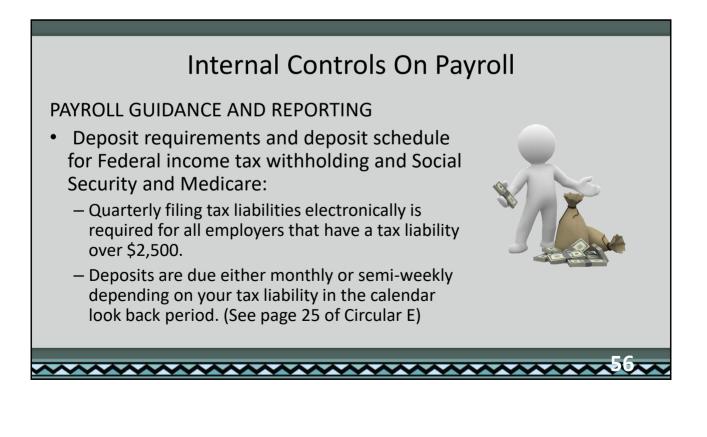
TIMESHEETS: ALL EMPLOYEES (exempt and non-exempt)

 An accurate record of time worked is important. If an employee is working on multiple projects or is paid from multiple sources the timesheet should accurately reflect the time worked on each project.

- Record actual hours worked in a pay period.
- Must be signed by employee.
- Must be reviewed and approved by the supervisor.

						UPNO	RTH \	/ILLAG	ETRI	BE HOU	JSING								
					No	n - E				ee Tii	me Sl	heet							
								Augus											
Employee:										Empl	oyee ID:								
Position:										-									
Department:										-									
Period - From:					0:		08/3	31/14		-									
Pay Day:	Monda	ay, Septe	ember 15	5, 2014	-														
						-					<b></b> _	<b></b>			r				
	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total		
Date	8/16	8/17	8/18	8/19	8/20	8/21	8/22	8/23	8/24	8/25	8/26	8/27	8/28	8/29	8/30	8/31	Hours		
HOUR		<u> </u>				-	<u> </u>		<u> </u>										
PTOH		<u> </u>		<u> </u>			<u> </u>		<u> </u>										
LWOP		<u> </u>	<u> </u>		<u> </u>		⊢		<u> </u>										
OT			<u> </u>	<u> </u>			<u> </u>		<u> </u>										
HOL				<u> </u>			├──		<u> </u>										
HBDAY				-			-		<u> </u>										
HBRV							-											i l	
HJDTY							-						-					i l	
ONCALL								<u> </u>										i l	
Total Hours							<u> </u>											i l	
Total Hours							·			<u></u>						<u> </u>	<u> </u>		
Employee Certif																			
Employee Centil	ication.																		
	fication:																		

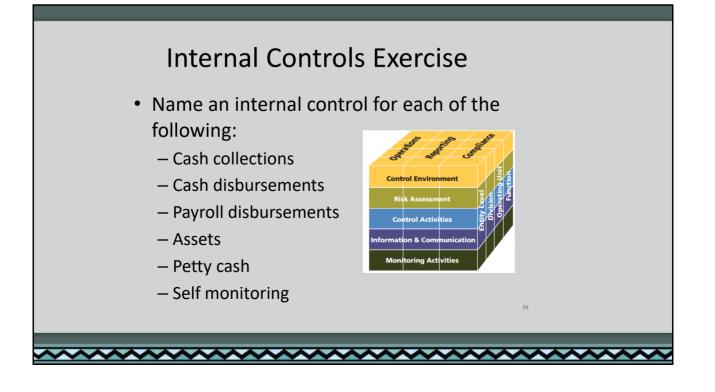
EXEMPT PERSONNEL LEAVE REPORT           Report due at end of pay period; mark *0° in Days Taken- Personal" if leave was not used           Period from           Period to           First Name         Last Name         Employee
Period from Period to Peri
Period from Period to
First Mana Farshama Farshama
Last Name Employee
Position Title
Department
Type of Leave Taken Dates Taken Total Days
Personal
Jury Duty
Bereavement
Administrative
Holiday
Leave without Pay
Total Days Taken
Comments
oloyee Certification: Supervisor Certification:
ter signatures, submit to Payroll Department Policies on Employee Leave are contained in Sections of Personnel Policies. Leave activity reports w
ter signatures, submit to Payroll Department of Personal Policies. Leave activity reports w provided periodically to the President/CEO.
<u> </u>



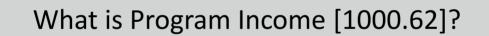
#### **Internal Controls On Payroll**

- Form 941: Employer's quarterly Federal Tax Return and Schedule B (Form 941) must be filed quarterly; and
- The employer is required to file Form W-2 which reports an employee's annual wages and taxes withheld from paychecks.
- The employer is required to give an employee an I-9 and W-4 to fill at their hire date.

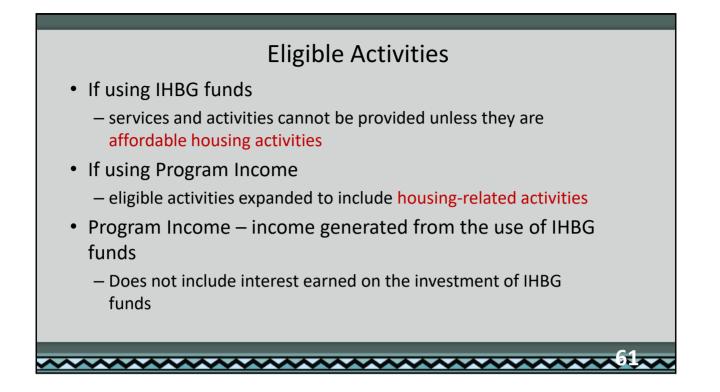
• Employer payroll tax record retention is four (4) years.







- Program income is defined as "any income that is realized from the disbursement of grant amounts." That is, it is income realized (generated) from the disbursement or use of IHBG funds; it is income to the IHBG Program of a recipient.
- Program income may be retained and not be spent first before using IHBG funds.
- However, must have a system for accounting for program income required to be reported on FFR Form SF 425 and the APR, if the total net proceeds exceeds \$25,000.



#### Affordable Housing Activities

- Affordable housing is housing that meets the requirements of NAHASDA:
  - Housing units developed under the 1937 Act Housing (Low Rent or LR, Mutual Help or MH & Turnkey, Section 8)
  - NAHASDA Units
  - Other units that meet requirements of Title II (LIHTC, RD, HOME etc.)
- All NAHASDA requirements apply



#### Housing Related Activities

- Housing related activities, for purposes of program income, means any facility, community building, infrastructure, business, program, or activity, including any community development or economic development activity, that:
  - Is determined by the recipient to be beneficial to the provision of housing in an Indian area; and

# Housing Related Activities cont.

- -Would meet at least one of the following conditions:
  - Would help an Indian tribe or its tribally designated housing entity to reduce the cost of construction of Indian housing;
  - Would make housing more affordable, energy efficient, accessible, or practicable in an Indian area;
  - Would otherwise advance the purposes of NAHASDA.
- NAHASDA requirements do not apply if not mixed with IHBG funds

#### IHBG vs Program Income (see PIH 2019-07)

#### **IHBG Funds**

- IHBG funding allocation
- Interest earned on invested IHBG funds
- Must be used for Affordable Housing Activities
- NAHASDA requirements apply

#### **Program Income**

- Income generated from the use of IHBG funds
- Excluding interest earned on invested IHBG funds
- Can be used for Affordable Housing Activities AND Housing-related Activities.
- NAHASDA requirements do not apply

#### Non-Program Income

• Rental income from 1937 Act (FCAS) housing units is a combination of Program Income and Non-Program Income

- Non-Program income is the portion of rental income from 1937 Act Units that is attributed to 1937 Act (not NAHASDA)
- Equal to 46% of AEL for project per unit
- There are NO restrictions on the use of <u>non-program income</u>.

Program Income vs Non-I	rogra	m	Incor
1937 Housing Act	: Renta	als	5
Total Annual Rental Income (Actual cash			<b>(</b> ),(),(),(),(),(),(),(),(),(),(),(),(),()
received and not on an accrual basis) from a 1937 Act Project		A	\$XXXX
No. of Units to use in calculation:			
Total Units in the Project	# Units		
Less: Units that xceed 40% of the 1997 DC&E	(# Units)		
No. of Units	# Units		
Times 46% of the Tribe/TDHE's AEL	\$XXXX	_	
Equals NON-PROGRAM INCOME		В	\$XXXX
PROGRAM INCOME (A minus B)			\$XXXX

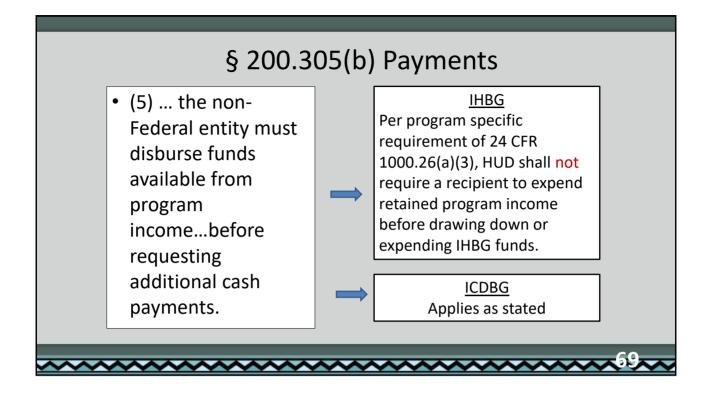
# Example

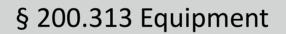
4 units; rent =\$200 per month; all rents received; AEL = \$400

Total Annual Receipts	4x\$200x12	\$9,600.00
Rent attributed to 37 Act	4x(46% of \$400)x12	(\$8,832.00)*
Program Income		\$768.00**
*Non Program Income – no **Program Income – must		ed Activities

 $\sim$ 

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Program Exceptions for IHBG/ICDBG "...applies except in all cases in which the equipment is sold, the proceeds shall be program income."



IHBG – per 24 CFR 1000.26 (a) (8) ICDBG – per 24 CFR 1003.501 (a) (9)

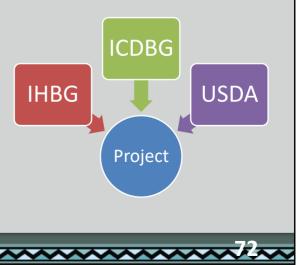
#### § 200.314 Supplies

**IHBG/ICDBG** Program **Specific Requirement:** Per § 1000.26(a)(9)/or §1003.501 (a)(7) §200.314 applies, except in all cases in which the supplies are sold, the proceeds shall be program income.



#### **Program Income from Activities** Funded With IHBG and Other Funds

If program income is realized from an eligible activity that was funded both with IHBG funds and with other funds, the amount of income to the IHBG program will be based on a percentage calculation that represents the proportional share of IHBG funds provided for the activity generating the program income.

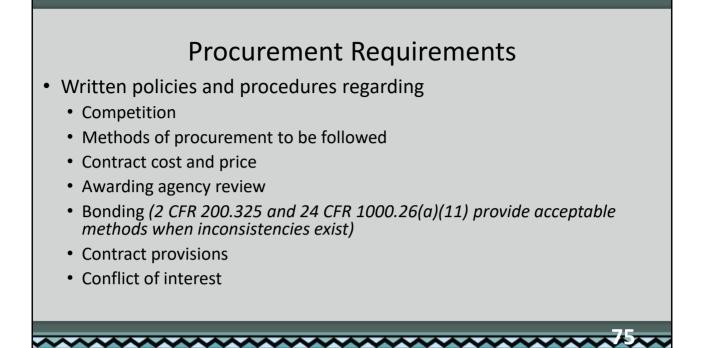


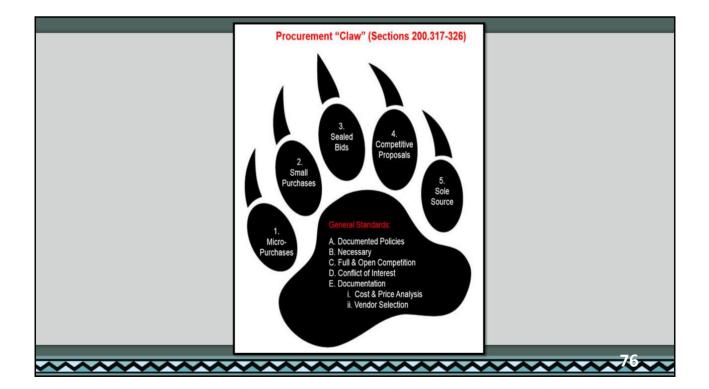


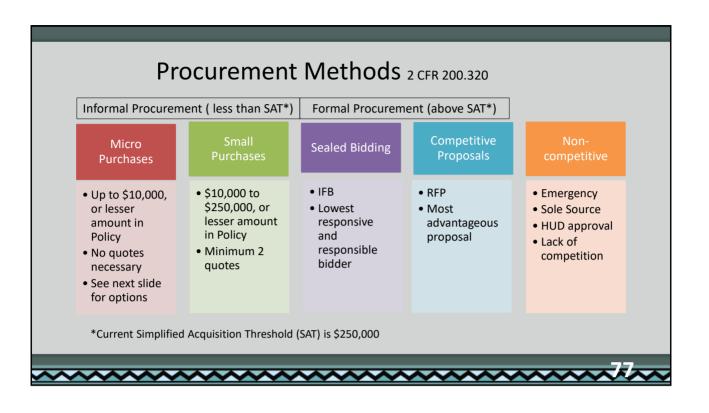
- 2 CFR Part 200.317-326: OMB Uniform Administrative Requirements, Cost Principles & Audit Requirements for Federal Awards
- 24 CFR 1000.52 Indian preference applies except for procurements under Micro-purchase threshold (PIH Notice 2010-17)



PROCUREMENT







## Micro Purchase Threshold: 200.320(a)(1)(iv)

#### Recent change:

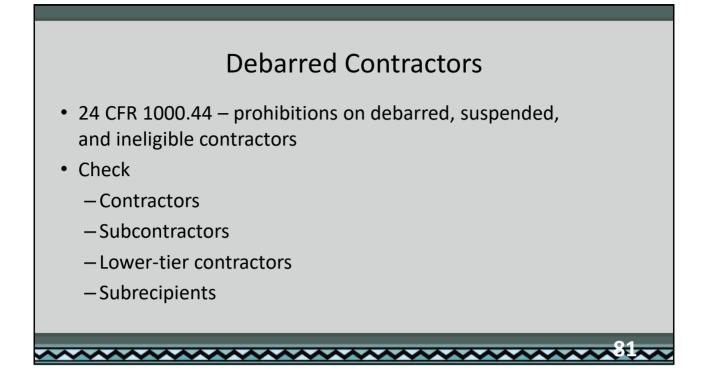
A Tribe/TDHE may self-certify a threshold up to \$50,000 on an annual basis and must maintain documentation to be made available to the Federal awarding agency and auditors in accordance with § 200.334. The selfcertification must include a justification, clear identification of the threshold, and supporting documentation of any of the following:

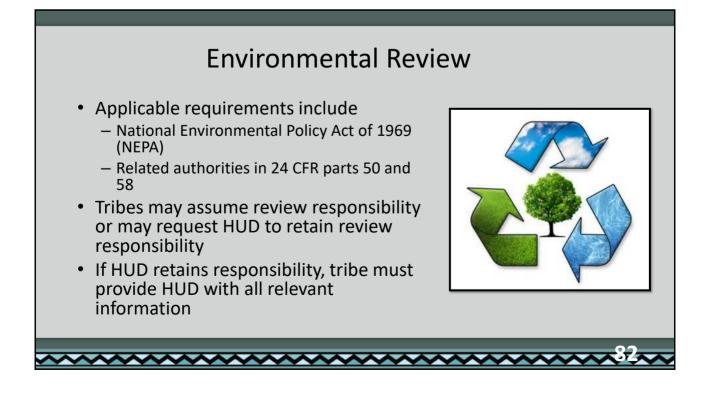
- A qualification as a low-risk auditee, in accordance with the criteria in § 200.520 for the most recent audit; or
- An annual internal institutional risk assessment to identify, mitigate, and manage financial risks.

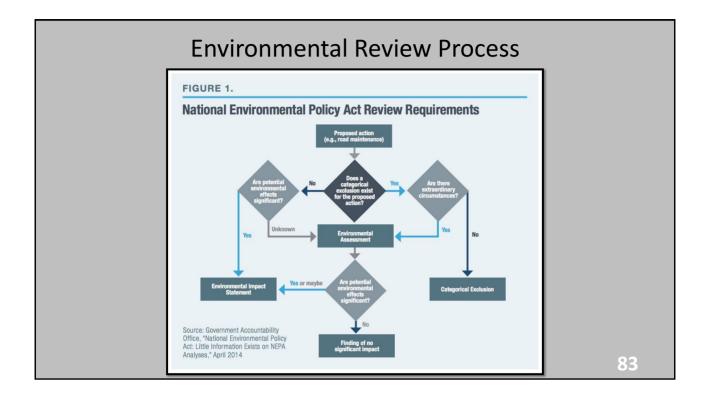
# Indian Preference Recipients must satisfy either tribal preference or Indian preference with respect to IHBG activities, including administration and procurement in accordance with Program Guidance 2013-07 Indian preference not applicable to procurements under Micro-Purchase threshold Section 3 (giving preference to low-income): Recipients satisfy requirements when they comply with employment and preference laws adopted by their tribe

#### Conflict of Interest 24 CFR 1000.30

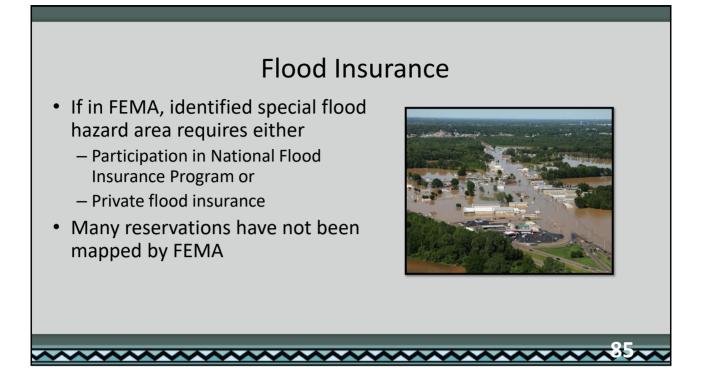
- No person who participates in the decision-making process or who gains inside information regarding NAHASDA assisted activities may obtain a personal or financial interest or benefit from such activities, except for the use of NAHASDA funds to pay salaries or other related administrative costs.
- Such persons include anyone with an interest in any contract, subcontract or agreement or proceeds thereunder, either for themselves or others with whom they have business or immediate family ties. Immediate family ties are determined by the Indian tribe or TDHE in its operating policies.

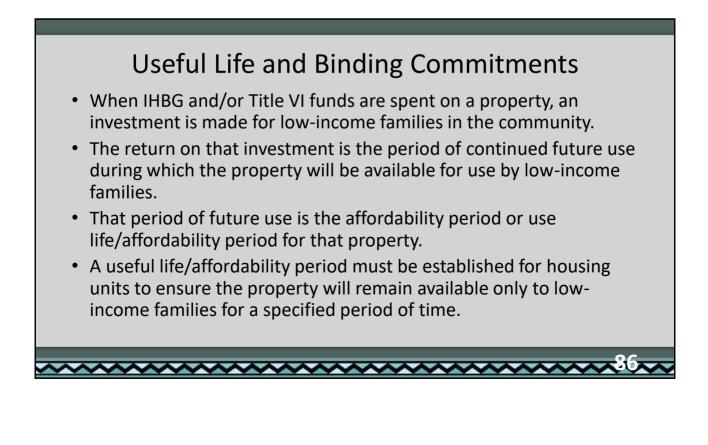






| Envir                                                   | onmental Re                                                                                     | eview Catego                                                                                                                                                                              | ries                                                        |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Exempt                                                  | Categorical<br>Exclusions (not<br>subject to 58.5)                                              | Categorical<br>Exclusions<br>(subject to 58.5)                                                                                                                                            | Environmental<br>Assessments                                |
| Administrative<br>•Engineering<br>•Feasibility<br>study | <ul> <li>Rental assistance</li> <li>Operating costs</li> <li>Down payment assistance</li> </ul> | <ul> <li>Utility<br/>upgrades</li> <li>Accessibility<br/>modifications</li> <li>Rehab 1-4 unit<br/>structures<br/>(with<br/>restrictions)</li> <li>Rehab larger<br/>structures</li> </ul> | •All projects<br>not exempt or<br>categorically<br>excluded |

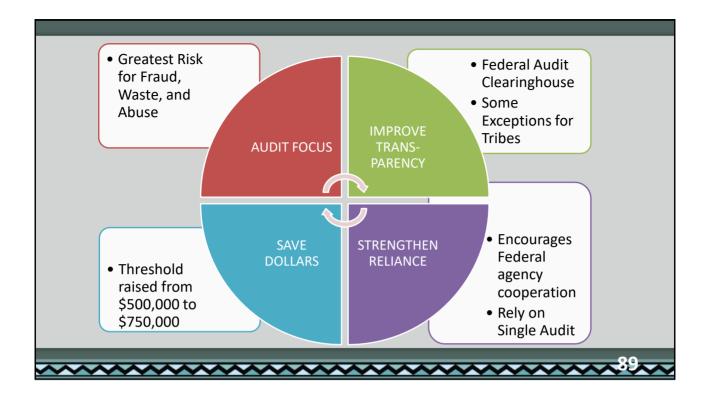


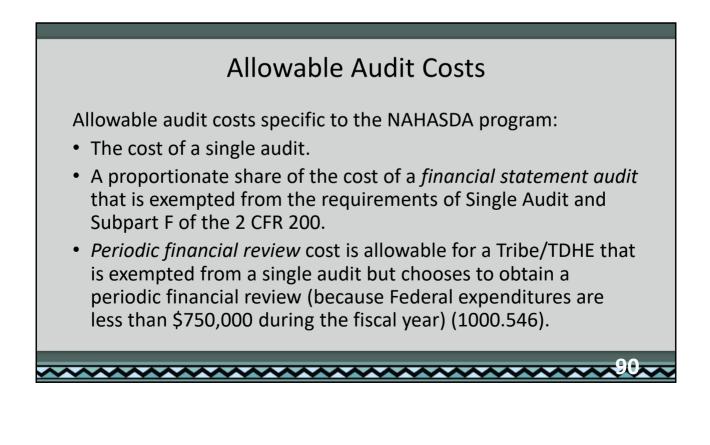




The Single Audit-Uniform Guidance Subpart F Audit Requirements (200.500-200.520).

- The Single Audit Act consolidates and allows for one audit rather than multiple audits of each federal grant a Tribe receives.
- \$750,000 or more in federal funds in the fiscal year must have a single audit or program-specific audit in accordance with the provisions of Subpart F of 2 CFR 200.
- Conduct in accordance with 200.514 Scope of audit.





#### Unallowable Audit Costs

The cost of an audit is not allowable if the Single Audit has not been conducted or has been conducted but not in accordance with 2 CFR 200 and the single audit.



#### Prepare for the Audit

 Procure an Auditor
 Remember the new requirement: Peer Review must be requested from Auditor. Nonsubmission or submission of "fail" peer review may disqualify the auditor from consideration.

- Be prepared to provide items to auditor and must give them access to your records
- 3. Know all your federal awards (CFDA, Award Number, etc)
- 4. Prepare the Financial Statements, schedules & Schedule of Expenditures of Federal Awards (SEFA)
- 5. Be timely:
  - Complete the Audit
  - Submit to Federal Audit Clearinghouse on time!
  - Whichever comes first:
    - 30 days after receipt of the auditor's report, or
    - 9 months after the end of the audit period.

#### § 200.509: Auditor Selection

Paragraph (a):

- "...the objective is to obtain highquality audits."
- "...the objectives and scope of the audit must be made clear, and the non-Federal entity must request a copy of the audit organization's peer review report which the auditor is required to provide under GAGAS."



#### Example of a prepared SEFA report to the audit.

| Federal Grant Title            | Award<br>Number | CDFA<br>Number | Total Grant<br>Award |           | Federal<br>Expenditures |         |  |
|--------------------------------|-----------------|----------------|----------------------|-----------|-------------------------|---------|--|
| U.S. Department of Housing and |                 |                |                      |           |                         |         |  |
| Urban Development              | 79IHXXXXXXX     | 14.867         | \$                   | 400,000   | \$                      | 300,000 |  |
| U.S. Department of Housing and |                 |                |                      |           |                         |         |  |
| Urban Development              | XXXXXXXXXX      | 14.862         | \$                   | 625,000   | \$                      | 350,000 |  |
| U.S. Department of Health and  |                 |                |                      |           |                         |         |  |
| Human Services                 | XXXXXXXXXX      | 93.602         | \$                   | 120,000   | \$                      | 53,000  |  |
|                                |                 |                | \$                   | 1,145,000 | \$                      | 703,000 |  |

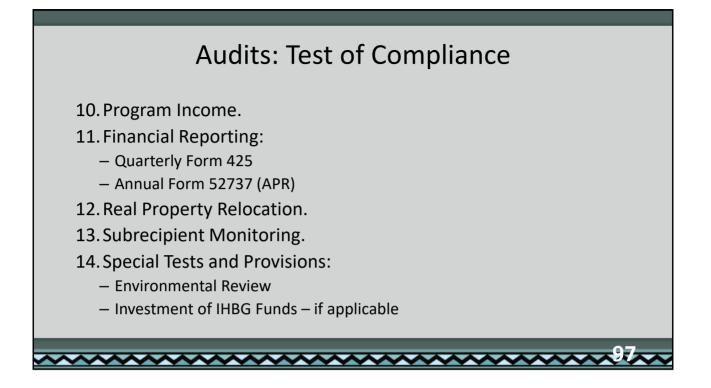
#### Audits: Test of Compliance

There are fourteen (14) areas that the auditor is required to test:

- 1. Activities Allowed or Unallowed Activities under NAHASDA
- 2. Allowable Costs/Cost Principles
- 3. Cash Management
- 4. Equipment and Real Property
- 5. Davis Bacon Act
- 6. Eligibility

# Audits: Test of Compliance

- 7. Earmarking:
  - Up to 10% of an annual grant may be used to provide housing to families between 80% to 100% of AMI.
  - Administrative costs:
    - Less than \$500,000: may use 30% of its annual expenditures or annual grant, whichever is greater.
    - More than \$500,000: may use up to 20% of its annual expenditures or its annual grant amount, whichever is greater.
- 8. Period of Availability of Federal Funds.
- 9. Procurement and Suspension and Debarment.



# Auditor's Report

In the Independent Auditor's Report (located on the front of the audit report), the auditor issues an OPINION on:

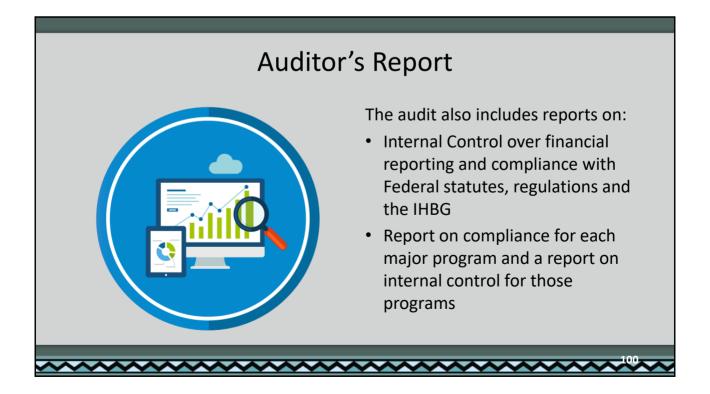
- Whether the financial statements are presented fairly in all material respects in conformity with Generally Accepted Accounting Principles (GAAP); and
- On whether the SEFA is presented fairly in all material respects in relation to the financial statements taken as a whole.

# The Audit Opinion

- Unmodified ("clean") or
- Modified (Qualified, adverse or disclaimer)

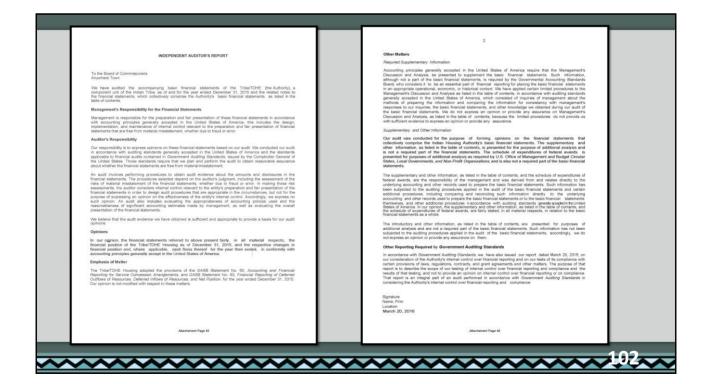
| Examples Giving Rise to the                               | Auditor's Judgment About the Pervasiveness of the Effects<br>or Possible Effects on the Financial Statements |                        |  |  |  |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------|--|--|--|--|--|
| Modification                                              | Material but Not                                                                                             | Material and Pervasive |  |  |  |  |  |
|                                                           | Pervasive                                                                                                    |                        |  |  |  |  |  |
| Financial statements are materially misstated             | Qualified opinion                                                                                            | Adverse opinion        |  |  |  |  |  |
| Inability to obtain sufficient appropriate audit evidence | Qualified opinion                                                                                            | Disclaimer of opinion  |  |  |  |  |  |

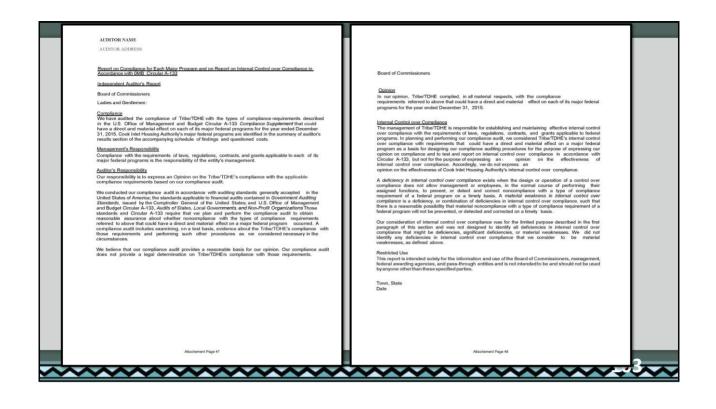
"Pervasive" - condition exists throughout the organization



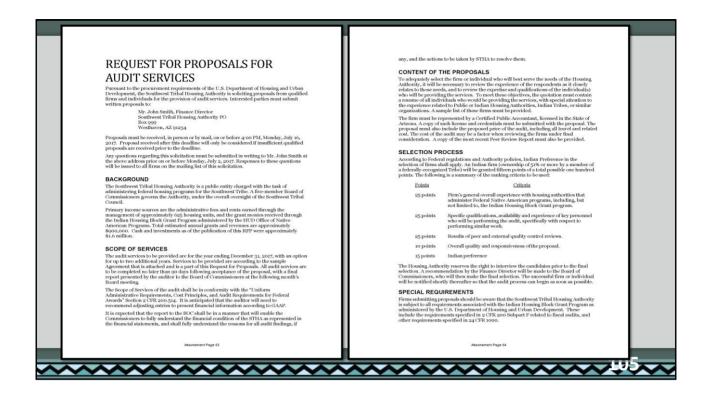
## Auditor Must Report Audit Findings:

- Significant deficiencies and material weaknesses in internal control over major programs and significant instances of abuse
- Material noncompliance with the provisions of Federal statutes, regulations, or the terms and conditions of Federal awards related to a major program
- Questioned costs greater than \$25,000
- Known or likely fraud affecting the federal award
- Report on prior audit findings and corrective action





| TRIBE/TDHE HOUSIN<br>(A Component Unit of the Ind<br>Schedule of Findings and Ques<br>For the Year Ended Decembe          | dian Tribe)<br>itioned Costs |               | TRIBE/TDHE HOUSING<br>(A Component Unit of the Indian Tribe)<br>Schedule of Expanditures of Federal Awards<br>For the Year Ended December 31, 2015 |                           |                            |                               |                         |  |  |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|-------------------------------|-------------------------|--|--|
| SECTION 1 - Summary of Auditor's Results                                                                                  |                              |               | Eederal Grantor/Pass-through Program Title or Clarker                                                                                              | Federal<br>CFDA<br>Number | Grant or<br>Program Number | Program<br>or Award<br>Amount | Federal<br>Expenditures |  |  |
| Financial Statements                                                                                                      |                              |               | U.S. Department of Housing & Urban Development<br>Office of Native American Programs                                                               | _                         |                            |                               |                         |  |  |
| Type of auditor's report issued:                                                                                          | Unmodified                   |               | Indian Housing Block Grants Cluster<br>Indian Housing Block Grants                                                                                 |                           |                            |                               |                         |  |  |
| Internal control over financial reporting:                                                                                |                              |               | Indian CDBG Program Cluster                                                                                                                        | 14.867                    | 551H0201230                | \$ 1,254,000                  | \$ 1,029,100            |  |  |
| <ul> <li>Material weakness(es) identified?</li> </ul>                                                                     | Yes                          | No            | Indian Community Development Block Grant Program                                                                                                   | 14.862                    | 61199999999                | 500,000                       | 8,000                   |  |  |
| <ul> <li>Significant deficiency(ies) identified?</li> </ul>                                                               | Yes                          | None reported | Total Awards                                                                                                                                       |                           |                            | s 1,754,000                   | \$ 1,037,100            |  |  |
| Noncompliance material to financial statements noted?                                                                     | Yes                          | No            |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| Federal Awards                                                                                                            |                              |               |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| Internal control over major programs                                                                                      |                              |               |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| <ul> <li>Material weakness(es) identified?</li> </ul>                                                                     | Yes                          | No            |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| <ul> <li>Significant deficiency(ies) identified?</li> </ul>                                                               | Yes                          | None reported |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| Type of auditor's report issued on compliance for<br>major programs:                                                      | Unmodified                   |               |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| Any audit findings disclosed that are required to be reported<br>in accordance with section 510(a) of 0MB Circular A-133? | Yes                          | None reported |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| Identification of major programs.                                                                                         |                              |               |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| <u>CFDA Number(s)</u><br>14.867 Name of Federal Program or Cli<br>Indian Housing Block Grant                              | luster                       |               |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| Dollar threshold used to distinguish between<br>type A and type B programs:                                               | \$750,000                    |               |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| Auditee qualified as low-risk auditee?                                                                                    | Yes                          | No            |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| SECTION II - Financial Statement Findings                                                                                 |                              |               |                                                                                                                                                    |                           |                            |                               |                         |  |  |
|                                                                                                                           |                              |               |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| No matters were reported.                                                                                                 |                              |               |                                                                                                                                                    |                           |                            |                               |                         |  |  |
| No matters were reported. SECTION 111 - Federal Award Findings and Questioned Costs                                       | -                            |               |                                                                                                                                                    |                           |                            |                               |                         |  |  |
|                                                                                                                           |                              |               |                                                                                                                                                    |                           |                            |                               |                         |  |  |



106

#### **SECTION XIII:**

**Reporting and Monitoring** 

#### **Uniform Guidance Requirement**

200.302(b)(2): The financial management systems must provide...accurate, current, and complete disclosure of the financial results of each Federal award or program in accordance with the reporting requirements set forth in §§200.327 (Financial Reporting) and 200.328 (Monitoring and Reporting Program Performance).

#### Reporting and Monitoring: Federal Financial Report SF-425

- Submittals are required according to 24 CFR §1000.26 and the Uniform Guidance
- Reports are filed quarterly
- Reference PIH Notice 2014-07
- Report grant cash receipts and grant expenditures cumulative basis
- Report program income

| 1. Federal Agency and Organizational Element to Which Report is                                           | w form Instructions)                                                   | Expiration Date: 02/28                                                |                                                                                                                  | 11. Indirect Expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                    |                   |                          | e. Amount              |                            |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|--------------------------|------------------------|----------------------------|
| Hederal Agency and organizational Element to Which Report is                                              | Agency (To report multiple                                             | identifying Number Assigned by Feder<br>I grants, use FFR Attachment) |                                                                                                                  | a. Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | b. Rate           | c. Period From     | Period To         | d. Base                  | Charged                | 1. Federal Shar            |
|                                                                                                           |                                                                        |                                                                       | -                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   | -                        | 1                      | 10                         |
| 3. Recipient Organization (Name and complete address including).<br>Recipient Organization Name.          | cib come)                                                              |                                                                       |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    | -                 |                          |                        |                            |
| Street1                                                                                                   |                                                                        |                                                                       |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11                |                    | g. Totals:        |                          |                        |                            |
| Street2:                                                                                                  |                                                                        |                                                                       |                                                                                                                  | 12. Remarks: Attach any expl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | anations deeme    | necessary or info  | mation required   | by Federal sponsoring    | agency in compliance v | with governing legislation |
| City                                                                                                      | County                                                                 |                                                                       |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | Ac                 | d Attachment      | Delete Adachment         | New Attachment         |                            |
| State:                                                                                                    | Province:                                                              |                                                                       |                                                                                                                  | 13. Certification: By signing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | this report. Let  | rtify to the best  | of my knowledg    | e and helief that the re | port is true, complete | and accurate, and the      |
| Country USA: UNITED STATES                                                                                | ZIP / Postal Code:                                                     |                                                                       |                                                                                                                  | expenditures, disbursemen<br>am aware that any false, fic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ts and cash rec   | hpts are for the p | surposes and ol   | jectives set forth in th | e terms and condition  | ns of the Federal award.   |
| 4a. DUNS Number 4b. EIN                                                                                   | 5. Recipient Account Number or Id                                      | sentifying Number                                                     |                                                                                                                  | administrative penalties for<br>and 3801-3812).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | fraud, false sta  | oments, faise cla  | aims or otherwise | e. (U.S. Code Title 18,  | Section 1001 and Titl  | e 31, Sections 3729-373    |
|                                                                                                           | (To report multiple grants, use FFF                                    | K Albechmenk)                                                         |                                                                                                                  | a. Name and Title of Authori                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | zed Certifying Cr | fcial              |                   |                          |                        |                            |
| 6. Report Type 7, Basis of Accounting 8. Project.K                                                        | Grant Period 9. Reporting                                              | p Period End Date                                                     | -                                                                                                                | a subscription of the second | First Name:       |                    |                   | Middle                   | Name:                  | 1                          |
| Guarterly Cosh From:                                                                                      | To                                                                     |                                                                       |                                                                                                                  | Last Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                    | _                 | Suff                     |                        |                            |
| Semi-Annual Accrual                                                                                       |                                                                        |                                                                       |                                                                                                                  | Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                    | _                 |                          |                        |                            |
| Antual Final                                                                                              |                                                                        |                                                                       |                                                                                                                  | b. Signature of Authorized Ce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rtifying Official |                    |                   | c. Telephone (Are        | a code, number and ex  | itension)                  |
| and COMPANY AND                                                       |                                                                        |                                                                       |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| 10. Transactions<br>(Use lines e-c for single or multiple grant reporting)                                |                                                                        | Oumulative                                                            |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| Federal Cash (To report multiple grants, also use FFR attach                                              | ment):                                                                 |                                                                       |                                                                                                                  | d. Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                    |                   | e. Date Report Su        | bmitted 14. Agend      | cy use only:               |
| s. Cash Receipts                                                                                          |                                                                        | 0,                                                                    | 1                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                    |                   |                          |                        |                            |
| b. Cash Disbursements                                                                                     |                                                                        | 0,                                                                    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| c. Cash on Hand (line a minus b)                                                                          |                                                                        | 0.                                                                    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        | Standard Forr              |
| (Use lines d-o for single grant reporting)                                                                |                                                                        |                                                                       |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| Federal Expenditures and Unobligated Balance:                                                             |                                                                        |                                                                       | _                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| d Total Federal funds authorized                                                                          |                                                                        | 0.                                                                    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| e. Federal share of expenditures                                                                          |                                                                        | 0,                                                                    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| f. Federal share of unliquidated obligations<br>g. Total Federal share (sum of lines e and f)             |                                                                        | 0,                                                                    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| g. Total Pederal share (sum of lines e and t)<br>h. Unobligated balance of Federal Funds (line d minus g) |                                                                        | 0,                                                                    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| Recipient Share:                                                                                          |                                                                        |                                                                       | 2                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| i. Total recipient share required                                                                         |                                                                        | 0.                                                                    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| j. Recipient share of expenditures                                                                        |                                                                        | 0,                                                                    | and the second |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| k. Remaining recipient share to be provided (line i minus j)                                              |                                                                        | 0.                                                                    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| Program Income:                                                                                           |                                                                        |                                                                       |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| 1. Total Federal program income earned                                                                    |                                                                        | 0,                                                                    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
|                                                                                                           | demative                                                               | 0,                                                                    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
| m. Program income expended in accordance with the deduction a                                             | n. Program income expended in accordance with the addition alternative |                                                                       |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |
|                                                                                                           | mative                                                                 | 0.                                                                    |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                    |                   |                          |                        |                            |

**Reporting and Monitoring: Annual Performance Report** 

Statutorily required under Section 404 of NAHASDA, §1000.238 and §1000.302.

- It is a progress report to track the Tribe's progress on the IHP.
- The IHP and the APR are reported on the same Form 52737.
- Public comment on the progress of its IHP activities.
- It is a good assessment and planning tool for improving your Tribe's IHP.

#### Reporting and Monitoring: Annual Performance Report cont'd

- Source Document for the Financial Section of the APR report The financial statements!
- Engage everyone in the data gathering and reporting process!
- Reporting Due Date: Ninety (90) days after the Tribe's fiscal year end. The Tribe may seek an extension of an additional 30 days.
- Required to be submitted through the EPIC System (online) unless HUD approves other method due to lack of internet

| Sources of Funding              |                                 |                                                             |                                                                        |                                      |                                                                       |                                                                          |                                                                                                       |
|---------------------------------|---------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Funding Source                  | Estim ated(IHP)<br>/Actual(APR) | Amount on<br>hand at<br>beginning of<br>program year<br>(F) | Amount to be<br>received<br>during 12-<br>month<br>program year<br>(G) | Total sources<br>of funds<br>(H=F+G) | Funds to be<br>expended<br>during 12-<br>month<br>program year<br>(l) | Unexpended<br>funds<br>remaining at<br>end of<br>program year<br>(J=H-I) | Unexpended<br>funds<br>obligated but<br>not expended<br>at end of 12-<br>month<br>program year<br>(K) |
|                                 | Estimated                       | \$701,578.00                                                | \$75,569.00                                                            | \$777,147.00                         | \$680,750.00                                                          | \$96,397.00                                                              |                                                                                                       |
| IHBG Funds:                     | Actual                          | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   | \$0.00                                                                                                |
|                                 | Estimated                       | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   |                                                                                                       |
| IHBG Program Income:            | Actual                          | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   | \$0.00                                                                                                |
|                                 | Estimated                       | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   |                                                                                                       |
| Title VI:                       | Actual                          | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   | \$0.00                                                                                                |
|                                 | Estimated                       | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   |                                                                                                       |
| Title VI Program Income:        | Actual                          | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   | \$0.00                                                                                                |
|                                 | Estimated                       | \$0.00                                                      |                                                                        | \$0.00                               | \$0.00                                                                | \$0.00                                                                   |                                                                                                       |
| 1937 Act Operating<br>Reserves: | Actual                          | \$0.00                                                      |                                                                        | \$0.00                               | \$0.00                                                                | \$0.00                                                                   | \$0.00                                                                                                |
|                                 | Estimated                       | \$0.00                                                      |                                                                        | \$0.00                               | \$0.00                                                                | \$0.00                                                                   |                                                                                                       |
| Carry Over 1937 Act<br>Funds:   | Actual                          | \$0.00                                                      |                                                                        | \$0.00                               | \$0.00                                                                | \$0.00                                                                   | \$0.00                                                                                                |
|                                 |                                 |                                                             | LEVERAGED                                                              | FUNDS                                |                                                                       |                                                                          |                                                                                                       |
|                                 | Estimated                       | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   |                                                                                                       |
| ICDBG Funds:                    | Actual                          | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   | \$0.00                                                                                                |
|                                 | Estimated                       | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   |                                                                                                       |
| Other Federal Funds:            | Actual                          | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   | \$0.00                                                                                                |
|                                 | Estimated                       | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   |                                                                                                       |
| LIHTC:                          | Actual                          | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   | \$0.00                                                                                                |
|                                 | Estimated                       | \$0.00                                                      | \$0.00                                                                 | \$0.00                               | \$0.00                                                                | \$0.00                                                                   |                                                                                                       |
| Non-Federal Funds:              | Actual                          | \$0.00                                                      | <sup>\$0,00</sup><br>Attachmer                                         | 1\$0,40 ma 22                        | \$0.00                                                                | \$0.00                                                                   | \$0.00                                                                                                |

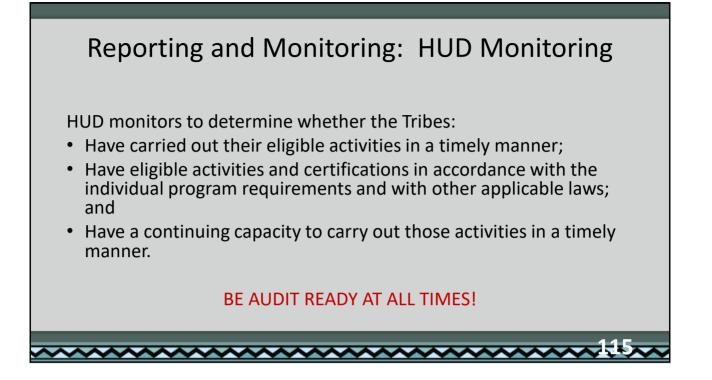
|                                                             | Estimated            | \$701.578.00                                                                                               | \$75,569.00                                                                       | \$777.147.00                                                            | \$680.750.00                                                                  | \$96,397.00 \$                                                          | 0.00                                                                 |
|-------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------|
|                                                             | Actual               | \$701,578.00<br>\$0.00                                                                                     | \$0.00<br>\$0.00                                                                  | \$0.00                                                                  |                                                                               |                                                                         | 0.00                                                                 |
| Uses of Funding                                             |                      |                                                                                                            |                                                                                   |                                                                         |                                                                               |                                                                         |                                                                      |
| Program Name                                                | Unique<br>Identifier | Prior and<br>current year<br>IHBG (only)<br>funds to be<br>expended in 12-<br>month program<br>year<br>(L) | Total all other<br>funds to be<br>expended in 12-<br>month program<br>year<br>(M) | Total funds to<br>be expended in<br>12-month<br>program year<br>(N=L+M) | Total IHBG<br>(only) funds<br>expended in 12-<br>month program<br>year<br>(O) | Total all other<br>funds expended<br>in 12-month<br>program year<br>(P) | Total funds<br>expended in<br>12-month<br>program<br>year<br>(Q=O+P) |
| Construction of Rental<br>Housing                           | 2019-04              | \$380,000.00                                                                                               | \$0.00                                                                            | \$380,000.00                                                            | \$0.00                                                                        | \$0.00                                                                  | \$0.00                                                               |
| Administration of Existing<br>Mutual Help Program<br>(FCAS) | 2019-01              | \$10,750.00                                                                                                | \$0.00                                                                            | \$10,750.00                                                             | \$0.00                                                                        | \$0.00                                                                  | \$0.00                                                               |
| Rental Assistance Program                                   | 2019-02              | \$15,000.00                                                                                                | \$0.00                                                                            | \$15,000.00                                                             | \$0.00                                                                        | \$0.00                                                                  | \$0.00                                                               |
| Rental Housing Acquisition<br>and Rehab Program             | 2019-03              | \$250,000.00                                                                                               | \$0.00                                                                            | \$250,000.00                                                            | \$0.00                                                                        | \$0.00                                                                  | \$0.00                                                               |
| Planning and<br>Administration                              |                      | \$25,000.00                                                                                                | \$0.00                                                                            | \$25,000.00                                                             | \$0.00                                                                        | \$0.00                                                                  | \$0.00                                                               |
| Loan Repayment (describe<br>in 3 & 4 below)                 |                      | \$0.00                                                                                                     | \$0.00                                                                            | \$0.00                                                                  | \$0.00                                                                        | \$0.00                                                                  | \$0.00                                                               |
| Total                                                       |                      | \$680,750.00                                                                                               | \$0.00                                                                            | \$680,750.00                                                            | \$0.00                                                                        | \$0.00                                                                  | \$0.00                                                               |

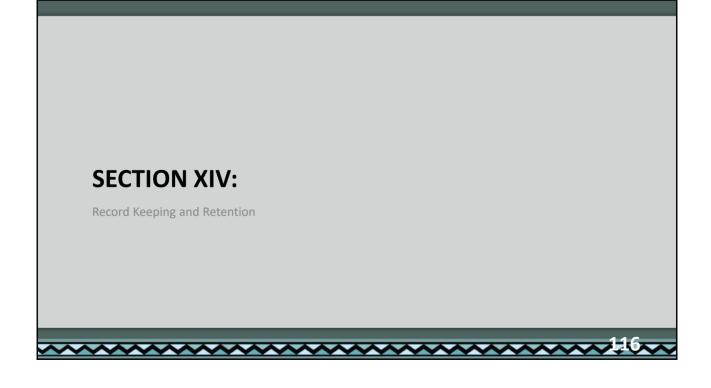
Reporting and Monitoring: Self-Monitoring

- Required under §403(b), 1000.502 and the Uniform Guidance 200.328.
- HUD provides a guidebook for Self Monitoring:

https://www.hud.gov/sites/documents/DOC\_8747.PDF

- Reporting Due Date:
  - No due date imposed
- Complete at least annually
- Report the Self-Monitoring results in the APR





## **Uniform Guidance Requirements**

- 200.302(3): Maintain records that identify adequately the source and application of funds for IHBG funded activities. Records must contain information pertaining to the IHBG award, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation.
- NAHASDA Part 1000.552 requires financial and programmatic records to be retained for 3 years from the end of the grantees program year or settlement date of any litigation, claim, or audit that was started before the expiration of the three-year period.

#### Record Keeping and Retention: Policy Requirements

Adopt a Policy and Include:

- Retention requirements for records (200.333) How long should you keep the records (1000.552)
- Method to transfer certain records to the federal agency, if required (200.334);
- Methods for collection, transmission and storage of information (200.336);
- Access to records; (200.337) for the federal agency, the Inspector General's, the Comptroller General of the United States;
- Restrictions on public access to records (200.337) for example, Personnel files.

# **Record Keeping and Retention**

Reference NAHASDA regulations 1000.552 - Three (3) year records retention:

- All financial and programmatic records, supporting documents, and statistical records of the recipient which are required to be maintained by the statute, regulation, or grant agreement.
- Records must be retained for three years from the date the recipient submits to HUD the annual performance report that covers the last expenditure of grant funds under a particular grant.
- If any litigation, claim, negotiation, audit or other action involving the records, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular 3-year period, whichever is later.

## **Record Keeping and Retention**

Specific accounting related records that should be maintained:

- Bank Reconciliation Files
- Journal Entry Files
- Financial Statement Files
- Other General NAHASDA Grant Files
- Vendor Files
- Tenant Files
- Personnel Files Important Maintain 3 separate files for each employee
  - File 1 Application and other general information
  - File 2 For example health related information
  - File 3 Payroll information

