



NORTHERN MARIANAS HOUSING CORPORATION

P.O. BOX 500514, Saipan, MP 96950-0514

Email: nmhc@nmhc.gov.mp

Website: <http://www.nmhc.gov.net>

Tels: (670) 234-9447

234-6866

234-7670

Fax: (670) 234-9021

JOB DESCRIPTION

Position: CDBG-DR COMPLIANCE MANAGER
Salary: (Ungraded) \$50,000 to \$60,000 P/A
Division: PLANNING DIVISION
Immediate Supervisor: CORPORATE DIRECTOR/DEPUTY CORPORATE DIRECTOR

SUMMARY

The Compliance Manager is a key position and serves as a valued team member responsible for coordinating, monitoring, and servicing the complex approved Disaster Recovery projects. The incumbent possesses a keen understanding of project management and maintains consistent awareness of the status and progress of existing and potential projects, handles complex one time issues and recurring work; provides systematic periodic advice and assistance to fellow CDBG-DR managers whose assignments include duties related to oversight and compliance with CDBG-DR grant program; and provides technical assistance to NMHC program managers and local governments accordingly.

ESSENTIAL DUTIES & RESPONSIBILITIES

1. Manages, coordinates, and monitors all approved CDBG-DR projects from inception to completion;
2. Have knowledge of CDBG guidelines and applicable federal regulations;
3. Performs duplication of benefits analysis for all CDBG-DR projects;
4. Understand all applicable Federal Labor Standards provisions, implementing the Davis-Bacon, Contract Work Hours Safety and Copeland Anti-Kick-Back Acts, among others;
5. Reviews projects for compliance with applicable environmental regulatory agencies, including Section 106 Consultations, NEPA, etc.;
6. Have and/or gains a working knowledge of and be able to apply federal acquisition/relocation requirements, especially the Uniform Relocation and Assistance Act and Section 104 (d) of the Housing and Community Development Act;
7. Have a basic knowledge of construction used in single-family housing; understand the procedures used in rehabilitation and construction of such houses;

8. Understands operation of CNMI and Local Governments in order to effectively communicate with local government officials to proactively solve problems and timely complete projects;
9. Knowledge of Federal, State, and Local government rural development and assistance regulations, laws, and ordinances governing environmental controls, state and area planning, building construction, appraising, and related project management activities;
10. Reports all progress related to all DR projects to the Corporate Director, Deputy Corporate Director, and/or NMHC Board of Directors;
11. Possess ability to express self logically and concisely in both oral and written form;
12. Coordinates with local officials and DR team to provide technical assistance for CDBG-DR program compliance or application development;
13. Understand survey methodologies used to determine project benefit(s) and impact(s);
14. Advises local government officials which eligible activity or combination of activities is most suitable to meet their need(s);
15. Reviews laws and regulations to identify changes or new procedures, etc. and incorporate the changes into presentation materials so that participants will have current compliance information;
16. Ability to establish rapport and deal tactfully and effectively with applicants, public officials, engineers, architects, private lenders, property owners, and the general public;
17. Analyzes and interprets progress and accomplishment data from performance reports for long-term recovery planning and periodic reporting to NMHC and HUD;
18. Identifies problems and make recommendations for resolution to CDBG-DR Program projects and activities;
19. Identifies potential impediments to timely project completion by comparing project status and tasks completed with approved timetables;
20. Provide comments and recommendations for proposed amendments to Action Plan and policies and procedures;
21. Assists in performing outreach activities and interface with the general public, including public hearings related to citizen participation throughout;
22. Assists in preparation of and in presenting material at workshops for CDBG-DR applicants or recipients;
23. Make presentations at workshops, including preparation of materials;
24. Ensures DR Program compliance within and without the agency;
25. Assists the Deputy Corporate Director in preparing the Consolidated Plan, Annual Action Plan, and the Consolidated Annual Performance Report in relations to the DR Program;
26. Performs custodial work of all DR projects and program-related documents by maintaining working files to assist in program management and reviews correspondence and reports; and
27. Performs other related duties as assigned by the Corporate Director and Deputy Corporate Director.

QUALIFICATIONS:

1. **Education:** Bachelor's Degree from a U.S. accredited college or university.
2. **Experience:** Minimum of 7 years of work-related experience in compliance and monitoring of HUD projects or other federally-funded projects; experience in construction management, planning and development especially in CDBG projects and/or federally-funded projects.
3. **Knowledge, Skills and Abilities:** Knowledge of project or activity requirements necessary to comply with HUD programs; knowledge of FEMA and/or SBA regulations; knowledge of general construction inspection practices and procedures; Knowledge of safety requirement and safety practices in construction work; Ability to read engineering drawings and specifications and to interpret them for construction control purposes; Ability to establish and maintain effective working relationships with all persons contacted during the course of work; Ability to read, analyze and interpret general business periodicals, professional journals, technical procedures or government regulations; Ability to write reports, business correspondence and procedure manuals; Ability to effectively present information and respond to questions from contractors, clients, and the general public; Ability to apply concepts such as fractions, percentages, ratios and proportions to practical solutions; Demonstrates the ability to multi-task, work collaboratively in a team-oriented environment and problem solve; Computer literate to include Microsoft Word, Excel, PowerPoint and Outlook; Excellent oral and written communication skills; Ability to be flexible and work under pressure; Ability to work harmoniously with other agency personnel; and ability to maintain confidentiality in all assignments; Valid CNMI Driver's License required.



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WHAT TO CONSIDER WHEN COMPLETING YOUR APPLICATION FOR EMPLOYMENT

1. Complete as thoroughly and correctly as possible each of the thirty-one (31) items listed on the Employment Application.
2. Before submitting your Employment Application, make sure that you attach the following:
 - a. Cover Letter and Resume
 - b. NMHC Applicant's Statement
 - c. High School Diploma or GED Certificate
 - d. College Degree and/or Official Transcript when claiming a Degree
 - e. Police Clearance (Criminal Record – Good within 90 days)
 - f. Certificate of Training/Workshops
 - g. Professional/occupational License (if any related to the job applied for)
 - h. Form DD-214 (Military Discharge Paper)
 - i. Permanent Resident Card/Passport if not a U.S. Citizen
 - j. Valid CNMI Driver's License
3. Make sure that you sign and date your Employment Application before submitting.
4. If you are applying for a specific job vacancy, make sure that you include position title.
5. Application and required documents must be submitted on or before the closing date of the announcement.

NOTE: FAILURE TO PROVIDE ALL DOCUMENTS NOTED ABOVE WILL BE SUBJECT TO DISQUALIFICATION.

**NMHC IS A DRUGFREE WORKPLACE.
A DRUG SCREENING IS REQUIRED FOR ALL APPLICANTS WHO ARE
CONSIDERED FOR EMPLOYMENT.**

“NMHC is an equal employment and fair housing public agency”

APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS: BEFORE COMPLETING, PLEASE READ THE CERTIFICATION SECTION AT THE END OF THIS APPLICATION. TYPE OR PRINT ALL ANSWERS CLEARLY WITH A DARK BALL POINT PEN. ANSWER ALL QUESTIONS FULLY AND ACCURATELY; SIGN, DATE AND RETURN THE APPLICATION TO THE NORTHERN MARIANAS HOUSING CORPORATION FOR PROCESSING.						DO NOT WRITE IN THIS SPACE.	
1. POSITION(S) APPLIED FOR		2. ANNOUNCEMENT NUMBER					
3. POSITION(S) APPLIED FOR		4. ANNOUNCEMENT NUMBER					
5. NAME (FIRST, Middle, Last)		6. SOCIAL SECURITY NUMBER					
7. MAILING ADDRESS (P.O. Box Number or Number and Street)		8. PHONE NUMBERS <small>Home Work</small>					
9. ISLAND (or City and State)		10. ZIP CODE					
11. BIRTHDATE (Month, Date, Year)		12. BIRTHPLACE				13. CITIZENSHIP United States <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____	
14. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		15. MARITAL STATUS (Married, Single, Widowed, Divorced, Separated)					
16. INDICATE PLACE OF RESIDENCE		PERMANENT RESIDENCE		PRESENT RESIDENCE		17. PERSON ABLE TO CONTACT YOU <small>(Name, Address, Phone Number)</small> 19. OTHER NAMES WHICH YOU ARE OR HAVE BEEN KNOWN BY	
18. LIST THE LANGUAGES YOU KNOW		Indicate your knowledge by placing "X" in the proper columns.					
		Read	Speak	Understand	Write		
20. WITHIN THE LAST FIVE YEARS OF EMPLOYMENT HAVE YOU:		a) BEEN TERMINATED FOR ANY REASONS? Yes <input type="checkbox"/> No <input type="checkbox"/>		b) QUIT A JOB TO AVOID BEING TERMINATED Yes <input type="checkbox"/> No <input type="checkbox"/>		c) BEEN CONVICTED OF ANY CRIMINAL OFFENSE Yes <input type="checkbox"/> No <input type="checkbox"/>	
If your answer is "yes" to 20, give details in item 29.							
21. LOWEST PAY YOU WILL ACCEPT \$ _____ per		22. WILL YOU ACCEPT TO TRAVEL (Check one) None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>			23. WHEN WILL YOU BE AVAILABLE TO BEGIN WORKING?		
24. LAST PREVIOUS EMPLOYMENT WITH TRUST TERRITORY GOVERNMENT OF THE NORTHERN MARIANA ISLANDS							
(A) Are you retired from and receiving retirement benefits from the Commonwealth government?		a) Yes <input type="checkbox"/>		b) Yes, but qualify for Exemption payment to 1 CMC §8392(a) <input type="checkbox"/>		c) No <input type="checkbox"/>	
(B) Job Title	Organization	Grade or Pay Level		From (Month, Year)	To (Month, Year)		

25. EDUCATION AND TRAINING (Official school transcript and diploma or certificates must be attached to this application upon submission for all education and training claimed under A through I)										
(A) Name and Location of Elementary / High School attended				(B) Highest Grade Completed			(C) If Graduated, Give Date			
(D) Name and location of College/University attended (Start with your present to previous)				Dates attended		Credits Completed		Type of degree	Year of degree	
				From	To	Semester Hours	Quarter Hours			
(E) Chief undergraduate college subjects			Credits Completed		(F) Chief graduate college subjects				Credits Completed	
			Semester Hours	Quarter Hours					Semester Hours	Quarter Hours
(G) Name and location of other schools attended (trade, Vocational, business, military, correspondences)			Credits Completed		(H) Subject studied				If Certificate received, give date	
			From	To						
(I) Special qualifications, skills, honors (licenses, operate office machines, data processing equipment, vehicles, construction equipment, etc.)								Words per minute		
								Typing	Shorthand	
26. EXPERIENCE: Fill in each block completely. Start with your present or most recent employer and work back. Describe all of your work listing your most important duties first. If you supervised others, describe your supervisory responsibilities. If work was part-time show average number of hours worked per week. Account the periods over the last ten years.										
1.	Dates of Employment (Month, Year) From To			Position Title				Do not write in this space		
Salary			Place of Employment			Grade or Pay Level				
Starting \$ per										
Final \$ per										
Name and Address of employer				Name and Title of Immediate Supervisor				Hours Per Week		
Reasons for Leaving						Number and Kind of Employees Supervised				
Description of Work										

IF YOU NEED ADDITIONAL SPACE TO DESCRIBE YOUR WORK EXPERIENCE, USE PLAIN SHEET OF PAPER AND ATTACH TOGETHER WITH THIS APPLICATION.

2.	Dates of Employment (Month, Year) From To	Position Title	Do not write in this space	
Salary Starting \$ per Final \$ per		Place of Employment	Grade or Pay Level	
Name and Address of employer		Name and Title of Immediate Supervisor		Hours Per Week
Reasons for Leaving			Number and Kind of Employees Supervised	
Description of Work				
3.	Dates of Employment (Month, Year) From To	Position Title	Do not write in this space	
Salary Starting \$ per Final \$ per		Place of Employment	Grade or Pay Level	
Name and Address of employer		Name and Title of Immediate Supervisor		Hours Per Week
Reasons for Leaving			Number and Kind of Employees Supervised	
Description of Work				
4.	Dates of Employment (Month, Year) From To	Position Title	Do not write in this space	
Salary Starting \$ per Final \$ per		Place of Employment	Grade or Pay Level	
Name and Address of employer		Name and Title of Immediate Supervisor		Hours Per Week
Reasons for Leaving			Number and Kind of Employees Supervised	
Description of Work				

5.	Dates of Employment (Month, Year) From _____ To _____	Position Title	Do not write in this space
	Salary Starting \$ _____ per _____ Final \$ _____ per _____	Place of Employment	
	Name and Address of employer	Name and Title of Immediate Supervisor	Hours Per Week
	Reasons for Leaving	Number and Kind of Employees Supervised	
Description of Work			
27.	LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB FOR WHICH YOU ARE APPLYING. (Do not list supervisors you listed under Item 26.)		
	Full Name	Present Address	Business or occupation
28.	MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
29.	FOR DETAILED ANSWERS, use space below. (Correspond your answer to the item number)		
	Item Number		
30.	ARE YOU OR ANY IMMEDIATE FAMILY A TENANT/LANDLORD UNDER NMHC'S SECTION 8 PROGRAM? Yes <input type="checkbox"/> No <input type="checkbox"/>		
31.	ARE YOU OR YOUR IMMEDIATELY FAMILY A RECIPIENT OF THE HOME LOAN PROGRAM? Yes <input type="checkbox"/> No <input type="checkbox"/>		

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

A false answer or statement, or attempt to deceive or defraud in this application is grounds for rating you ineligible for employment with the; as per PART III A B G of the PSSR&R COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS or for dismissing you from employment with the Northern Marianas after appointment. All statements made in this application are subject to investigation, including a check of court records and former employers. All information pertinent to this application will be considered in determining your present fitness for employment with the NORTHERN MARIANAS HOUSING CORPORATION, COMMONWELATH OF THE NORTHERN MARIANA ISLANDS.

CERTIFICATION

I CERTIFY that I have read and understand the foregoing paragraph. I FURTHER CERTIFY that all of the answers and statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith.

SIGNATURE OF APPLICANT (DO NOT PRINT)

DATE (Month, day, year)



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NOTE: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS ADDENDUM TO THE APPLICATION FOR EMPLOYMENT.

APPLICANT'S STATEMENT

I hereby certify that the information provided on my Application for Employment (and accompanying resume, if any) is true and completed to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me for further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize NMHC to make a thorough investigation of my past employment and activities, agree to cooperate in such investigations, and release from any liability or responsibility all persons and companies requesting or supplying information.

I further agree to submit to any lawful drug or other aptitude testing that may be required as a condition of employment or continued employment, and understand that unless otherwise prohibited by law, refusal to submit to drug testing during the course of my employment may result in discharge pursuant to NMHC's Employee Drug and Alcohol Policy.

I certify that I have read and do understand the foregoing paragraphs.

Signed: _____ Date: _____

NMHC is an equal opportunity employer and will not discriminate or tolerate discrimination against any employee or applicant in any manner prohibited by law.

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