

NORTHERN MARIANAS HOUSING CORPORATION

Community Development Block Grant - Disaster Recovery (CDBG-DR) Program

JOB VACANCY ANNOUNCEMENT

NMHC JVA No.	Positions:	Salary	Opening Date	Closing Date
2024-017	CDBG-DR Accountant (1-Position)	UNGRADED \$25,000.00 to \$30,000.00	May 24, 2024	Until Filled
	Re-Announcement	Per annum	•	

Employment application form, detailed job description, qualification requirements and other information can be accessed at www.nmhcgov.net and <a href="www.nmhcgov.ne

Applicants may submit their applications through the following options: Submission at the NMHC Central Office in Garapan, Saipan; Drop Box located in front of the NMHC Central Office building; the CDBG-DR Office located on the 3rd Floor of the Ladera Building, Chalan Laulau, Beach Road; or email application and documents to officemanager@nmhcgov.net.

All applicants must complete and submit the NMHC Employment Application Form together with required documents that are listed in the Employment Application Package. Failure to provide the required documents will result in automatic disqualification. NMHC and all its properties are drug-free zones; therefore, selected applicant will be subject to pre- employment drug screening.

It is the policy of the Northern Marianas Housing Corporation (NMHC) that the merit system will be applied and administered according to the principle of equal opportunity for all citizens and nationals as defined by its personnel regulations and the Northern Marianas Commonwealth Constitution regardless of age, race, sex, religion, political affiliation or belief, marital status, disability or place of origin.

For inquiries, please contact Mr. Jacob Muna, Office Manager, at (670) 234-6866/9447 or by email to <u>officemanager@nmhcgov.net</u>. NMHC is a fair housing agency and an equal opportunity provider, lender and employer.

/s/

Jesse S. Palacios
Corporate Director

CONTROL OF THE PROPERTY OF THE

NORTHERN MARIANAS HOUSING CORPORATION

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

Email: nmhc@nmhc.gov.mp
Website: http://www.nmhcgov.net

COMMUNITY DEVELOPMENT BLOCK GRANT-DISASTER RECOVERY (CDBG-DR) PROGRAM

JOB DESCRIPTION

Position: CDBG-DR Accountant

Division: CDBG-DR Office

Immediate Supervisor: CDBG-DR Senior Accountant Division Manager: CDBG-DR Finance Manager

The CDBG-DR Accountant will be responsible for assisting in complete and accurate monthly reporting of all financial information relevant to the CDBG-DR Program, including account analysis and preparation of financial statements, including reporting in DRGR, and preparation of HUD Quarterly Reports (QPR).

This position is a contract position for a period of two (2) years and renewable every two (2) years depending on satisfactory performance and funding availability.

DUTIES AND RESPONSIBILITIES

- 1. Record CDBG-DR financial transactions onto the automated accounting journals and registers using Win Ten-2 housing software, Servicer 3D loans software, and HUD reporting websites (DRGR).
- 2. Prepare accounting journal entries to posts financial transactions and adjustments thereof;
- 3. Prepare, review, analyze and reconcile general ledger accounts and subsidiary registers critical in the preparation of Financial Statements;
- 4. Maintain accounting and financial records of CDBG-DR Office housing and community development activities:
- 5. Assist in the preparation of all funding sources and draw down of funds, including but not limited to CDBG-DR Office funding management. Prepare and enter financial data to HUD websites, including but not limited to Disaster Recovery Grant Reporting (DRGR) System;
- 6. Compiles information and prepares reports to assist with the month-end close process and management's financial decisions
- 7. Provide technical support for year-end accounting closing activities; including analytical review of preliminary trial balances and year-end journal entries, final trial balances and general ledger account balances;
- 8. Provide technical support for the maintenance of CDBG-DR chart of Accounts and general ledger formats;
- 9. Assist in the preparation, monitoring, analysis, and enforcement of NMHC/CDBG-DR budgets;
- 10. Assist in the preparation of indirect cost allocations report and analysis;
- 11. Provide technical assistance for the preparation of financial schedules and reports for CDBG-DR programs;

- 12. Provide technical assistance in monitoring of various financial activities to ensure compliance with HUD and GAAP mandated internal control requirements;
- 13. Prepare a variety of schedules, reconciliations, and summaries of financial transactions;
- 14. Provide technical support in ensuring compliance with all applicable rules, regulations, standards, policies and procedures; assist in any action necessary to correct nonconformities;
- 15. Provide technical and functional support to other CDBG-DR accounting staff;
- 16. Assist in the resolution of financial and accounting problems or issues;
- 17. Provided technical assistance in ensuring CDBG-DR accounting processes and procedures are in compliance with HUD-mandated rules, regulations, and guidelines through collaboration with other FD staff;
- 18. Participate in the development and implementation of CDBG-DR accounting goals, objectives, policies, procedures, priorities and plans of actions; and
- 19. Perform other related duties as required.

Minimum Qualification Requirements:

Education and/or Experience Required:

Any combination equivalent to graduation from an accredited college or university with a Bachelor's Degree in Accounting. Three (3) years of progressively responsible experience in professional accounting level. Must possess excellent communication skills; have ability to function in a fast-paced and changing environment and be detailed oriented.

Knowledge & Abilities:

Must possess strong problem-solving skills; Ability to exercise sound judgment and make decisions based on meaningful data and analysis; Coordinate and correlate operational data with financial transactions; Organize work effectively and maintain accurate and systematic records; Ability to think critically, analyze problems and make coherent and implementable recommendations; Ability to solve practical problems and deal with a variety of operational and financial variables in situations where only limited standardization exists; interpret a variety of instructions furnished in written or oral forms; Ability to work with various computer and accounting software; Maintain database integrity, accuracy, security, and performance efficiency; Must have strong skills in accounting and budgeting principles and procedures and their application to diverse accounting transactions and problems; Must possess strong financial research and report preparation methods and techniques; Must have knowledge of Federal and CNMI Laws, codes and regulations; Ability to accurately exchange information in person or in writing electronically and telephonically

Must have the following abilities: Commitment: Set high standards of performance; pursue aggressive goals and work hard/smart to achieve them; strive for results and success; convey a sense of urgency and bring issues to closure; and persist despite obstacles and opposition; Effective Communication: Ensure important information is passed to those who need to know; convey necessary information clearly and effectively orally or in writing; demonstrate attention to, and convey understanding of, the comments and questions of others; and listen effectively; Analytical: Synthesize complex or diverse information; collect and research data; and use intuition and experience to complement data; Quality: Demonstrate accuracy and thoroughness; look for ways to improve and promote quality; apply feedback to improve performance; monitor own work to ensure quality; Responsiveness and Accountability: Hold oneself personally responsible for one's own work; and do the required fair share of work; must be able to maintain confidentiality and abide by strict ethical standards, integrity, objectivity and confidentiality when dealing with financial information, and budget analysis and must avoid any personal conflicts of interest.

NORTHERN MARIANAS HOUSING CORPORATION





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.

APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS THE END OF THIS APPLIC. POINT PEN. ANSWER ALL APPLICATION TO THE NOR		O NOT WRTIE IN IIS SPACE.					
1. POSITION(S) APPI	IED FOR		2. ANI	NOUNCEMI	ENT NUMBE	R	
3. POSITION(S) APPI	IED FOR		4. ANI	NOUNCEM	ENT NUMBE	R	
5. NAME (FIRST, Mid	dle, Last)	1	6. SOC	CIAL SECUI	RITY NUMBE	ER .	
	SS (P.O. Box Number or Number	er and Street)	8. PHC Home Work		ERS		
9. ISLAND (or City an	d State)	10.	ZIP CODE				
11. BIRTHDATE (Mon	h, Date, Year)	12.	BIRTHPLACE			13.	CITIZENSHIP United States
14. GENDER MALE	FEMALE		MARITAL STA Divorced, Separated		d, Single, Widowed	l, Specif	Other :
16. INDICATE PLACE OF RESIDENCE	PERMANENT RE	ESIDENCE	PRE	SENT RESI	DENCE	17.	PERSON ABLE TO CONTACT YOU (Name, Address, Phone Number)
18. LIST THE LANGU.	AGES YOU KNOW		"X" in the p	or knowledge proper colum peak Unders	ns.		
							ER NAMES WHICH YOU OR HAVE BEEN KNOWN
20. WITHIN THE LAST FIVE YE EMPLOYMENT HAVE YOU:	ARS OF a) BEEN TERMINA' FOR ANY REASO		b) QUIT A JOB T BEING TERM		Yes No		CONVICTED Yes VY CRIMINAL NO NSE
If your answer is "yes" to 20, give d	etails in item 29.						
21. LOWEST PAY YOU WILL ACCEPT \$ per 22. WILL YOU ACCEPT TO TRAVEL (Check one) None Some Often 23. WHEN WILL YOU BE WORKING?							ILABLE TO BEGIN
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? b) Yes, but qualify for Exemption payment to 1 CMC §8392(a)							
(B) Job Title	Organization	•	Grade or Pay Lev	el	From (Mo	onth, Year)	To (Month, Year)

NMHC 2018 EMPLOYMENT APPLICATION 01

25.	EDUCATION AND TRAINING (Official school transcript and diploma or certificates m	nust be attached	to this applicat	ion upon submissio	n for all educat	tion and training claime	d under A throu	ıgh I)			
(A)	Name and Location of Elementary / High School	ol attended		(B) Highest Grade Completed (C) If Gra			raduated, G	ive Date			
(D)	(D) Name and location of College/University attended (Start with your present to previous)		Dates attended		Credits	Credits Completed					
				From	То	Semest Hours	er Quarter Hours	Type of degree		Year of degree	
(E)	Chief undergraduate college subjects	Credits Consenses		(F) (Chief graduat	te college subjects			Credits Semes	er Quarter	
		Hours	Hours						Hours	Hours	
(G)	Name and location of other schools attended (trade, Vocational, business, military, correspondences)	Credits Co From	ompleted To	(H) S	Subject studio	ed			If Certificate received, give date		
(I) Special qualifications, skills, honors (licenses, operate office machines, data proc			es, data proce	cessing equipment, vehicles, construction equipment, etc.)					Words	per minute	
								-	Typing	Shorthand	
26.	EXPERIENCE: Fill in each block completely. Start v first. If you supervised others, describe your supervised last ten years.										
1.	Dates of Employment (Month, Year) From To	Position T	Title					Do not	Do not write in this space		
Sa	alary	Place of E	Employment			Grade or Pay Level					
	Starting \$ per		1 1								
	Final \$ per										
Na	ame and Address of employer			Name and Tit	tle of Immed	iate Supervisor		Hours 1	Per Week		
Re	easons for Leaving]	Number and Kind o	f Employees	Supervised			
Des	scription of Work										
_ 03											

	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					
Sal	ary	Place of Employment		Grade or Pay Level	_			
S	starting \$ per							
F	inal \$ per							
Nar	me and Address of employer		Name and Title of Imr	mediate Supervisor	Hours Per Week			
Rea	isons for Leaving			Number and Kind of Employees	Supervised			
Desc	ription of Work							
3.	Dates of Employment (Month, Year) From To	Position Title			Do not write in this space			
Sal	ary	Place of Employment		Grade or Pay Level				
S	starting \$ per							
F	ïnal \$ per							
Nar	ne and Address of employer		Name and Title of Imr	Immediate Supervisor Hours Per Week				
Rea	isons for Leaving			Number and Kind of Employees	Supervised			
Desc	ription of Work							
4.	Dates of Employment (Month, Year) From To	Position Title			Do not write in this space			
Sal	ary	Place of Employment		Grade or Pay Level				
	starting \$ per							
	rinal \$ per							
Nar	ne and Address of employer		Name and Title of Immediate Supervisor		Hours Per Week			
Rea	ssons for Leaving			Number and Kind of Employees	Supervised			
Description of Work								

	Dates of Employment (Month, Year)	Position Title				Do not write in this space			
5.	From To								
Sala	ry	Place of Employment		Grade or Pay Le	evel				
St	arting \$ per								
Fi	nal \$ per								
Nam	e and Address of employer		Name and Title of Immediate Supervisor			Hours Per Week			
			Traile and True of Immediate Super riso.						
D	and for I assista			Nonder of IV:	1 - f F1	Committee 1			
Keas	ons for Leaving			Number and Kii	nd of Employees	Supervised			
Descr	iption of Work								
27.	LIST THREE PERSONS NOT RELATED TO FITNESS FOR THE JOB FOR WHICH YOU A				CATIONS AND				
	Full Name		Present Address			Business or occupation			
28.	MAY WE CONTACT YOUR PRESENT EMPI	OYER? Yes	No						
29.	FOR DETAILED ANSWERS, use space below.	(Correspond your answe	er to the item number)						
Ite:	Item								
Nuii	Der								
30.	ARE YOU OR ANY IMMEDIATE FAMILY A	TENANT/LANDLORD	UNDER NMHC'S SECT	TION 8 PROGRAM	1? Yes [No No			
31.	ARE YOU OR YOUR IMMEDIATELY FAMIL	LY A RECIPIENT OF TH	HE HOME LOAN PROG	RAM? Ye	s 🗆	No 🔲			
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.								
SIGN	SIGNATURE OF APPLICANT (DO NOT PRINT) DATE (Month, day, year)								



NORTHERN MARIANAS HOUSING CORPORATION

P.O. BOX 500514, Saipan, MP 96950-0514 Email: nmhc@nmhc.gov.mp Website: http://www.nmhcgov.net Tel: (670)234-6866/9447 Fax: (670)234-9021



NOTE: PEASE 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.

•		
Signed:	Date:	
1 11 1 1	loyer and will not discriminate or tolerate discrimination against or applicant in any manner prohibited by law.	ıny employee

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