

#### 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
	CDBG-DR Accountant	UNGRADED		
2025-007	(1-Position)	\$25,000.00 to \$30,000.00 Per annum	January 29, 2025	Until filled

Employment application form, detailed job description, qualification requirements and other information can be accessed at <a href="www.nmhcgov.net">www.nmhcgov.net</a> and <a href="www.nmhcgov.net">www.nmhcgov.net</a> and <a href="www.nmhcgov.net">www.nmh-cdbgdr.com</a>.

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 Ms. Elicia San Nicolas, HR Manager, at (670) 234-6866/9447 or by email to <a href="mailto:hr@nmhcgov.net">hr@nmhcgov.net</a>. NMHC is a fair housing agency and an equal opportunity provider, lender and employer.

/s/ **Zenie P. Mafnas**Corporate Director

# NMHC NMHC

#### NORTHERN MARIANAS HOUSING CORPORATION

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

Email: <a href="mailto:nmhc@nmhc.gov.mp">nmhc@nmhc.gov.mp</a>
Website: <a href="mailto:http://www.nmhcgov.net">http://www.nmhcgov.net</a>

## 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 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 an Associate's Degree in Accounting with 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.



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Website: http://www.nmhcgov.net



# 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: 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.									O NOT WRTIE IN HIS SPACE.
1. POSITION(S) APPLIED	FOR	2.	P	ANNOUI	NCEMI	ENT N	UMBER		
3. POSITION(S) APPLIED	FOR	4.	F	ANNOU	NCEMI	ENT N	UMBER		
5. NAME (FIRST, Middle,	Last)	6.	S	SOCIAL	SECUR	N YTI	IUMBER		
,	P.O. Box Number or Number and Street	8.	1	PHONE I Home Work	NUMBI	ERS			
9. ISLAND (or City and Sta	te) 10.	ZII	PCODE						
11. BIRTHDATE (Month, D	ate, Year) 12.	BII	RTHPLA	CE				13.	CITIZENSHIP United States
14. GENDER  MALE FEI	15.		ARITAL orced, Separ		6 (Married	l, Single,	Widowed,	Speci	Other
16. INDICATE PLACE OF RESIDENCE	PERMANENT RESIDENCE		I	PRESEN	T RESI	DENC	Е	17.	PERSON ABLE TO CONTACT YOU (Name, Address, Phone Number)
18. LIST THE LANGUAGE	S YOU KNOW			your kno he proper		ns.	Vrite		
							_		
									ER NAMES WHICH YOU OR HAVE BEEN KNOWN
	<u> </u>	,							
20. WITHIN THE LAST FIVE YEARS EMPLOYMENT HAVE YOU:	OF a) BEEN TERMINATED Yes FOR ANY REASONS? No		QUIT A JO BEING TE			es No			CONVICTED Yes NY CRIMINAL NO
If your answer is "yes" to 20, give details	in item 29.								
21. LOWEST PAY YOU WILL ACCEP \$ per	22. WILL YOU ACCEPT TO TR.  None Some	_	(Check on	e)	23. W		WILL YOU WORKING		ILABLE TO BEGIN
24. LAST PREVIOUS EMPLOY	I YMENT WITH TRUST TERRITORY GOVE	ERNMI	ENT OF T	HE NORT	HERN I	MARIA	NA ISLAN	NDS	
(A) Are you retired from and receiving rebenefits from the Commonwealth go			Yes, but qu Exemption to 1 CMC	n payment				c) No	
(B) Job Title	Organization	Gra	ade or Pay	Level		F	From (Mon	th, Year)	To (Month, Year)

25.	EDUCATION AND TRAINING (Official school transcript and diploma or certificates n	nust be attached to	this application	on upon submission	for all educati	ion and trai	ining claimed und	ler A through	1 I)		
(A)	Name and Location of Elementary / High Scho	ol attended		(B) Highest Grade Completed (C) If Gra			aduated, G	ive Date			
(D)	Name and location of College/University attended (Start with your present to previous)		Dates attended			Credits Completed					
				From	То		Semester Hours	Quarter Hours		Type of degree	Year of degree
(E)	Chief undergraduate college subjects	Credits Co		(F) (	Chief gradua	ite college	e subjects				Completed
		Semester	Quarter							Semeste	
		Hours	Hours							Hours	Hours
(G)	Name and location of other schools attended (trade, Vocational, business, military, correspondences)	From	To To	(H) Subject studied					If Certificate received, give date		
(I)	Special qualifications, skills, honors (licenses, operate of	office machines	, data proces	ssing equipment,	vehicles, co	nstruction	n equipment, et	c.)		Words	per minute
										Typing	Shorthand
26.	EXPERIENCE: Fill in each block completely. Start first. If you supervised others, describe your supervis last ten years.	with your prese ory responsibili	ent or most i	recent employer a k was part-time s	and work bachow average	ck. Desc e number	cribe all of your	work listi	ng your mo	ost important of the periods of	duties over the
1.	Dates of Employment (Month, Year) From To	Position Ti	tle						Do not	t write in this	space
	ılary	Place of Er	mployment			Grade or	Pay Level				
	Starting \$ per										
	Final \$ per  me and Address of employer			Name and Tit	le of Immed	liate Sune	ervisor		Hours	Per Week	
			7.4410-4410-7.110-07.11410-4410-7.110-1								
Reasons for Leaving						Number	and Kind of En	nployees S	upervised		
Desc	cription of Work										

	IF YOU NEED ADDITIONAL SPACE TO DE THIS APPLICATION.	SCRIBE YOUR WORK I	EXPERIENCE, USE PLA	IN SHEET OF PAPER AND ATTA	ACH TOGETHER WITH
2.	Dates of Employment (Month, Year) From To	Position Title	Do not write in this space		
		71 07 1			
	lary	Place of Employment		Grade or Pay Level	
	Starting \$ per				
	Final \$ per				
Na	me and Address of employer		Name and Title of Imr	mediate Supervisor	Hours Per Week
Re	asons for Leaving			Number and Kind of Employees	Supervised
Desc	cription of Work				
	•				
3.	Dates of Employment (Month, Year) From To	Position Title			Do not write in this space
Sa	lary	Place of Employment		Grade or Pay Level	
:	Starting \$ per				
]	Final \$ per		<del>,</del>		
Name and Address of employer			Name and Title of Imr	mediate Supervisor	Hours Per Week
Re	asons for Leaving			Number and Kind of Employees	Supervised
Desc	cription of Work				
4.	Dates of Employment (Month, Year) From To	Position Title			Do not write in this space
Sa	lary	Place of Employment		Grade or Pay Level	
:	Starting \$ per				
]	Final \$ per				
Na	me and Address of employer		Name and Title of Imr	mediate Supervisor	Hours Per Week
Re	asons for Leaving		l	Number and Kind of Employees	Supervised
Desc	cription of Work			•	
1					

5.	Dates of Employment (Month, Year) From To	Position Title				Do not write in this space		
Salary		Place of Employment		Grade or Pay Le	evel			
Start	ing \$ per							
Final	l \$ per		<u> </u>					
Name a	and Address of employer		Name and Title of Immediate Supervisor			Hours Per Week		
Reason	s for Leaving			Number and Kir	nd of Employees	Supervised		
Descript	ion of Work							
27.	LIST THREE PERSONS NOT RELATED TO Y FITNESS FOR THE JOB FOR WHICH YOU A				ATIONS AND			
	Full Name		Present Address			Business or occupation		
28.	28. MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No							
29.	FOR DETAILED ANSWERS, use space below.	(Correspond your answe	er to the item number)					
Item Numbe	r							
30.	ARE YOU OR ANY IMMEDIATE FAMILY A	TENANT/LANDLORD	UNDER NMHC'S SECT	ION 8 PROGRAM	? Yes	No 🗆		
31.	ARE YOU OR YOUR IMMEDIATELY FAMIL	LY A RECIPIENT OF TH	IE HOME LOAN PROGR	RAM? Yes	s 🗆	No 🔲		
COM stater consi	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.							
		CF	ERTIFICATION					
	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.							
SIGNAT	TURE OF APPLICANT (DO NOT PRINT)				DATE	(Month, day, year)		



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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:	
	loyer and will not discriminate or tolerate discrimination against an or applicant in any manner prohibited by law.	ny employee

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