



AGENDA

Finance Committee Meeting

Thursday, May 15, 2014



Create dynamic communities where people thrive

Board of Commissioners

Chairman Ramiro Cavazos	Vice-Chair Charles R. Muñoz	Commissioner Karina C. Cantu	Commissioner Yolanda Hotman	Commissioner Stella Burciaga Molina	Commissioner Lisa Rodriguez	Commissioner Morris Stribling
----------------------------	--------------------------------	---------------------------------	--------------------------------	----------------------------------------	--------------------------------	----------------------------------

Finance Committee

Karina C. Cantu, Chair; Charles R. Muñoz, Member; Morris Stribling, Member
President & CEO

Lourdes Castro Ramirez

**San Antonio Housing Authority
Finance Committee Meeting or
Special Board Meeting**
818 S. Flores, San Antonio, TX 78204
Thursday, May 15, 2014, 3:30 p.m.**

The Board of Commissioners will convene for a Committee or Special Board Meeting in the Boardroom located within the San Antonio Housing Authority for discussion and action on the following matters:

1. Meeting called to order.
The Board of Commissioners or its committee may hold a closed meeting pursuant to Texas Government Code § 551.071-076 for consultation concerning attorney-client matters, real estate, litigation, personnel, and security matters. The Board or committee reserves the right to enter into closed meeting at any time during the course of the meeting.
2. Consideration and appropriate action regarding Resolution 5410, authorizing the President and CEO to renew or place insurance policies covering property, liability, excess/umbrella, director & officers, employment practices, workers' compensation, automobile fleet, fiduciary, fidelity, and boiler and machinery for the San Antonio Housing Authority and its affiliated entities for fiscal year (FY) 2014-2015 in an amount not to exceed \$2,625,000.00. (Ed Hinojosa, Chief Financial Officer; Veronica Guevara, Sr. Manager of Risk & Sustainability).
3. Consideration and approval regarding Resolution 5416, authorizing an award of a contract for insurance broker of record for property, casualty and workers' compensation to McGriff, Seibels and Williams (MSW) for an annual cumulative amount not to exceed \$24,000.00 for a period of one (1) year, with the option to renew for (4) four additional one-year periods. (Steven Morando, Director of Procurement; Ed Hinojosa, Chief Financial Officer; Veronica Guevara, Sr. Manager of Risk & Sustainability).
4. Consideration and appropriate action regarding Resolution 5411, approving the Consolidated Operating Budget and Goals for the San Antonio Housing Authority and its affiliated Non-Profits for fiscal year ending June 30, 2015. (Ed Hinojosa, Chief Financial Officer).
5. Resolution 5412, adopting the San Antonio Housing Authority (Housing Authority) Internal Audit Plan for 2014-2015. (Muriel Rhoder, Internal Audit Manager).
6. *Annually required discussion of Internal Audit with Board of Commissioners. (Muriel Rhoder, Internal Audit Manager).
7. Adjournment.

Note: Whenever the Texas Open Meetings Act (Section 551.001 et seq. Of the Texas Government Code) provides for a closed meeting in matters concerning legal advice, real estate, contracts, personnel matters, or security issues, the Board may find a closed meeting to be necessary. For convenience of the citizens interested in an item preceded by an asterisk, notice is given that a closed meeting is contemplated. However, the Board reserves the right to go into a closed meeting at any other item, whether it has an asterisk or not, when the Board determines there is a need, and a closed meeting is permitted under Chapter 551 of the Texas Government Code that permits the closed meeting.
** Note: If a quorum of the Board of Commissioners attends the Committee Meeting, this meeting becomes a Special Meeting of the Board, but no Board action will be taken other than recommendations to the full board, unless the full Board is present.

BOARD OF COMMISSIONERS
Finance Committee

RESOLUTION 5410, AUTHORIZING THE PRESIDENT AND CEO TO RENEW OR PLACE INSURANCE POLICIES COVERING PROPERTY, LIABILITY, EXCESS/UMBRELLA, DIRECTORS & OFFICERS, EMPLOYMENT PRACTICES, WORKERS' COMPENSATION, AUTOMOBILE FLEET, FIDUCIARY, FIDELITY, AND BOILER AND MACHINERY FOR THE SAN ANTONIO HOUSING AUTHORITY AND ITS AFFILIATED ENTITIES, FOR FISCAL YEAR 2014-2015 IN AN AMOUNT NOT TO EXCEED \$2,625,000



Lourdes Castro Ramirez
President and CEO



Ed Hinojosa,
Chief Financial Officer

REQUESTED ACTION:

Consideration and appropriate action regarding Resolution 5410, authorizing the President and CEO to renew or place insurance policies covering property, liability, excess/umbrella, director & officers, employment practices, workers' compensation, automobile fleet, fiduciary, fidelity, and boiler and machinery for the San Antonio Housing Authority and its affiliated entities for fiscal year (FY) 2014-2015.

PURPOSE:

The U.S. Department of Housing and Urban Development (HUD) requires Public Housing Authorities (PHAs) to maintain adequate insurance coverage on all properties. Similarly, lenders and additional interests have these requirements for non-profit properties. This activity is aligned with SAHA's priority to preserve our existing affordable housing assets.

FINANCIAL IMPACT:

The cost of \$2,625,000 is included in SAHA's FY 2014-2015 operating budget.

SUMMARY:

On June 4, 2009, SAHA's Board of Commissioners approved awarding a contract to McGriff, Seibels and Williams of Texas (MSW) as the Agency's Broker of Record (BOR). The BOR serves as our consultant for insurance products in the market and presents SAHA the best options for consideration (see attached schedule).

SAHA's primary insurer for our developments is HAI Group. SAHA has an historic and vested interest in HAI Group who is a captive insurer for PHAs only nationwide. In the mid-1980s, the public housing community faced a crisis as insurance companies refused to insure PHAs. PHAs were labeled as high risk and rising premiums reached unaffordable levels despite being required by HUD. In 1987, a solution emerged - the Housing Authority Insurance Group (HAI Group) was formed; it is a member owned organization originally funded by the PHAs it insures. Founding PHAs, including SAHA, became member owners in 1987 when they paid into HAI Group to fund insuring fellow member/owner PHAs. The initial investment has paid for itself many times over and SAHA's current equity stands at about \$640,000.

HAI Group remains the most competitive insurer for PHAs. Staff conducts market penetration studies every two years to remain current and relevant in premium comparisons. HAI Group has a reciprocal relationship with its members. We receive annual dividend disbursements from HAI Group. On average, SAHA receives about \$175,000 a year. These dividends are paid

to all member owners based on the annual performance of the insurance company, global catastrophic losses, and loss prevention measures executed by staff.

Annual efforts include cost and coverage comparisons in the market for SAHA's affordable housing portfolio and operations insurance needs; selections are recommended based on the best cost and fit for SAHA. In addition, policy adjustments occur throughout the fiscal year. The FY 2013-2014 board approved cost was \$2,500,000 and the projected cost for FY 2014-2015 is anticipated not to exceed \$2,625,000. The increases are reflected in the FY 2014-2015 budget. The policy periods covered will be July 1, 2014 through June 30, 2015. Cost comparisons are underway. We have had no responses to date on the public housing portfolio and the non-profit portfolio will be put out to market on June 1, 2014. Staff can provide comparative findings once marketing is complete.

Projected cost distribution by carrier is approximately \$1,800,000 to HAI Group and approximately \$750,000 to Texas Political Subdivisions, Zurich, The Hartford, Travelers, Philadelphia Insurance Companies, and Texas Municipal League. These are the incumbent carriers and may change if better products and premiums are available in the market.

Cost increases are attributable to variable market conditions, claims loss history, and catastrophic losses. A 5% increase is incorporated into these projections and should adequately address insurance needs for policy renewals or placements, new developments, policy adjustments, and agency needs throughout the fiscal year. Diligent efforts will be followed to keep any increases at or below 5% across the insurance portfolio. Premium increases are supported industry-wide and memorialized in the 2014 Insurance Market Outlook by Wells Fargo, The Willis Report for the online edition of the Wall Street Journal, Property Casualty 360 online underwriter publications, and Business Insurance online publications. The winter of 2014's "polar vortex" across much of the nation is the costliest catastrophic and premium increase factor to date. Overall, expert industry speculation is that premiums may increase in the 5% to 15% range.

Renewal Process Timeline:

March 2014	Complete renewal applications
April 2014	Gather and submit related data – loss runs, review market trends and pricing, discuss placement, negotiation or alternative strategies with CFO
May 2014	Seek competitive premium quotes, discuss recommendations with CFO, and submit for consideration by Finance Committee
June 2014	Submit for consideration by Board of Commissioners; bind coverage
July 2014	Policies renewed or placed

This is the final year of the current BOR contract and a staff recommendation for an award of a contract for BOR is also on the May 15, 2014 Finance Committee agenda.

ATTACHMENTS:

Resolution 5410
SAHA Insurance Schedule and Cost Distribution

San Antonio Housing Authority

Resolution

RESOLUTION 5410, AUTHORIZING THE PRESIDENT AND CEO TO RENEW OR PLACE INSURANCE POLICIES COVERING PROPERTY, LIABILITY, EXCESS/UMBRELLA, DIRECTORS & OFFICERS, EMPLOYMENT PRACTICES, WORKERS' COMPENSATION, AUTOMOBILE FLEET, FIDUCIARY, FIDELITY, AND BOILER AND MACHINERY FOR THE SAN ANTONIO HOUSING AUTHORITY AND ITS AFFILIATED ENTITIES, FOR FISCAL YEAR 2014-2015 IN AN AMOUNT NOT TO EXCEED \$2,625,000.00.

WHEREAS, the Housing Authority of the City of San Antonio, Texas must maintain adequate insurance for all its properties and the properties of its affiliates to protect itself, its residents, its employees, and to preserve affordable housing assets; and

WHEREAS, the renewal or placement of insurance policies is necessary to comply with HUD requirements, lenders and additional interests' requirements, and is necessary to protect our properties, residents, and staff; and

WHEREAS, our Broker of Record, McGriff, Seibels and Williams of Texas, will provide recommendations of the best available products and pricing; and

WHEREAS, staff recommends authorization to proceed with insurance policy renewals or placements for the 2014-2015 fiscal year; and

WHEREAS, staff requests that the Board of Commissioners authorize the President and CEO to execute all documents and transactions necessary to renew or place all insurance policies.

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of SAHA hereby:

- 1) Approves Resolution No. 5410 authorizing to renew or place insurance policies covering property, liability, excess/umbrella, director & officers, employment practices, workers' compensation, automobile fleet, fiduciary, fidelity, and boiler and machinery for the San Antonio Housing Authority and its affiliated entities for fiscal year (FY) 2014-2015 in an amount not to exceed \$2,625,000.00.

- 2) Authorizes the President and CEO to execute all necessary documents associated therewith.

Passed and approved the 5th day of June 2014.

Ramiro Cavazos
Chair, Board of Commissioners

Attested and approved as to form:

Lourdes Castro Ramírez
SAHA President and CEO

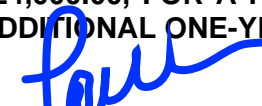
April 3, 2014

Insurance Renewals for SAHA and its Affiliates

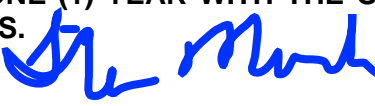
Insured Entity	2013-2014 Premium	2014-2015 Projected
Artisan Park, LLC	\$ 6,462	\$ 6,785
Automobile Fleet	\$ 51,537	\$ 54,114
Converse Ranch II, LLC	\$ 21,013	\$ 22,064
Converse Ranch, LLC	\$ 27,554	\$ 28,932
Durango Midrise, LP	\$ 77,925	\$ 81,821
Fiduciary,EPL, D&O	\$ 59,159	\$ 62,117
Homestead Public Facility Corp	\$ 23,254	\$ 24,417
Las Varas Public Facility Corp	\$ 3,181	\$ 3,340
Legacy at O'Connor	\$ 30,689	\$ 32,223
Legacy at Science Park	\$ 24,245	\$ 25,457
Pecan Hill	\$ 11,749	\$ 12,336
Public Housing Liability	\$ 283,716	\$ 297,902
Public Housing Property	\$ 519,388	\$ 545,357
Public Housing Property Excess	\$ 60,000	\$ 63,000
Refugio St. Ltd	\$ 43,221	\$ 45,382
SAHA Boiler & Machinery	\$ 20,132	\$ 21,139
SAHA Fidelity	\$ 8,929	\$ 9,375
SAHA Flood	\$ 39,588	\$ 41,567
San Antonio Homeownership Opportunities	\$ 8,780	\$ 9,219
San Antonio Housing Development Corp	\$ 24,786	\$ 26,025
San Antonio Housing Facility Corp	\$ 254,466	\$ 267,189
San Antonio Housing Opportunities Corp	\$ 2,283	\$ 2,397
Sendero I Public Facility Corp	\$ 37,594	\$ 39,474
Springhill/Courtland Hts Public Facility Corp	\$ 87,491	\$ 91,866
Sunshine Plaza	\$ 16,272	\$ 17,086
Vera Cruz	\$ 4,823	\$ 5,064
Woodhill Public Facility Corp	\$ 107,088	\$ 112,442
Workers' Compensation	\$ 530,257	\$ 556,770
	\$ 2,385,582	\$ 2,504,861

BOARD OF COMMISSIONERS
Finance Committee


RESOLUTION 5416, AUTHORIZING AN AWARD OF A CONTRACT FOR INSURANCE BROKER OF RECORD FOR PROPERTY, CASUALTY AND WORKERS' COMPENSATION TO MCGRIFF, SEIBELS AND WILLIAMS (MSW) FOR AN ANNUAL CUMULATIVE AMOUNT NOT TO EXCEED \$24,000.00, FOR A PERIOD OF ONE (1) YEAR WITH THE OPTION TO RENEW FOR (4) FOUR ADDITIONAL ONE-YEAR PERIODS.



Lourdes Castro Ramirez
President and CEO



Steven Morando
Director of Procurement



Ed Hinojosa
Chief Financial Officer

REQUESTED ACTION:

Consideration and appropriate action regarding Resolution 5416, authorizing an award of a contract for insurance broker of record for property, casualty and workers' compensation to McGriff, Seibels and Williams (MSW) for an annual cumulative amount not to exceed \$24,000.00 for a period of one (1) year, with the option to renew for (4) four additional one-year periods.

PURPOSE:

SAHA requires a Broker of Record (BOR) to ensure compliance with the U. S. Department of Housing and Urban Development (HUD) and lender insurance requirements. In addition, the BOR assists SAHA in its annual insurance renewal or placement process to protect its assets – real property, human capital, program participants/visitors and operational processes. These efforts align with our 2nd and 3rd strategic goals: investing in our employees, our greatest resource; and preserving and improving existing affordable housing.

The current BOR is McGriff, Seibels, and Williams (MSW). The local branch of MSW is exclusively a broker for public entities, including public housing authorities (PHAs). MSW has proven to be a knowledgeable, hands-on, strategic partner who understands the public housing business well. They bring many tools and relevant experience to the table, including but not limited to loss prevention, loss control, analysis, trending data and creative solutions to assist on matters of risk. MSW also brings consultation services, training resources and licenses that allow for premium comparisons in the market.

SAHA's primary insurer for property developments is HAI Group. SAHA has an historic and vested interest in HAI Group who is an insurer for PHAs only nationwide. In the mid-1980s, the public housing community faced a crisis as insurance companies refused to insure PHAs. PHAs were labeled as high risk and rising premiums reached unaffordable levels despite being required by HUD. In 1987, a solution emerged -- the Housing Authority Insurance Group (HAI Group) was formed; it is a member-owned organization originally funded by the PHAs it insures. Founding PHAs, including SAHA, became member-owners in 1987 when they paid into HAI Group to fund insuring fellow member/owner PHAs. The initial investment has paid for itself many times over and SAHA's current equity stands at about \$640,000.

HAI Group remains the most competitive insurer for PHAs. Staff conducts market penetration studies every two years to remain current and relevant in premium comparisons. HAI Group has a reciprocal relationship with its members. SAHA receives annual dividend disbursements from HAI Group, averaging about \$175,000 a year. These dividends are paid to all member-owners based on the annual performance of the insurance company, global catastrophic losses, and loss prevention measures executed by staff.

FINANCIAL IMPACT:

The Broker's fee for Property, Casualty and Workers' Compensation is not expected to exceed an annual cumulative amount of \$24,000.00. Costs are charged to both federal and non-federal funds and are a part of the 2014-2015 operating budget.

SUMMARY:

On March 4, 2014, SAHA issued a "Request For Proposals" (RFP) #1401-953-52-4159 for Insurance Broker of Record/Benefits Consultant, which closed on March 25, 2014. The RFP was published on SAHA's website, Electronic State Business Daily (ESBD), The Hart Beat, La Prensa, various other venues and direct solicited to 28 contractors (See Advertisement List). A total of two (2) proposals were received in response to the RFP: Arthur J. Gallagher & CO; and McGriff, Seibels & Williams of Texas, Inc. (MSW). Both proposals were evaluated on Experience, Technical Approach, Qualifications, Strength of the Section 3 and SWMBE Plans and Price.

Based upon the above factors MSW is the highest rated responsive and responsible proposer and is therefore recommended for contract award. MSW is currently under contract with SAHA to provide this service. Their proposal indicates a large public entity client list that includes Dallas Housing Authority, 16 various Texas City entities and Bexar County. MSW agrees to comply with the SAHA Section 3 plan and to post any employment opportunities that become available.

ATTACHMENTS:

Company Profile
Resolution 5416
Bid Tab
Advertisement List

McGriff, Seibels & Williams Company Profile

McGriff, Seibels & Williams

McGriff, Seibels & Williams has an office in San Antonio and headquarters in Birmingham, Alabama. They have offices in several states across the United States.

McGriff, Seibels & Williams is well positioned within the insurance industry to help match client needs around the world with the best options available to them in the global marketplace. Their specialties are Commercial Insurance, Construction Risk, Executive Risk, Energy & Marine, Employee Benefits, and surety.

McGriff, Seibels & Williams have experience with Housing Authorities to include the Dallas Housing Authority and San Antonio Housing Authority. Also, they have many cities and counties as clients.

**SAN ANTONIO HOUSING AUTHORITY
RESOLUTION 5416**

RESOLUTION 5416, AUTHORIZING AN AWARD OF A CONTRACT FOR INSURANCE BROKER OF RECORD FOR PROPERTY, CASUALTY AND WORKERS' COMPENSATION TO MCGRUFF, SEIBELS AND WILLIAMS (MSW) FOR AN ANNUAL CUMULATIVE AMOUNT NOT TO EXCEED \$24,000.00 FOR A PERIOD OF ONE (1) YEAR WITH THE OPTION TO RENEW FOR (4) FOUR ADDITIONAL ONE-YEAR PERIODS.

WHEREAS, the Housing Authority of the City of San Antonio, Texas is required to ensure compliance with the U. S. Department of Housing and Urban Development (HUD) and lender requirements in addition to annual insurance renewal to protect its assets, human capital, program participants, visitors and operational processes; and

WHEREAS, on March 4, 2014, SAHA issued a "Request For Proposals" (RFP) #1401-953-52-4159 for Insurance Broker of Record/Benefits Consultant which closed on March 25, 2014; and

WHEREAS, a total of two (2) proposals were received in response to the RFP; and

WHEREAS, after evaluation of the proposals, McGriff, Seibels and Williams (MSW) is being recommended for award; and

WHEREAS, the Broker's fee for Property, Casualty and Workers' Compensation is not expected to exceed an annual cumulative amount of \$24,000.00. Costs are charged to both federal and non-federal funds and are a part of the 2014-2015 operating budget.

WHEREAS, staff requests that the Board of Commissioners authorize the President and CEO or her designee to execute all documents to enter into this contract.

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of SAHA hereby:

- 1) Approves Resolution 5416, authorizing an award of a contract for insurance broker of record for property, casualty and workers' compensation to Mcgriff, Seibels and Williams (MSW) for an annual cumulative amount not to exceed \$24,000.00 for a period of one (1) year with the option to renew for (4) four additional one-year periods.
- 2) Authorizes the President and CEO or her designee to execute all necessary documents associated with this contract.

Passed and approved the 5th day of June 2014

Ramiro Cavazos
Chair, Board of Commissioners

Attested and approved as to form:

Lourdes Castro Ramirez

Scoring Matrix			
Insurance Broker of Record/Property & Casualty			
1401-953-52-4159			
Criterion Description	Max Points Weight	McGriff, Siebels & Williams	Arthur J Gallagher
Experience:	1-5 20%		
<u>Rater 1</u>		5.00	4.50
<u>Rater 2</u>		5.00	4.50
<u>Rater 3</u>		5.00	4.50
<u>Total Score</u>		15.00	13.50
<u>Average Score</u>		5.00	4.50
<u>Weighted Score</u>		1.00	0.90
Technical Approach:	1-5 15%		
<u>Rater 1</u>		4.00	3.00
<u>Rater 2</u>		4.00	3.00
<u>Rater 3</u>		4.50	3.00
<u>Total Score</u>		12.50	9.00
<u>Average Score</u>		4.17	3.00
<u>Weighted Score</u>		0.63	0.45
Qualifications:	1-5 15%		
<u>Rater 1</u>		4.00	3.00
<u>Rater 2</u>		4.00	2.00
<u>Rater 3</u>		5.00	2.50
<u>Total Score</u>		13.00	7.50
<u>Average Score</u>		4.33	2.50
<u>Weighted Score</u>		0.65	0.38
Price proposal:	1-5 30%		
<u>Total Score</u>		5.00	1.87
<u>Weighted Score</u>		1.50	0.56
Strength of the Section 3 plan:	1-5 10%		
<u>Rater 1</u>		1.00	1.00
<u>Rater 2</u>		1.00	1.00
<u>Rater 3</u>		1.00	0.00
<u>Total Score</u>		3.00	2.00
<u>Average Score</u>		1.00	0.67
<u>Weighted Score</u>		0.10	0.07
Strength of the S/W/MBE plan:	1-5 10%		
<u>Rater 1</u>		3.00	0.00
<u>Rater 2</u>		4.00	0.00
<u>Rater 3</u>		3.00	0.00
<u>Total Score</u>		10.00	0.00
<u>Average Score</u>		3.33	0.00
<u>Weighted Score</u>		0.33	0.00
Section 3 Preference: A firm may qualify for Section 3 status for up to an additional 5 points.#			
Priority 1: As detailed in Attachment D	5 (.25)		
Priority II: As detailed in Attachment D	4 (.2)		
Priority III: As detailed in Attachment D	3 (.15)		
Priority IV: As detailed in Attachment D	2 (.1)		
Tota Weighted Score		4.21	2.35

Advertisement List
Solicitation # 1401-953-52-4159
Insurance Broker of Record/Benefits Consultant

Entity	Contact Name	Email	Method of Contact(Specify)
ACCION Texas	Celina Pena	cpena@acciontexas.org	e-mail
African American Chamber of Commerce of San Antonio	Lou Miller	blackchamber@aol.com	e-mail
Alamo Asian American Chamber of Commerce	Elva Adams	elva.adams@wellsfargo.com	e-mail
Alamo City Black Chamber Of Commerce	Christopher Herring	Herring@alamocitychamber.org info@alamocitychamber.org shall@alamocitychamber.org	e-mail
American Council of Engineering Companies - San Antonio (ACEC-SA)	Anne Whittington	anne@acectx.org	e-mail
American Institute of Architects	Laura Smith	laura@aiasa.org	e-mail
American Subcontractors Association	Elaine Garcia	elainegarcia@asasanantonio.org	e-mail
Associated Builders and Contractors S. Texas Chapter	Steve Schultz	steve@abcsouthtexas.org	e-mail
Builders Exchange	Jeannette Olguin	jeannette@virtualbx.com	e-mail
CDC News		plans@cdcnews.com	e-mail
CFMA	Tommy Wallace	wallacet@zhi.com kimr@avacpa.com	e-mail
Chinese Chamber of Commerce	Jerry Jin	jerry.jin@gsaccc.org, jing.hao@gsaccc.org	e-mail
Goodwill Industries	Clark Mosely	cmosley@goodwillsa.org, maguilar@goodwillsa.org	e-mail
Greater San Antonio Builders Association	Becky Oliver	oliverpub@aol.com	e-mail
The San Antonio Chamber of Commerce	Julie Oltersdorf	julieo@sachamber.org	e-mail
Hispanic Contractors Association de San Antonio	Clarissa Perez	exdir@hcadesa.org admin@hcadesa.org	e-mail
I Square Foot Plan Room		agcquoin@isqft.com, saprojects@isqft.com	e-mail
IEC	Julie Howard	jhoward@iecsanantonio.com, rvasquez@iecsanantonio.com	e-mail
MACB	Maria Monita	info@macb-sa.org	e-mail
MCA-SMACNA	Bob Pisors	mca-smacna@mca-smacna.org, bob.pisors@mca-smacna.org	e-mail
Minority Business Council	Hector Garcia	hector@hegarciacpa.com	e-mail
National Alliance of Craftsmen Association	Victor Landa	arvelasquez01@yahoo.com	e-mail

Advertisement List
Solicitation # 1401-953-52-4159
Insurance Broker of Record/Benefits Consultant

Entity	Contact Name	Email	Method of Contact(Specify)
National Association of Women in Construction (NAWIC)	Sandee Morgan	nawicerin@gmail.com, nawicsatx@gmail.com	e-mail
NAWBO San Antonio	Madeline Slay	Madeline@masarchitecture.com	e-mail
North San Antonio Chamber of Commerce	RC Garcia	rcgarcia@northsachamber.com	e-mail
Plumbing Heating Cooling Contractors Association	Heidi Timble	Heidi@phcc-sanantonio.org	e-mail
Professional Engineers in Private Practice	Diane Hoskins	bexarpepp@sbcglobal.net	e-mail
Real Estate Council of San Antonio	Martha Mangum	martham@recsanantonio.com	e-mail
SAABE	Melodie	mg.assoc.mgmt@gmail.com	e-mail
San Antonio Board of Realtors	Suzanne	Suzanne@sabor.com	e-mail
SA Chapter of the Associated General Contractors	Dana Marsh	dmarsh@sanantonioagc.org	e-mail
San Antonio Hispanic Chamber of Commerce	Ramiro Cavazos	ramiroc@sahcc.org, mariyaf@sahcc.org	e-mail
San Antonio Masonry Contractors Association	Debbie Mason	samca@satx.rr.com	e-mail
San Antonio Women's Chamber of Commerce	Cindy Libera	admin@sawomenschamber.org	e-mail
South Central Regional Certification Agency	Ross Mitchell	rmitchell@sctrca.org, souber@sctrca.org	e-mail
South San Antonio Chamber of Commerce	Tom Shaw	tshaw@southsachamber.org, simperial@southsachamber.org, CMontez@southsachamber.org	e-mail
Southwest Minority Supplier Diversity Council	Robert Casas	smsdc@smsdc.org	e-mail
Surety Association of South Texas, Inc.	Jim Swindle	jim@alamobonds.com	e-mail
Texas Society of Professional Engineers	Laura Campa	meghan@tspe.org, jennifer@tspe.org	e-mail
Texas Veteran's Commission	Willie Jackson	willie.jackson@tvc.state.tx.us	e-mail
TIBH Industries	Robert Olivo	robertolivo@tibh.org	e-mail
UTSA Minority Business Center	Orestes Hubbard	orestes.hubbard@utsa.edu, jennifer.mort@utsa.edu	e-mail
UTSA Procurement Technical Assistance Center	Terri Williams	terri.williams@utsa.edu, grace.garcia@utsa.edu	e-mail
West San Antonio Chamber of Commerce	Gabe Farias	gfarias@westsachamber.org, info@westsachamber.org, valerie@westsachamber.org	e-mail
Women's Business Center	Martha Zurita	mzurita@acciontexas.org	e-mail

Advertisement List
Solicitation # 1401-953-52-4159
Insurance Broker of Record/Benefits Consultant

Entity	Contact Name	Email	Method of Contact(Specify)
Women's Business Enterprise	Avery Smith	bids@wbea-texas.org	e-mail
NAHRO	Web Site	http://nahro.economicengine.com	Post on Website
Public Purchase	Web Site	www.publicpurchase.com	Post on Website
Texas ESBD	Web Site	https://portal.cpa.state.tx.us/	Post on Website
Mercer Health & Benefits	Website	Ryan.griffin@mercerc.com	e-mail
Benefits Consultants Group	Website	AdvisorEdge@bcgbenefits.com	e-mail
Benefit Brokers & Consultants	Website	evesely@bbc-il.com	e-mail
Benefit Brokers of WNY	Website	info@benefitbrokerswny.com	e-mail
Broad Reach Benefits	Website	info@brbusa.com	e-mail
Benefit Advisors Network	Website	smartinfo@benefitadvisorsnetwork.com	e-mail
Frenkel Benefits	Website	chasday@frenkel.com	e-mail
Associated Benefit Consultants	Website	scott@myabcinsurance.com	e-mail
Benefit Mall	Website	laura.clenney@benefitmall.com	e-mail
Benefits Source	Website	lisanava@benefitxourcesolutions.com	e-mail
Gallagher Benefit Service	Website	Bryan_Anderson@ajg.com	e-mail
EBSO, Inc.	Website	marketing@ebsobenefits.com	e-mail
McGriff, Seibels and Williams of Texas	Doug Hodo	dhodo@mcgriff.com sshoe@mcgriff.com	e-mail
Catto and Catto	Website	mwilliams@catto.com cbishop.catto.com	e-mail
Excel Benefits	Website	services@excelbenefits.biz	e-mail
Florida Insurance Broker	Website	clooper@floridainsurancebrokers.com	e-mail
Donnell Insurance Brokers	Website	info@donnellins.com	e-mail
Marsh & McLennan	Website	Paul.Hilliar@mmc.com	e-mail
Leavitt Group	Website	info@leavitt.com	e-mail
USI Holdings Corp.	Website	Danelle.touchstone@usi.biz	e-mail
Lockton Companies	Website	information@lockton.com	e-mail
Insphere Insurance Solutions	Website	jameshendriksen@insphereis.com	e-mail
CBIZ	Website	nthompson@cbiz.com	e-mail
Merit Insurance	Website	welcome@merit-insurance.com	e-mail
SWBC	Website	agrove@swbc.com	e-mail
Aon Consulting	Website	Janet.hicks@aon.com	e-mail
BBVA/Compass Insurance	Website	insurancereferrals@bbvacompass.com	e-mail
Crandall & Associates	Shirley Crandall	Shirley@crandallassoc.com	e-mail

BOARD OF COMMISSIONERS
Finance Committee

RESOLUTION 5411, APPROVING THE CONSOLIDATED OPERATING BUDGET FOR THE HOUSING AUTHORITY OF THE CITY OF SAN ANTONIO (SAN ANTONIO HOUSING AUTHORITY) AND ITS AFFILIATED NON-PROFITS FOR THE FISCAL YEAR ENDING JUNE 30, 2015.



Lourdes Castro Ramirez
President and CEO



Ed Hinojosa
Chief Financial Officer

REQUESTED ACTION:

Consideration and appropriate action regarding Resolution 5411, approving the Consolidated Operating Budget for the San Antonio Housing Authority and its affiliated Non-Profits for the fiscal year ending June 30, 2015.

PURPOSE:

The purpose of the budget is to help the agency plan operational activities, while considering established goals with respect to the current and future funding environment. The budget has been developed in support of the San Antonio Housing Authority's following strategic goals:

- 1) Empower and equip families to improve their quality of life and achieve economic stability.
- 2) Invest in our greatest resource – our employees – and establish a track record for integrity, accountability, collaboration and strong customer service.
- 3) Preserve and improve existing affordable housing resources and opportunities.
- 4) Strategically expand the supply of affordable housing.
- 5) Transform core operations to be a high performing and financially strong organization.
- 6) Develop a local and national reputation for being an effective leader, partner, and advocate for affordable housing and its residents.

All departmental and operational budgets were prepared in accordance with the following directives:

- All SAHA budgets should be based on Agency priorities and established strategic goals.
- Budgets for Section 8 Administration should include continued efforts for efficiency improvement and cost reductions.
- Public Housing property budgets should be consistent with 2013-14 budget levels and current annualized amounts.
- Non-Profits property budgets should be at break-even or better.
- Development Services and Neighborhood Revitalization department budgets should be based on projects and priorities already defined for 2014 and 2015.
- Support and services departments will require new efficiency improvements and cost reduction efforts. No new positions will be added for the new budget year.

FINANCIAL IMPACT:

The proposed budget will be implemented for the Fiscal Year starting July 1, 2014 and ending June 30, 2015. Financial performance versus budget will be reported back to the Finance Committee on a periodic basis throughout the year.

SUMMARY:

Staff has been working on the FY2014-2015 budget process since December 2013. While staff continues to monitor the federal funding news, budgets were prepared based on conservative estimates and available information. Staff is pleased to present a balanced budget for the 2014-2015 fiscal year.

Following are some of the financial highlights comparing fiscal year 2013-2014 to fiscal year 2014-2015:

- Revenues increased from \$168.1 million to \$185.7 million, primarily due to Capital grants, which increased from \$14.4 million to \$28.3 million. This increase in capital funds will allow for significant improvements at several public housing sites as well as the redevelopment of the Wheatley property through the Choice grant.
- Staffing decreased from 538 to 525 budgeted positions, resulting in a slight decrease in salary and benefits expense.

The Public Housing Operating subsidy is being funded at 89.2% of our original request of \$23.4 million. The Capital Fund Grant is anticipated to increase back to the calendar year 2013 level of \$7.4 million.

The budgets include merit increases to accommodate employee increases of 1% to 5%.

Managers worked diligently to produce operating budgets for their areas of responsibility. Officers and Directors have met with the Executive team to present their budgets and have made all appropriate adjustments.

Staff has focused on making prudent departmental and budgetary decisions, especially during this very challenging and changing funding environment. The agency will also continue identifying and implementing solutions that will build on existing strengths and deliver services effectively and efficiently, while being innovative, ethical and nimble.

Following review by the Finance Committee, the budget will be presented to the full Board of Commissioners for consideration and approval at the June 5, 2014 meeting.

ATTACHMENTS:

Resolution 5411
HUD form 52574

**SAN ANTONIO HOUSING AUTHORITY
Resolution 5411**

RESOLUTION 5411, APPROVING THE CONSOLIDATED OPERATING BUDGET FOR THE HOUSING AUTHORITY OF THE CITY OF SAN ANOTNIO (“SAN ANTONIO HOUSING AUTHORITY”) AND ITS AFFILIATED NON-PROFITS FOR THE FISCAL YEAR ENDING JUNE 30, 2015.

WHEREAS, the fiscal year of the San Antonio Housing Authority and its Affiliated Non-Profits runs from July 1st through June 30th; and

WHEREAS, the Commissioners of the San Antonio Housing Authority are responsible for the adoption of its operating budget under its Rules of Governance; and

WHEREAS, the United States Department of Housing and Urban Development requires that San Antonio Housing Authority adopt a public housing budget for its approval; and

WHEREAS, the San Antonio Housing Authority has prepared a Consolidated Operating budget and maintains the long-term financial health of the agency and the ability to provide quality housing and services to over 27,000 households; and

WHEREAS, the proposed budget contains a provision for a merit increase to accommodate employee increases of 1% to 5%.

WHEREAS, SAHA MTW funds are obligated consistent with the MTW plan for the following:

- 1) Section 8 funding shortfall - \$2.1 million
- 2) Preservation and Expansion of Affordable and Public Housing - \$12.7 million
- 3) Matching Funds for the Choice Implementation Grant - \$5 million
- 4) Program administration and implementation of MTW initiatives - \$1 million

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of SAHA hereby:

- 1) Reviewed the Consolidated Budget and has found that the final plan is reasonable in that it indicates a source of funding adequate to cover proposed expenditures.
- 2) Approves Resolution No. 5411, approving the Consolidated Operating Budget for the Housing Authority of the City of San Antonio (“San Antonio Housing Authority”) and its affiliated Non-Profits for the Fiscal Year Ending June 30, 2015, and the obligation of funds as described in this Resolution and included in the referenced Consolidated Operating Budget; and
- 3) Authorizes the CEO to sign and timely submit the HUD forms related to this Operating Budget.

Passed and approved the 5th day of June, 2015.

**RAMIRO CAVAZOS
CHAIR, BOARD OF COMMISSIONERS**

Attested and approved as to form:

**Lourdes Castro Ramirez
President and CEO**

PHA Board Resolution
Approving Operating Budget

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing -
Real Estate Assessment Center (PIH-REAC)

OMB No. 2577-0026
(exp. 04/30/2016)

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income public housing program and provides a summary of the proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the public housing agency (PHA) and the amounts are reasonable, and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

PHA Name:PHA Code:

PHA Fiscal Year Beginning:Board Resolution Number:

Acting on behalf of the Board of Commissioners of the above-named PHA as its Chairperson, I make the following certifications and agreement to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

DATE

- Operating Budget approved by Board resolution on:
- Operating Budget submitted to HUD, if applicable, on:
- Operating Budget revision approved by Board resolution on:
- Operating Budget revision submitted to HUD, if applicable, on:

I certify on behalf of the above-named PHA that:

1. All statutory and regulatory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditure are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The PHA will comply with the wage rate requirement under 24 CFR 968.110(c) and (f); and
6. The PHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i).

I hereby certify that all the information stated within, as well as any information provided in the accompaniment herewith, if applicable, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012.31, U.S.C. 3729 and 3802)

Print Board Chairperson's Name:	Signature:	Date:
---------------------------------	------------	-------

BOARD OF COMMISSIONERS
FINANCE COMMITTEERESOLUTION 5412, ADOPTING THE SAN ANTONIO HOUSING AUTHORITY INTERNAL
AUDIT PLAN FOR 2014-2015.

Lourdes Castro Ramirez
President and CEO



Muriel Rhoder
Internal Audit Manager

REQUESTED ACTION:

Consideration and appropriate action regarding Resolution 5412, adopting the San Antonio Housing Authority (Housing Authority) Internal Audit Plan for 2014-2015.

PURPOSE:

The 2014-2015 internal audit plan is a risk-based plan developed to determine the priorities of the Internal Audit Department consistent with the Definition of Internal Auditing, the Code of Ethics, the [International Standards for the Professional Practice of Internal Auditing \(Standards\)](#), and the Housing Authority's strategic goals. Standard 2020, entitled Communication and Approval, requires the chief audit executive (CAE – [Internal Audit Manager]) to communicate the internal audit activity's plans and resource requirements to senior management and the board for review and approval. The Housing Authority Internal Audit Plan is defined in the Housing Authority Internal Audit Charter and included as part of the comprehensive internal audit program established pursuant to the Housing Authority Internal Audit Policy. Final approval of the internal audit plan for 2014-2015 resides with the Board of Commissioners.

FINANCIAL IMPACT:

None.

SUMMARY:

Internal auditing is an independent, objective, assurance, and consulting activity designed to add value and improve the Housing Authority operations. It helps the Housing Authority accomplish its mission by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes. In addition to its oversight activities, internal audit serves as a resource for identifying opportunities for best practices and efficiencies. The internal audit activities align with the Housing Authority's strategic goal to transform core operations to be a high performing and financially strong organization.

The mission of the San Antonio Housing Authority Internal Audit Department is to:

- Ensure the Housing Authority remains a good steward of the public trust by working with all levels of management and staff, as well as the Board of Commissioners, to identify significant risk areas and the internal controls needed to mitigate those risks;
- Provide continuous quality improvement through review of processes and procedures to identify operational efficiencies and best practices; and
- Perform all assurance and consulting activities with the highest level of integrity and objectivity.

The internal audit activity adheres to The Institute of Internal Auditors' mandatory guidance, including the Definition of Internal Auditing, the Code of Ethics, and the Standards. As such, the internal audit plan for 2014-2015 has been developed according to the Standards and consistent with the strategic goals of the Housing Authority.

Standard 2010, entitled Planning, requires the internal audit plan to be based on a documented risk assessment, undertaken at least annually, with input from senior management and the board. The Housing Authority CAE performed interviews with two members of the Board of Commissioners, and issued risk assessment surveys to the remaining members of the Board of Commissioners, the Board's attorney, and to each member of senior management and multiple operational personnel. A total of 39 surveys were completed by the Board of Commissioners, the Board's attorney, and various personnel within the Housing Authority. The results of these surveys were tabulated to identify the significant risk areas, which were then included as proposed engagements for the 2014-2015 internal audit plan.

Additionally, in accordance with the approved Internal Audit Charter, at least twice a year, the Audit Committee will meet separately with the Chief Audit Executive (CAE – [Internal Audit Manager]) to provide a status report on operations and to discuss any matters that the Audit Committee or the CAE believes should be discussed privately. In addition, the Internal Audit Charter requires the CAE to communicate any significant deviation from the approved internal audit plan to the Audit Committee, CEO, and Legal and Compliance Officer, or equivalent, through periodic activity reports. This update provides the required communication.

The attached update includes the following:

- Internal Audit Plan Status – through FY 2013-2014 Quarter 3
- Internal Audit Plan – FY 2013-2014 Remaining Year Schedule
- Activities in Support of Strategic Goals – FY 2013-2014 Quarter 3

As discussed during the last Internal Audit Update, Managements Corrective Action plans have been input to a spreadsheet to allow for easier tracking of the status of the action items. This spreadsheet is attached and includes one tab for all corrective actions. Corrective actions have been highlighted red, yellow, or green, to signify an action that is behind schedule or approaching its deadline in the next 30 days, has a deadline over 30 days out, or completed, respectively.

ATTACHMENTS:

Resolution 5412

PowerPoint: Internal Audit Plan 2014-2015

Attachment – Internal Audit Update – 5-15-2014

Attachment – Status of Management Corrective Actions – 5-15-14

San Antonio Housing Authority

Resolution 5412

RESOLUTION 5412, ADOPTING SAN ANTONIO HOUSING AUTHORITY INTERNAL AUDIT PLAN FOR 2014-2015.

WHEREAS, internal auditing is an independent, objective, assurance, and consulting activity designed to add value and improve the San Antonio Housing Authority (Housing Authority) operations; and

WHEREAS, internal auditing helps the Housing Authority accomplish its mission by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes; and

WHEREAS, internal auditing serves as a resource for identifying opportunities for best practices and efficiencies; and

WHEREAS, internal audit activities align with the Housing Authority's strategic goal to transform core operations to be a high performing and financially strong organization; and

WHEREAS, 2014-2015 internal audit plan is a risk-based plan developed to determine the priorities of the internal audit activity consistent with the Definition of Internal Auditing, the Code of Ethics, the [International Standards for the Professional Practice of Internal Auditing](#) (Standards) and the Housing Authority's strategic goals; and

WHEREAS, Standard 2020, entitled Communication and Approval, requires the chief audit executive (CAE – [Internal Audit Manager]) to communicate the internal audit activity's plans and resource requirements to senior management and the board for review and approval; and

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of SAHA hereby:

1. Approves Resolution 5412 adopting the San Antonio Housing Authority Internal Audit Plan for 2014-2015 as attached to this Resolution.

Passed and approved the 6TH day of June, 2014

Ramiro Cavazos
Chair, Board of Commissioners

Attested and approved as to form:

Lourdes Castro Ramirez
President and CEO



SAHA | SAN ANTONIO
HOUSING AUTHORITY
Opportunity Lives Here

Internal Audit Plan 2014-2015

**Presentation to Finance Committee
May 15, 2014**

Objective and Background

■ Objective

- ❑ Review the proposed SAHA Internal Audit Plan for adoption to set the priorities for the internal audit function for 2014-2015

■ Background

- ❑ The Internal Audit Department adheres to the Definition of Internal Auditing, the Code of Ethics, and the [International Standards for the Professional Practice of Internal Auditing](#) (Standards), as documented in the approved San Antonio Housing Authority Internal Audit Policy and Internal Audit Charter
- ❑ Standard 2010, entitled Planning, requires the internal audit plan to be based on a documented risk assessment, undertaken at least annually, with input from senior management and the board
- ❑ Standard 2020, entitled Communication and Approval, requires the chief audit executive (CAE – [Internal Audit Manager]) to communicate the internal audit activity's plans and resource requirements to senior management and the board for review and approval
- ❑ The risk assessment methodology was shared with the Finance Committee in February 2014 with no changes made to the planned process

Process for Developing the Internal Audit Plan 2014-2015

- Performed a risk assessment survey
- Key variables assessed:
 - Staff time used in the process
 - Public disclosure implications
 - Aligns well with the strategic objectives
 - Increased Senior Management/Commissioner interest over prior year
 - Recent changes in personnel/procedures
 - Internal and external compliance requirements
- Took into account oversight provided by the following:
 - Independent Financial and Compliance Audit
 - Compliance Activities
 - Regulatory Audits and Reviews
 - Other Third Party Reviews
- Risk Coverage:

□ High Risk	100%	□ Sensitive Risk	30%
□ Moderate Risk	15%	□ Low Risk	5%

Risk Assessment Survey Results

Overall Top 10 Risk Evaluation Scores

Business Process	BoC	Exec	Operations
Construction of new developments to be managed by third parties	X	X	X
Capital planning for new developments	X	X	X
Capital planning for improvements to properties	X	X	X
Procurement of goods and services	X	X	X
Eligibility and admission to assisted housing programs	X	X	X
Monitoring and quality assurance of vendor services		X	X
Employee termination process		X	X
Resident intake		X	X
Third party inspections and audits		X	
Employee grievance processes			

Risk Assessment Survey Results

BoC Top 10 Business Process Risks

Business Process
Construction of new developments to be managed by third parties
Capital planning for improvements to properties
Capital planning for new developments
Eligibility and admission to assisted housing programs
Fraud investigations
Procurement of goods and services
Importing financial data from other systems and sources
Preparing the budget
Year end closing and external audit preparation
In person and telephone customer support services provided to assisted housing participants

Internal Audit Plan for 2014-2015

1st Qtr. FY 2015	2nd Qtr. FY 2015	3rd Qtr. FY 2015	4th Qtr. FY 2015
<p>Multi-Year Audits: Capital planning for new developments - Choice Neighborhood Focus</p> <p>Construction of new developments to be managed by third parties - San Juan Focus</p>	<p>Multi-Year Audits: Capital planning for new developments - Choice Neighborhood Focus</p> <p>Construction of new developments to be managed by third parties - San Juan Focus</p>	<p>Multi-Year Audits: Capital planning for new developments - Choice Neighborhood Focus</p> <p>Construction of new developments to be managed by third parties - Choice Neighborhood Focus</p>	<p>Multi-Year Audits: Capital planning for new developments - Choice Neighborhood Focus</p> <p>Construction of new developments to be managed by third parties - Choice Neighborhood Focus</p>
<p>Annual Audits: Eligibility and admissions process</p> <p>Monitoring and quality assurance of vendor services, contract compliance, including Section 3 - focus on construction and maintenance</p>	<p>Annual Audits: Eligibility and admissions process</p> <p>In person and telephone customer services provided to residents and participants</p>	<p>Annual Audits: Employee Termination Process</p> <p>Third party inspections and audits</p> <p>In person and telephone customer services provided to residents and participants</p>	<p>Annual Audits: Employee Termination Process</p> <p>Third party inspections and audits</p> <p>Procurement</p>
<p>Resident and program participant termination process</p>			
<p>Control Self Assessments: CSA - Family Self Sufficiency CSA - Data Collection and Maintenance</p>	<p>Control Self Assessments: CSA - Family Self Sufficiency CSA - Data Collection and Maintenance</p>	<p>Control Self Assessments: CSA - Family Self Sufficiency CSA - Data Collection and Maintenance</p>	<p>Control Self Assessments: CSA - Employee Grievance Processes CSA - Data Collection and Maintenance</p>

Questions?

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion Date	Revised Estimated Completion Date	Status	Officer	Comments
	Date	Audit Title									
2012-2013	10/15/2013	Follow-up on PH Files QCed in Spring 2014	Internal Control Deficiency	3	Files contained missing or incomplete documents (7 of 12)	Property Management will appropriately complete missing and/or incomplete documents and Compliance Staff will be retrained on Checklist Protocol, including when to clear issues noted on QC Checklists	10/31/2013	N/A	Complete	DN	Missing and/or incomplete documents noted in the audit have been completed; PH QC staff have been trained.
2012-2013	10/15/2013	Follow-up on PH Files QCed in Spring 2015		3		Establish a plan in coordination with the Assisted Housing Programs Department to prepare new Public Housing resident files at application beginning November 4, 2013, according to the standardized checklist; and to update current Public Housing resident files at recertification effective for January 1, 2014, recertifications to reflect the requirements of the standardized checklist.	11/1/2013	N/A	Complete	DN	Plan is to have training of staff preparing and updating Public Housing resident files from 11/25-27, with additional training planned for December 2013; and all Public Housing resident files are scheduled to be manager audited by 4/30/2014.
2012-2013	3/20/2013	Procurement and Contract Compliance	Significant Deficiency	1	Not in good standing with State of Texas on Franchise Tax Certification (1 of 20)	Procurement's policy is to ensure vendors are current in their tax payments to the State of Texas	Completed	N/A	Completed	AIV	No further action required.
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	2	Short time frame given to HUBs to submit their response to an RFP (1 of 20)	Will continue to notify HUBs with as much notice as possible	Completed	N/A	Completed	AIV	No further action required.
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	3	Conflict of Interest Questionnaire not properly completed (1 of 20)	Added to check list for procurement files to ensure signature obtained by the time of contract execution	Completed	N/A	Completed	AIV	No further action required.
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	6	Contracting documents for contracts over \$50,000 contained incorrect language related to the Davis Bacon and Related Acts requirement (3 of 20)	Internal process has been revised to include this language in all contracting documents and staff has been informed	Completed	N/A	Completed	AIV	No further action required.
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	7	Vendor evaluations were not completed for purchases less than \$50,000 after the service was received (38 of 61)	Procurement will develop protocol that unless comment entered, the performance will be deemed satisfactory for evaluation purposes and will provide update to staff	3/15/2013	N/A	Completed	AIV	No further action required.
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	8	No documentation that contractor had been notified that the solicitation had been cancelled (1 of 20)	Procurement's policy is to ensure all respondents to a solicitation are notified whenever a contract/file is cancelled	Completed	N/A	Completed	AIV	No further action required.
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	9	Lack of documentation (multiple conditions)	Procurement will ensure adequate and appropriate documentation is included in the contracting documents	Completed	N/A	Completed	AIV	No further action required.

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding / Observation	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion	Revised Estimated Completion	Status	Officer	Comments
	Date	Audit Title					Date	Date			
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	12	Multiple instances where the time between the bid opening date and the BOC approval date were greater than 4 months for contracts over \$50,000 (8 of 20)	The three month period from closing date is being reviewed to ensure that proper due diligence is being performed while moving procurement more efficiently through the system	12/31/2013	N/A	Completed	AIV	No further action required.
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	13	Procurement files for contracts over \$50,000 contain general clerical errors (3 of 20)	Procurement regularly reviews all documents for typographical errors	Completed	N/A	Completed	AIV	No further action required.
2012-2013	3/20/2013	Procurement and Contract Compliance	Best Practices	1	Small Purchase receipts for micro purchases (purchases less than \$2,000) are made for items that are negligible in cost (4 of 19)	Procurement will review types of purchases being made for \$250 or less to determine how to facilitate these purchase3s and develop a cost effective and secure manner	7/1/2013	N/A	Completed	AIV	Currently, there is monthly review of all quick quotes to ensure that purchases of under \$250 are tied to a current contract for quick turnaround.
2012-2013	3/20/2013	Procurement and Contract Compliance	Best Practices	3	Multiple hard copies of documents are located in the contract file for contracts over \$50,000 (20 of 20)	Process in place to purge files before being placed in storage so that only pertinent information is being maintained	Completed	N/A	Completed	AIV	No further action required.
2012-2013	3/20/2013	Procurement and Contract Compliance	Best Practices	5	Sign in sheet at public opening of a sealed bid or RFP for a procurement over \$50,000 does not note a Procurement employee and a witness was at the opening meeting (6 of 20)	Sign in sheets for IFBs and RFP/RFQs has been modified and distributed to staff with instructions to enter their names and have a witness sign that the opening/closing was conducted	Completed	N/A	Completed	AIV	No further action required.
2012-2013	3/20/2013	Procurement and Contract Compliance	Best Practices	6	Executed contract should reflect the Accounts Payable information for invoicing	Payment information has been moved from the RFP to the signed contract	Completed	N/A	Completed	AIV	No further action required.
2012-2013	5/24/2013	DPUY Audit - O.P. Schnabel	Best Practices	1	Set-up the Treasurer of each RC with view access to the online bank statements for the DPUY account	The best practice was included as part of the information provided at the May 22, 2013, RC training.	Completed	N/A	Completed	AIV	No further action required.
2012-2013	6/10/2013	Audit of Travel Procedures	Internal Control Deficiency	1	Multiple conditions related to procedures not adhered to regarding travel	Proposed changes to the travel procedures were implemented, including disciplinary action if the procedures were not being adhered to	Completed	N/A	Completed	EH	No further action required.
2012-2013	6/10/2013	Audit of Travel Procedures	Best Practices	1	Multiple conditions that result in the clarification of the travel procedures to address potential noncompliance with the "spirit" of the travel procedures	Proposed changes to the travel procedures were implemented	Completed	N/A	Completed	EH	No further action required.
2012-2013	6/10/2013	Audit of Travel Procedures	Best Practices	2	Updates were needed to the travel procedures to address changes in operations	Proposed changes to the travel procedures were implemented	Completed	N/A	Completed	EH	No further action required.
2012-2013	6/10/2013	Audit of Travel Procedures	Best Practices	3	In completing the Authorization for Travel report, the cash advance field would be filled in automatically	Updated the SAHA created report to not automatically pre-fill cash advance information for local transportation	Completed	N/A	Completed	EH	No further action required.

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding / Observation Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion Date	Revised Estimated Completion Date	Status	Officer	Comments
	Date	Audit Title									
2012-2013	7/11/2013	Audit of Compliance - Section 8 - Operations	Internal Control Deficiency	1	Documents were not located in program participants files (multiple)	Issue a directive to the AHP staff stating that all permanent documentation must be included with the current recertification period. Develop a revised quality control checklist.	July 2013	N/A	Completed	DN	Directive was issued May 30, 2013. Participant Checklist implemented July 2013.
2012-2013	7/11/2013	Audit of Compliance - Section 8 - Operations	Internal Control Deficiency	2	The birthdate listed on the HUD Form 50058 is incorrect for one of the family members listed (3 of 17)	At the next department meeting, staff will be instructed to verify the accuracy of the data being entered.	July 2013	N/A	Completed	DN	Directive was issued May 30, 2013.
2012-2013	7/11/2013	Audit of Compliance - Section 8 - Operations	Internal Control Deficiency	3	The program participants files contained incomplete forms, lacking required information (multiple)	Staff were notified that only the forms available on the intranet were approved for use and all other forms were obsolete	4/5/2013	N/A	Completed	DN	No further action required.
2012-2013	7/11/2013	Audit of Compliance - Section 8 - Operations	Internal Control Deficiency	4	Discrepancies were noted between the RTA, Section 8 QC checklist, and the TAA lease information (2 of 17)	Staff will attend a mandatory training on the importance of reviewing and ensuring that all documentation submitted by the participant and landlord must match	July 2013	N/A	Completed	DN	Directive was issued May 30, 2013. Training held at department meeting.
2012-2013	7/11/2013	Audit of Compliance - Section 8 - Operations	Internal Control Deficiency	5	The program participant's file contained an incomplete TAA lease (2 of 17)	Staff must perform a review of the leases and if information is missing, they must notify either the participant or landlord before processing the file	July 2013	N/A	Completed	DN	Directive was issued May 30, 2013.
2012-2013	9/5/2013	DPUY Audit - Alazan	Internal Control Deficiency	1	Memorandum of Agreement between the RC and SAHA lacked signatures and other information	All RCs will be required to submit their Memorandum of Agreement to CDI annually by August 15th	Completed	N/A	Completed	AIV	Training provided in August 2013 with a refresher provided in November 2013. FY 2013-2014 is a transition year and documentation is being accepted past the August 15th date. For FY 2014-2015, the August 15th date will be a requirement.
2012-2013	9/5/2013	DPUY Audit - Alazan	Internal Control Deficiency	2	Oath of Office documentation lacked required information and contained a date discrepancy	The date discrepancy was due to an error by the case manager	Completed	N/A	Completed	AIV	No further action required.
2012-2013	9/5/2013	DPUY Audit - Alazan	Internal Control Deficiency	3	The Resident Council Meeting Sign-in sheet was not used for the regular monthly meetings	The Resident Council Meeting Sign-in sheet will be modified to include the title of the sheet as the header and will be used at all RC meetings	Completed	N/A	Completed	AIV	No further action required.
2012-2013	9/5/2013	DPUY Audit - Alazan	Internal Control Deficiency	4	The Funding Agreement, which includes the budget, was missing required information and one of the budgets was not approved by the RC	The Funding Agreement for all RCs must be submitted to the Family Support Services Manager for verification and confirmation that all documentation is correct and attached	Completed	N/A	Completed	AIV	No further action required.
2012-2013	9/5/2013	DPUY Audit - Alazan	Internal Control Deficiency	5	The Bylaws contained inaccurate and missing information	CDI will begin to maintain Bylaws for all RCs and require them to be submitted annually by August 15th	Completed	N/A	Completed	AIV	Training provided in August 2013 with a refresher provided in November 2013. FY 2013-2014 is a transition year and documentation is being accepted past the August 15th date. For FY 2014-2015, the August 15th date will be a requirement.

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion	Revised Estimated Completion	Status	Officer	Comments
	Date	Audit Title					Date	Date			
2012-2013	9/5/2013	DPUY Audit - Alazan	Internal Control Deficiency	6	The Treasurer's report was not available, monthly bank statement reconciliations were not being performed, and supporting documentation was not available for all expenses	The RC Treasurers must prepare and address their reports to their RC, reconcile bank statements, and obtain proper supporting documentation	Training has been provided	N/A	Completed	AIV	Further training will be provided.
2012-2013	9/5/2013	DPUY Audit - Alazan	Best Practices	1	Set-up the Treasurer with view access to the online bank statements for the DPUY account	The Treasurer initiated set-up of the online banking access for the DPUY account	Completed	N/A	Completed	AIV	No further action required.
2012-2013	9/5/2013	DPUY Audit - Alazan	Best Practices	2	Initiate cancellation of the internet service currently being paid by the RC, since the service is being provided free in the community room	The RC will cancel the internet service	Completed	N/A	Completed	AIV	No further action required.
2012-2013	9/9/2013	Recruiting, Selection, and Onboarding	Internal Control Deficiency	1	Ensure the proper ADA language is included in job postings prior to being posted	All existing job descriptions were amended and all new job descriptions are finalized to contain the ADA statement	Completed	N/A	Completed	AIV	No further action required.
2012-2013	9/9/2013	Recruiting, Selection, and Onboarding	Internal Control Deficiency	3	Ensure the applicant screening process includes the definition of the top-rated applicants for the specified position	In partnership with the Executives and Senior Team, HR will clarify and define the scoring criteria to define the top rated applicants for each position	9/30/2013	N/A	Completed	AIV	Further refinement may be developed.
2012-2013	9/9/2013	Recruiting, Selection, and Onboarding	Internal Control Deficiency	4	Various documents could not be located in the employee's files	HR will ensure that the completed documents are located in the proper file and retained in accordance to open records and or Agency guidelines, whichever is prevailing	Completed	N/A	Completed	AIV	No further action required.
2012-2013	9/9/2013	Recruiting, Selection, and Onboarding	Internal Control Deficiency	5	Various documents were not complete, missing dates or signatures	HR will ensure that all documents are dated and signed properly prior to execution and or filing by the HRIS Analyst or designee	Completed	N/A	Completed	AIV	No further action required.
2012-2013	9/9/2013	Recruiting, Selection, and Onboarding	Best Practices	2	Scan any paper applications received and utilize the functionality within I-Applicant to store and retrieve the applications, as needed	HR will continue to keep paper applications in a separate recruitment file for the position in accordance with record retention and or Agency guidelines, whichever is prevailing	Completed	N/A	Completed	AIV	No further action required.
2013-2014	9/9/2013	Audits of Petty Cash Funds - Central Office Funds	Internal Control Deficiency	1	DSNR - there was only one receipt in the fund and the cash in the fund plus the receipt exceeded the fund amount by \$2.04, and the change in the fund did not align with the change from the receipt	Prepared a written reprimand for the fund manager; re-assigned the petty cash fund to another staff person; and require additional training on requisitions and Pops	Completed	N/A	Completed	KM	No further action required.

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding / Observation Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion Date	Revised Estimated Completion Date	Status	Officer	Comments
	Date	Audit Title									
2013-2014	9/9/2013	Audits of Petty Cash Funds - Central Office Funds	Internal Control Deficiency	2	PA - the fund was short by \$20.03, but was later able to locate a \$20 in an envelope	Discussed the findings with the fund custodian, emphasizing the requirement to keep all funds in the designated petty cash locations and double-check arithmetic and change to ensure funds reconcile with receipts Reviewed the petty cash procedures and expectations with staff that are petty cash custodians; Director or Asst. Director will review and sign receipts and balance the fund weekly;	Completed	N/A	Completed	MV	No further action required.
2013-2014	9/9/2013	Audits of Petty Cash Funds - Central Office Funds	Internal Control Deficiency	3	HR - the fund included a receipt for \$67.40 for a purchase that was not allowed The Tenant files were lacking essential documentation required for the initial move in or recertification process (11 of 18)	and the fund will be subject to periodic and random checks by the Director Items will be corrected within the file. If item can't be corrected, it will be noted within the tenant file.	Completed	N/A	Completed	AIV	No further action required.
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Significant Deficiency	1	Tenant receipts for move-in deposit and pro-rated (first month) rent were not located in the file (1 of 18)	Staff has been trained on the importance on placing the receipts in the file for deposits and prorates. A tenant ledger has been printed and placed in the tenant's file to document that proper deposits and prorates were charged and collected.	Completed	N/A	Completed	DN	Each item is noted by file within the audit report.
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Internal Control Deficiency	2	Forms were not signed and/or dated by property management and/or the tenant (10 of 18)	All documents were reviewed and signed by property management and/or tenant as appropriate.	Completed	N/A	Completed	DN	No further action required.
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Internal Control Deficiency	4	Forms were missing information (5 of 18)	All forms were corrected. The form had just been released from TDHCA and sent to the property, since it had to be implemented immediately.	Completed	N/A	Completed	DN	No further action required.
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Internal Control Deficiency	5	The Fair Housing Choice Disclosure Notice used was the correct form, but the header section had not been populated with Homestead's property information (1 of 18)	Non Profit did release an updated form with the proper property heading inserted within a week.	Completed	N/A	Completed	DN	No further action required.

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding / Observation Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion Date	Revised Estimated Completion Date	Status	Officer	Comments
	Date	Audit Title									
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Internal Control Deficiency	6	TDHCA put the Special Needs Certification Form and the Fair Housing Choice Disclosure notice into effect December 27, 2012. Homestead property management received the updated forms on January 9, 2013. Compliance noticed that the forms were not being updated with the property's address and provided updated forms on SharePoint that went into effect January 30, 2013.	This was a unique situation. The forms were sent to the property on January 9, 2013 straight from TDHCA because it had to be implemented immediately due to a law suit against TDHCA. On January 11, 2013, the form was converted to Word and the property header was added by the Compliance for the Non Profit, when time would allow us to complete the task. All forms were reviewed and updated for Homestead and placed on SharePoint on January 30, 2013, which is indicated by the date on the footer to ensure that only complete correct forms are used in the future.	Completed	N/A	Completed	DN	No further action required.
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Internal Control Deficiency	7	The tenant file documents were not in sequence (8 of 18)	Property Management has audited the above files and placed all forms in proper sequence according to the checklist.	Completed	N/A	Completed	DN	No further action required.
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Internal Control Deficiency	8	Not all files were not stamped nor marked "confidential" as required (13 of 18)	Since the audit conducted by the Internal Audit Department, all files have been reviewed to ensure the folders are stamped "confidential." Compliance met with the Finance Department to determine an acceptable timeframe to post Section 8 payments to tenant ledgers after the information appears in the Landlord Corner.	Completed	N/A	Completed	DN	The files listed above were corrected (stamped "confidential") during the course of the fieldwork, by the Homestead Property Manager.
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Internal Control Deficiency	11	The Tenant Ledger Report reflects posting of HAP payments prior to the effective date shown on the HAP Register by HAP Payee & Hap Register by Resident (6 of 18)	Training will be given to all Non Profit Property Management staff to ensure proper Section 8 payment postings.	Completed	N/A	Completed	DN	No further action required.
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Internal Control Deficiency	12	Two of the tenant files tested, inconsistencies were noted between the rent amount billed and the rent amount due.	Non Profit Management staff will be trained on the importance of properly updating the tenant account and the manual rent roll at time of a new lease being executed to ensure consistent and accurate rent amounts.	Completed	N/A	Completed	DN	No further action required.

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion	Revised Estimated Completion	Status	Officer	Comments
	Date	Audit Title					Date	Date			
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Best Practices	1	A copy of the document packet given to new applicants was obtained from the Assistant Property Manager. Currently, the documents are stored electronically, but multiple copies are made at a time, from a single original. This process causes blurry, grainy, and illegible documents, having been copied from a copy over and over again.	Compliance for the Non Profit has completed all new forms by property and placed the forms on SharePoint so they may have clean legible forms at all times. Compliance has recommended to Property Management that no more than 5 copies are made from a form at one time and each form is inspected to ensure legibility. The petty cash custodian has been advised of the proper method of reimbursement for any personal funds used for Agency expenses. In the future, any personal business expenses incurred by an employee will be reimbursed using the Concur system of reimbursement. In addition, we will request that the petty cash limit be increased to accommodate the needs of the property.	Completed	N/A	Completed	DN	No further action required.
2013-2014	12/17/2013	Audits of Petty Cash Funds - Sunshine Plaza	Significant Deficiency	1	According to the petty cash custodian, she is adding personal funds to the petty cash box to cover expenses. During the petty cash audit we did not find any receipts to account for these personal funds added to the petty cash fund. A receipt for Sunshine Plaza, in the amount of \$21.45, was coded to Pecan Hill, on the accounts payable voucher dated October 18, 2013.	With each property having its own petty cash fund, the likelihood of this type of error occurring again is greatly reduced.	Completed	N/A	Completed	DN	No further action required.
2013-2014	12/17/2013	Audits of Petty Cash Funds - Sunshine Plaza	Internal Control Deficiency	5	At the time the petty cash fund was audited, the fund was in balance. The fund custodian indicated that there was a large amount of coins in a separate envelope located in the lockbox (locking bank bag) and that they were not part of the petty cash calculation. This envelope contained \$ 8.21, which would put the fund over its limit. The fund custodian was unaware of who put the coins in the lockbox. In addition, the custodian stated that she is not the only person with access to the petty cash lockbox.	The petty cash custodian has been directed to maintain sole control of access to the petty cash fund.	Completed	N/A	Completed	DN	No further action required.
2013-2014	1/17/2014	Audits of Petty Cash Funds - Central Office Funds	Significant Deficiency	1	The keys and the petty cash fund lockbox are being stored together.	The petty cash custodian has been directed to store the keys and the lockbox in separate locations, only accessible to the custodian.	Completed	N/A	Completed	MV	No further action required.

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding / Observation Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion	Revised Estimated Completion	Status	Officer	Comments
	Date	Audit Title					Date	Date			
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	4	Proper authorization from the CFO was not located on the Contract Review and Approval Worksheet (CRAW) for an amendment of \$25,000 (1 of 20)	Eliminating CRAW, as it is redundant and continuing with the Certification Form (Memo), as it contains all pertinent data After JDE Upgrade, will attempt to include a feature to notify Procurement when an insurance certificate is expiring	3/15/2013	1/31/2014	Completed	AIV	CFO signs all. Still need the CRAW for some transactions, so not eliminating it. JDE does not provide for notification; however, the certificates of insurance are kept updated and reviewed weekly.
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	5	Certificate of insurance renewal not provided timely (1 of 20) JDE system allowed for the use of a contract over \$50,000, after the contract expiration date within the system (1 of 20)	Working with JDE system to ensure this issue is corrected and audit the requisitions to ensure reference to proper contract	6/1/2013	1/31/2014	Completed	AIV	Now at expiration of the contract, the contract is closed unless it is required to be reopened when an old requisition is needed, due to some earlier failure, etc.
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	10	Active contracts over \$50,000 sampled do not appear on the active contract listings provided to management (12 of 20)	Working with Information Technology to ensure that the script being used to generate the report is pulling the appropriate information	Pending JDE Upgrade	1/31/2014	Completed	AIV	
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	11	Procurement files for purchases over \$50,000 contain hundreds of pieces of paper that are not consistently organized in a standard format (10 of 20)	All contracts are now in standard format and all tabbed	Will review after JDE Upgrade	1/31/2014	Completed	AIV	A new filing system is in place; and, duplicated are being eliminated, when necessary.
2012-2013	3/20/2013	Procurement and Contract Compliance	Best Practices	4	Multiple follow-ups were required to obtain appropriate documents with signatures and dates (6 of 12)	Train appropriate Management Staff on document requirements; review and revise the QC checklist	12/31/2013	N/A	Completed	DN	Draft checklist completed 10/31/13; senior staff reviewing through 11/22; training held 11/25-27, with additional training held in December 2013.
2012-2013	10/15/2013	Follow-up on PH Files QCed in Spring 2013	Internal Control Deficiency	1	An issue was noted as not resolved on the QC checklist at the time the files were provided to Internal Audit (2 of 12)	Retrain appropriate Leasing Staff on document requirements; review and revise the QC Checklist	12/31/2013	N/A	Completed	DN	PH QC staff trained; Draft checklist completed 10/31/13; senior staff reviewed through 11/22; training held 11/25-27, with additional training held in December 2013.
2012-2013	10/15/2013	Follow-up on PH Files QCed in Spring 2013	Internal Control Deficiency	2	An issue was noted as not resolved on the QC checklist at the time the files were provided to Internal Audit (2 of 12)	Retrain appropriate Leasing Staff on document requirements; review and revise the QC Checklist	12/31/2013	N/A	Completed	DN	PH QC staff trained; Draft checklist completed 10/31/13; senior staff reviewed through 11/22; training held 11/25-27, with additional training held in December 2013.
2012-2013	10/15/2013	Follow-up on PH Files QCed in Spring 2015		1		Work with the Assistant Director of Compliance to standardize the checklist used by Property Management and the Compliance team to: a. contain only required HUD and Agency forms; b. be in a sequence that matches the workflow of the Property Management staff; and c. ensure both checklists contain the same items required for the files in the same sequence.	10/23/2013	2/4/2014	Completed	DN	Met with the Assistant Director of Compliance to discuss modified checklist ; checklists have been updated to contain only required HUD and Agency forms, be in a sequence that matches the workflow of the Property Management staff, and ensure both checklists contain the same items required for the files in the same sequence. Distributed new checklists to managers on 2/4/2014.

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion Date	Revised Estimated Completion Date	Status	Officer	Comments
	Date	Audit Title									
2013-2014	12/17/2013	Audits of Petty Cash Funds - Sunshine Plaza	Significant Deficiency	2	At the time of the audit, there was one receipt in the fund, two notes indicating that the custodian placed personal cash in the fund and an accounts payable voucher, dated October 18, 2013, that was being processed. These expense items exceeded the fund amount by \$107.71.	To prevent the petty cash fund from exceeding the appropriate limit (due to the addition of personal funds by the custodian), we are taking the following steps: · The current petty cash fund will be kept at Sunshine Plaza and a new petty cash fund will be established for Pecan Hill Apartments. · The limit for the petty cash fund at Sunshine Plaza will be changed to \$200.00 and the limit for the petty cash fund at Pecan Hill will be \$300.00.	1/31/2013		Completed	DN	Petty cash at all communities has been suspended unless the Manager receives Asst Director approval prior to use. The concern with overages and using personal funds has been resolved by requiring CSS's to submit a check request for events. We have decided not to open a secondary petty cash fund at Pecan Hill as the custodian would not be the Community Manager directly.
2013-2014	12/17/2013	Audits of Petty Cash Funds - Sunshine Plaza	Internal Control Deficiency	3	A receipt for an expense incurred at Sunshine Plaza in the amount of \$34.91, was located in the petty cash box with a date of October 1, 2013. The most current accounts payable voucher was prepared and submitted for approval on October 18, 2013.	The Non-Profit Department will adjust the limit of the petty cash fund for Sunshine Plaza to \$200.00 and establish a new petty cash fund for Pecan Hill, with a limit of \$300.00.	1/31/2013		Completed	DN	We have decided not to open a secondary petty cash fund at Pecan Hill as the custodian would not be the Community Manager directly.
2013-2014	12/17/2013	Audits of Petty Cash Funds - Sunshine Plaza	Internal Control Deficiency	4	The petty cash fund for Sunshine Plaza is also being utilized for expenses at the Pecan Hill property.	A separate petty cash fund will be established for Pecan Hill.	1/31/2013		Completed	DN	We have decided not to open a secondary petty cash fund at Pecan Hill as the custodian would not be the Community Manager directly.
2012-2013	11/25/2013	Audit of Preservation & Expansion and Capital Fund Programs	Internal Control Deficiency	1	The electronic Line of Credit Control System (eLOCCS) CFP Payment Voucher (HUD-50080-CFP-a) was lacking required information. Box 13 "Signature" was blank. Both items were 2010 CFP (2 of 11)	The two vouchers lacking signatures were prepared by a former employee. Finance & Accounting will ensure that all eLOCCS Payment Vouchers are authorized as required by HUD. Consideration is being given to the electronic signature option; however, it is pending management's approval. We will continue to manually sign Payment Vouchers until further notice.	Completed	N/A	Completed	EH	No further action required.
2012-2013	11/25/2013	Audit of Preservation & Expansion and Capital Fund Programs	Internal Control Deficiency	2	Required authorizations were missing for items related to the 2008 CFP, Voucher Number 092-579580, submitted to HUD on August 18, 2011, which was a combination of four invoices all with unique vendors (1 of 19)	Staff will develop a HUD 5300 flow chart of instruction for the Project Managers and the related Standard Operating Procedures (SOPs). This flow chart will detail specific go/no go points and 100% management review before signing off on the PEPP. These documents are expected to take 3 to 6 weeks to complete. In the interim, 100% review by the Project Managers will begin as a stop gap until the documents and training are completed.	Completed	N/A	Completed	DN	No further action required.

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion Date	Revised Estimated Completion Date	Status	Officer	Comments
	Date	Audit Title									
2012-2013	11/25/2013	Audit of Preservation & Expansion and Capital Fund Programs	Internal Control Deficiency	4	During the course of the audit we noted that SOPs related to Construction Project Management do not exist.	We are working with CVR in the development of the Construction Services SOPs. The Draft SOP procedure was provided and weekly meetings to refine the processes within the procedure are scheduled, and flow charts creation will be ongoing. When the draft documents are established, they will be distributed to executive for review and comments. There will be an ongoing review of changes incorporated, before a final draft is issued.	Completed	N/A	Completed	DN	No further action required.
2012-2013	11/25/2013	Audit of Preservation & Expansion and Capital Fund Programs	Best Practices	1	The eLOCCS CFP Payment Voucher (HUD-50080-CFP-a) was lacking required information. Box 12 "Name & Title of Authorized Signatory" was blank.	The Finance and Accounting department will ensure the Box 12 "Name & Title of Authorized Signatory" is filled either by print or hand written.	Completed	N/A	Completed	EH	No further action required.
2012-2013	11/25/2013	Audit of Preservation & Expansion and Capital Fund Programs	Best Practices	2	The disposition form for Fixed Asset #032726 (IT Server) was not authorized by the Supervisor/Department Head of the Technology and Telecommunications Department. The individual authorizing the form had the title of Manager, but was not the Department Head.	The Property Disposition Form has been updated to align with the Property Accounting procedure requiring that "All fixed asset transfers and disposals require management approval." In the past, the Disposition form and practice required the signature of a Supervisor or Department Head. The revised Property Disposition Form and practice will now require a signature from the Assistant Director (or above) level of management to approve dispositions.	Completed	N/A	Completed	EH	No further action required.
2012-2013	10/15/2013	Follow-up on PH Files QCed in Spring 2013	Internal Control Deficiency	1	Multiple follow-ups were required to obtain appropriate documents with signatures and dates (6 of 12)	Train appropriate Management Staff on document requirements; review and revise the QC checklist	12/31/2013	N/A	Completed	DN	Draft checklist completed 10/31/13; senior staff reviewed through 11/22; training conducted in November and December and monthly during monthly manager training meetings.
2012-2013	10/15/2013	Follow-up on PH Files QCed in Spring 2013	Internal Control Deficiency	2	An issue was noted as not resolved on the QC checklist at the time the files were provided to Internal Audit (2 of 12)	Retrain appropriate Leasing Staff on document requirements; review and revise the QC Checklist	12/31/2013	N/A	Completed	DN	Draft checklist completed 10/31/13; senior staff reviewed through 11/22; training conducted in November and December and monthly during monthly manager training meetings.

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report Date	Audit Title	Finding Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion Date	Revised Estimated Completion Date	Status	Officer	Comments
2012-2013	10/15/2013	Follow-up on PH Files QCed in Spring 2015		1		Work with the Assistant Director of Compliance to standardize the checklist used by Property Management and the Compliance team to: a. contain only required HUD and Agency forms; b. be in a sequence that matches the workflow of the Property Management staff; and c. ensure both checklists contain the same items required for the files in the same sequence.	10/23/2013	11/22/2013	Completed	DN	Planning to meet with the Assistant Director of Compliance to discuss modified checklist by 11/22/2013; checklists have been updated to contain only required HUD and Agency forms, be in a sequence that matches the workflow of the Property Management staff, and ensure both checklists contain the same items required for the files in the same sequence.
2012-2013	10/15/2013	Follow-up on PH Files QCed in Spring 2015		2		Provide training to the new Unified Application Center staff and to Property Management staff on the standardized checklist and file requirements.	11/1/2013	12/31/2013	Completed	DN	Training conducted in November and December.
2013-2014	12/17/2013	Audits of Petty Cash Funds - Sunshine Plaza	Significant Deficiency	2	At the time of the audit, there was one receipt in the fund, two notes indicating that the custodian placed personal cash in the fund and an accounts payable voucher, dated October 18, 2013, that was being processed. These expense items exceeded the fund amount by \$107.71.	To prevent the petty cash fund from exceeding the appropriate limit (due to the addition of personal funds by the custodian), we are taking the following steps: The current petty cash fund will be kept at Sunshine Plaza and a new petty cash fund will be established for Pecan Hill Apartments. The limit for the petty cash fund at Sunshine Plaza will be changed to \$200.00 and the limit for the petty cash fund at Pecan Hill will be \$300.00.	1/31/2014	N/A	Completed	DN	Management has determined that 2 separate petty cash funds located at different locations are a liability so the existing \$400 fund has been split and assigned \$200 to each community and are being maintained individually at Sunshine Plaza.
2013-2014	12/17/2013	Audits of Petty Cash Funds - Sunshine Plaza	Internal Control Deficiency	3	A receipt for an expense incurred at Sunshine Plaza in the amount of \$34.91, was located in the petty cash box with a date of October 1, 2013. The most current accounts payable voucher was prepared and submitted for approval on October 18, 2013.	The Non-Profit Department will adjust the limit of the petty cash fund for Sunshine Plaza to \$200.00 and establish a new petty cash fund for Pecan Hill, with a limit of \$300.00.	1/31/2014	N/A	Completed	DN	Management has determined that 2 separate petty cash funds located at different locations are a liability so the existing \$400 fund has been split and assigned \$200 to each community and are being maintained individually at Sunshine Plaza.
2013-2014	12/17/2013	Audits of Petty Cash Funds - Sunshine Plaza	Internal Control Deficiency	4	The petty cash fund for Sunshine Plaza is also being utilized for expenses at the Pecan Hill property.	A separate petty cash fund will be established for Pecan Hill.	1/31/2014	N/A	Completed	DN	Management has determined that 2 separate petty cash funds located at different locations are a liability so the existing \$400 fund has been split and assigned \$200 to each community and are being maintained individually at Sunshine Plaza.

**Internal Audit Department
 Status of Management Corrective Action Plans
 2-11-2014**

Plan Year	Final Report		Finding / Observation Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original	Revised	Status	Officer	Comments
	Date	Audit Title					Estimated Completion Date	Estimated Completion Date			
2012-2013	11/25/2013	Audit of Preservation & Expansion and Capital Fund Programs	Internal Control Deficiency	3	The current process for approving the PEPP Routing and Approval Slip is done manually. This document requires authorization from up to eleven people across many departments. The time frame for obtaining these authorizations can be lengthy, using a hard copy document that must be passed from one authorizer to the next.	The CVR recommendation for instituting electronic signatures is appropriate. Ideally the documents would be posted digitally and the assigned property manager or requesting entity would also be responsible for any meetings, follow-up and monitoring the status of completion. To accommodate for approving employees time away from the office such business commitments, vacation or illness, there needs to be a primary and alternate signatory. This will prevent slowing or halting the authorization process. In the meantime to address the audit finding, a regularly scheduled meeting should occur, to answer questions or concerns and expedite the authorization process. This would allow for tracking the responses and attendance and process for further study and additional improvements needed.	FY 2014-2015		In progress	DN	

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion Date	Revised Estimated Completion Date	Status	Officer	Comments
	Date	Audit Title									
2012-2013	11/25/2013	Audit of Preservation & Expansion and Capital Fund Programs	Internal Control Deficiency	5	Currently, disposition for construction or rehabilitation projects is handled by property management. In the past there has been much discussion, confusion and delay regarding the procedure or process and ultimately who is responsible for this portion of a project. During the course of the audit, we were unable to locate any disposition plans for projects underway, such as Marie McGuire.	Maintenance and Asset Management should be involved in any construction or renovation projects that include Real Property Installed Equipment such as mechanical, plumbing or electrical equipment. This is equipment that is integrated into the building infrastructure. For lower priced or non-integrated equipment (i.e. handrails, fans, vent hoods, etc.), the property manager should be called upon to inventory items and advertise as appropriate for disposition. In the case of items left behind for demolition, any items not claimed or repurposed should be listed for transfer to, or disposed by, the contractor taking over the facility for work. Disposition of property, warehousing and accountability will be given additional attention in the future. We agree that a structured disposition process needs to be in place, first to identify the property's book value and second the planned course of action. Flow charted procedures are being developed and will include these steps. We suggest a forum for disposition advertisement when property becomes available, with a short range of availability before final disposal. The initial inventory process, identification of items viable for re-utilization and subsequent advertisement or disposition would be the responsibility of	6/30/2014		In progress	DN	
2012-2013	11/25/2013	Audit of Preservation & Expansion and Capital Fund Programs	Best Practices	3	Currently, the Construction Contract Log and the Real Estate Services – Development Project listing are both being managed in a spreadsheet format, requiring manual entry of all information.	Asset Management will work with Construction Services and Finance & Accounting to determine the feasibility of utilizing data in the JDE accounting system to generate an automated Contract Log to replace the excel spread sheet utilized by Asset Management to assign AMD numbers to capital contracts.	6/30/2014		In progress	EH	

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding Type	Finding / Observation		Management's Corrective Action Plan	Original	Revised	Status	Officer	Comments
	Date	Audit Title		Number	Description		Estimated Completion Date	Estimated Completion Date			
2012-2013	11/25/2013	Audit of Preservation & Expansion and Capital Fund Programs	Best Practices	4	To date no funds from the Agency, previously reserved for P&E projects as listed on the P&E Work Plan have been expended; therefore, a population did not exist for audit testing.	The current P&E Policy was Board approved and subsequently put in effect Agency wide on May 13, 2011. A P&E Work Plan was developed to implement the P&E Policy. This two year plan was established for the period of July 1, 2011, through June 30, 2013. At that time all departments involved with the P&E Policy and Work Plan, were reporting to Development Services & Neighborhood Revitalization (DSNR). In the two and a half years since, the Agency has created the Asset Management Department to oversee SAHA's capital asset portfolio and has undergone departmental reporting re-assignments, including moving Construction Services from DSNR to Operations. The implementation of these changes may influence the re-development of the P&E Work Plan. The new P&E Work Plan will need to address how funding will be utilized in future projects, which will also affect the capital planning process and vice versa.	6/30/2014		In progress	EH	
2012-2013	3/20/2013	Procurement and Contract Compliance	Best Practices	2	Could not locate documents in a easily accessible area for use with the purchasing process	All procurement related documents will be placed on SharePoint and links will be placed on those procurement related items that are not developed by SAHA The Rent Roll is a manual form so all information has to be entered with another process other than what our computer system is capable of handling. At this time, Non Profit Property Management has to run a HAP payment report from Landlords Corner and manually enter the information into the Rent Roll Report. The Property Managers have been trained to pull the report monthly and update the Rent Roll, as needed. Non Profit is currently working with Information Technology to identify a computer system/application that will meet the needs of the Non Profit properties and	7/1/2013	7/1/2014	In progress	AIV	Working on the process for completing this item.
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Internal Control Deficiency	10	The tenant rent subsidy amount listed on the Rent Roll does not match the tenant rent subsidy amount as per the HAP Contract (4 of 18)		FY 2014-2015	N/A	In progress	DN	The scope has been finalized and approved and the RFP is expected to be posted the second week of May 2014.

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report Date	Audit Title	Finding Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion Date	Revised Estimated Completion Date	Status	Officer	Comments
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Internal Control Deficiency	9	The Rent Roll dated July 10, 2013, does not list the all tenants as receiving subsidy (HAP Payments).	The Rent Roll is a manual form so all information has to be entered with another process other than what our computer system is capable of handling. At this time, Non Profit Property Management has to run a HAP payment report from Landlords Corner and manually enter the information into the Rent Roll Report. The Property Managers have been trained to pull the report monthly and update the Rent Roll, as needed. Non Profit is currently working with Information Technology to identify a computer system/application that will meet the needs of the Non Profit properties and integrate with the Agency's current computer applications.	FY 2014-2015	N/A	In progress	DN	The scope has been finalized and approved and the RFP is expected to be posted the second week of May 2014.
2013-2014	11/25/2013	Audit of Compliance - Quarterly - Non-Profit - Homestead	Best Practices	2	The Rent Roll is maintained as a manual spreadsheet. Incorrect HAP amounts are listed and HAP tenants are not identified (as noted by Findings 9 and 10 above). This manual process provides a greater chance of errors and omissions.	The Non Profit portfolio is very diverse with many different requirements that our current software is not capable of supporting. Since the current software for Non Profit is inadequate, Management has been meeting with the Information Technology Department to identify software that would be beneficial to the Non Profit properties and integrate with the Agency's existing processes and systems. This software would be beneficial for the Non Profit Department and greatly enhance the performance of our properties and would also assist in supporting our programs.	FY 2014-2015	N/A	In progress	DN	The scope has been finalized and approved and the RFP is expected to be posted the second week of May 2014.
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	4	Proper authorization from the CFO was not located on the Contract Review and Approval Worksheet (CRAW) for an amendment of \$25,000 (1 of 20)	Eliminating CRAW, as it is redundant and continuing with the Certification Form (Memo), as it contains all pertinent data	3/15/2013	1/31/2014	In progress	AIV	Working with new Procurement Director on documentation
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	5	Certificate of insurance renewal not provided timely (1 of 20)	After JDE Upgrade, will attempt to include a feature to notify Procurement when an insurance certificate is expiring	6/1/2013	1/31/2014	In progress	AIV	JDE Upgrade not completed until November 2013. Will work with IT on incorporating notice feature into JDE for insurance expiration dates.
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	10	JDE system allowed for the use of a contract over \$50,000, after the contract expiration date within the system (1 of 20)	Working with JDE system to ensure this issue is corrected and audit the requisitions to ensure reference to proper contract	Pending JDE Upgrade	1/31/2014	In progress	AIV	JDE Upgrade not completed until November 2013. Will work with IT on incorporating notice feature into JDE to prevent use of expired contracts.

**Internal Audit Department
Status of Management Corrective Action Plans
2-11-2014**

Plan Year	Final Report		Finding / Observation	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion Date	Revised Estimated Completion Date	Status	Officer	Comments	
	Date	Audit Title									
2012-2013	3/20/2013	Procurement and Contract Compliance	Internal Control Deficiency	11	Active contracts over \$50,000 sampled do not appear on the active contract listings provided to management (12 of 20)	Working with Information Technology to ensure that the script being used to generate the report is pulling the appropriate information	4/1/2013	1/31/2014	In progress	AIV	JDE Upgrade not completed until November 2013. Will work with IT to ensure proper report being generated.
2012-2013	3/20/2013	Procurement and Contract Compliance	Best Practices	4	Procurement files for purchases over \$50,000 contain hundreds of pieces of paper that are not consistently organized in a standard format (10 of 20)	All contracts are now in standard format and all tabbed	Will review after JDE Upgrade	1/31/2014	In progress	AIV	Working with new Procurement Director on documentation
2012-2013	9/9/2013	Recruiting, Selection, and Onboarding	Internal Control Deficiency	2	Update the Policies and Procedures Manual to align with the Agency's current hiring practices and maintain the same hiring practices for at least a year prior to changing	HR will partner with Executive, Senior, and management teams to update the Policies and Procedures Manual; provide timely email updates of changes; and initiate quarterly or as needed Nuts and Bolts recruitment training	December 2013	March 2014	In progress	AIV	Further discussions will be needed to complete.
2012-2013	9/9/2013	Recruiting, Selection, and Onboarding	Best Practices	1	Utilize the functionality within I-Applicant to better track applicants that are hireable	HR will explore add-ons to I-Applicant as an option for future use	9/30/2013	12/30/2013	In progress	AIV	Pending final action.
2012-2013	10/15/2013	Follow-up on PH Files QCed in Spring 2015	Internal Control Deficiency	4	Files contained documents with incorrect information (2 of 12)	Documents containing incorrect information will be corrected within reason following new policy of "no back dating" by Property Management and Compliance Staff will be retrained on Checklist Protocol, including when to clear issues noted on QC Checklists	10/31/2013	4/30/2014	In progress	DN	File Conversion Training - Completed 12/31/2013. File Order Training Completed 12/31/2013. File Order Conversion - 91%. File Review/Audit - 27%.
2012-2013	10/15/2013	Follow-up on PH Files QCed in Spring 2015		4		Document the responsibilities of the Unified Application Center staff, Property Management staff, Assistant Directors of Public Housing, Director of Housing, and Chief Operating Officer regarding compliance with the standardized checklist and quality control processes to ensure the file requirements are being adhered to.	11/1/2013	11/30/2013	In progress	DN	The goals of the Property Management staff, Unified Application Center staff, and Assistant Directors of Public Housing (Operations) have been updated to include their responsibilities regarding compliance with the standardized checklist. The goals for the Director of Housing and Chief Operating Officer regarding compliance with the standardized checklist and quality control processes to ensure the file requirements are being adhered to are in progress.
2012-2013	10/15/2013	Follow-up on PH Files QCed in Spring 2015		5		Determine the department the Public Housing Compliance team would be most effective reporting through.	11/1/2013	12/31/2013	In progress	DN	Discussions being held by Executive Leadership Team members.

**Internal Audit Department
 Status of Management Corrective Action Plans
 2-11-2014**

Plan Year	Final Report		Finding Type	Finding / Observation Number	Finding / Observation Description	Management's Corrective Action Plan	Original Estimated Completion Date	Revised Estimated Completion Date	Status	Officer	Comments
	Date	Audit Title									
2012-2013	9/9/2013	Recruiting, Selection, and Onboarding	Best Practices	3	Develop standard dates for the hiring process that takes into account each step of the process to allow for better tracing of timelines between each step	Track the progress on major hires and prepare a summary report for each at the conclusion of the process; and in partnership with Internal Audit and Executives, convene briefings designed to consider policy and procedure changes	12/31/2013	N/A	On track	AIV	