



Audit Report



OIG-22-034

FINANCIAL MANAGEMENT

Audit of the Gulf Coast Ecosystem Restoration Council's Compliance with PIIA for Fiscal Year 2021

June 7, 2022

Office of Inspector General
Department of the Treasury

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Contents

Audit Report

| | |
|--|----|
| Results in Brief | 2 |
| Background..... | 3 |
| Payment Integrity Compliance and Reporting Requirements | 3 |
| Payment Integrity Risk Assessment | 5 |
| Recovery Audits..... | 6 |
| Payment Integrity Reporting..... | 6 |
| Audit Results..... | 7 |
| Finding 1: The Council Did Not Provide Payment Integrity Data to OMB During the Annual Data Call | 10 |
| Finding 2: The Council Did Not Adequately Conclude Whether Its Programs Are Likely to Make IPs and UPs Above or Below the Statutory Threshold..... | 11 |

Appendices

| | |
|---|----|
| Appendix 1: Objectives, Scope, and Methodology..... | 13 |
| Appendix 2: Management Response..... | 16 |
| Appendix 3: Major Contributors to This Report | 18 |
| Appendix 4: Report Distribution | 19 |

Abbreviations

| | |
|---------|---|
| AFR | Agency Financial Report |
| ARC | Bureau of the Fiscal Service, Administrative Resource Center |
| Council | Gulf Coast Ecosystem Restoration Council |
| EO | Executive Order |
| IP | Improper Payment |
| IPERA | Improper Payments Elimination and Recovery Act of 2010 |
| IPERIA | Improper Payments Elimination and Recovery Improvement Act of 2012 |
| IPIA | Improper Payments Information Act of 2002 |
| OIG | Offices of Inspector General |
| OMB | Office of Management and Budget |
| PIIA | Payment Integrity Information Act of 2019 |
| UP | Unknown Payment |

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Audit Report

June 7, 2022

Mary Walker
Executive Director
Gulf Coast Ecosystem Restoration Council

This report presents the results of our audit of the Gulf Coast Ecosystem Restoration Council's (Council) compliance with payment integrity reporting requirements for fiscal year 2021.

The objective of our audit was to assess and report on the Council's overall compliance with requirements contained in the Payment Integrity Information Act of 2019 (PIIA)¹, enacted to help Federal agencies improve efforts to identify and reduce Government-wide improper payments, and for other purposes. PIIA repealed the Improper Payment Elimination and Recovery Improvement Act of 2012 (IPERIA)², the Improper Payments Elimination and Recovery Act of 2010 (IPERA)³, and the Improper Payments Information Act of 2002 (IPIA)⁴. As part of our audit, we also reviewed the Council's implementation of the Office of Management and Budget's (OMB) payment integrity related guidance contained in Circular No. A-123, Management's Responsibility for Enterprise Risk Management and Internal Control, Appendix C, "Requirements for Payment Integrity Improvement," and Circular No. A-136, Financial Reporting Requirements.

We conducted our fieldwork from February 2022 through April 2022 in Washington, DC. Appendix 1 contains a more detailed description of our objective, scope, and methodology.

¹ Pub. L. No. 116-117, 134 Stat. (March 2, 2020)

² Pub. L. No. 112-248, 126 Stat. (January 10, 2013)

³ Pub. L. No. 111-204, 124 Stat. (July 22, 2010)

⁴ Pub. L. No. 107-300, 116 Stat. (November 26, 2002)

Results in Brief

The Council did not comply with two of the ten PIIA requirements for fiscal year 2021. Specifically, the Council did not publish its payment integrity information with the annual financial statement in accordance with OMB A-136 and did not adequately conclude whether its programs are likely to make improper payments (IP) and unknown payments (UP) above or below the statutory threshold. The Council did not comply with these two requirements because the Council did not review the new OMB guidance in fiscal year 2021, which identified the new requirements. As a result, the Council did not provide the public with comprehensive improper payment data and information on PaymentAccuracy.gov and did not sufficiently address the IP risk assessment requirements per OMB M-21-19.

For fiscal year 2021, the Council complied with the requirements to publish its Agency Financial Report (AFR) and any accompanying materials required by the Office of Management and Budget (OMB) on its website. Although the Council's total program and activity expenditures exceeded \$10 million, its total improper payments was less than 10 percent. In addition, the Council did not have any programs susceptible to significant improper payments or any designated high priority programs.

We reviewed the Council's PIIA reporting process, risk assessment process, and recovery audit program to determine the accuracy and completeness of the Council's payment integrity reporting. We determined that the Council used a systematic method to review all programs and activities to identify those susceptible to significant improper payments. The Council also conducted program specific risk assessments and considered numerous factors in determining its programs' risk for improper payment. In addition, the Council's total improper payment rate for fiscal year 2021 was 3.9 percent. The 3.9 percent improper payment rate reflects an improper payment of \$821,457.70 that was identified outside of the recovery audit and was remediated by the recipient in the same calendar year. The Council's recovery audit did not identify any improper payments for fiscal year 2021.

We recommend that the Council:

-
1. Consult OMB M-21-19 or its subsequent revisions and OMB Circular A-136 annually to determine the payment integrity reporting requirements applicable to their agency;
 2. Report payment integrity information to the OMB Annual Data Call in accordance with OMB guidance;
 3. Consult OMB M-21-19 or its subsequent revisions to determine the required risk assessment factors and methodology for its agency;
 4. Include unknown payments in its improper payment risk assessment; and
 5. Adequately conclude whether its programs are likely to make improper payments and unknown payments above or below the statutory threshold.

In a written response, management concurred with our recommendations and provided corrective actions. Management stated that it has established the agency's site with PaymentAccuracy.gov to be included in future payment integrity data calls. Management also stated that it has included the required risk assessment factors and unknown payments in its improper payment risk assessment methodology for fiscal year 2022.

Management's written response is provided in its entirety in appendix 2 of this report.

Background

Payment Integrity Compliance and Reporting Requirements

Under the IPIA, Federal agencies were required to review and identify programs and activities susceptible to improper payments on an annual basis and report estimates of improper payments to Congress along with actions to reduce estimated improper payments that exceeded \$10 million.

In 2009, Executive Order (EO) 13520 required Federal agencies to intensify their efforts to eliminate payment error, waste, fraud, and abuse in major Federal programs while continuing to ensure that these programs serve and provide access to their intended beneficiaries. It increased Federal agencies' accountability and required that Federal agencies provide their agency Inspector General with detailed information on efforts to identify and reduce the number of improper payments in Federal programs with the highest dollar value of improper payments.

Following EO 13520, on July 22, 2010, the President signed IPERA into law. IPERA amended IPIA, strengthening agencies' program reviews and reporting requirements. IPERA expanded the types of payments to be reviewed and established the requirement for agencies to conduct recovery audits if cost-effective. IPERA also required Inspectors General to report on their respective agencies' compliance with IPERA each fiscal year.

In 2012, IPERIA further expanded agency improper payment requirements to foster greater agency accountability. IPERIA required the Director of OMB to identify a list of high priority Federal programs for greater levels of oversight and review. For those high priority programs, IPERIA required OMB to coordinate with agencies to establish annual targets and semi-annual or quarterly actions for reducing improper payments. For fiscal year 2021, the Council did not have any high priority programs. Agencies were required to submit an annual report to the Inspector General on actions (1) taken or planned to recover improper payments and (2) intended to prevent future improper payments. The report was also required to be available to the public on a central website.

In accordance with IPERIA and EO 13520, Offices of Inspector General (OIG) were required to review and report on their respective agencies' OMB-designated high priority programs, if any. Specifically, OIGs were to review management's assessment of the level of risk, the quality of the improper payment estimates and methodology, and the oversight and financial controls in place to identify and prevent improper payments. Recommendations, if any, were to be provided for modifying agency plans related to its high priority programs to include improvements for determining and estimating improper payments.

In Memorandum 15-02 dated October 20, 2014, OMB issued revisions to OMB Circular No. A-123, Appendix C, to provide agencies guidance on implementing all improper payment compliance and reporting requirements. In June 2018, OMB issued Memorandum 18-20 to further revise its guidance in an effort to transform the improper payment compliance framework to create a more unified, comprehensive, and less burdensome set of requirements.

On March 2, 2020, PIIA repealed IPERIA, IPERA, and IPIA, but set forth similar improper payment reporting requirements. PIIA requires agencies to conduct program-specific risk assessments for each program or activity identified by the agency, provide the methodology for identifying and measuring improper payments, and report on actions the agency plans to take to prevent future improper payments.

As a result of PIIA, OMB updated OMB Circular A-123, Appendix C, "Requirements for Payment Integrity Improvement" and issued its revised guidance (OMB M-21-19) on March 5, 2021. The goal of this revision is to transform the payment integrity compliance framework and create a more comprehensive and meaningful set of requirements to allow agencies to spend less time complying with low-value activities and more time researching underlying causes of improper payments, balancing payment integrity risks and controls, and building the capacity to help prevent future improper payments.

OMB Circular A-136 includes the financial reporting requirements that federal agencies must follow in reporting its PIIA information in the agency's annual financial statement. Among the requirements are the collection of payment integrity information by OMB through the annual data call and actions taken by the agency to address recovery auditor recommendations to prevent overpayments.

Payment Integrity Risk Assessment

The Council used a systematic method to review all programs and activities to identify those susceptible to significant improper payments. The programs the Council assessed for risk are the Council-Selected Projects and Programs and the Oil Spill Impact Program. The Council performed a qualitative risk assessment using

its financial service provider, the Bureau of the Fiscal Service, Administrative Resource Center's (ARC) Risk Assessment questionnaire in determining the level of risk for each payment type, such as contract payments and grant invoices, purchase card, travel card, claims and vouchers, and payroll. The Council also performed risk assessments of all grant recipients, which includes review of recipient financial reports and other pertinent information.

The Council considered other risk factors in determining if the programs were likely to be susceptible to significant improper payments. Among the factors considered were the number of payments the Council had and the total amount of all payments made. For fiscal year 2021, the Council did not have any programs or activities susceptible to significant improper payments.

Recovery Audits

PIIA requires agencies to conduct recovery audits to prevent, detect, and recover overpayments, if conducting such audits would be cost-effective, for each program and activity that expends \$1 million or more annually. A recovery audit is a review and analysis of an agency's or program's accounting and financial records, supporting documentation, and other pertinent information supporting its payments that is specifically designed to identify overpayments. The Council's recovery audit is performed by ARC and reviewed and certified by the Council. In addition, the Council performs monthly reconciliations of grant payments, reviews all grant payments to confirm validity and accuracy of payments made and performs payment recapture of any improper payments identified.

Payment Integrity Reporting

The Council published its fiscal year 2021 AFR and posted it to its website. The PIIA section of the report included the following information:

- programs assessed for risk;
- risk assessment and results;
- payment reporting, including improper payment estimate;

- improper payment root cause categories;
- recapture of improper payments reporting;
- agency improvement of payment accuracy with the Do Not Pay Initiative;
- discussion of the Council’s accountability for establishing and maintaining sufficient internal controls;
- agency information systems and other infrastructure; and
- fraud reduction report.

Audit Results

According to OMB Circular A-123, an agency is required to meet ten specific requirements to be compliant with PIIA. The ten requirements are (1) publishing payment integrity information with the annual financial statement; (2) posting the annual financial statement and accompanying materials on the agency website; (3) conducting IP risk assessments for each program with annual outlays greater than \$10 million at least once in three years; (4) concluding on the program’s likelihood to make IPs and UPs above or below the statutory threshold; (5) publishing IP and UP estimates; (6) publishing corrective action plans; (7) publishing IP and UP reduction targets; (8) demonstrating improvements to payment integrity; (9) developing a plan to meet IP and UP reduction targets; and (10) reporting an IP and UP payment rate of less than 10 percent.

We found that the Council did not comply with two PIIA requirements for fiscal year 2021 as outlined in Table 1 below.

Table 1. The Council's Compliance with PIIA Requirements

| PIIA Requirements | Council Selected Projects and Programs | Oil Spill Impact Program |
|---|---|---------------------------------|
| Published payment integrity information with the annual financial statement | No | No |
| Posted the annual financial statement on the agency website | Yes | Yes |

| PIIA Requirements | Council Selected Projects and Programs | Oil Spill Impact Program |
|---|---|---------------------------------|
| Conducted IP risk assessments | Yes | Yes |
| Adequately concluded whether the program is likely to make IPs and UPs above or below the statutory threshold | No | No |
| Published IP and UP estimates | N/A * | N/A * |
| Published corrective action plans | N/A * | N/A * |
| Published IP and UP reduction targets | N/A * | N/A * |
| Demonstrated improvements to payment integrity | N/A * | N/A * |
| Developed a plan to meet IP and UP reduction targets | N/A * | N/A * |
| Reported an IP and UP improper payment rate of less than 10 percent | N/A * | N/A * |

Source: OIG's assessment of Council's compliance with PIIA requirements.

* Not susceptible to significant improper payments

We reviewed the Council's AFR and noted that the Council included improper payment information in the PIIA section. We also noted that the Council published its AFR on its website. We reviewed the procedures performed by the Council and the supporting documentation related to its improper payment reporting. We also noted that the Council included a link to the paymentaccuracy.gov on its AFR. However, as discussed in Finding 1, the Council did not provide its payment integrity data to OMB during the annual data call.

We also reviewed procedures performed by ARC as part of its responsibilities in assisting the Council in performing its risk assessment and performing the payment recovery audit on behalf of the Council. Specifically, we reviewed the Council's supporting documentation related to its risk assessment and payment recovery audit. We noted that the Council performed a qualitative risk assessment of its programs utilizing ARC's risk assessment questionnaire that resulted in a low-risk rating for the Council's overall fund group. The Council also considered other factors in

determining if programs were susceptible to improper payments. These factors include the number and amounts of payments made by the Council and the grant recipients' risk rating. However, as discussed in Finding 2, the Council's risk assessment methodology did not consider UPs, resulting in the Council's inability to adequately conclude whether its programs are likely to make IPs and UPs above or below the statutory threshold.

ARC performed the recovery audit on behalf of the Council. No improper payments were identified during the recovery audit. An improper payment of \$821,457.70 was identified outside of the recovery audit by a grant recipient. This was an administrative error by the grant recipient staff, who erroneously requested a drawdown of funds without the proper invoice and supporting documentation from its subrecipient for the amount requested. The funds were not released to the subrecipient until the proper invoice and supporting documentation were provided.

The Council's total program and activity expenditures for fiscal year 2021 exceeded \$10 million but the total improper payment of \$821,457.70 was less than the statutory threshold⁵ for significant improper payments and reporting requirements specified in OMB M-21-19. Additionally, the Council did not have any programs or activities susceptible to significant improper payments or designated as high priority programs. As a result, the Council was not required to publish IP and UP estimates or corrective action plans in the annual financial statement. The Council was also not required to publish IP and UP reduction targets, demonstrate improvements to payment integrity or reach a tolerable IP and UP rate, and develop a plan to meet the IP and UP reduction targets. In addition, the Council was not required to report an IP and UP estimate of less than 10 percent for each program.

⁵ The threshold is the total amount of improper payment and unknown payment estimate that is either above \$10,000,000 and 1.5 percent of the program's total outlays or above \$100,000,000 (regardless of the associated percentage of the program's total annual outlays that the estimated improper payment and unknown payment amount represents).

Finding 1**The Council Did Not Provide Payment Integrity Data to OMB During the Annual Data Call**

We determined that the Council did not publish its payment integrity information in accordance with OMB A-123, Appendix C and OMB A-136. Specifically, the Council did not provide the required payment integrity data to OMB via the payment integrity Annual Data Call. OMB A-123 Appendix C requires agencies to publish applicable payment integrity information in its annual financial statement in accordance with payment integrity guidance provided in OMB Circular A-136. In addition, the agency must publish any applicable payment integrity information required in the accompanying materials to the annual financial statement in accordance with applicable guidance. The most common accompanying materials to the annual financial statement are the payment integrity information published on [paymentaccuracy.gov](https://www.paymentaccuracy.gov). This information is provided by the agency to OMB through the Annual Data Call and is then subsequently published on [paymentaccuracy.gov](https://www.paymentaccuracy.gov).

OMB A-136, II.4.5, PIIA Reporting requires agencies to provide payment integrity information to OMB through the Annual Data Call. This information is subsequently published on [PaymentAccuracy.gov](https://www.PaymentAccuracy.gov).

The Council did not provide the required payment integrity data to OMB because it did not review the new OMB guidance in fiscal year 2021. Failure to provide the required payment integrity data to OMB resulted in incomplete reporting of payment integrity information for both the agency and OMB. In addition, it did not provide the public with comprehensive improper payment data and information on [PaymentAccuracy.gov](https://www.PaymentAccuracy.gov).

Recommendations

We recommend the Council:

1. Consult OMB M-21-19 or its subsequent revisions and OMB Circular A-136 annually to determine the payment integrity reporting requirements applicable to their agency; and

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2. Report payment integrity information to the OMB Annual Data Call in accordance with OMB guidance.

Management Response

Management concurred with our recommendations and has established the agency’s site with PaymentAccuracy.gov to be included in future payment integrity data calls.

OIG Comment

Management’s response and planned corrective actions meet the intent of our recommendations.

Finding 2

The Council Did Not Adequately Conclude Whether Its Programs Are Likely to Make IPs and UPs Above or Below the Statutory Threshold

During our review of the Council’s risk assessment, we noted that the Council did not include UPs in its improper payment risk assessment methodology. As a result, we determined that the Council did not adequately conclude whether its programs are likely to make IPs and UPs above or below the statutory threshold. OMB M-21-19, Compliance, VI.A.2b, requires agencies to adequately conclude whether the program is likely to make IPs and UPs above or below the statutory threshold. To achieve compliance, the agency must ensure that the IP risk assessment methodology used adequately concludes whether the program is likely to make IPs plus UPs above or below the statutory threshold.

The Council did not include UPs in its risk assessment methodology because it did not review the new OMB guidance in fiscal year 2021, which identified the new requirement. Excluding UPs in its IP risk assessment did not sufficiently address the IP risk assessment requirements per OMB M-21-19.

Recommendations

We recommend the Council:

-
1. Consult OMB M-21-19 or its subsequent revisions to determine the required risk assessment factors and methodology for its agency;
 2. Include unknown payments in its improper payment risk assessment; and
 3. Adequately conclude whether its programs are likely to make improper payments and unknown payments above or below the statutory threshold.

Management Response

Management concurred with the OIG’s recommendations and has included the required risk assessment factors and unknown payments in its improper payment risk assessment methodology for fiscal year 2022.

OIG Comment

Management’s response and planned corrective actions meet the intent of our recommendations.

Management’s written response is provided in its entirety in appendix 2 of this report.

* * * * *

We appreciate the courtesies and cooperation extended by your staff during the audit. If you wish to discuss the report, you may contact me at (202) 927-5329 or Shiela Michel, Audit Manager, at (202) 927-5407. Major contributors to this report are listed in appendix 3. A distribution list for this report is provided as appendix 4.

/s/
Ade Bankole
Director, Financial Statement Audits

Appendix 1: Objectives, Scope, and Methodology

The overall objective of our audit was to determine whether the Gulf Coast Ecosystem Restoration Council (Council) complied with the payment integrity reporting requirements for fiscal year 2021. We assessed the Council's compliance with the reporting requirements set forth in the Payment Integrity Information Act of 2019 (PIIA).

The scope of our audit covered the time period October 1, 2020 through September 30, 2021.

To accomplish our objective, we performed the following activities during audit fieldwork conducted from February 2022 through April 2022:

- We reviewed applicable laws, regulations, and guidance issued by the Office of Management and Budget (OMB), and the Council's supporting documentation for its payment integrity reporting.
- We conducted interviews of the Council's personnel responsible for the payment integrity reporting.
- We reviewed the fiscal year 2021 annual financial statement and any accompanying materials to assess whether the Council:
 - published payment integrity information with the annual financial statement;
 - posted the annual financial statement and accompanying materials on the agency website;
 - conducted improper payment (IP) risk assessments for each program with annual outlays greater than \$10 million at least once in the last three years
 - adequately concluded whether the program is likely to make IPs and unknown payments (UP) above or below the statutory threshold;
 - published IP and UP estimates for programs susceptible to significant IPs and UPs in the accompanying materials to the annual financial statement;
 - published corrective action plans for each program for which an estimate above the statutory threshold was

Appendix 1: Objectives, Scope, and Methodology

- published in the accompanying materials to the annual financial statement;
 - published an IP and UP reduction target for each program for which an estimate above the statutory threshold was published in the accompanying materials to the annual financial statement;
 - demonstrated improvements to payment integrity or reached a tolerable IP and UP rate;
 - developed a plan to meet the IP and UP reduction targets; and
 - reported an IP and UP estimate of less than 10 percent for each program for which an estimate was published in the accompanying materials to the annual financial statement.
- To assess the Council's risk assessment process, we reviewed supporting documentation to determine the completeness and accuracy of the information reported and compliance with applicable guidance. We interviewed Council officials involved in the risk assessment and review process to evaluate their risk assessment methodologies.

To assess the Council's payment recovery audit program, we reviewed the results of the Council's payment recovery audit along with the supporting documentation to determine the completeness and accuracy of the information reported and compliance with applicable guidance. We also reviewed the audit results along with the Council's supporting documentation to determine if the Council (1) had internal controls in place to prevent, detect, and recover overpayments; (2) performed payment recovery audits of all non-federal and federal employee payments administered; (3) recaptured all overpayments made; and (4) disposed of recovered funds in accordance with OMB guidance. In order to make this determination, we also obtained evidence through our interviews with Council personnel.

We assessed the reliability of the payment integrity data by (1) performing electronic testing, (2) reviewing existing information about the data and the system that produced them, and (3) interviewing Council officials knowledgeable about the data. We determined that the data were sufficiently reliable for the purposes of this report.

Appendix 1: Objectives, Scope, and Methodology

Management is responsible for the design, implementation, and operating effectiveness of the agency's internal controls. We assessed the Council's internal controls and compliance with policies and procedures necessary to satisfy the audit objective. In particular, we determined that the principles of designing and implementing control activities within the control activities component of internal controls, and the principle of performing monitoring activities within the monitoring component of internal controls, were significant to the Council's improper payment reporting. Specifically, the Council's review and publication of its payment integrity information, risk assessment process of its programs and activities, use of a financial services provider to perform payment recovery audits, and its monitoring and certification activities were significant to the Council's improper payment reporting.

We assessed whether internal controls are properly designed and implemented through walkthroughs. In addition, we tested the operating effectiveness of the internal controls by reviewing and inspecting relevant documents and data related to the Council's payment integrity reporting. However, because our review was limited to these internal control components and underlying principles, it may not have disclosed all internal control deficiencies that may have existed at the time of this audit.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix 2: Management Response



Gulf Coast Ecosystem Restoration Council
500 Poydras Street, Suite 1117
New Orleans, LA 70130

May 24, 2022

Ade Bankole
Director, Financial Statement Audits
Department of the Treasury

Re: Response to the draft OIG Audit Report: Audit of the Gulf Coast Ecosystem Restoration Council's Compliance with PIIA for Fiscal Year 2021

Thank you for the opportunity to review the draft Audit of the Gulf Coast Ecosystem Restoration Council's Compliance with PIIA for Fiscal Year 2021. The Council appreciates the professionalism and courtesy extended by the Office of Inspector General throughout this audit.

Your audit concluded that the Council did not comply with two of the ten PIIA requirements for fiscal year 2021. We appreciate your acknowledgment that the Council was compliant with all other PIIA requirements and did not have any programs susceptible to significant improper payments or designated high-priority programs. The Council has already taken steps to address the recommendations in this audit, as discussed below.

Recommendations for Finding #1:

OIG recommends that the Council consult OMB M-21-19 or its subsequent revisions and OMB Circular A-136 annually to determine the payment integrity reporting requirements applicable to their agency and report payment integrity information to the OMB Annual Data Call in accordance with OMB guidance.

Management's Response:

The Council concurs with the OIG's recommendations and has established the agency's site with PaymentAccuracy.gov to be included in future payment integrity data calls.

Recommendations for Finding #2:

OIG recommends that the Council consult OMB M-21-19 or its subsequent revisions to determine the required risk assessment factors and methodology for its agency; include unknown payments in its improper payment risk assessment, and adequately conclude whether its programs are likely to make improper payments and unknown payments above or below the statutory threshold.

Management's Response:

The Council concurs with the OIG's recommendations and has included the required risk assessment factors and unknown payments in its improper payment risk assessment methodology for FY 2022.

Appendix 2: Management Response

In fiscal year 2022, the Council will use this audit report to improve our reporting and compliance with PIAA. We continue to work diligently to comply with the requirements of the law, to adhere to OMB's guidance, and to prevent, reduce, and recover improper payments in the Council's programs. We appreciate your office's ongoing cooperation.

Sincerely,

**MARY
WALKER** Digitally signed by
MARY WALKER
Date: 2022.05.24
16:22:08 -04'00'

Mary S. Walker
Executive Director

Appendix 3: Major Contributors to This Report

Shiela Michel, Audit Manager
Rufus Etienne, Auditor
Steven Bitz, Auditor
Gerald Kelly, Referencer

Appendix 4: Report Distribution

Gulf Coast Ecosystem Restoration Council

Chairperson
Executive Director
Chief Financial Officer

Department of the Treasury

Deputy Secretary
Under Secretary for Domestic Finance
Fiscal Assistant Secretary
Deputy Assistant Secretary, Fiscal Operations and Policy

Office of Management and Budget

Controller, Office of Federal Financial Manager
OIG Budget Examiner

U.S. Senate

Chairman and Ranking Member
Committee on Appropriations

Chairman and Ranking Member
Committee on Homeland Security and Governmental Affairs

U.S. House of Representatives

Chairman and Ranking Member
Committee on Appropriations

Chairman and Ranking Member
Committee on Oversight and Reform

U.S. Government Accountability Office

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