

Florida Agricultural and Mechanical University
Board of Trustees



Division of Audit & Compliance Committee
Date: Wednesday, November 29, 2017
Time: 2:45 PM

AGENDA

- I. Call to Order Chair Craig Reed
- II. Roll Call Debra M. Barrington

ACTION ITEMS

- III. Approval of Minutes - September 5, 2017 Chair Reed

INFORMATION ITEMS

- IV. Rattler Boosters Audit Update Richard Givens
- V. Chief Compliance and Ethics Officer - Update
- VI. University Financial Audit
- VII. Division Activities - Update
 - a. Survey on Enterprise Risk Management
 - b. Follow-up Audit Findings
 - c. Implementation of Project Management System
 - d. Projects in Progress
 - e. Training

Adjournment

Florida Agricultural and Mechanical University
Board of Trustees



Audit & Compliance Committee Meeting

Date: Tuesday, September 5, 2017

Time: 10:30 AM - 12:30 PM

Committee Minutes

Members Present: Trustee Craig Reed, Chair
Trustee Harold Mills, Trustee Belvin Perry, Jr.
Trustee Robert Woody (*absent*)

Debra M. Barrington, Administrative Assistant to the Vice President, called the roll. A *quorum* was established.

Action Items

Trustee Craig Reed, Chair, called the meeting to order. Chair Reed proceeded by sharing there were three (3) action items; the first was the approval of the Wednesday, June 7, 2017 *Minutes*. It was motioned by Trustee Belvin Berry, Jr., second by Trustee Harold Mills, the minutes were approved.

Chair Reed continued that the second action item is to approve the Risk Assessment and Work Plan for 2017-2018 Year. Trustee Reed requested that VP Richard Givens present an overview of the Risk Assessment and Work Plan for 2017-18, which were posted for review.

VP Richard Givens shared that every year DAC does a risk assessment. The primary purpose is to identify higher risk areas so that DAC can align audit resources to cover the higher risk areas. This year DAC updated the prior year risk assessment and used the results of surveys from last year. Procedures used to come up with the current year's Risk Assessment also included interviews with University personnel, presentation and discussion of preliminary results with the Senior Leadership Team and the President, and consideration of other information that had come to DAC throughout the year. A heat map was developed (shown starting on Page 6 to Attachment I) where the risks are classified into the major areas of strategic, operational compliance, and finance and within each of those areas it's broken down further into sub-categories Risk themes are then developed. These have been consistent over the past several years. The first risk theme deals with governance and the policies and procedures the University has in place. There are instances that they're not being followed. This year, the funding to implement the initiatives of the University Strategic Plan have not been identified except for the 2017-18 year, which increases the risk that the goals may not be achieved.

The second risk theme has to do with funding, which is a common theme throughout several of the risk themes. The University has received diminished funding from State and Federal Governments, resulting in the University relying on funding from tuition, and tuition increases

are not likely to be approved. Also, continued funding from the State relies on meeting performance metrics, including retention, graduation rates, and employment after graduation.

Recruitment and retention is the third risk theme. The University enrollment figures for the past six (6) years has been trending downward and have declined 27% from the fall of 2011. The University has initiated programs to increase enrollment, including programs to improve retention, improve performance of access opportunity students, and development of articulation agreements with the Florida College System to recruit those students. There are several programs designed to increase student retention with the goals to improve graduation rates, increase passage rates on licensure examinations, increase the additional section of courses through the online program, and to increase the number of graduate in programs of strategic emphasis. The University has made significant investment in the Human Technology Resources to implement these initiatives, but success continues to depend on continued funding to fully implement the initiatives.

Financial aid is considered an area of high risk in that the potential of noncompliance with the Title IV Regulations could result in repayment of money to Federal Government.

Athletics funding continues to be an area of risk. Although the University has made significant improvements in balancing the Athletics budget, the operating deficit must be paid back. A compliance risk for possible violations of NCAA and Title IX Regulations also exists.

Information Technology continues to be a risk in that the University's information technology system is not configured to provide maximum system functionality. There is a concern over the cost of IT to implement and bring the system into maximum functionality. It is also noted that disaster recovery plans for some of the systems were not in place. There is a disaster recovery plan for the PeopleSoft System, which is the major system used by the University. There is a concern for data breeches and inadequate access controls, which are common concerns for all major organizations.

With the pressure on University finances, budget planning has become a priority and a challenge. The University's cash reserves (the carry forward amount) have decreased over the last several years as the University has funded some ongoing operations through the cash reserves.

Regulatory compliance is the last risk theme. The University must comply with a number of regulations and laws. The University has started the process to hire a Chief Compliance Ethics Officer (CCEO) which is designed to address these issues.

Once DAC identifies risk themes, work projects are developed to address those and included in the proposed audit plan. The work plan links the projects with risk categories they are to address. The prior year coverage and a three (3) year planned coverage are also shown. Proposed audit projects are in the governance, compliance, operational areas, as well as management services. Budgeted hours are included for follow up of audit findings and investigations.

Questions:

Chair Craig Reed asked VP Givens how areas are prioritized for the next year. VP Givens responded that the higher risk areas are considered first and then audits that have deadlines, such as the performance funding audit required by the Board of Governors (BOG), with a hard deadline. Performance funding generally takes priority, and then beyond that the audit plan is worked driven by availability of staff and which topics are of most concern.

Chair Reed inquired whether the work is done with internal resources or external resources, VP Givens shared that DAC does not generally use outside resources. On occasion consultants have been hired in situations where DAC is not considered independent. The work on the proposed work plan is typically done internally. To help prioritize, there are discussions with the President as well as the Senior Management to determine which specific topics would be more important.

In response to Chair Reed's inquiry whether projects not completed by the end of the year automatically roll into the next year or, if not, how is it ensured that coverage or closure with previous audit items is ensured, VP Givens indicated that projects not done are considered for future work based on the current year risk matrix where some areas were considered high risk the prior year but not the current year because of changes that reduced some risks.

Trustee Harold Mills asked whether there are enough resources to manage the proposed projects. The work plan is fairly extensive compared to other places. VP Givens responded that the work plan is designed with the resources that we have. If DAC had more resources, other areas could be addressed. The scope is limited so that we do not go into as much depth in some areas as we could with the additional resources. The proposed hours for the projects can be done with the resources we currently have. Trustee Harold Mills indicated that we would like to come up with some sound conclusions, and if we do not have the resources to achieve the work plan as it's been laid out, then we need to take the work plan and all agree to that. VP Givens agreed this would be fair.

In response to Trustee Mills' inquiry as to whether DAC receives full cooperation from the President, Provost Offices, and the rest of the Leadership Team as they execute these audits, VP Givens indicated that the President has always been supportive of what is done. Everyone is becoming aware of the need to provide information on a timely basis. It has been very good over the last several months. Trustee Harold Mills encouraged VP Givens of the importance in staying next to the Chairman around this kind of support. This is critical for any organization's support; especially FAMU's with that level of communication.

Trustee Harold Mills reminded the Committee of the updates the Committee requested regarding the last audit findings where there were 15 in yellow and 6 in red that have not been corrected. VP Givens stated there should be a section on the follow up audit findings. Trustee Harold Mills, indicated that this tied into the status of the CCEO position. VP Givens indicated that the position was advertised, and 25 applications were received. Each application was reviewed, and the Search Committee met and developed a detailed timeline for the hiring process. SKYPE interview of the top 10 are to be conducted and three (3) on-site interviews out of the selected 10. It is planned to have the person hired by the end of October 2017.

Chair Reed requested a motion to approve the Risk Assessment and Work Plan. Trustee Mills so moved and second by Trustee Belvin Perry, Jr. The Risk Assessment and Work Plan was approved.

Chair Reed reiterated the importance of identification of risk and closing these things out. We look forward to the next portion of discussion to give an update as to where we are compared to where we were last year. Typically we have had these items hanging out there a little too long and would need closure as soon as possible.

Chair Reed proceeded with the request for the approval of the 2016-2017 Annual Report. This was posted for review. VP Givens was asked to give a review and highlights for this report.

VP Givens provided highlights of the 2016-2017 Annual Report. The first section gives an overview of the work allocation for the year (includes direct time only). About 60% of time was spent in audit and assurance, 10% in follow up, 11% in advisory services, and 19% in investigations. The makeup was a little different from prior years. We have moved more resources into the assurance work and reduce the amount of time spent in investigations. Eleven audits were completed during the year, two (2) are in process at June 30, 2017, and two (2) on the work plan were scheduled but not completed. The audit for Cash Management, Forecasting, and Budgeting was deferred and we did not include a project that relates to the Review of Process for Adopting and Changing Policies.

We were more proactive during the year on follow up of audit findings to ensure that the corrective actions are timely implemented. We worked closely with the President and the Vice Presidents to get this done. We had six (6) major advisory projects that were completed during the year. There were two (2) that were in process at June 30. There were 51 investigative cases opened, 8 investigative reports were issued, 10 complaints were referred to other departments for investigation, 18 were closed without investigation (inadequate information to conduct investigations), and 15 were in process. The topics for investigations included:

- Unauthorized grade changes;
- Various issues related to grade grievances
- Several instances of violations laws and regulations and
- failure to follow internal controls.

There are number of disclosures that are required to be made. One is that we are organizationally independent (our reporting structure provides us the independence recommended through the Institute of the Internal Auditors). There were no impairments to our independence during the year; and we completed all our projects accordance with the applicable standards. There were no instances where management accepted a level of risk without addressing the risk. We also had our Quality Assurance Review (QAR) during the year, which concluded that we were operating in general conformance with professional standards.

Trustee Perry inquired whether a summary of the results of the audits from last year could be given. VP Givens shared that that wasn't available, but the primary issues in the performance funding audit related to some IT issues as well filing reports timely; decentralized cash

collection and issues over the process for collecting the cash; the audit related to compliance with Board of Governors (BOG) Regulations noted a number of areas for improvement; the construction project for the CASS building project noted that the construction manual needed some additional work to make it operational; a review of the Boosters' compliance with the BOG Policy disclosed non-compliance for depositing money to the BOT account and allowing the Athletics Department to approve the expenditures; a review of the financial aid process noted some issues related to reconciling the records with the amounts that were drawn down; the SGA Expense review noted some issues related to how the SGA activity and service fee monies are budgeted internally, how the monies are controlled, and who authorizes and approves the expenses; a review of the Title IX and Clery Act found we were in general compliance with the only recommendation to centralize some of the policies to make them easier to find; and a Band Eligibility and Travel review disclosed Band members were eligible and no issues with the band travel; a review of personal property write-offs noted improvement needed to be made; and our review of the College of Education and fiscal matters noted internal control items but not nothing of real significance.

Chair Reed asked if there was a motion to approve DAC 2016-2017 Annual Report. Trustee Belvin Perry, Jr., so moved and it was second by Trustee Harold Mills. The DAC 2016-2017 Annual Report was approved.

Chair Reed asked VP Givens to present the information items.

VP Givens, shared that the first information item to bring to consideration to the Audit Committee is to possibly identify ways in which the Audit Committee could improve and strengthen the control that it has over the audits of the Direct Support Organizations (DSO). Existing regulations and policies basically require that the DSO have an external audit every year and that the audit be provided to the Audit Committee for review and approval. There is a policy that relates specifically to the Athletic Boosters that requires certain things out of the Boosters, but also requires that periodic audits of specified types of activities be conducted by the Division of Audit and Compliance, including periodic audits of the Athletics donors. Improvement could be made by expanding the University's regulations to require that each DSO have an audit committee and include requirements members of the audit committee be financially illiterate and have experience in accounting, business, finance, audit, or internal controls. If the DSO is unable to identify someone, then Boosters' board could ask the Board of Trustees (BOTs) Audit Committee to appoint a qualified person to the DSO Audit Committee. These type requirements come from audit standards and best practices. An additional control would be to require each Audit Committee to have an Audit Charter that is approved by their Board and to specify ways in which the audit firm is selected. Ultimately, the DSO board could submit the selected audit firm to the Board of Trustees Audit Committee for approval.

Limitations could be imposed on the contract terms for the Auditors, resulting in periodic review of auditor selection. For example, limits on the contract term could be imposed, such as a five (5) year limit on the audit contract with option to renew another five (5) years, but if it's renewed for an additional five (5) years then the BOT would need to approve and also require that the audit firm designate a new lead audit partner for the audit. Our review indicated that the DSOs may not be using a competitive selection process. The proposed regulations could include use of best practices for competitive selections. Another requirement could be that the DSOs provide draft financial statements to the University by September 15 of each year to help the University get the information needed to prepare and submit its financial statements to the BOG by the deadline. Existing regulations require DSOs to provide the Management Letter to the Audit Committee, but there is no requirement about follow up of the audit findings. Provisions could be included that would require DSOs provide follow up about correction of audit findings. The next step for this would be to prepare a *draft* Regulation in consultation with the General Counsel's Office to submit to the Audit Committee for its consideration. Chair Reed asked what other Universities are doing regarding DSO governance and whether this is a best practice by the BOG. VP Givens indicated yes to both questions. Primarily this would ensure that the University provide appropriate oversight to the audit process for the DSOs. Trustee Belvin Perry, suggested to move forward with the regulations to make sure the Committee put all the necessary regulations in place for the protection of the University and the University representation.

Chair Reed indicated he agreed with Trustee Perry agreed 100% and asked whether the proposed regulations would be in addition to regulations and processes in place today or whether they would replace what we have in place and substituting it with this new process. VP Givens shared it would basically expand the existing process.

VP Givens proceeded with a presentation for the follow up of audit findings. There were 50 findings that had been issued through April 30, 2017. Status at August 1, 2017:

- 12% were considered late (6 considered high risk and 4 considered moderate risk);
- 16% the corrective actions was not due;
- 18% were still open (in the process of validation);
- 54% that had been fully corrected.

A summary of the late findings was provided. The finding regarding adoption of text books is a concern because it has been reported in two (2) consecutive operational audits by the Auditor General. If we have the finding in a third operational audit it would be reported to the Joint Legislative Audit Committee for its consideration and possible action. Our review disclosed that, in the summer term, text books had been adopted timely; however, textbook adoption for the fall was not timely. Additional corrective actions have been implemented, including closer monitoring of the posting the text books and working closely with the deans,

department chairs, and possibly including compliance with these provisions in the performance evaluation of faculty.

As a point of clarification, VP Givens shared that the law requires the University to publish the text books to be used in all courses by a certain number of days before the semesters begins. The faculty members ultimately determine which text books are used. The University has a calendar to know when it should be done, it is just the matter of getting everybody on the same page and holding people accountable if the text books are not adopted.

Trustee Perry asked for clarification as to why these things are not corrected timely and why people are not complying with deadlines. Carl Goodman, Associate Provost shared that part of the issue has been a lack of being consistent in working with faculty. Additional efforts have been made to educate all the colleges and schools about the importance of the text book adoption. There is a system that we have established as far as adopting books, but improvements need to be made. When the courses are offered for a semester, the faculty need to go in and either adopt a book or state that no course material is required at that time. Now we are trying to make sure that once the dean or the academic coordinators provide the courses for the following semester are automatically in the system immediately so that map number changes for the text books can be made.

Chair Reed stated we are about to approach a third finding on the same item and it has not been corrected. The number one concern is exposure to non-compliance with a law for things that are relatively minor or simple. We must hold people accountable to perform their roles within the University system and structure.

Trustee Perry asked Chair Reed, if VP Givens could recommend some things that we could consider for people who don't comply. Enough is enough, if they can't timely do this there should be some type of penalty that that person suffers.

Chair Reed and Trustee Perry asked VP Givens to get with Interim President Robinson and have a dialogue; especially on these significant items that are typically repeat items that we can't seem to get some sufficient closure, and to develop a strategy to ensure on how to bring the items to closure. VP Givens agreed to do so and to get back to the Committee on how to get these items to closure. VP Givens also shared that he and Interim President Robinson have been discussing, but VP Givens reminded the Committee that his role was not to correct the issues but to audit and report on the issues. VP Givens continued and shared that he would work with those who have findings to identify root causes of issues and make recommendations.

Interim Provost Rodner Wright indicated they are working with staff and will be developing actions that will hold individuals accountable. As the associate provost indicated, we have been working directly with the colleges and the deans and we will hold the deans, as well as their department heads, accountable to make sure that this doesn't occur and will not be

repeated. Another thing that is being done is to try and tighten up the electronic reporting on the text books so that anyone who submits late will not be able to use that book; however, whether it is a new edition or not, the faculty member will not be able to adopt a new edition at a later date.

VP Givens shared that second finding that was not corrected was for an inadequate separation of duties for an employee who could approve students for graduation. An enhancement was developed that would prevent the employee from approving a student for graduation, but the enhancement was not done in time to be used in a graduation process and we could not validate whether the process was working. This testing phase for the enhancement is expected to be completed this fall. There were four (4) moderate risk items that had not been corrected and new dates for implementation of corrective action plans were developed. We will follow up with those through our normal audit process.

Chair Reed commented that there is a real desire to make sure that as we identify risk that we are really taking it seriously and that we are really getting these things closed out. Chair Reed continued that he understands VP Givens' role as well as others but that we need to give this as much attention as possible, and we need to get these things closed out. Especially when we're having repeat items. Trustee Mills commented that some of these things need to be assigned and/or appointed from the operations team and the Provosts office, then someone assigned as lead point outside the audit team to make sure these repeat items stop.

VP Givens continued by sharing an update on the Rattler Boosters Audit. Ernst and Young has been provided some information and they will be starting the onsite work sometime early September, and hope to have that completed as early as November. It was reported in the last meeting that we had not received the management letter from the Rattler Boosters audit from the CPA Firm that performed their financial audit. We subsequently received the management letter that reported a failure to sign the minutes, that some deposits were not timely made, and an inadequate separation of duties within the Boosters organization as related to some of their financial controls.

The next Information Item reported DAC activities for the year:

- Risk Assessment
- Follow Audit Findings
- Two (2) Projects that are in process:
 - Cybersecurity Controls at the University
 - Retention Program to retain students

Lastly, the NCAA requires that the Athletic Department have an audit every year. The University audit for 2016-17 was completed. Reported audit results included an unmodified opinion on the financial statements, no deficiencies in the internal control structure over financial reporting, and no non-compliance issues. The management letter reported that

some difficulties were encountered in performing and completing the audit, but all the information was provided. However, the issues added to the cost of the audit.

Trustee Reed asked VP Givens to give an update regarding lack of cooperation on the former Boosters turning over material that was reported at the last meeting. VP Givens shared that we are getting full cooperation from the current management and Board of the Boosters. We still haven't received any additional records for the 2015-16 year. There was a call regarding the reorganization of the Boosters entity and it was decided to proceed with records we had and do what we could and, based on the findings, decide whether there is need to go further. Trustee Perry inquired whether the individuals who did not turn over records are part of the new Boosters. VP Givens indicated they are not.

Chair Reed asked for clarification whether the information isn't available or doesn't exist anymore and the recommendation is that E & Y take the information available and perform their audit and then provide results based on that and then we will decide whether further actions are needed.

VP Givens indicated we can get the bank records that would provide an indication where the money went. Based results from those procedures, we may be able to get an idea whether it would be cost beneficial to proceed with additional work. VP Givens shared they are trying to get a close out by the end of November 2017.

Chair Reed asked if there were any further questions or comments; there were not. The meeting was adjourned.

Adjourned by Chair Craig Reed.

Rattler Boosters Update

Board of Trustees



Division of Audit & Compliance Committee

RATTLER BOOSTER UPDATE

Boosters Forensic Audit

Ernst & Young performed on-site field work for the forensic audit in November 2017. Records provided for review included general ledger, bank statements, invoices, and files from Boosters computer. The computer obtained from the Boosters' office was scanned and yielded no useful information. We are currently attempting to obtain supporting documentation for Pay pal and Square deposits made to the Boosters' checking account. Next steps would be to exhaust avenues for obtaining the statements from the Pay Pal and Square accounts to determine all money was transferred to the Boosters bank accounts.

Boosters Financial Audit

The audit firm of S. Davis & Associates has been contracted to perform the audit for the year ended June 30, 2017. Financial statements were prepared from available records. The financial audit of the Boosters is to be completed for inclusion in the University's financial audit to avoid a finding regarding non-compliance with the requirement to have an audit by December 31.

CHIEF COMPLIANCE & ETHICS OFFICER SEARCH UPDATE

Twenty five applications were received in response to the advertisement for the position. The search committee narrowed the applicants to 10 for skype interviews and then to four for campus visits. The campus visits were held the week of November 6. We anticipate making an offer to a candidate by late November, with an expected start date in January 2018.

UNIVERSITY FINANCIAL AUDIT

The University's financial audit for the 2016-17 year needed for the SACS accreditation is in process. The University has requested completion of the audit by the end of December 2017 to provide the audit to SACS prior to the on-site visit in March 2018. Auditor General Staff have confirmed they are aware of the request and are working to complete the audit by the requested date. The Auditor General has typically worked with universities to assist in the accreditation process.

DIVISION ACTIVITIES

Survey on Enterprise Risk Management

The Board of Governors sent a survey to all SUS universities to determine whether the University is using Enterprise Risk Management (ERM) to manage risks, and if not, how risks are being managed. In our response to the BOG, the University indicated that the University has not implemented an ERM, but has taken a decentralized approach to address risks and that all major risks are being addressed.

To strengthen the coordination of risk managers, the Vice President for Strategic Planning, Analysis, and Institutional Effectiveness, in collaboration with the Division of Audit & Compliance, will begin compiling a risk register to identify the risk, the impact of the risk, the employee responsible for addressing the risk, how the risk has been addressed, and whether the risk has been mitigated, partially mitigated, or accepted. The risk analysis performed by the Division of Audit & Compliance to develop its work plan for the 2017-18 year has been used as a starting point to identify higher risk areas. The risks within the higher risk areas will be evaluated first.

The University has acquired software which can be used as a tool to assist in documenting the risk register. Once risks have been identified, the software can be used to link to audit or monitoring procedures that mitigate the risk.

Risk tolerance is generally evaluated on a case-by-case basis through meetings, memoranda, and email communications. Risk tolerance is routinely discussed in the annual management seminar, senior leadership team meetings, staff meetings, and presentations to the Board of Trustees. The senior leadership team is responsible for communicating to its staff.

Results of the BOG survey are to be presented to the BOG audit committee in January 2018.

Follow up to Audit findings

A report of all open audit findings was distributed to committee members as part of the meeting materials. The status of implementation of corrective actions is presented in the below tabulation:

VALIDATION STATUS

Unit/Finding	Risk Class	Finding Due?	# of Findings Implemented	Late Findings (Validated not Corrected)	Validation In Process	Corrective Actions not Due	Validation not Started
Academic Affairs							
Textbook affordability	Red	Y		1			
Data Submissions	Yellow	N				1	
Inadequate separation of duties – graduation process	Red	Y			1		
Degree Audits	Yellow	Y			1		
Last Day Attendance Policy	Yellow	N				1	
Athletics							
Collections not recorded at earliest point possible	Red	Y					1
Departmental reconciliations not done	Yellow	Y					1
Transmittal forms not completed properly	Yellow	Y					1
Inadequate separation of duties in Ticket Office	Yellow	Y					1

Collections not deposited intact		Y					1
Game day parking collections not properly reconciled		Y					1
APR Eligibility: Academic Eligibility		Y	1				
Policies & Procedures for certifying continuing eligibility		Y	1				
Policies & Procedures for collecting, certifying, and submitting Performance Program Data			1				
Controller							
Department approval for missing property		N				1	
Timely write-off of tangible personal property		N				1	
Untimely update of tangible personal property		N				1	
Lack of accountability for missing property		N				1	
General Counsel/DAC							
Clery Act Reporting		Y	1				
Financial Aid							
Return to Title IV		Y	1				
Last Day Attendance Policy		N				1	
Financial Aid reconciliations		Y	1				
ITS							
IT access controls		N				1	
System access controls & Users privileges		N				1	
Data submissions		N				1	
Access to PeopleSoft AP & Purchasing Roles Part 1		Y		1			
Information Security Plan Annual Review		N				1	
IT Security Plan Development & Implementation		N				1	

Policies & Procedures		Y		1			
Security Awareness		Y		1			
Risk Assessment		N		1			
Procurement							
Vendor Management		Y		1			
Student Affairs							
Transportation Cash Collections		Y					
Return to Title IV		Y			1		
Budget approval		Y			1		
Comparison Budget to Actual		Y			1		
Group travel		Y			1		
Procurement process		Y			1		
Employee time reporting		Y			1		
Parking Services Reconciliations		Y			1		
Parking Services Collections not deposited intact		Y			1		
Access to PeopleSoft AP & Purchasing Roles Part II					1		
TOTALS	44		7	5	12	13	7
			0	2	1	5	1
			6	2	9	6	6
			1	1	2	2	0
			7	5	12	13	7
Percent of Total		1.00	0.16	0.11	0.27	0.30	0.16

Improvement to strengthen the follow up process for audit findings continue to be made.

- The Division of Strategic Planning, Analysis, and Institutional Effectiveness will begin working with those departments with findings to assist in assuring the root cause is addressed in the corrective actions and a corrective action plan is timely implemented.
- Implementation of a project management system enables better tracking of findings, automation of follow up procedures, and monthly reporting to the senior leadership team and departments which have outstanding findings.

Implementation of Project Management System

A project management system was acquired to improve efficiency of operations and reporting capability of the Division of Audit & Compliance. We received training on use of the system in October 2017 and have implemented use for all current projects. The system will allow for closer monitoring of project status, tracking of findings and implementation of corrective action plans, continuous updates of risk, and linking audits to specific risks.

Projects in Progress as of November 22, 2017:

Project	Status
Performance Funding Data Integrity Audit	Planning started in September 2017 and field work started in October 2017
Review of Leave Payout Process	Field work complete and is in office review
Investigations on various issues, including complaints against faculty, management practices	Various stages
Cybersecurity	Planning phase
CASS Building Construction Project	Field work phase
BOG survey on Implementation of Compliance program	Complete. Due to BOG November 30

Training

Division staff received significant amounts of training in the months of September and October. A summary of training topics is below:

- Construction auditing
- Fraud considerations and fraud auditing
- Data analytics
- Information Technology security, including cybersecurity, network security
- Athletics compliance
- Title IX
- Project management system