

BOARD of REGENTS



AUDIT AND COMPLIANCE COMMITTEE MEETING

*Thursday, October 21, 2016 at 2:00 pm
Scholes Hall, Roberts Room*

The University of New Mexico
Board of Regents' Audit and Compliance Committee
October 21, 2016 – 2:00 PM
Roberts Room
Agenda

ACTION ITEMS

1. Confirmation of a Quorum and Adoption of Agenda
2. Approval of Meeting Minutes from September 2, 2016

EXECUTIVE SESSION

3. Vote to close the meeting and to proceed in Executive Session as follows:
 - a. Presentation of FY16 External Financial Audit pursuant to exceptions at Section 10-15-1H NMSA (1978) and Section 12-6-5 NMSA (1978) (*KPMG, Moss Adams, and Liz Metzger, University Controller*)
 - b. Discussion of draft Internal Audit Reports, and discussions of information subject to attorney-client privilege pursuant RPM 1.2
 - c. Discussion of limited personnel matters pursuant to exception at Section 10-15-1.H(2) NMSA (1978);
 - d. Schedule of Audits in Process and Proposed FY17 Audit Work plan, pursuant to RPM 1.2
 - e. Vote to re-open the meeting.
4. Certification that only those matters described in Agenda item # 3 were discussed in Executive Session and if necessary ratification of action, if any, taken in Executive Session

INFORMATION ITEMS

5. Main Campus Chief Compliance Officer Status Report (*Libby Washburn, UNM Main Campus Chief Compliance Officer*)
6. Advisors' Comments
7. Follow-Up Items from September 5, 2016 Meetings
8. Status of Audit Recommendations (*Chien-chih Yeh, Internal Audit Manager*)
Implemented
Pending
9. Director of Internal Audit Status Report (*Manu Patel, Internal Audit Director*)
10. Adjournment

THE UNIVERSITY OF NEW MEXICO
Board of Regents' Audit and Compliance Committee Meeting
September 2, 2016 – Draft Meeting Minutes

Members Present: Chairman Jack Fortner, Tom Clifford, Ryan Berryman (Quorum).

Other Attendees: Robert Frank, David Harris, Chaouki Abdallah, Amy Wohlert, Liz Metzger, Duane Arruti, Mike Schwantes, Stuart Freedman, Pamela Pyle, Robert Burford, Michelle Hale, Nicole McKibben, Pamina Deutsch, Carla Domenici, Francie Cordova, Ella Watt, Purvi Mody, Pepper Cooper (KPMG), Manu Patel, Chien-chih Yeh, Eileen Sanchez, Amy O'Donnell.

Chairman Fortner called the meeting to order at 9:00 AM in ROBERTS ROOM, Scholes Hall, UNM.

ACTION ITEMS:

- The Committee approved the meeting agenda and minutes from the meeting of May 5, 2016.
- The Committee approved the final meeting date for the 2016 calendar year: October 20, 2016 (Exit Conference for FY16 External Audit). This meeting only will start at 2:00 PM in the Roberts' Room. External auditors will submit the FY16 audit to the State Auditor's Office with the understanding that if there are any changes requested from the Audit and Compliance Committee at the October meeting, the audit will be amended after that date.

Committee members noted that they would like status updates from the external auditors prior to the October meeting. Internal Audit Director Manu Patel informed the Chairman that he has sent an email to KPMG and Moss Adams, and copied Committee members, asking them to contact the Committee members on the status of the audit and notify them if there are any issues or findings. Chairman Fortner stated the auditors have not contacted him, and asked Regent Clifford to send them an email.

- Pamina Deutsch addressed the Committee regarding revisions to Regents' Policy 7.17 on Affiliated Organizations. The policy was issued in 1996 and has not been updated since; therefore, the policy has been out of date for a long time. Revisions include updates to affiliated entities (i.e. some have been dissolved, were never 501(c)(3) organizations, or have name changes), and clarification of requirements of the statute. The scope of the revisions is limited to only the affiliated organizations that are classified as 501(c)(3). The organizations designated as fundraising and part of the Research Park and Economic Development Act are noted.

Director Patel provided the Committee with additional information regarding Form 990 and Form 990-T (unrelated business income) filing compliance. All of the affiliated entities are in compliance with this IRS requirement. Regent Clifford inquired about a table included in the materials that is labeled UNM. He wanted to know if that was related to UNM's audit, and not component units. Does UNM have unrelated business income? Director Patel stated that the IRS rule Section 511(a)(2)(B) states that unrelated income such as UNM Bookstore IT equipment sales, student union food sales, telecom services, and catering and rental services are taxable. Current UNM unrelated income is \$1,346,000 that must be reported.

Regent Clifford then asked about a loss related to the UNM Foundation. Director Patel stated the reporting takes into account gains and losses of investment income. Regent Clifford asked for more specific information about what income the Foundation has that is

unrelated. Regent Berryman asked about the same for the Alumni Department. Director Patel stated he will need to gather the specific information for the Committee members and provide it to them as a supplement to this report. The Alumni Office, for instance, does sell some merchandise, so that would be part of the income.

Regent Clifford asked about the Health Sciences Center (HSC). When they are compensated for medical care, is that consistent with their tax exempt purpose, even when there is no subsidy provided? Director Patel stated it is because they are in the business of healthcare. The hospitals are not required to file this return. Regent Clifford stated they may have some sales of food or items in the gift store that are unrelated and someone should perform this type of UBIT analysis on them, although it is understood it is not part of the scope here. Director Patel added that, for instance, they have a Subway outlet at the hospital, but that is a private entity and the income is reported through the Real Estate Department.

The Chairman asked for a motion to accept the proposed revisions to Regents' Policy 7.17. (Motion: Clifford; Second: Berryman). The motion was approved.

INFORMATION ITEMS:

- Chairman Fortner asked for advisor comments. There were no comments.
- Chairman Fortner inquired as to follow-up items from May 5, 2016. Director Patel stated there are no follow-up items from that previous meeting.
- Amy Wohlert, Chief of Staff, and Eileen Sanchez, Compliance Specialist, addressed the Committee regarding the Main Campus Quarterly Compliance Report. Dr. Wohlert asked Ms. Sanchez to provide the Committee with the current quarterly report information. Ms. Sanchez provided an overview of the compliance hotline, the reporting system for the University community. Persons can use this hotline to report violations of laws, regulations and policies.

The Main Campus Compliance Office administers the hotline for UNM Main and Branch Campuses, UNM Health Sciences Center, UNM Hospital, UNM Medical Group, and Sandoval Regional Medical Center. The hotline vendor is Ethics Point, a case management system provided by Navex Global. It has the capability to accommodate allegations and document all information gathered from an investigation. It was transitioned to the Main Campus Compliance Office from Internal Audit in March 2015 when the new system was implemented. The Compliance Office developed investigation procedures, compliance protocol, and best practices for investigators using the system. Ms. Sanchez is the system administrator and monitors and implements all access privileges for investigators. She monitors all the cases and produces analytic reports.

Ms. Sanchez provided some hotline data to the Committee. There were 167 cases in FY16. There is a steady increase in the number of cases. The analysis of FY17 will determine if the upward trend continues. The trend may be due to more awareness of the system. Employees are reporting the most cases. There are more than 70 issues in five categories that reporters can choose from when reporting cases either by phone or by web reporting. Reporters can be anonymous or provide their name. Of the 167 cases reported in FY16, 92 were anonymous and 75 were named. There were 122 cases closed in FY16; 14 were substantiated, 12 were partially substantiated, and

there were 36 “other” that could have required more information or did not respond to a follow-up inquiry, etc.; 60 of those were found by investigators to be unsubstantiated. Case closure time is rising a little throughout the Ethics Point community. There could be several reasons for this statistic, including a lack of resources.

Chairman Fortner asked how many employees work with Ms. Sanchez. Ms. Sanchez replied there are now more than 20 investigators in the system, working on the cases within their own areas. She monitors their access, makes sure they sign confidentiality forms, and makes sure they are working the cases. The investigators do not answer to Ms. Sanchez; she is the system administrator. Regent Clifford asked who determines if a case has actually been resolved. Ms. Sanchez replied that it is the investigator. Regent Clifford then asked if Legal has to sign off and if they review every case. Ms. Sanchez replied that they only review the ones assigned to their area. Chairman Fortner asked if the investigator has the discretion to refer cases to Legal. Ms. Sanchez stated they do. Mr. Patel added that in cases of criminal statute violations or fraud, Internal Audit does coordinate with Legal and the UNM Police Department. Regent Clifford asked if there are guidelines or policies that lay that out. Mr. Patel responded that it is a part of the Internal Audit manual. Regent Clifford stated he is concerned about the folks in each of the compliance areas. He would like to make sure they are adequately trained on how and when to do the referrals. Chairman Fortner added that there should be accountability to each other. Dr. Wohlert noted that the role of Chief Compliance Officer (CCO) is something she will get to in her report. The position is currently vacant but reports to the Committee in the same way as Internal Audit. That person has oversight in terms of guidance as to how investigations are conducted in units. That is part of the reason the University was anxious to fill the position; that person is trained in national standards for investigation compliance. Regent Berryman asked about when we hope to have a permanent person in that role. (See response from Dr. Wohlert below.)

Regent Berryman asked about benchmarking for substantiated cases and if the University's numbers in that area are normal. Ms. Sanchez stated that the University's numbers are pretty normal. If you have a higher substantiation rate, the statistics show you have a well-informed employee base making high quality reports with thorough investigations. Regent Clifford added they would like information on outcomes of substantiated claims and who is reviewing the consistent application of rules by investigators. The reporting is not quite clear. But the reports are good and it sounds like a really good tool. Regent Clifford stated perhaps he could work with the Compliance office to develop what could be a standardized report for the Committee.

Chairman Fortner inquired as to how the reporter knows that their complaint has been addressed. Ms. Sanchez explained there is a follow-up section in the case management system. Reporters are provided with a key and password to log back in to the case. The reporter only sees their original case details, the follow-up section, and a chat feature. If an investigator needs more information they can ask a question; however, the reporter needs to log back in to the case to find that out. If they never log back in, the case may need to be closed because the reporter didn't follow up. When a case has been closed, the investigator notes that for the reporter in the follow-up section.

Dr. Wohlert addressed the Committee regarding the role of the CCO. There is a distributed model, with one CCO and Compliance Partners that meet regularly in each of the component units, including those such as Safety and Risk Services, University Counsel, Internal Audit, Student Affairs, etc. It is the duty of the CCO to distribute investigations and gather back information about completion. An area where the University needs to continue to make progress is in the

monitoring of the quality of each investigation. The CCO role was created just about two years ago. Helen Gonzales was the first person to hold that position. She and Ms. Sanchez were an office of two people. The University is moving forward with an evolution of that model. Ms. Gonzales stepped down from the position and there is now a vacancy. She has been retained to provide a set of services to tide the University over.

The incoming Interim CCO, Elizabeth (Libby) Washburn, will be starting the week following this meeting. In the Committee's materials, Dr. Wohlert has provided information regarding the things Ms. Sanchez is continuing to oversee with Ms. Gonzales' input, to demonstrate the Compliance Office continues to provide the functions. Once Ms. Washburn is on board, the University will move forward with the reorganization plans. This means the CCO will take a more active role in overseeing the key partners within the President's organizations. This will allow for much more uniform processes and communication, neither duplicating nor omitting important activities. The office will also work closely with the other partners, such as Safety and Risk Services, Research Compliance, and the Policy Office. The President's Office is working closely with the Policy Office to revise pertinent policies, such as the Whistleblower Policy. President Frank noted that Ms. Washburn is a lawyer, so she brings a great set of skills to this role and to coordinate with our legal people. Chairman Fortner asked if Ms. Washburn would be eligible to apply for the position following the one year non-renewable interim contract. Dr. Wohlert replied that this interim position was done as a professional services contract so the University would not have to do a competitive search, because it was important to get somebody in there quickly. There will be an open search and Ms. Washburn will be able to apply. The President's Office also felt that with the reorganization, they wanted to allow time to make progress so that applicants can see what the organization is that they are being hired to lead.

- Stuart Freedman, Chief Compliance Officer, Health Sciences Center, addressed the Committee regarding the quarterly report for his area. The materials included some benchmark reporting. His Compliance Office tries to mirror what the Office of the Inspector General does when they look at compliance programs and their relationships to the seven sentencing guidelines. The first guideline is policies and procedures. The second section, which they are very proud of, is the training section. The information in that section is broken down in to in-person and on-line. At the HSC, they also require privacy and security training, a very serious concern in healthcare. There is also a lot of in-person training, allowing staff members to see a subject matter expert speak about a specific topic.

Most Hotline calls are HR-related, and that is common. Mr. Freedman reported that his area is very concerned about medical overbilling, and they have very few of those reports. Privacy is a very important thing that they have to monitor. Privacy issues are captured in the hotline, but they also track it in a separate database. Most inquiries come in through the hospital. People are concerned with access to records. Chairman Fortner asked if there is a privacy issue where someone's records are sent to the wrong place, is that a HIPAA violation and do they have to report it? Mr. Freedman replied that there is an obligation to report it. First, they would notify the entity that received the incorrect information to return the information. There is an annual report to the Office of Civil Rights. If it happens en masse, such as improper release of a file with 500 names, there are very clear state and federal laws about reporting directly to OCR, and they have to set up credit monitoring and a call-in center, etc., for all of the individuals affected. Those records could be sold on the black market. The HSC Compliance Office has a Privacy Officer

who is a subject matter expert. Mr. Freedman would like to introduce her to the Committee at some point and have her discuss details.

Going forward, Mr. Freedman reported they will be ranking their substantiated cases to determine if they are causing real concerns. There may be some system improvements that can be put in place. Regent Clifford stated it would be helpful to know how many result in personnel action. Mr. Freedman noted that the Compliance Officer does not take personnel actions. Outcomes of investigations are handed off to the appropriate HR area for them to take corrective action.

Mr. Freedman wanted to point out to the Committee some things that speak to awareness. The more people know about what the Compliance Office does, the more they will come forward. He supplied the Committee with copies of their new brochures. It is important to get a standard message out. They can be handed out to onboarding employees. The hotline poster is now published in English, Spanish, and Vietnamese. They say the same thing in each language.

Finally, their Code of Ethics is value-based, not rules-based. It helps people understand where to report different issues. Effective June, 2016, UNM and Hospital Purchasing departments now require vendors, as part of a purchase order, to read and follow the Code of Ethics.

- Internal Audit Manager Chien-chih Yeh provided the Committee with a list of outstanding audit recommendations and updated them on the status of those recommendations. When audits are issued, there are often findings, or recommendations. These recommendations are tracked on an individual basis, and each has a different time frame, depending on the amount of work required to implement. The auditor will work with the auditee to make sure the recommendations are implemented. The status is reported back to the Committee at each quarterly meeting. There are currently three subsets of the report – Implemented, Pending, and items specific to the audit of the Clery Act. Items that are shown as implemented have been verified by the auditors. Pending items are still in progress. There are a total of 21 items implemented in this reporting cycle. There are approximately 45 more items that will stay on the Pending report until they are implemented.

Regent Clifford asked Mr. Yeh if he could do a summary report that guides them through the issues, as well as these detailed reports. Several of them are related items and issues. It appears most of the Basketball P-Card items have been implemented. Regent Clifford noted, however, that the person responsible for addressing issues is the Chief Financial Officer. Has that position been filled? Mr. Yeh replied these tasks were reassigned to a financial analyst in that area. For the remaining recommendations, they requested an extension. Internal Audit acknowledged that an extension was warranted due to the change in staffing/responsibility.

President Frank asked Mr. Yeh if Internal Audit “pings” these folks. Mr. Yeh responded that Internal Audit does correspond with the auditees regarding open items. President Frank stated he was told that Athletics responded to all the basketball items and they were completed; Internal Audit says they have not been completed. Mr. Yeh stated that Internal Audit had a meeting with Athletics’ management, and they expressed the same sentiment. Mr. Yeh informed them that as auditors, Internal Audit staff need to validate the implementation of the recommendations. Perhaps from their standpoint they feel they were implemented. Auditors need to be able to see documentation that demonstrates adequate completion of an implementation.

Regent Berryman asked if Athletics has hired a Chief Financial Officer. President Frank stated they did but something happened at the last minute. Regent Clifford asked the Chairman if they can get a report from Athletics on these findings. President Frank replied that he would get with David (Harris) right away. President Frank agreed with Regent Clifford that the reports are in "accountant talk" and he would like something more operational and simpler. It is not acceptable to have this many audits outstanding. Regent Clifford stated part of that could be a response from the division. There are several Safety and Risk findings that go back to 2015. He would really like to know from the Director there what she thinks the status is on those. Mr. Yeh asked if there was a particular one. Regent Clifford stated in the future, they should get it ahead of time and if the Committee could get some kind of response it would be helpful.

Ms. Domenici and her team came forward to address the Committee's questions regarding their outstanding recommendations. She introduced Che Shu-Nyamboli, manager of Environmental Health, and Faron Valencia, Safety Specialist. Ms. Domenici stated they responded to Internal Audit on these outstanding items on August 24, 2016, and sent the progress they made to date. On some of these they have sought additional extensions to address certain things, and they can go through those. Regent Clifford asked for a timeline of those that are still open. Ms. Domenici stated that in reference to Recommendation #2, regarding a report to the members of the full Board of Regents, a report was submitted to the Board. They changed the way they prepared that report. Previously, they used staff input. This year, they formed a Safety and Risk Services Fire Safety Capital Committee and involved stakeholders from across the campus. The project that was forwarded is looking at the fire safety systems at Popejoy and some of the other theater buildings. The group actually recommended a feasibility study to see what it would cost and what actually needs to be done. Regent Berryman stated there are a couple of pending recommendations that involve unfilled or newly filled positions. He would like to know how the incoming staff is informed about the work that needs to be done for these serious audits. Mr. Yeh replied that the new CIO just arrived, so Internal Audit will give him a little time to address the questions. Internal Audit will report back on those issues at the next meeting in October. In terms of the Athletics' CFO, as far as Internal Audit is aware, they assigned the tasks to the financial analyst to complete. Internal Audit will work with her to get what is needed. Regent Berryman added that he hopes the new CFO is fully briefed on these issues.

Regent Berryman addressed President Frank regarding a review of the College of Education and reduction of the credit load to 120. There are a couple of deadlines that have passed. He would like to know if there is an update on that. President Frank replied that there is a number of missed deadlines that are really unacceptable. President Frank will work with Internal Audit to make sure they are better reviewed and completed more timely. Regent Clifford added that to that point, there are several related to a new payroll system. It says that implementation of the system has been delayed until July 2016.

- Mr. Patel reviewed his Internal Audit Director's Report. The Committee already approved the October 20, 2016 meeting date. Mr. Patel stated he would like to propose either February 16, 2017 or March 16, 2017 for the first quarter meeting, and May 18, 2017 for the second quarter meeting. Next year, the University will have a Request for Proposal for the financial statement audit. That needs to be approved by this Committee before a contract is signed. The budget is \$852,000. Of that, \$802,000 is from the general fund, and \$50,000 is from reserves from carryover funds. Mr. Patel provided the Committee with current, updated information regarding third party

audits/reviews underway. The Defense Threat Reduction Agency is auditing the University for their grants and contracts. The total amount is 1.8 million dollars. The National Science Foundation has various grants and contracts they are reviewing. CMS has contracted out with the private company Connolly. They usually request a number of patient records. In the past several years, there have been about 20 third party audits. Most result in no major findings.

By unanimous consent, the meeting went into Executive Session for the reasons stated in the agenda. The meeting went in to closed session at 10:21 AM.

- a. Discussion of draft Internal Audit Reports, and discussions of information subject to attorney-client privilege pursuant RPM 1.2
- b. Discussion of limited personnel matters pursuant to exception at Section 10-15-1.H(2) NMSA (1978);
- c. Schedule of Audits in Process and FY17 Audit Work plan, pursuant to RPM 1.2
- d. Vote to re-open the meeting.

The meeting returned to open session at 11:53 AM, with certification that only those matters described above were discussed in Executive Session.

The Committee unanimously approved the following UNM Hospital audits:

- SRMC Purchasing, Report 2015-04
- UNMH Purchasing, Report 2015-05
- SRMC Outpatient Access, Report 2015-05
- UNMH Outpatient Access, Report 2015-06
- UNMH Facilities – Planning and Construction, Report 2015-05
- SRMC 501(r) Requirements, Report 2015-06

The Committee unanimously approved the following UNM audits:

- Audit of Research Agreement (Brain Safe Project), Report 2015-08; and
- UNM Section of Integrated Medicine/Center for Life - Cash Handling, Report 2016-12

The meeting adjourned at 11:54 AM.

Approved:

Audit and Compliance Committee Chairman

EXECUTIVE SESSION

There is no
handout
required for
this item



Compliance Office - Main Campus

**UNIVERSITY OF NEW MEXICO MAIN CAMPUS COMPLIANCE PROGRAM
BACKGROUND INFORMATION AND PROPOSED COMPLIANCE PLAN FOR 2017**

BACKGROUND

The University of New Mexico is committed to the highest standards of integrity, controls, risk management and ethics in pursuit of its mission of engaging students, faculty and staff in its comprehensive educational, research and service programs. In 2012, UNM President Robert Frank convened a university-wide study group to conduct a comprehensive review of UNM's compliance functions. In September 2012, the group recommended that Main Campus adopt a compliance organization structure in accordance with the U.S. Sentencing Commission's Federal Sentencing Guidelines for Organizations.

The Federal Sentencing Guidelines for Organizations were promulgated in 1991 to make sure that organizations do not profit from wrongdoing and also to encourage organizations to implement appropriate compliance programs to prevent wrongdoing from occurring in the first place. The guidelines outline seven key criteria for establishing an effective compliance program:

1. Compliance standards and procedures must be established to detect criminal conduct.
2. High level personnel must be knowledgeable and involved in oversight.
3. Substantial discretionary authority must be carefully delegated.
4. Compliance standards and procedures must be communicated to employees.
5. Reasonable steps must be taken to achieve compliance in the establishment of monitoring and auditing systems and of reporting systems with protective safeguards.
6. Compliance and ethics programs must be promoted and consistently enforced.
7. Any violations require appropriate responses to prevent similar conduct, which may include modification of compliance standards and procedures and other preventive measures.

In January 2013, using these Guidelines as a roadmap and evaluating peer institutions and best practices, UNM created a Main Campus Compliance Program. Regents' Policy Manual (RPM) 7.2 ("Internal Auditing and Compliance") was amended in September 2014 to ensure that university activities are conducted in compliance with applicable federal and state laws and regulations and with the highest ethical standards.¹

¹ The UNM Internal Audit Department is also guided by RPM 7.2 and provides significant oversight functions for UNM. The Health Sciences Center Institutional Compliance Program is separately administered in accordance with RPM 3.7 ("Health Sciences Center Institutional Compliance Program"). Additional compliance functions are performed through the EVP for Administration and the Provost/EVP for Academic affairs such as Safety & Risk and Research Compliance.

In accordance with RPM 7.2, the Main Campus Compliance Office is authorized to:

- Obtain the necessary assistance of personnel involved in compliance activities. The Chief Compliance Officer identifies Compliance Partners with expertise in specific compliance areas.
- Require that Compliance Partners provide regular (e.g., quarterly) reports that are sufficient to determine compliance status.
- Communicate with University management, faculty, staff, and governmental entities, as needed.
- Cooperate with any legitimate inquiry or investigation from an outside law enforcement or investigative agency.

The mission of the program is to reinforce UNM's commitment to compliance and ethical conduct. The Main Campus Compliance Office collaborates with the UNM community and senior leadership to coordinate compliance efforts across the campus. Its role is to ensure institutional compliance with applicable laws and regulations; to promote ethical behavior and integrity; and to provide the tools and guidance needed to meet all necessary oversight requirements.

COMPLIANCE PROGRAM GOVERNANCE AND STRUCTURE

The Main Campus Compliance Program is administered by the Chief Compliance Officer. To guarantee independence, the Chief Compliance Officer reports functionally to the UNM Board of Regents and administratively to the President. This dual reporting requirement allows the Compliance Program to be free from interference and empowered to obtain the information needed to perform the work.

Helen Gonzales served as UNM's first Chief Compliance Officer from January 2013 to June 2016. In three and a half years, Gonzales and Compliance Specialist Eileen Sanchez developed an innovative and effective Main Campus Compliance Program. They researched and compiled an extensive amount of "best practice" information from universities and organizations around the country as they built a centralized compliance portfolio at UNM. In addition to personnel costs, the Office has an operating budget of \$26,532 primarily spent on education, training and informational materials.

The Compliance Program structure includes an oversight committee. The Institutional Compliance Committee provides university-wide support for the Main Campus Compliance Program. Compliance Partners, including high-level personnel from 18 different departments and offices across the campus are represented on the Committee. Administrative partners on the Committee have responsibility and expertise in the major compliance areas, including athletics, human resources, research, student affairs, facilities and finance. The Committee meets quarterly and is chaired by the Chief Compliance Officer.

Helen Gonzales retired as Chief Compliance Officer in June 2016. Libby Washburn joined UNM in September 2016 as the new Chief Compliance Officer.

UNM COMPLIANCE MATRIX OF FEDERAL, STATE AND LOCAL LAWS/COMPLIANCE DIRECTORY

The UNM Compliance Matrix was developed by the Main Campus Compliance Office to document all known federal, state and local laws and regulations governing colleges and universities. It includes a summary of each law and the applicable reporting deadlines. The Compliance Matrix relates the laws and regulations to the responsible UNM Compliance Partner along with specific reporting requirements, identification of the applicable university policy, appropriate training requirements, and regulatory agencies monitoring the law or regulation. Every year, each Compliance Partner receives an updated, current copy of their Compliance Matrix. The Chief Compliance Officer meets with each Compliance Partner to discuss relevant portions of the Compliance Matrix. The Compliance Matrix has the capability to add internal controls and risks identified for each law and regulation and is updated as internal controls and risks are identified.

The Compliance Directory is an accessible tool for the UNM Community to link to different Compliance Areas and the responsible units and departments for that compliance area. The directory is listed on the Main Campus Compliance Office website: <http://compliance.unm.edu>.

REPORTING

The Main Campus Compliance Office has developed strategies to ensure that UNM is promoting a compliant and ethical environment. These strategies complement other UNM compliance programs. An effective compliance program facilitates communications regarding compliance concerns and risks. This is accomplished through routine risk assessment surveys and monitoring. In addition, inquiries, allegations and complaints reach the Main Campus Compliance Office through many channels, including walk-ins, letters, emails and a hotline.

UNM Compliance Hotline

The UNM Compliance Hotline is the main reporting system for the UNM community to make inquiries, file complaints, and report alleged misconduct and violations of laws, regulations and policies. The Compliance Hotline operates 24 hours a day, seven days a week. In March 2015, the Main Campus Compliance Office took over the Compliance Hotline from the UNM Internal Audit Department when a new vendor was chosen and the current system was implemented. The Compliance Hotline uses EthicsPoint, a case management system provided by Navex Global that has the capability to accommodate allegations and document information gathered from an investigation. This operating system is used by numerous colleges and universities who are peer institutions to UNM. The Main Campus Compliance Office administers the Compliance Hotline for UNM Main and Branch Campuses, UNM Health Sciences Center, UNM Hospital, UNM Medical Group and Sandoval Regional Medical Center.

All complaints received through the Compliance Hotline are reviewed to determine 1) the significance/urgency of the matter; 2) whether sufficient information exists to initiate further

review; and 3) the most appropriate office or person to address the situation in the allegation. People reporting through the Compliance Hotline have the option to maintain their anonymity and the Compliance Hotline handles the information in a confidential manner to the extent allowed by law and policy.

After a matter is reported through the Compliance Hotline, Compliance Office staff begins to process the complaint, which typically takes less than 24 hours. All inquiries, complaints and allegations must be evaluated and documented regardless of the source and before any action is taken. Proper evaluation is necessary, although many issues will not require a full investigation.

The purpose of investigations is to evaluate information provided by the source. After the initial review and determination of what type of review is warranted, staff coordinates investigations with other university staff that is independent of the concern and has the expertise to review the allegation adequately. For some investigations, the complaint must be sent to the unit that creates procedures around the issues. Some units may have a stake in the outcome, but the unit's participation may be necessary to resolve or address the issue. Investigations are conducted as expeditiously as possible.

Information gathered through review of materials and interviews (as necessary) is evaluated to determine whether there is sufficient evidence to support a conclusion regarding the allegation. If an allegation is substantiated, it is forwarded to the appropriate department or unit for disposition. If it is determined there is not sufficient information or evidence to support an allegation, the case is documented and closed until further information is available. The Main Campus Compliance Office follows up as necessary to verify resolution has been achieved based on the findings, if any, from the investigation. However, the Compliance Office does not follow up with specific departments and units to verify the specific disciplinary action that has been taken.

The UNM Compliance Hotline has the capability to inform a reporter that a case has been closed, even if the reporter submitted the inquiry or allegation in a confidential manner. However, the reporter is not provided with specific information regarding the ultimate result of the investigation. Generally, the reporter is provided with generic information that the case has been closed.

Since April 1, 2015, the UNM Compliance Hotline has logged in 250 tips, reports and complaints.

Risk Assessment

The Chief Compliance Officer meets on a quarterly basis with the Compliance Partners to discuss the potential risks in each compliance unit. These one-on-one meetings serve as an opportunity for the Chief Compliance Officer and the Compliance Partners to discuss potential risks at UNM. These risks are then reviewed and discussed with the President and the Audit and Compliance Committee.

For FY 2015, the Main Campus Compliance Office supplemented Internal Audit's annual assessment process by including a more comprehensive questionnaire. The assessment questionnaire was revised to expand the risk categories to include strategic, compliance, reputational and operational risks.

The 2015 assessment was informative and identified the following potential areas of high risk:

- Complex NCAA Rules
- Student Privacy Violations
- Non-Compliance with State or Federal Regulations and UNM Policies
- Cybersecurity
- Title IX
- State Funding and Future Financial Stability
- Clery Act
- Minors on Campus
- Conflicts of Interest
- Student Safety

While the Main Campus Office has made progress in addressing and mitigating risks, more work needs to be done.

PROPOSED COMPLIANCE PLAN FOR 2017

In 2017, to further develop and strengthen a culture of compliance, the Main Campus Compliance Program will focus on the following broad risk areas described in greater detail below. This is not an exhaustive list and the Compliance Office will continue to identify risks throughout the year and amend this Compliance Plan accordingly.

In addition, the Compliance Office coordinates with UNM's Office of Equal Opportunity, UNM Internal Audit Department and the Office of Ombuds Services for Staff. In 2017, the Compliance Office will work closely with Internal Audit, OEO, and the Ombuds Office to explore ways to facilitate communication among the offices to better support a culture of compliance on the UNM campus. Collaboration between these departments will hopefully result in the leveraging of resources. While the mission and roles of these offices are different, the approach the offices take to assist in mitigation should be coordinated as much as possible to achieve a comprehensive outcome and improve efficiencies.

SAFETY AND SECURITY

DOJ Follow Up

In October 2016, UNM entered into an agreement with the U.S. Department of Justice formalizing UNM's obligations under federal civil rights laws to prevent and address sexual harassment and sexual misconduct. UNM has three years to implement the agreement to

proactively address procedures and practices related to Title IX and Title IV compliance. Compliance with the DOJ agreement will constitute a significant campus-wide effort over the next three academic years.

The Main Campus Compliance Office will oversee the implementation process with various units to confirm that UNM is meeting its requirements and deadlines under the agreement. A detailed implementation schedule is currently being developed. Implementation efforts have already started and will continue throughout 2017 and beyond.

Minors on Campus

UNM programs involving youth exist in multiple units across the campus. The safety of minors on campus who are involved in campus-sponsored functions is a serious concern. In March 2016, UNM Policy 2205 was adopted regarding Minors on Campus to help protect the many thousands of children who visit the campus each year. When the policy was implemented, a waiver form and checklist were also created and distributed. A Minors on Campus training has been developed for employees who work with minors.

In 2017, the Main Campus Compliance Office will work with the Minors on Campus Taskforce to finalize Phase 2 of the Minors on Campus Policy. This includes determining which university entities will administer the Minors on Campus processes such as background checks, reporting requirements, and collecting waivers, emergency contact and medical release forms. In addition, Phase 2 includes conducting a comprehensive inventory of the programs across campus that involve minors and implementing a central tracking system to monitor these programs. Mandatory training also needs to be enforced for all authorized adults working with minors on the campus.

UNM COMPLIANCE HOTLINE

Increase Awareness about the UNM Compliance Hotline

In 2017, the Main Campus Compliance Office will work with the Communications Office and IT to communicate all UNM students, faculty and staff to encourage the reporting of misconduct, and describing the channels for direct or confidential reporting. Another goal will be to publicize the Compliance Hotline throughout the university on a variety of platforms including social media and the UNM website.

Create Protocols for Investigations

Investigation protocols serve to delineate the formal procedures for initiating investigations for a range of university compliance issues. Such protocols protect the integrity of the process as well as the rights of the person filing the complaint and the alleged offender. Currently, different units and departments within UNM have protocols in place but there are no uniform protocols when investigating concerns received through the UNM Compliance Hotline. In 2017, the Main

Campus Compliance Office will work to develop consistent investigative protocols for handling day-to-day internal investigations received through the Compliance Hotline. These protocols will describe how an investigation is started, conducted, documented and how a decision is ultimately reached and communicated. Consistent, uniform protocols will improve the integrity of the process.

Follow Up on Complaint Outcomes

As noted above, the Main Campus Compliance Office follows up as necessary to verify resolution has been attained based on findings, if any, resulting from a Compliance Hotline investigation. However, the Compliance Office does not follow up with specific departments and units to verify the specific disciplinary actions that were taken. In 2017, the Compliance Office will follow up to verify the resolution that is attained in all investigations. The Compliance Office will create a process for verifying resolution with all of the Compliance Partners.

Neutral Investigators

Compliance Hotline complaints are ideally handled by objective investigators who have no particular interest in the outcome. However, by necessity, some complaints are sent to the unit that creates procedures around a particular policy, and occasionally has a stake in the outcome. Cases involving complaints against high level officials also present particularly difficult challenges.

The Chief Compliance Officer can identify other potential neutral investigators within the university who can be used for issues involving bias or high profile complaints. In rare instances, UNM can consider seeking individuals outside the university to conduct or assist with investigations that pose substantial risk to UNM's reputation and integrity.

UNM should also analyze whether investigative staff is needed to guarantee unbiased investigation and avoidance of retaliation against people who file complaints. In 2017, the Main Campus Compliance Office will review and present a proposal to UNM leadership on the need for hiring independent, neutral investigators for the office to investigate complaints received through the UNM Compliance Hotline.

WHISTLEBLOWER POLICY

Fear of retaliation is a major reason that individuals fail to report misconduct. In implementing the UNM Compliance Hotline, UNM adheres to a non-retaliation policy. UNM's current whistleblower policy was last revised in 2007. A revised whistleblower protection policy is needed to encourage people to bring their concerns forward without fear of retaliation. The Main Campus Compliance Office will support the UNM Policy Office's efforts to finalize the Whistleblower Protection Policy in 2017.

RISK ASSESSMENT

The UNM Compliance Hotline is a passive way for UNM to identify risks. An organization should periodically assess the risk of improper conduct within its operations and take appropriate steps to design, implement or modify actions to reduce the risk of improper or unethical behavior. An organization should conduct a risk assessment once a year.

Working with the UNM Internal Audit Department, the Main Campus Compliance Office conducted an extensive formal risk assessment in FY 2015 to identify risks on the UNM campus. This assessment was informative and identified several outstanding risks, including Minor Youth on Campus, Title IX violations and student safety on campus.

In 2017, the Main Campus Compliance Office will undertake a new formal risk assessment and response plan. The assessment will include a broad risk analysis survey and a review of recent litigation and settlements. Compliance Partners will be asked to identify and assess the institutional-level risks and opportunities for which they are responsible. Results of all risk assessments and response plans will be collected by Main Campus Compliance Office staff. The President can meet with key university leaders to discuss and determine the potential impact of the identified risks. Together, they can prioritize how best to handle multiple risks.

The Main Campus Compliance Office will monitor the risks identified by the assessment throughout 2017. The Chief Compliance Officer will also continue to meet quarterly with the Compliance Partners to generally discuss risk.

COMPLIANCE MATRIX

As noted above, the UNM Compliance Matrix was developed by the Main Campus Compliance Office to document all known federal, state and local laws and regulations governing colleges and universities. It includes a brief summary of each law and the applicable reporting deadlines. In 2017, the Main Campus Compliance Office will track progress on the significant federal and state mandated reports and keep a copy of each of these reports and filings in an online Compliance Monitoring Tracking System.

TRAINING

Training and education are necessary to ensure that faculty, staff and students understand applicable laws, regulations and university policies that apply to them. This is critical for an effective compliance program. Currently, UNM requires annual mandatory basic safety training for all employees. UNM also requires annual mandatory training focused on preventing harassment and sexual violence. In addition, there is a one-time ethics training (that must occur within the first 30 days of employment) entitled "Ethics: A Framework for Ethical Decision Making." Additional trainings might be necessary for individual divisions and departments.

**Compliance Office Main Campus
UNM Compliance Hotline Report**

October 21, 2016

Submitted by Eileen Sanchez, CCEP
Compliance Specialist
EthicsPoint System Administrator
Compliance Office Main Campus

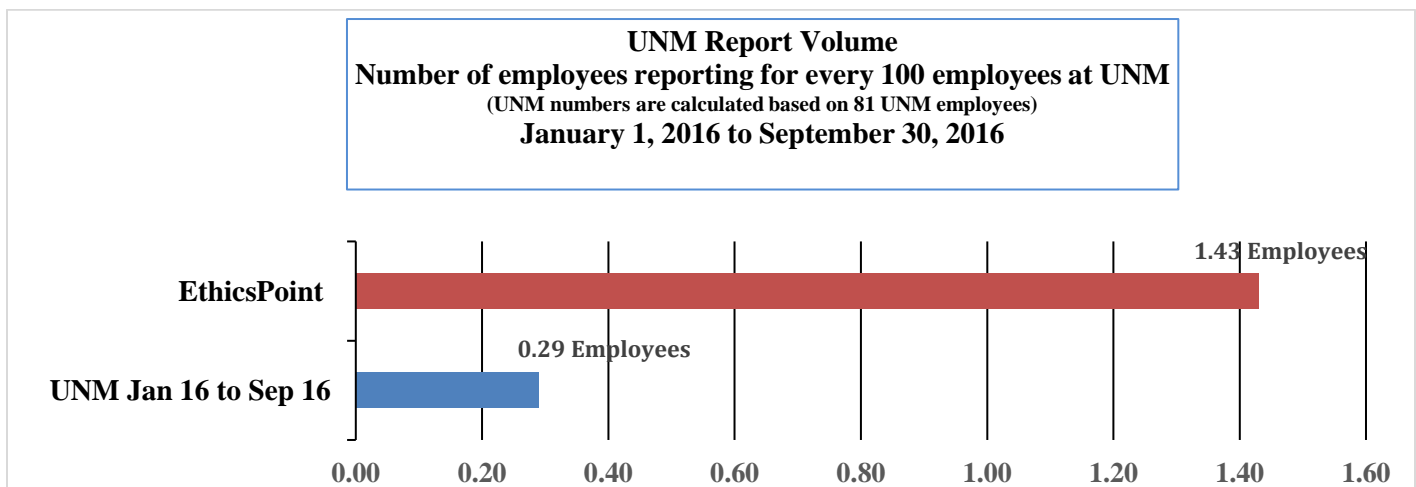
***UNM COMPLIANCE HOTLINE
BENCHMARKING REPORTS
JANUARY 1, 2016 TO SEPTEMBER 30, 2016***

Comparing UNM’s Hotline data against a broader spectrum of organizations allows us to see how UNM compares to industry norms. The university is currently using data for benchmarking from Navex Global, owner of EthicsPoint, UNM’s Compliance Hotline vendor. Navex Global has collectively received 867,551 reports through EthicsPoint, including reports from approximately 800 higher education institutions who use the system. These comparison benchmarking statistics allow UNM to understand and better answer questions regarding the university’s culture, communications, investigations, training, policies and reporting channels. It also allows for better internal benchmarking and trend-spotting, as well as improved recordkeeping and better organization of cases.

Report Volume

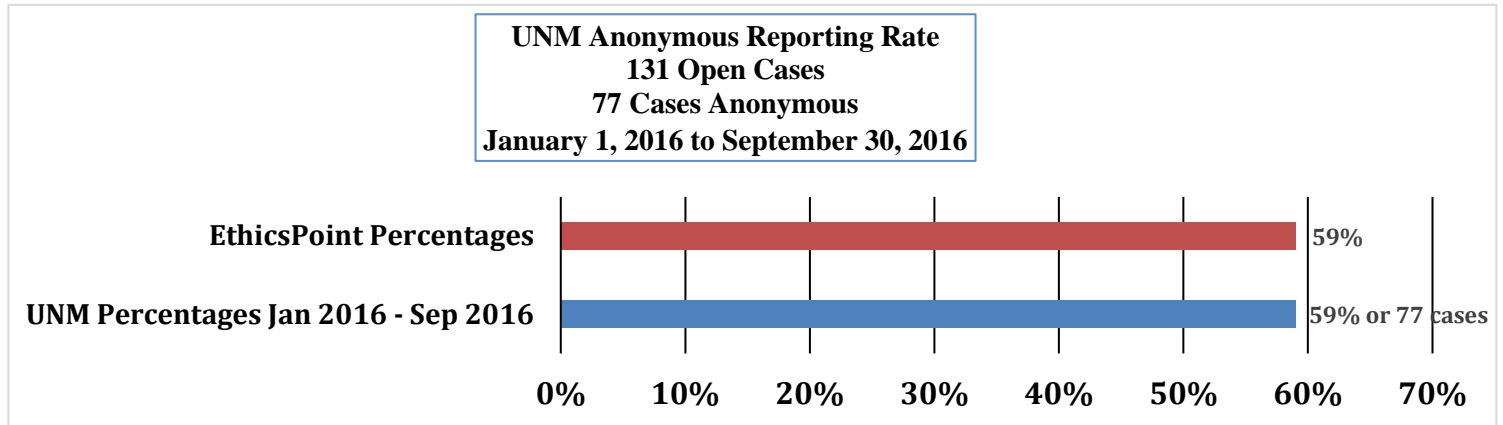
Report Volume benchmarking enables UNM to compare the total number of employees using the hotline with other organizations. Currently, UNM’s report volume is extremely low, only 0.29 employees report for every 100 employees compared to EthicsPoint with 1.43 employees reporting for every 100 employees. Employees need to know the reporting channels that are available to make reports and have confidence that reporting will make a difference. Compliance units need to capture and input all inquiries, complaints and allegations and enter into the hotline.

Cases Opened = 131
January 1, 2016 to September 30, 2016
Reported by: Employees = 81, Students = 7, Former Employees = 5, Parents = 1, Vendor = 1, Other/Anonymous = 36



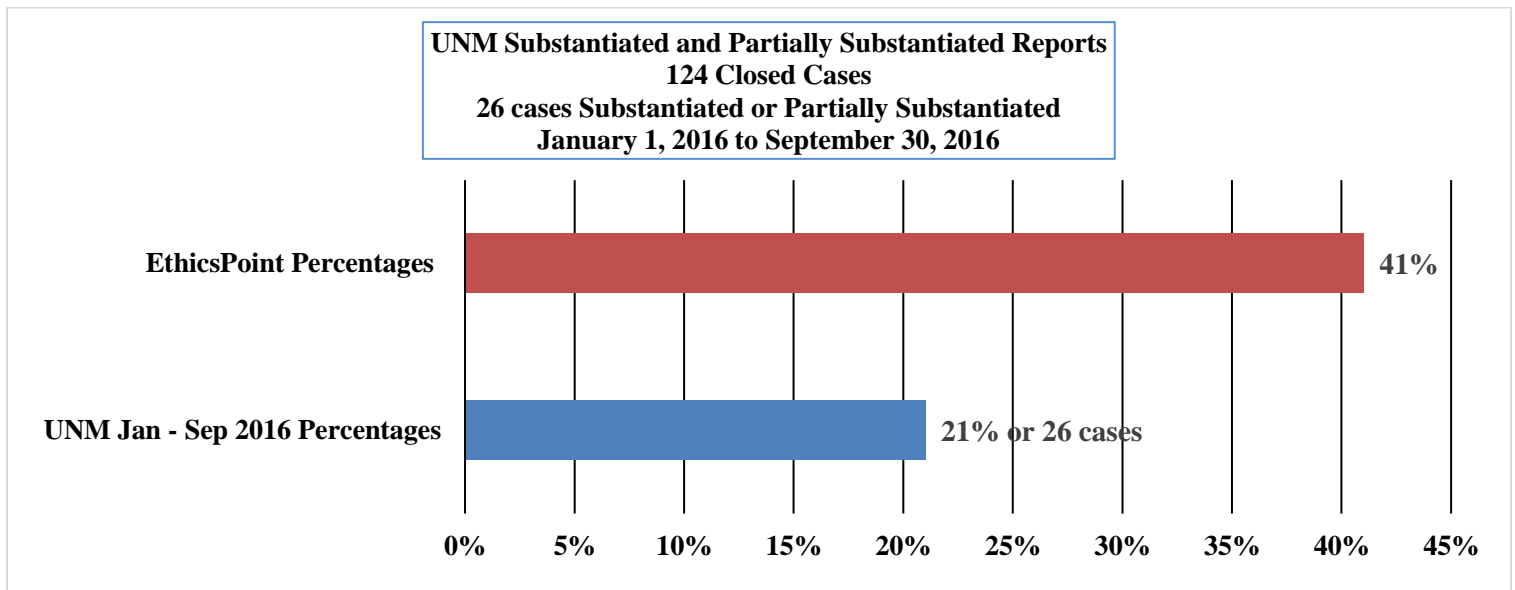
Anonymous Reporting Rate

The chart below shows the percentage of reporters who chose to withhold their identity. The data shows that **out of 131 opened cases, 77 cases or 59% of the university's reporters chose to remain anonymous.** UNM's rate has increased compared to 46% at the end of December 2015. EthicsPoints had a drop from the previous year from 61% to 59%. Reporters sometimes withhold their identity due to a fear of retaliation or a desire to not become involved, not because they are reporting a false or frivolous issue.



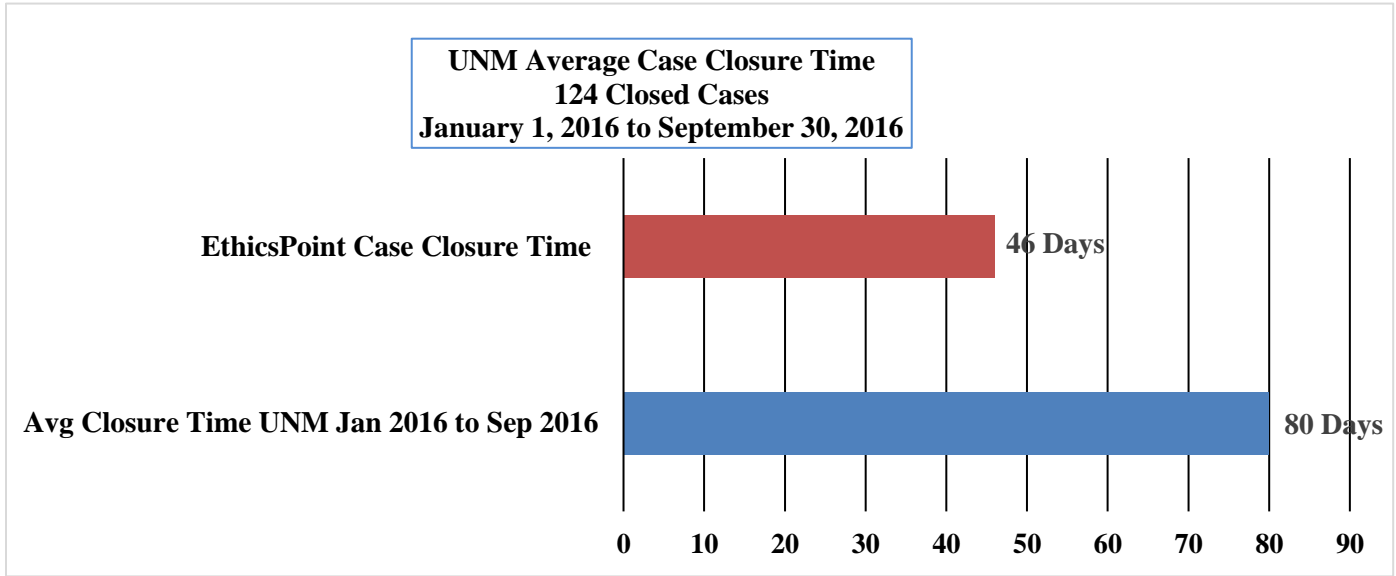
Substantiated and Partially Substantiated Reports

The Substantiation rate shows the number of allegations that had some merit. A high substantiation rate shows that well-informed employees are making high-quality reports and that investigations are effective. The trend concerning low substantiation rates must be monitored.



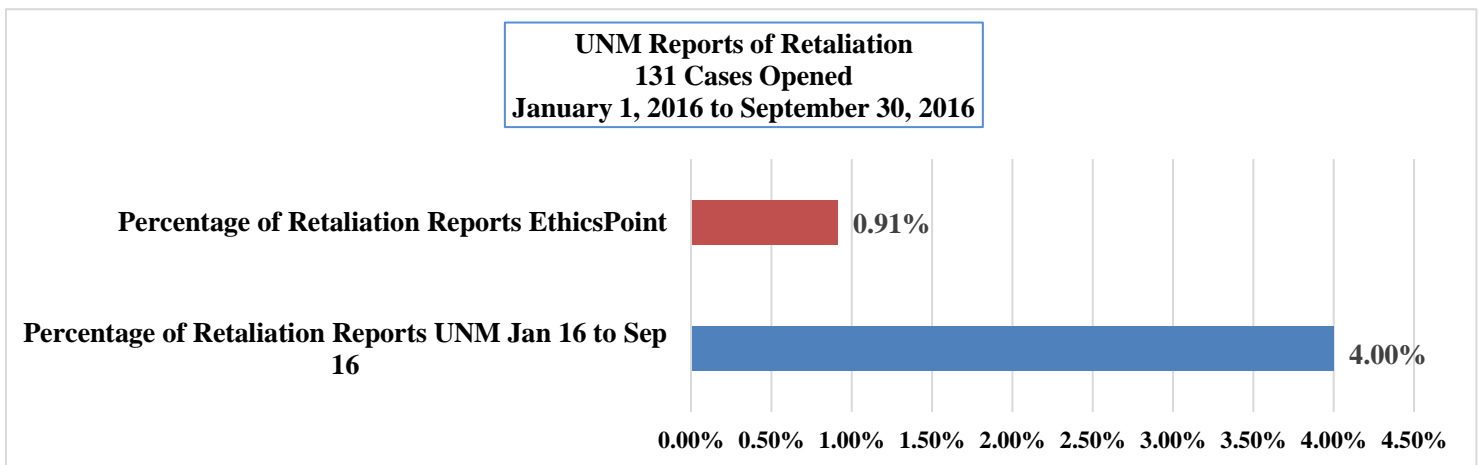
Case Closure Time

The chart shows the number of calendar days it takes to close a case. Investigations should be completed in a timely manner to ensure that reporters trust their reports are being taken seriously. If reporters think that UNM is not listening, and not taking action, this could be damaging to the university in a number of ways. These numbers could mean many things including that the university might not have enough resources to address the volume of reports being received or that the cases being reported are becoming more complex. Best practice is for a 30 day case closure time.



Reports of Retaliation

Retaliation issues are a serious concern and EthicsPoint now provides data to allow organizations to benchmark this important issue. UNM must have the opportunity to investigate complaints internally, reported through the hotline, rather than having employees reporting to outside agencies. Persons who report suspected misconduct are protected from retaliation at UNM. Monitoring systems, such as the UNM Compliance Hotline, along with implementing anti-retaliation training for employees may help to be effective in preventing retaliation.



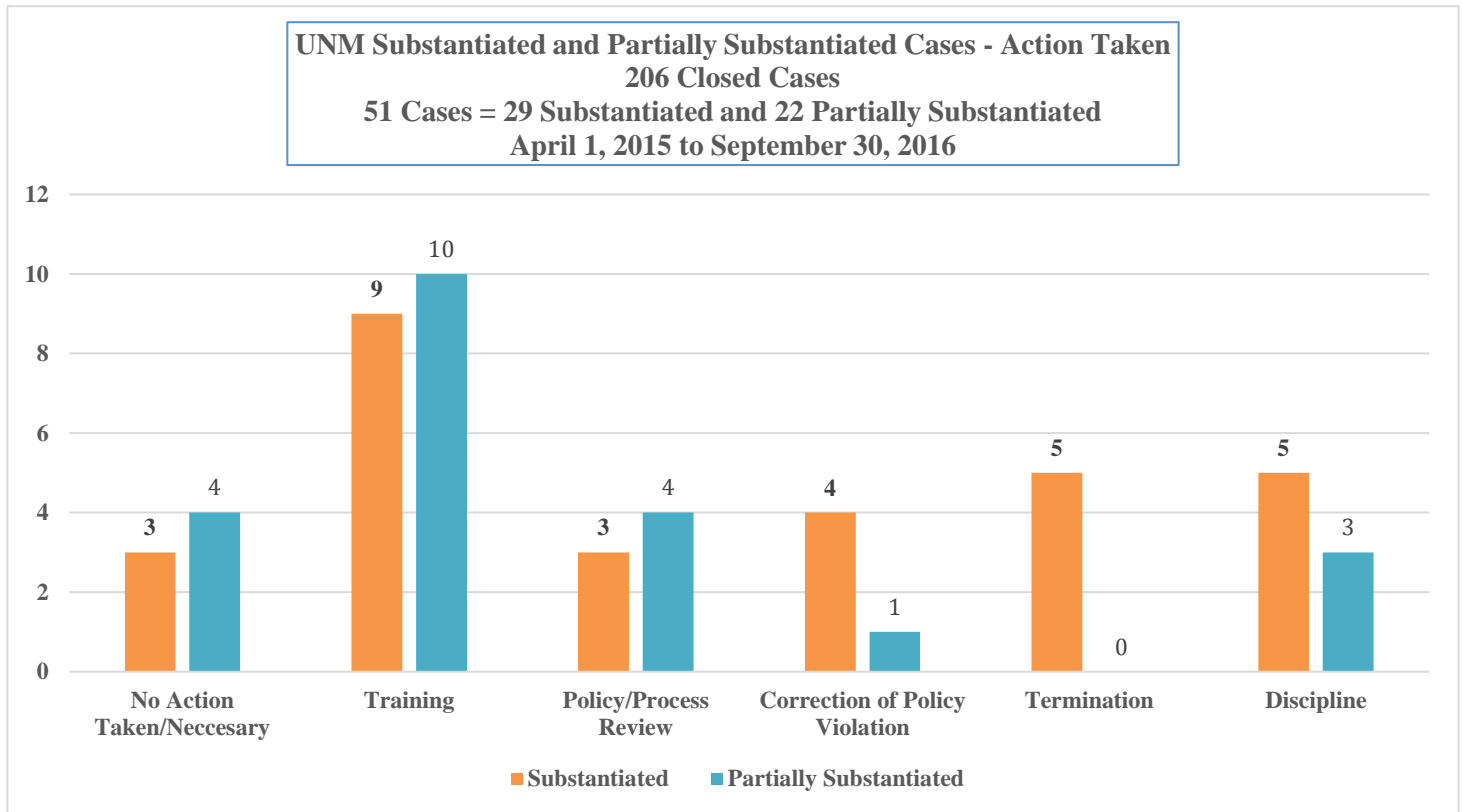
**UNM COMPLIANCE HOTLINE
STATISTICAL REPORTS
APRIL 1, 2015 TO SEPTEMBER 30, 2016**

(Note: This data is different than the previous benchmarking charts. This data represents all cases since the UNM Compliance Hotline started receiving reports through EthicsPoint beginning April 1, 2015.)

The charts below shows statistical data from the UNM Compliance Hotline beginning April 1, 2015 to September 30, 2016. Analyzing the hotline data allows UNM to report potential compliance issues and to determine the location where those issues are occurring. Collecting and reviewing hotline data permits UNM to capture and investigate reports from all locations and reporting channels in a centralized database, creating a well-organized approach to documenting cases and simplifying workflow.

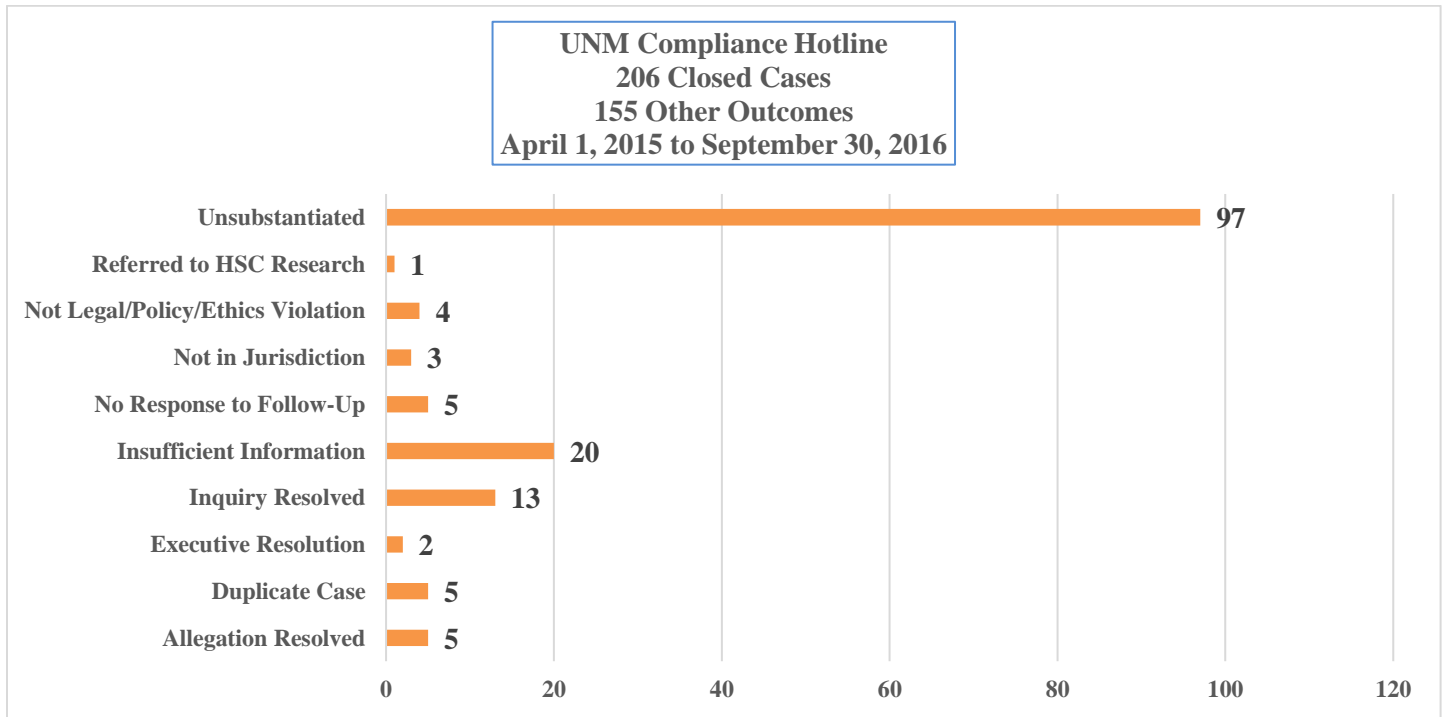
Action Taken for Substantiated and Partially Substantiated Cases

The chart below is broken out by the action taken for cases with Substantiated or Partially Substantiated as an Outcome. Reviewing and monitoring the action taken for closed cases will help to determine if appropriate action is being tendered based on the outcome and comparing the action taken to similar cases within the UNM Compliance Hotline. **25% or 51 cases** of the 206 closed cases were Substantiated or Partially Substantiated.



Closed Cases – Additional Outcomes

The chart below shows **155 or 75%** of the closed cases that had additional outcomes other than Substantiated or Partially Substantiated.

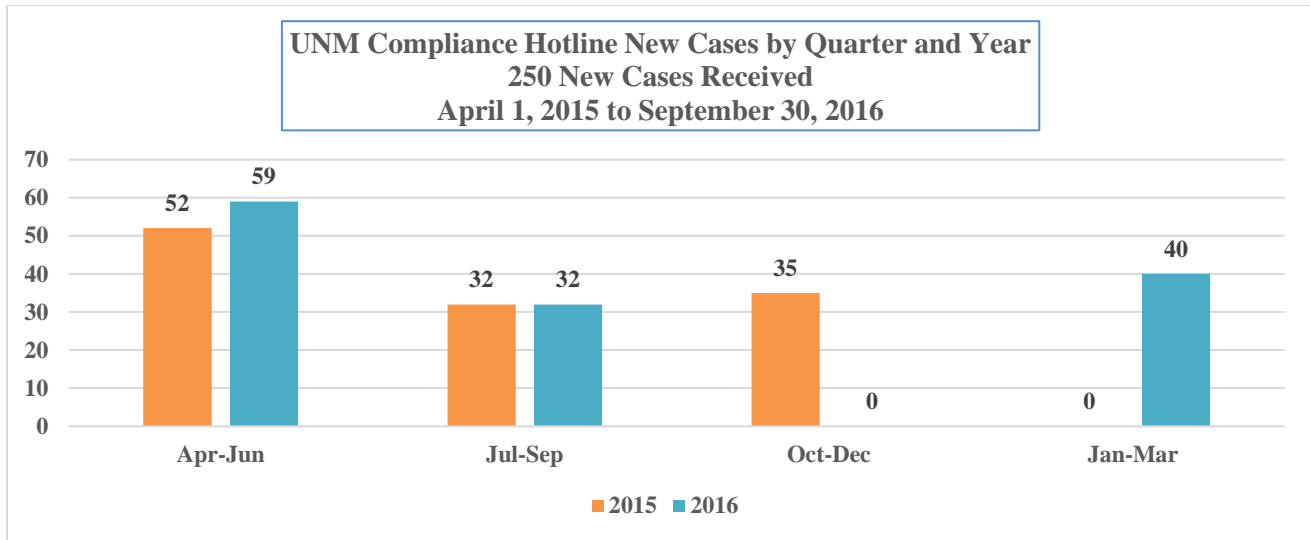


The Action Taken for the 155 additional outcomes is shown below.

Outcomes	Action Taken
Allegation Resolved	1 Policy Process Review, 3 Training, 1 Executive Resolution
Duplicate Case	5 Duplicate Case
Executive Resolution	1 No Action Taken/Necessary, 1 Executive Resolution
Inquiry Resolved	7 No Action Taken/Necessary, 4 Policy Process Review, 2 Executive Resolution
Insufficient Information	19 No Action Taken/Necessary, 1 Correction of Policy Violation
No Response to Follow-Up	5 No Action Taken/Necessary
Not in Jurisdiction	3 No Action Taken/Necessary
Not Legal/Policy/Ethics Violation	3 No Action Taken/Necessary, 1 Policy Process Review
Referred to HSC Research	1 Correction of Policy Violation
Unsubstantiated	86 No Action Taken/Necessary, 3 Policy Process Review, 4 Training, 1 Executive Resolution, 2 Correction of Policy Violation, 1 Ombuds/Staff

Cases by Quarter

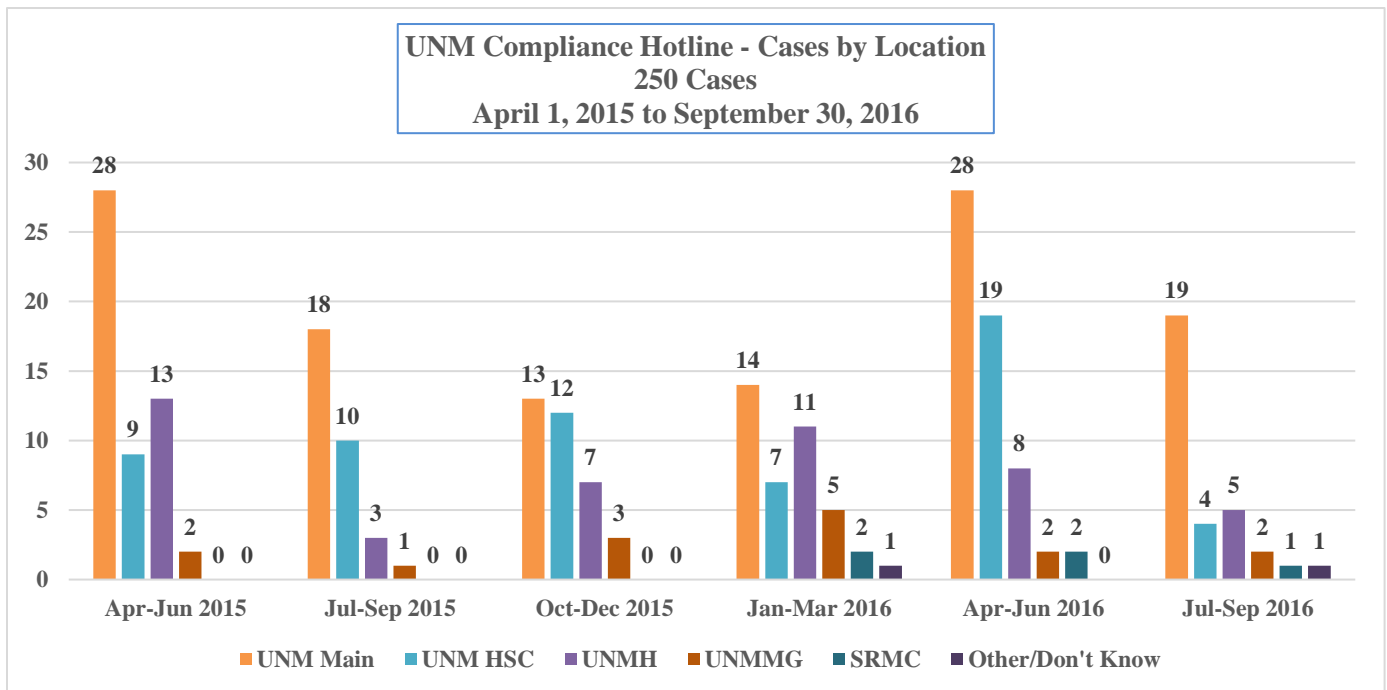
The number of cases being received by Quarter and Year is shown below. It appears from this data that the numbers have been consistent for Apr-Jun and Jul-Sep for both 2015 and 2016. Monitoring future quarters will help to determine trends and peak reporting times.



Total Cases Opened by Quarter and Location

250 Cases

The chart below depicts the 250 opened cases and where the allegations were reported from. Monitoring and tracking cases by location can help identify trends and problems within specific areas at UNM.



In 2017, the Main Campus Compliance Office will undertake a review to confirm administrators, faculty, staff and students are current on all required and job specific trainings. In addition, in accordance with the Regents' guiding principles on ethical conduct, the Main Campus Compliance Office will advocate for the incorporation of additional ethics training for management and employees into the annual training curriculum. This office will work with Human Resources on this issue.

ONGOING

The Main Campus Compliance Office will continue to evaluate emerging compliance trends in higher education and government and recommend best practices for UNM.

CONTACT INFORMATION

University of New Mexico Main Campus Compliance Office

Libby Washburn, Chief Compliance Officer

Eileen Sanchez, Compliance Specialist

609 Buena Vista Dr. NE, MSC05 3150

Albuquerque, NM 87131-0001

Phone: 505-277-0169 Fax: 505-277-1190

Email: compliance@unm.edu

<http://compliance.unm.edu>

UNM Compliance Hotline

Toll-Free Phone: 1-888-899-6092

<https://unm.ethicspoint.com>

There is no
handout
required for
this item

**INFORMATION
TO
BE
SUPPLIED
AT
MEETING**

Follow Up Report Summary - Oct 2016 Open Session

Row Labels	No	Project Name	Count of Recommendation Title
Implemented	4	Review of College of Education Operations	3
	6	UNM Taos	1
	9	Safety and Risk Services	5
	11	Men's Basketball P-Card Use	3
	12	Clery Act	2
	13	Brain Safe Project	4
	14	UNM SIM/Center for Life Cash Handling	7
Implemented Total			25
Pending	1	P-Card	1
	2	Review of College of Arts and Sciences Operations	1
	3	Safeguards for Protecting Private Data– Service Providers and Contractors	2
	4	Review of College of Education Operations	1
	5	Cancer Center Portable Devices	1
	6	UNM Taos	2
	7	Harwood Museum	2
	8	Payroll Follow-Up Audit	11
	9	Safety and Risk Services	5
	10	CTSC Food and Nutrition P-Card Use	1
	11	Men's Basketball P-Card Use	4
	13	Brain Safe Project	1
	14	UNM SIM/Center for Life Cash Handling	1
Pending Total			33
Grand Total			58

Follow Up Report - Oct 2016 Open Session

No	Project Name	Recommendation Title	Executive Recommendation	Estimated Implementation Date	Responsible Party	Status
1	<u>P-Card</u>	<u>Recommendation 2 - Implementation of new system to record and track hazardous chemicals and radioactive materials</u>	The Purchasing department and SRS should implement a system which effectively records the purchase of hazardous materials and radioactive materials, and provides all relevant information to SRS for tracking.	12/31/2016	Carla Domenici, Dir, Safety & Risk Services	Pending
2	<u>Review of College of Arts and Sciences Operations</u>	<u>Implementation of Process to Track Research Activities</u>	A process should be implemented that enables colleges to effectively track and monitor time that faculty members spend on research activities to help management determine if faculty members are meeting academic load requirements and workload guidelines.	6/30/2017	Greg Heileman, Associate Provost; Chaouki Tanios Abdallah	Pending
3	<u>Safeguards for Protecting Private Data- Service Providers and Contractors</u>	<u>Recommendation 1 - UNM Information Security Program</u>	The CIO needs to implement the UNM Information Security Program University-wide.	12/31/2016	Duane Ej Arruti, INT Chief Information Officer	Pending
3	<u>Safeguards for Protecting Private Data- Service Providers and Contractors</u>	<u>Recommendation 2 - University Information Security Function</u>	The President should give the CIO the explicit authority and responsibility to manage information security University-wide, including the decentralized computing services. The President should also ensure that the CIO has the budget to develop, implement, and enforce security policies.	7/31/2017	Duane Ej Arruti, INT Chief Information Officer	Pending
4	<u>Review of College of Education Operations</u>	<u>Recommendation 3 - Time to acquire a degree at UNM COE</u>	The Dean of the College of Education should work with Office of the Provost to ensure any redesign of the College addresses the Provost's recommendation for reducing minimum credit hours for degree programs.	12/31/2017	Salvador Hector Ochoa, Dean	Pending
4	<u>Review of College of Education Operations</u>	<u>Recommendation 6 - Residency School</u>	The Dean of the COE and the Provost office should consider developing a College of Education Teacher Preparation Residency School. Such a residency school could provide COE students with hands on training throughout their teacher preparation experience.	8/31/2016	Salvador Hector Ochoa, Dean	Implemented
4	<u>Review of College of Education Operations</u>	<u>Recommendation 7- Field Services Assessments</u>	The College should consider establishing a coordinated clinical field service assessment program to effectively provide feedback while teacher candidates are conducting field service and to follow up with them after graduation. Consider changes in programs to include student field service experience earlier in the program/student experience and establish a program to assess the effectiveness of traditional field service.	8/31/2016	Salvador Hector Ochoa, Dean	Implemented
4	<u>Review of College of Education Operations</u>	<u>Recommendation 8 - Expand Field Service to Rural NM</u>	The Dean of the COE should work with the Provost's Office to develop a permanent funding model for field service, and explore expansion of the Co-Teaching Collaborative School model within the Teacher Education Department, to other departments within the College, and to rural areas of New Mexico.	8/31/2016	Salvador Hector Ochoa, Dean	Implemented
5	<u>Cancer Center Portable Devices</u>	<u>Recommendation 5 - Archived PHI</u>	The Chief Financial Officer of the CC should explore the feasibility of using the PACS system for archiving information.	1/31/2017	RODNEY MARTINEZ, Chief Financial Officer	Pending

Follow Up Report - Oct 2016 Open Session

No	Project Name	Recommendation Title	Executive Recommendation	Estimated Implementation Date	Responsible Party	Status
6	<u>UNM Taos</u>	<u>Recommendation 6 - Develop Policies and Procedures for Employer Issued Smart Phones</u>	In addition to UAPP 7710, UNM-Taos should further develop policies and procedures that require smart phones to be tagged, monitored, and inventoried.	6/30/2016	Mario Suazo, Dir,Business Opns/Sm Branch	Implemented
6	<u>UNM Taos</u>	<u>Recommendation 8 - Develop General IT Security Policies and Procedures</u>	UNM-Taos IT Department should document IT security policies and procedures, which enforce procedures for regular back-up and off-site storage of IT systems, developing a disaster recovery plan, and encrypting computers issued to employees.	12/31/2016	Mario Suazo, Dir,Business Opns/Sm Branch	Pending
6	<u>UNM Taos</u>	<u>Recommendation 9 - All UNM Taos Employees Should Take Required Training</u>	All UNM Taos faculty, staff, and student employees should take the required annual training courses.	1/31/2017	Br Campus; Debra Martinez, HR Administrator 2	Pending
7	<u>Harwood Museum</u>	<u>Recommendation 7 - Art Collection Record Keeping</u>	Harwood should (1) complete data entry of art collection items that are missing critical information, such as value and loaned items from other museums; (2) clean up duplicate data resulting from the database migration; (3) ensure the collection records are reviewed by the Director periodically; (4) report accurate value for fine art insurance coverage to UNM Safety and Risk Services based on data generated from the complete and accurate database.	5/1/2017	Richard Tobin, Dir,Harwood Museum	Pending
7	<u>Harwood Museum</u>	<u>Recommendation 8 - Art Collections Inventory</u>	Harwood should complete a formal physical inventory for its collection items, maintain current inventory records, and notify Inventory Control of its certified inventory results within a year.	5/1/2017	Richard Tobin, Dir,Harwood Museum	Pending
8	<u>Payroll Follow-Up Audit</u>	<u>Recommendation 1 - Payroll Adjustment Codes</u>	The University Controller's Office should revise the adjustment code forms and explanations of the causes of the adjustments to clarify the causes, conditions, and responsible parties creating the adjustments.	4/1/2017	Elizabeth Metzger,University Controller; Julian Sandoval, Chief Financial Svcs Officer	Pending
8	<u>Payroll Follow-Up Audit</u>	<u>Recommendation 2 - Payroll Adjustment Late Paperwork Training</u>	The University Controller's Office should develop mandatory training on business practices, required processes, and meeting deadlines aimed at reducing late filing of employment paperwork, EPAFs, payroll adjustments, and employee accounts receivable.	4/1/2017	Elizabeth Metzger,University Controller	Pending
8	<u>Payroll Follow-Up Audit</u>	<u>Recommendation 3 - Administrative Fee</u>	The University Controller's Office should consider charging an administrative fee to departments that submit late EPAFs or other employment documents, as well as for causing unnecessary payroll adjustments.	9/30/2017	Elizabeth Metzger,University Controller	Pending
8	<u>Payroll Follow-Up Audit</u>	<u>Recommendation 4 - Develop a Policy to Ease the Administrative Burden</u>	The University Controller's Office should work with the UNM Policy Office to develop (or amend) a policy to allow de minimus write-offs in order to ease the administrative burden of collection when the cost of collection exceeds the amount to be collected.	1/31/2017	Elizabeth Metzger,University Controller	Pending

Follow Up Report - Oct 2016 Open Session

No	Project Name	Recommendation Title	Executive Recommendation	Estimated Implementation Date	Responsible Party	Status
8	<u>Payroll Follow-Up Audit</u>	<u>Recommendation 5 - Automated Tracking of Accounts Receivable</u>	The University Controller's Office should research tracking of overpayments in the Banner Accounts Receivable module as a means to ease the administrative burden of manually tracking employee receivables.	1/31/2017	Elizabeth Metzger, University Controller	Pending
8	<u>Payroll Follow-Up Audit</u>	<u>Recommendation 6 - Assess One Source Portal</u>	UNM HR should work with OFAS to assess the impact of new processes being implemented, especially Talent Management, on the hiring process instructions detailed in the One Source Information portal.	1/1/2017	Dorothy Terese Anderson, Vice President, Human Resources	Pending
8	<u>Payroll Follow-Up Audit</u>	<u>Recommendation 7 - OFAS Adjustment Email Notification</u>	OFAS should work with UNM IT to adopt an EPAF email notification system similar to the one developed by HR IT for UNM Staff.	6/30/2017	Theresa Ramos, Dir, Faculty Employment & Svcs; Carol Parker, Sr. Vice	Pending
8	<u>Payroll Follow-Up Audit</u>	<u>Recommendation 8 - OFAS to Continue Automation of Processes</u>	OFAS should expedite the transition to automated processing of contract renewal processes, and develop a time line to coincide with implementation of Talent Management. OFAS should work with UNM IT to further develop EPAF processes for employment transactions that are not currently using EPAFs.	6/30/2017	Theresa Ramos, Dir, Faculty Employment & Svcs; Carol Parker, Sr. Vice Provost	Pending
8	<u>Payroll Follow-Up Audit</u>	<u>Recommendation 9 - OFAS to Work with Payroll Department</u>	OFAS should work with the Payroll Department to integrate their new processes with payroll department processes, work out kinks, discuss issues, and solve potential problems with the rollout of the new system.	6/30/2017	Theresa Ramos, Dir, Faculty Employment & Svcs; Carol Parker, Sr. Vice Provost	Pending
8	<u>Payroll Follow-Up Audit</u>	<u>Recommendation 10 - HSC to Develop Additional EPAFs</u>	HSC should work with UNM IT and UNM HR to further develop EPAF processes for employment transactions that are not currently using EPAFs.	3/31/2017	Michael Schwantes, Dir, Fin Syst & Rstr Acctg	Pending
8	<u>Payroll Follow-Up Audit</u>	<u>Recommendation 1A - Required Training - 2015-01-A Stand Alone Report</u>	The University's President should direct the Human Resources Department, the Office of Faculty Affairs and Services, HSC Faculty Contracts, SOM Office of Academic Affairs, and Graduate Studies to work with the UNM Policy Office to revise Policy 3290, clarifying that all University employees and academic volunteers must take mandatory training courses.	1/31/2017	Robert George Frank, President; Kevin Stevenson, Strategic Planner	Pending
9	<u>Safety and Risk Services</u>	<u>Recommendation 1 - Fire Suppression Service and Sprinkler Repair</u>	The Director of Safety and Risk Services should ensure that all five year flushing services identified in the FY2012 and FY2013 FSCFRs are addressed.	6/30/2016	Carla Domenici, Dir, Safety & Risk Services	Implemented
9	<u>Safety and Risk Services</u>	<u>Recommendation 5 - Fire Extinguisher Reconciliation</u>	The Director of Safety and Risk Services should ensure that invoices provided by the fire extinguisher contractor are reconciled to the master fire extinguisher inventory list. Any discrepancies should be addressed and resolved.	6/30/2016	Carla Domenici, Dir, Safety & Risk Services	Implemented

Follow Up Report - Oct 2016 Open Session

No	Project Name	Recommendation Title	Executive Recommendation	Estimated Implementation Date	Responsible Party	Status
9	<u>Safety and Risk Services</u>	<u>Recommendation 6 - Safety Concerns Reported to SRS</u>	The Director of Safety and Risk Services should develop and document a process for investigating safety concerns reported to SRS. The process should include detailed use of TMA or similar software to ensure that a clear audit trail from the date of report to final disposition is noted. The process should specifically include the requirement to notify the person who expressed concern about the final outcome.	6/30/2017	Michael Tuttle, Mgr, Risk Mgmt, Ins & Claims; Carla Domenici, Dir, Safety & Risk Services	Pending
9	<u>Safety and Risk Services</u>	<u>Recommendation 7 - Reporting Test Results</u>	SRS Director should ensure that the results of any monitoring tests for hazardous material levels performed are communicated according to OSHA 1910.1018(e)(5)(i). Documentation of report distribution should be kept with the report to facilitate a clear audit trail.	6/30/2016	Carla Domenici, Dir, Safety & Risk Services	Implemented
9	<u>Safety and Risk Services</u>	<u>Recommendation 8 - Construction Safety</u>	The Director of Safety and Risk Services should require that SRS participate in all construction projects as directed by the Construction Safety Manual. As a documentary audit trail, SRS should collect and keep documentation that they attended the pre-bid meetings, approved the CSSP, and sent the Notice-To-Proceed after approving the CSSP.	6/30/2017	Chemanji Shu-Nyamboli, Environ Hlth Manager; Carla Domenici, Dir, Safety & Risk Services	Pending
9	<u>Safety and Risk Services</u>	<u>Recommendation 9 - Peer Review</u>	SRS should participate in regular peer reviews, including one in the next 12 months, in order to gain insight and efficiency through interaction with similar and/or peer institutions.	12/30/2016	Carla Domenici, Dir, Safety & Risk Services	Pending
9	<u>Safety and Risk Services</u>	<u>Recommendation 13 - Annual Crystalline Silica Tests</u>	The Director of Safety and Risk Services should work with chemical safety committees to identify areas of risk related to exposure and inhalation and determine what are the most appropriate annual monitoring tests to be conducted.	6/30/2016	Carla Domenici, Dir, Safety & Risk Services	Implemented
9	<u>Safety and Risk Services</u>	<u>Recommendation 16 - SRS Training - ERM Training</u>	The Director of Safety and Risk Services should provide EOD with an annual list of (1) CSOs to ensure that CSO and ERM training becomes part of their required annual Learning Central training courses, and (2) PIs and PCard holders who make chemical purchases to ensure that ERM becomes part of their required annual Learning Central training courses.	3/31/2016	Carla Domenici, Dir, Safety & Risk Services	Implemented
9	<u>Safety and Risk Services</u>	<u>Recommendation 17 - SRS Training - CSO Training</u>	The University President should send a directive to CSOs, PIs, and PCard holders identified as persons who make chemical purchases to comply with their annual requirements to complete CSO and/or ERM training. They should be reminded of the importance to ensure lab safety and accurate chemical labeling and inventory.	12/31/2016	Dorothy Terese Anderson, Vice President, Human Resources; Chaouki Tanios Abdallah	Pending

Follow Up Report - Oct 2016 Open Session

No	Project Name	Recommendation Title	Executive Recommendation	Estimated Implementation Date	Responsible Party	Status
9	<u>Safety and Risk Services</u>	<u>Recommendation 18 - Chemical Purchases and Perpetual Inventory</u>	The Executive Vice President for Finance and Administration, Executive Vice President for Academic Affairs/Provost, and the Chancellor for Health Sciences should work with the Director of Safety and Risk Services to determine the best course of action to ensure that all chemicals purchased are properly and accurately inventoried via the ERM system. Two considerations might be that all chemical purchases are only allowed to be made via CRLS or LoboMart, or that SRS be the central receiving point for all chemical purchases made outside of CRLS.	12/31/2016	David Harris, Executive Vice President; Paul Roth Chaouki Tanios Abdallah	Pending
10	<u>CTSC Food and Nutrition P-Card Use</u>	<u>Recommendation 3 - P-Card Office Review and P-Card Reviewer and Approver Training</u>	The P-Card Manager should: Strengthen the P-Card reconciliation review process to ensure documentation submitted for purchases is complete and accurate. Provide a P-Card training for Department P-Card reviewers and approvers to ensure P-Card activity is adequately reviewed.	12/31/2016	Peggy Sedillo, Mgr, Purchasing	Pending
11	<u>Men's Basketball P-Card Use</u>	<u>Recommendation 2 - P-Card Reconciliations</u>	The Athletics Chief Financial Officer should ensure missing P-Card Reconciliations are completed and submitted to the P-Card Office.	9/30/2016	Yvonne Otts, Financial Analyst	Implemented
11	<u>Men's Basketball P-Card Use</u>	<u>Recommendation 3 - Payment for Scouting Services</u>	The Athletics Chief Financial Officer should determine which scouting service providers have not been paid for services, verify services have been performed, and make payment arrangements.	12/31/2016	Yvonne Otts, Financial Analyst	Pending
11	<u>Men's Basketball P-Card Use</u>	<u>Recommendation 6 - Receipts, Invoices, and Other Supporting Documentation</u>	The Athletics Chief Financial Officer should develop P-Card policies and procedures requiring documentation that lists participants that were provided meals during Men's Basketball events. The Athletics Chief Financial Officer should ensure that adequate supporting documentation is obtained for all P-Card purchases. Itemized receipts should be submitted for all purchases.	12/31/2016	Yvonne Otts, Financial Analyst	Pending
11	<u>Men's Basketball P-Card Use</u>	<u>Recommendation 6 - Receipts, Invoices, and Other Supporting Documentation</u>	The P-Card Manager should develop P-Card policies and procedures requiring documentation that lists participants that were provided meals during Men's Basketball events. The P-Card Manager should also ensure that adequate supporting documentation is obtained for all P-Card purchases. Itemized receipts should be submitted for all purchases.	12/31/2016	Peggy Sedillo, Mgr, Purchasing	Pending
11	<u>Men's Basketball P-Card Use</u>	<u>Recommendation 8 - P-Card Reviews</u>	The Athletics Chief Financial Officer should ensure that P-Card Reconciliations and reviews are performed by person(s) familiar with detailed understanding of monthly Men's Basketball activities and events.	9/30/2016	Yvonne Otts, Financial Analyst	Implemented

Follow Up Report - Oct 2016 Open Session

No	Project Name	Recommendation Title	Executive Recommendation	Estimated Implementation Date	Responsible Party	Status
11	<u>Men's Basketball P-Card Use</u>	<u>Recommendation 8 - P-Card Reviews</u>	The Men's Basketball Head Coach should ensure that P-Card Reconciliations and reviews are performed by person(s) familiar with detailed understanding of monthly Men's Basketball activities and events. He should, at a minimum, complete a "high level" review of monthly P-Card activity before signing off on the P-Card Reconciliation.	9/30/2016	Craig Neal, Athletic Coach 4	Implemented
11	<u>Men's Basketball P-Card Use</u>	<u>Recommendation 11 - P-Card Trainings for Supevisors and Reviewers</u>	Provide P-Card training for Department P-Card reviewers and approvers to ensure P-Card activity is adequately reviewed to detect P-Card misuse.	12/31/2016	Peggy Sedillo, Mgr, Purchasing	Pending
12	<u>Clery Act</u>	<u>Recommendation 16 - Fire Drills</u>	The EVP for Finance and Administration should instruct the Director of SRS to work with UNM Residence Life and Student Housing, Casas del Rio, and Lobo Village to ensure students are educated on safe and proper evacuation procedures. The Director of SRS should monitor all housing facilities to ensure facility managers are conducting required fire drills.	6/30/2016	Carla Domenici, Int Dir, Safety & Risk Services	Implemented
12	<u>Clery Act</u>	<u>Recommendation 26 - IT Application Controls</u>	The EVP for Academic Affairs/Provost should require UNM Housing to develop its own written IT policies and procedures.	6/30/2016	Melissa Vargas, Strategic Planner	Implemented
13	<u>Brain Safe Project</u>	<u>Recommendation 1 - Project Funding and Purchasing and A/P Policies and Procedures</u>	The UNM President should work with the Executive Vice President for Administration, Provost/Executive Vice President for Academic Affairs, and HSC Chancellor to identify funding for UNM's cost related to the Brain Safe project. A budget should then be established and an official approved purchase order should be issued for this Brain Safe Agreement.	12/31/2015	Robert George Frank, President	Implemented
13	<u>Brain Safe Project</u>	<u>Recommendation 2 - Professional Service Agreements</u>	Agreements should clearly state deliverables and billings to be received by UNM. Agreements should also clearly state the terms of the compensation if based on time-periods, price per unit, and/or both.	12/31/2015	Robert George Frank, President	Implemented
13	<u>Brain Safe Project</u>	<u>Recommendation 3 - Written Termination Notice of Research Agreement</u>	The UNM President should submit a written termination notice to MRN for the research agreement dated October 29, 2013.	12/31/2015	Robert George Frank, President	Implemented
13	<u>Brain Safe Project</u>	<u>Recommendation 4 - Non-Compliance with IRB Process</u>	MRN should be required to securely transfer all data collected and results generated from the Brain Safe project to the University. MRN should provide certification and assurance that all data collected and results generated from the project have been securely deleted and are unrecoverable.	12/31/2015	Robert George Frank, President, Paul Roth	Pending
13	<u>Brain Safe Project</u>	<u>Recommendation 5 - Project Review and Assessment</u>	Administration should review current policies, processes, and management controls to reduce the risk of non-compliance with federal regulation CFR 45 part 46: Human Subjects Research Governing the Protection of Human Subjects in Research and UNM Faculty Handbook E90: Human Beings as Subjects in Research.	12/31/2015	Robert George Frank, President	Implemented

Follow Up Report - Oct 2016 Open Session

No	Project Name	Recommendation Title	Executive Recommendation	Estimated Implementation Date	Responsible Party	Status
14	<u>UNM SIM/Center for Life Cash Handling</u>	<u>Recommendation 1 - Cash Deposit</u>	SIM should: 1. Deposit the remaining fund via money list at the UNM Cashier Department. 2. Deposit all future cash received at University Cashier Department, as required. 3. Consider establishing a formal Petty Cash Fund with approval of HSC Financial Services.	6/1/2016	Arti Prasad, Clinician Ed - Professor	Implemented
14	<u>UNM SIM/Center for Life Cash Handling</u>	<u>Recommendation 2 - Timely Deposit</u>	Section of Integrative Medicine should deposit all monies received in a timely manner as required by UAPP 7200, Cash Management.	6/1/2016	Arti Prasad, Clinician Ed - Professor	Implemented
14	<u>UNM SIM/Center for Life Cash Handling</u>	<u>Recommendation 3 - Purchases and Department Review</u>	If a formal petty cash fund is established, SIM should develop procedures to ensure that (1) no petty cash is used to pay for services; (2) no petty cash is used to pay items greater than \$100 per day/per vendor; (3) UNM does not pay for personal gifts to UNM employees; and (4) UNM does not pay for gross receipts tax on purchases of tangible property from nongovernmental entities.	10/31/2016	Arti Prasad, Clinician Ed - Professor	Implemented
14	<u>UNM SIM/Center for Life Cash Handling</u>	<u>Recommendation 4 - Purchases and Department Review</u>	SIM should work with UNM Purchasing to determine if it is feasible to utilize qualified UNM employees as workshop instructors to provide services that are outside of their job duties; and if so, how to process payments for their services.	10/31/2016	Arti Prasad, Clinician Ed - Professor, Michael Schwantes	Implemented
14	<u>UNM SIM/Center for Life Cash Handling</u>	<u>Recommendation 5 - Form 1099 Reporting</u>	SIM should report the payments for service of \$443 in calendar year 2015 to the UNM Purchasing office for form 1099 reporting.	10/31/2016	Arti Prasad, Clinician Ed - Professor	Pending
14	<u>UNM SIM/Center for Life Cash Handling</u>	<u>Recommendation 6 - Management Review and Approval</u>	CFL should reevaluate the Communications Specialist's job duties involving monies, taking the segregation of duties into account. If staff is limited, CFL should develop effective compensating controls to mitigate the risk of errors or irregularities. An example includes an independent and detailed review of supporting documentation to ensure receipt/payment transactions are allowable, accurately coded, properly reconciled, etc.	10/31/2016	Arti Prasad, Clinician Ed - Professor	Implemented
14	<u>UNM SIM/Center for Life Cash Handling</u>	<u>Recommendation 7 - Training</u>	The individual responsible for cash handling should take a refresher training. Their direct supervisor should take Cash Management training as required by UAPP 7200: Cash Management.	6/30/2016	Arti Prasad, Clinician Ed - Professor	Implemented
14	<u>UNM SIM/Center for Life Cash Handling</u>	<u>Recommendation 8 - Account Coding</u>	HSC should develop standard operating procedures (SOP) or enforce existing procedures to help facilitate initiation, review, and approval of accurate sale transactions in the UNM Banner system. The procedures should strengthen internal controls to ensure inconsistent account coding is detected and corrected in the normal course of business.	10/31/2016	Michael Schwantes, Dir, Fin Syst & Rstr Acctg	Implemented

**Internal Audit Director's Status Report
Audit and Compliance Committee Meeting
October 21, 2016**

FY16 External Financial Audit. KPMG, Moss Adams, and Liz Metzger, University Controller, will present the external audit report to the committee for approval of submission to the State Auditor's Office. Per the State Audit Act and State Auditor's Rules, audit reports are not public documents until approved and released by the State Auditor. This is a final year of the audit contract with the accounting firms of KPMG and Moss Adams; therefore, upon notification from the State Auditor, the University will issue a request for proposal in spring 2017 for the next four fiscal years' audits.

INFORMATION ITEMS

Audit Plan Status. The project status and hours report for the plan is at Tab # 3D. The status of the proposed plan as of September 30, 2016 is:

Completed	3
Fieldwork	3
Report Writing	2
Subtotal	8
Assigned	3
Unassigned/Deferred	6
Total	17

The Fiscal Year 2017 (FY17) audit plan includes nine audits carried over from FY16. The Department will adjust the FY17 audit plan based on input from the Audit and Compliance Committee and the Executive leadership.

Department Financial Report. At Tab 9 is the Internal Audit Department's budget status report for your review. The FY17 adjusted budget is \$856,100, of which \$806,100 is from the general pooled account, and \$50,000 from the departmental reserve. As of September 30, 2016, the department's actual expenditures are \$190,443 and encumbrances are \$529,099. The department will have projected reserves of \$30,000 as of June 30, 2017.

External Audits and Reviews. At Tab 9 is the summary information regarding the external audits and reviews (third party audits) of various grants, contracts, and programs by various federal and state grantors as of September 30, 2016. There is only one review underway by the National Science Foundation (amount undetermined). Witham Smith and Brown (WSB) are conducting this review on behalf of NSF. Since July 31, 2016, three reviews completed without any findings and questioned costs. The Office of Inspector General, Department of Health and Human Services highly praised the University's Contract and Grant Accounting for closeout audit completed without any issues and all costs charged to the grant were allowable in accordance with the terms of the contract and federal cost principles.

The Center for Medicaid and Medicare Services (CMS) has contracted with Connolly to conduct billing reviews. The University of New Mexico Hospital and Sandoval Regional

Internal Audit Director's Status Report
Audit and Compliance Committee Meeting
October 21, 2016

Medical Center have received various requests from the Recovery Audit Contractor (RAC) to provide over 626 records related to patient billings, totaling \$15.8 million from June 1, 2015 to December 31, 2015. The RAC auditors had no findings for \$13 million (495 records); the University Health System has paid back approximately \$610 thousand (120 records) and approximately \$145 thousand (11 records) are at risk for takeback as of September 30, 2016.

Student Internship. The Internal Audit department currently has four student interns. One student intern is expected to graduate and will leave the department in December 2016; however, due to budgetary constraints this position will be left open.

Index: 676000 - 113280-AUDIT DEPARTME-General Activ

Account Description	Budget (FYTD) Adopted	Budget (FYTD) Adjustments	Budget (FYTD) Accumulated	Actuals Current Month	Actuals Pct	Actuals Fiscal YTD	Actuals Pct	Encumbrances	Balance Available	Balance Pct
Revenue										
07ZZ - Reimbursement Holding	\$0.00	\$0.00	\$0.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$0.00	.00%
1640 - Allocations Pooled Allocatio!	\$802,250.00	\$0.00	\$802,250.00	\$0.00	.00%	\$802,250.00	100.00%	\$0.00	\$0.00	.00%
1660 - Allocations Other Gen	\$0.00	\$3,850.00	\$3,850.00	\$3,850.00	100.00%	\$3,850.00	100.00%	\$0.00	\$0.00	.00%
1900 - Reserves	\$0.00	\$0.00	\$0.00	\$0.00	.00%	\$74,012.35	.00%	\$0.00	(\$74,012.35)	.00%
1901 - Budgeted Use of Reserves	\$50,000.00	\$0.00	\$50,000.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$50,000.00	100.00%
*TOTAL Revenue	\$852,250.00	\$3,850.00	\$856,100.00	\$3,850.00	.45%	\$880,112.35	102.80%	\$0.00	(\$24,012.35)	(2.80%)
Expense										
2020 - Administrative Professional !	\$643,931.00	\$0.00	\$643,931.00	\$53,767.77	8.35%	\$157,667.32	24.49%	\$492,264.45	(\$6,000.77)	(.93%)
2060 - Support Staff Salary Detail !	\$38,932.00	\$0.00	\$38,932.00	\$3,593.60	9.23%	\$10,618.82	27.28%	\$36,834.40	(\$8,521.22)	(21.89%)
20J0 - Student Salaries Gen	\$32,000.00	\$0.00	\$32,000.00	\$2,753.00	8.60%	\$10,327.00	32.27%	\$0.00	\$21,673.00	67.73%
20P0 - Temporary Salary Gen	\$30,550.00	\$0.00	\$30,550.00	\$176.10	.58%	\$747.28	2.45%	\$0.00	\$29,802.72	97.55%
20SA - Salary Adjustments	\$42,800.00	\$3,850.00	\$46,650.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$46,650.00	100.00%
3100 - Office Supplies General	\$1,500.00	\$0.00	\$1,500.00	\$0.00	.00%	\$145.69	9.71%	\$0.00	\$1,354.31	90.29%
3110 - Books Periodicals Gen	\$250.00	\$0.00	\$250.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$250.00	100.00%
3140 - Computer Software Gen	\$200.00	\$0.00	\$200.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$200.00	100.00%
3150 - Computer Supplies <\$5,001	\$200.00	\$0.00	\$200.00	\$67.49	33.75%	\$112.46	56.23%	\$0.00	\$87.54	43.77%
3189 - Computers & Servers <\$5,0!	\$0.00	\$0.00	\$0.00	\$0.00	.00%	(\$1,135.46)	.00%	\$0.00	\$1,135.46	.00%
31A0 - Business Food - Local	\$1,007.00	\$0.00	\$1,007.00	\$301.50	29.94%	\$301.50	29.94%	\$0.00	\$705.50	70.06%
31C0 - Dues Memberships Gen	\$4,500.00	\$0.00	\$4,500.00	\$255.00	5.67%	\$765.00	17.00%	\$0.00	\$3,735.00	83.00%
31J0 - Parking Permits Gen	\$500.00	\$0.00	\$500.00	\$0.00	.00%	\$400.00	80.00%	\$0.00	\$100.00	20.00%
31K0 - Postage Gen	\$80.00	\$0.00	\$80.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$80.00	100.00%
3800 - In State Travel Gen	\$2,000.00	\$0.00	\$2,000.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$2,000.00	100.00%
3805 - Instate Travel-Per Diem Sta!	\$500.00	\$0.00	\$500.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$500.00	100.00%
3810 - Instate Travel-Per Diem No!	\$200.00	\$0.00	\$200.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$200.00	100.00%
3820 - Out Of State Travel Gen	\$2,500.00	\$0.00	\$2,500.00	(\$682.56)	(27.30%)	\$1,434.40	57.38%	\$0.00	\$1,065.60	42.62%
3825 - Out State Travel-Per Diem !	\$500.00	\$0.00	\$500.00	\$189.00	37.80%	\$189.00	37.80%	\$0.00	\$311.00	62.20%
3830 - Out State Trvl-Per Diem No!	\$200.00	\$0.00	\$200.00	\$79.80	39.90%	\$79.80	39.90%	\$0.00	\$120.20	60.10%
6000 - Telecom Charges Gen	\$4,000.00	\$0.00	\$4,000.00	\$292.50	7.31%	\$877.50	21.94%	\$0.00	\$3,122.50	78.06%
6020 - Long Distance Gen	\$100.00	\$0.00	\$100.00	\$21.43	21.43%	\$23.08	23.08%	\$0.00	\$76.92	76.92%
6060 - Voice Mail Box Gen	\$700.00	\$0.00	\$700.00	\$45.00	6.43%	\$135.00	19.29%	\$0.00	\$565.00	80.71%
6300 - Alarm System Gen	\$300.00	\$0.00	\$300.00	\$11.25	3.75%	\$33.75	11.25%	\$0.00	\$266.25	88.75%
6315 - Electronic Databases	\$0.00	\$0.00	\$0.00	\$120.00	.00%	\$240.00	.00%	\$0.00	(\$240.00)	.00%

Index: 676000 - 113280-AUDIT DEPARTME-General Activ

Account Description	Budget (FYTD) Adopted	Budget (FYTD) Adjustments	Budget (FYTD) Accumulated	Actuals Current Month	Actuals Pct	Actuals Fiscal YTD	Actuals Pct	Encumbrances	Balance Available	Balance Pct
63A0 - Conference Fees Gen	\$4,000.00	\$0.00	\$4,000.00	(\$100.00)	(2.50%)	\$1,880.00	47.00%	\$0.00	\$2,120.00	53.00%
63A2 - Seminars/Training Fees	\$4,000.00	\$0.00	\$4,000.00	\$25.00	.63%	\$665.00	16.63%	\$0.00	\$3,335.00	83.38%
63C0 - Copying Gen	\$100.00	\$0.00	\$100.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$100.00	100.00%
69Z0 - Other Professional Services!	\$20,000.00	\$0.00	\$20,000.00	\$716.59	3.58%	\$3,248.67	16.24%	\$0.00	\$16,751.33	83.76%
70E1 - Computer Software Mainten!	\$8,500.00	\$0.00	\$8,500.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$8,500.00	100.00%
70F0 - Equipment Rent Expense G!	\$3,000.00	\$0.00	\$3,000.00	\$246.25	8.21%	\$640.35	21.35%	\$0.00	\$2,359.65	78.66%
80K0 - Banner Tax	\$700.00	\$0.00	\$700.00	\$15.88	2.27%	\$100.36	14.34%	\$0.00	\$599.64	85.66%
80K2 - Foundation Surcharge	\$4,500.00	\$0.00	\$4,500.00	\$309.39	6.88%	\$946.97	21.04%	\$0.00	\$3,553.03	78.96%
*TOTAL Expense	\$852,250.00	\$3,850.00	\$856,100.00	\$62,203.99	7.27%	\$190,443.49	22.25%	\$529,098.85	\$136,557.66	15.95%
Total Revenue:	\$852,250.00	\$3,850.00	\$856,100.00	\$3,850.00	.45%	\$880,112.35	102.80%	\$0.00	(\$24,012.35)	(2.80%)
Total Expense:	\$852,250.00	\$3,850.00	\$856,100.00	\$62,203.99	7.27%	\$190,443.49	22.25%	\$529,098.85	\$136,557.66	15.95%
Net:	\$0.00	\$0.00	\$0.00	(\$58,353.99)	.00%	\$689,668.86	.00%	(\$529,098.85)	\$160,570.01	.00%

Parameters:

Index: 676000 - 113280-AUDIT DEPARTME-General Activ

Groupings:

Warning: These reports will show fiscal year activity. For inception to date activity for Grants please use the FRRGLDS - Grant Ledger Detail Summary report.