AGENDA

FLORIDA GULF COAST UNIVERSITY BOARD OF TRUSTEES

Audit and Compliance Committee

Tuesday, September 11, 2018 8 a.m. – 8:20 a.m.

COHEN CENTER BALLROOM, ROOM # 203
FLORIDA GULF COAST UNIVERSITY

Indicated times within the agenda are approximate and are subject to change. Agenda items may be taken out of order at the call of the Chair and with the concurrence of the Committee.

Committee Members:
Trustee Joseph Fogg III – Chair
Trustee Darleen Cors
Trustee Leo Montgomery
Trustee Stephen Smith

8 a.m.  Call to Order, Roll Call, and Opening Remarks – Chair Joseph Fogg III

Consent Agenda (Includes Public Comment) – Chair Joseph Fogg III
  • Minutes of May 1, 2018 Meeting (TAB #1)

Action (Includes Public Comment):
  • 2017-2018 Internal Audit Annual Report – Director of Internal Audit William Foster (TAB #2)
  • 2018-2019 Internal Audit Work Plan – Director of Internal Audit William Foster (TAB #3)
  • Academic Camps and Conferences Audit – Director of Internal Audit William Foster (TAB #4)
  • Administration of Florida Bright Futures Scholarship Program by Florida’s Public Universities and Colleges Audit – Director of Internal Audit William Foster (TAB #5)
Information:
- **FGCU Board of Trustees Audit and Compliance Committee Charter** – Director of Internal Audit William Foster, and Director of Equity, Ethics and Compliance, and Title IX Coordinator Precious Gunter (TAB #6)
- **FGCU Compliance Office Charter** – Director of Equity, Ethics and Compliance, and Title IX Coordinator Precious Gunter (TAB #7)

Old Business – Chair Joseph Fogg III

New Business – Chair Joseph Fogg III

8:20 a.m.  Closing Remarks, and Adjournment – Chair Joseph Fogg III

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<td>FGCU Compliance Office Charter</td>
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ITEM: __1__

Florida Gulf Coast University Board of Trustees
Audit and Compliance Committee
September 11, 2018

SUBJECT: Minutes of May 1, 2018

PROPOSED COMMITTEE ACTION

Approve minutes

BACKGROUND INFORMATION

The Audit and Compliance Committee met on May 1, 2018. Minutes of the meeting were kept as statutorily required.

Supporting Documentation Included: Minutes of May 1, 2018

Prepared by: Transcription Experts, and Assistant Director of Board Operations
Tiffany Jackson

Legal Review: N/A

Submitted by: Vice President and Chief of Staff Susan Evans
FLORIDA GULF COAST UNIVERSITY BOARD OF TRUSTEES

AUDIT AND COMPLIANCE COMMITTEE
CONFERENCE CALL MEETING

Tuesday, May 1, 2018

CALL ORIGINATED FROM EDWARDS HALL, ROOM #309
Florida Gulf Coast University

Meeting Minutes

Members:
Present: Trustee Joseph Fogg III (by phone) – Chair; Trustee Darlene Cors (by phone); Trustee Richard Eide, Jr. (by phone).
Not Present: Trustee Leo Montgomery (Excused Absence).

Others:
Staff: President Michael Martin; Provost and Vice President for Academic Affairs James Llorens; Vice President for Administrative Services and Finance, and Executive Director of FGCU Financing Corporation Steve Magiera; Vice President for University Advancement, and Executive Director of FGCU Foundation Chris Simoneau; Vice President and Chief of Staff Susan Evans; Vice President and General Counsel Vee Leonard; Chief Compliance and Ethics Officer Stacey Chados; Director of Internal Audit Bill Foster; Director of Operations Tiffany Reynolds; Assistant Director of Board Operations Tiffany Jackson; Project Manager Melissa Pind; and Executive Assistant to the Vice President and Chief of Staff Bruna Ugolotti.

Item 1: Call to Order, Roll Call, and Opening Remarks
Chair Joe Fogg called the meeting to order at 11 a.m. He welcomed all members and said the meeting had been duly noticed and was originating from Edwards Hall Room 309 on the campus of Florida Gulf Coast University. He requested Vice President and Chief of Staff Susan Evans call the roll and state for the record which trustees and staff members were present. Roll call was taken with three of four Committee members present, thus meeting quorum requirements.

Item 2: Consent Agenda (See Tab #1)
Chair Fogg stated there was one item on the Consent Agenda, the Minutes of the FGCU Audit and Compliance Committee meeting on February 20, 2018.

Trustee Darlene Cors made a motion to approve the Consent Agenda. Trustee Richard Eide seconded the motion.
As follow up to the February 20, 2018 minutes, Chair Fogg stated at the last meeting there had been a discussion about the Board of Governors’ (BOG) increasing interest in having universities monitor Direct Support Organizations (DSOs). At the last Committee meeting, there had been some indication there might be clarifying legislation passed at the last session. He stated this did not happen, and so more specific guidance in this matter still was being sought. He informed the Committee members that he and Director of Internal Audit Bill Foster were planning to attend the Audit Committee meeting of the FGCU Foundation Board the next morning as part of their efforts to provide oversight for the activities of the DSO. He asked President Martin to determine from the BOG its view as to whether Trustee Fogg’s and Mr. Foster’s participation in that type of meeting was appropriate.

President Martin stated he had not had a response from the BOG, but he would follow up today.

There was no public comment or further Committee discussion. The vote was 3-0 in favor of the motion.

Item 3: Action Items (See Tab #2-3)
Chair Fogg asked Director of Internal Audit Bill Foster to present these items.

FGCU Audited Financial Statements for the Fiscal Year Ended June 30, 2017 (TAB #2)

Mr. Foster stated the auditors had determined the Financial Statements fairly present the financial position of the University. He said this was known as a clean opinion and was what the accounting area strived for each year. He pointed out pages 4–15 contained the Management’s Discussion and Analysis, where management described in reader friendly terms what had occurred in the last fiscal year. He added this section pointed out major transactions and presented comparative figures from the prior year. He said pages 16–17 were the statement of the position, and that years ago, this statement was known as the Balance Sheet. The first column was titled “University,” and contained figures for the University and the FGCU Financing Corporation. The second column was titled “Component Unit” and represented the Foundation’s information. He said at year end, there were total assets of $647 million and $127 million, total liabilities of $306 million and $3 million, with net position of $368 million and $124 million, respectively for the “University” and the “Component Unit” columns. He explained the figures on these pages, and on the following page 18, Statement of Revenues, Expenses and Changes in Net position. He said the statement was formerly known as an Income Statement. For the year, FGCU had $120 million and $14 million in operating revenue, $225 million and $17 million operating expenses, net non-operating revenue $97 million and $9 million. He said pages 20–21 were the Statement of Cash Flow, which showed the effects to cash from the financial transactions during the year. The net effect was a $34,000 decrease in cash and cash equivalents for the year. Pages 22-52 contained Notes to the Financial Statements, which contained a significant amount of information to explain the various line items in the Financial
Statements. He said compared to Management’s Discussion and Analysis, these notes were not necessarily as reader friendly. He added that pages 53-55 Supplementary Information was the information the State of Florida had used to determine pension and health insurance subsidy liabilities. He concluded by noting that pages 56-57 were the Auditor’s Report on Internal Control and Compliance, and that this report related financial reporting and compliance with Government Auditing Standards. He said there were no deficiencies in the internal controls noted.

Chair Fogg commented that the two most important takeaways were that (1) there was a clean opinion, and (2) there were no significant problems raised in the Management’s Discussion and Analysis.

Chair Fogg called for further comments. Hearing none, he asked for a motion.

Trustee Cors made a motion to accept the Audited Financial Statements for the Fiscal Year Ended June 30, 2017 and to recommend it to the FGCU Board of Trustees. Trustee Eide seconded the motion. There was no public comment or Committee discussion. The vote was 3-0 in favor of the motion.

State of Florida Compliance and Internal Controls over Financial Reporting and Federal Awards Audit (TAB #3)

Mr. Foster stated he was requesting this audit be accepted and recommended to the FGCU Board of Trustees.

Mr. Foster said as a condition of receiving federal funds, the US Office of Management and Budget (OMB) required an audit of the State of Florida’s financial statements and major Federal awards programs, as described in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). He stated for the year ending 2017, there was one FGCU finding related to Student Financial Assistance Cluster. He reported the Auditor General’s Office looked at 33 checks for refunds of Federal Financial Aid and found one check which had been late. He added FGCU had been included in the finding because the report was on the State University System as a whole, not each individual university. He reported the dollar amount of the check was $7,300, and although FGCU attempted to refund the student, it did not meet the State guidelines for the number of days to issue the refund. After this had been brought to the University’s attention, the funds were refunded to the student. He stated since this occurrence, enhanced procedures for handling unclaimed checks containing Title IV Higher Education funds had been implemented, and monthly reviews are conducted to identify and track unclaimed checks starting at 60 days after the check is issued. He also stated that routine and systematic attempts to notify a student or parent of an unclaimed check are made by letter, email, and phone. He said that if the check remains uncashed, sufficient time is allocated to process the return of the funds to the applicable program, and additional attempts to contact the student are ceased. He concluded that these procedures provide for the return of all unclaimed checks containing Title IV Higher Education funds within the allowed time frame.
Chair Fogg called for questions or discussion. Hearing none, he called for a motion.

Trustee Cors made a motion to accept the State of Florida Compliance and Internal Controls over Financial Reporting and Federal Awards Audit and recommend it to the FGCU Board of Trustees. Trustee Eide seconded the motion. There was no public comment, or Committee discussion. The vote was 3-0 in favor of the motion.

Item 4: Old Business
There was no old business for discussion.

Item 5: New Business
There was no new business for discussion.

Item 6: Chair’s Closing Remarks & Meeting Adjournment
Chair Fogg adjourned the Audit and Compliance Committee meeting at 11:13 a.m.

Minutes prepared by Transcription Experts, and reviewed by Tiffany Jackson, FGCU Assistant Director of Board Operations.

Agenda Items:
A. See Tabs #1-3

Attachment:
A. Record of Votes
Record of Votes
Audit and Compliance Committee
DATE: 5/1/2018

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<th>TRUSTEES</th>
<th>Yes/No</th>
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<tr>
<td>1 Trustee Darleen Cors</td>
<td>Yes</td>
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<td>Trustee Richard Eide</td>
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<td>2 Trustee Leo Montgomery (excused absence)</td>
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<td>4 Trustee Joseph Fogg</td>
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<td>Yes</td>
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Consent Agenda (Tab #1)
1- Cors
2- Eide

FGCU Audited Financial Statements for the Fiscal Year Ended June 30, 2017 (Tab #2)
1- Cors
2- Eide

State of Florida Compliance and Internal Controls over Financial Reporting and Federal Awards Audit (Tab #3)
1- Cors
2- Eide
Florida Gulf Coast University Board of Trustees
Audit and Compliance Committee
September 11, 2018

SUBJECT: 2017-2018 Internal Audit Annual Report

PROPOSED COMMITTEE ACTION

Approve the 2017-2018 Internal Audit Annual Report and recommend its final approval by the FGCU Board of Trustees.

BACKGROUND INFORMATION

To comply with Board of Governors Regulation 4.002 (State University System Chief Audit Executives), "each university shall have an office of chief audit executive as a point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency in the operations of the university." FGCU's chief audit executive is the Director of Internal Audit who shall prepare a report summarizing the activities of the office for the preceding fiscal year.

Upon approval by the Audit and Compliance Committee, a copy of this report will be forwarded to the FGCU Board of Trustees for its meeting immediately following this one for its consideration.

Supporting Documentation Included: 2017-2018 Internal Audit Annual Report

Prepared by: Director of Internal Audit William Foster

Legal Review: N/A

Submitted by: Director of Internal Audit William Foster
This annual report provides information on the benefits and effectiveness of the FGCU Office of Internal Audit (IA) during the 2017-2018 fiscal year. The primary objective of our office is to assist management at all levels of the University including members of the FGCU Board of Trustees in the effective discharge of their duties.
MESSAGE FROM THE DIRECTOR OF INTERNAL AUDIT

Thank you for allowing the Office of Internal Audit (IA) to provide you with information about our office’s activities during the year 2017-2018. Contained herein is information regarding our personnel, such as education and professional development, quality assurance and improvement program, audit engagements, and open items follow-up.

This was the fourth year the Board of Governors (BOG) required a Data Integrity Audit of the data submission processes that support the University’s Performance Funding Metrics. As we have done in the three (3) prior years, for an enhanced appearance of independence, we engaged the accounting firm of Mauldin and Jenkins to perform agreed upon procedures. Our office oversaw the engagement and participated to the extent that we were able to offer an unqualified opinion on the integrity of the data submission processes to the BOG.

Our team is committed to providing independent, objective assurance services. Within this report, we intend to demonstrate that the internal auditing function is operating as intended. Based on the program of work completed during the year, we have the following representations:

- All audits were performed in accordance with the Institute of Internal Auditors International Standards for the Professional Practice of Internal Auditing.
- The work plan and each individual audit were risk-driven.
- All significant observations were reported.
- We received cooperation from management and staff in performing our work.

I want to thank the President, Audit and Compliance Committee and the full Board of Trustees for their continued support. And to the staff of the Office of Internal Audit, I thank them for their work and dedication.

William D. Foster, MBA, CPA, CIA, CGAP, CFE, CRMA, CCSA
Director, Internal Audit

ABOUT OUR DEPARTMENT

Our Internal Audit Charter defines the purpose, authority, and responsibility of the internal audit activity. The Charter is consistent with the Definition of Internal Auditing, the Code of Ethics, and the Standards mandated by the International Professional Practices Framework (IPPF) of the Institute of Internal Auditors. We have updated the Charter according to the latest guidance from the Institute of Internal Auditors. An updated Charter was approved at the June 13, 2017 Board of Trustees meeting.

The Institute of Internal Auditors professional standards require that our Office possess the knowledge, skills, and other competencies needed to perform our responsibilities. Our staff has 58 years of cumulative
The auditors hold a total of 9 certifications, and two of our staff have an MBA degree. During 2017-2018, each staff member met the hours required by professional standards to improve internal auditing skills and knowledge of higher education issues through continuing professional education. Those auditors with certifications also met the continuing education requirements for each certification.

QUALITY ASSURANCE AND IMPROVEMENT PROGRAM

BOG Reg. 4.002(6)(e) and the Institute of Internal Auditors professional standards require our Office to maintain a quality assurance and improvement program in accordance with professional audit standards (Standards). The quality assurance and improvement program must include both internal and external assessments. Our office has established a Quality Assurance and Improvement Program (QAIP) Policy and conducts periodic QAIP meetings to ensure compliance with the Standards.

Internal Assessments

According to the Standards, internal assessments must include ongoing monitoring of the performance of the internal audit activity and periodic self-assessments. Internal Audit conducts a variety of internal assessments during the course of its routine audit processes. The Internal Audit Director provides supervision over IA staff during the course of audit work. After the completion of each audit, another Internal Audit staff member reviews the audit materials. In addition to our Operations Manual and Charter, guidelines have been established to provide a framework so that all necessary elements of the audit process are completed and documented.

At the conclusion of each audit, the Office of Internal Audit solicits feedback from each unit that was audited through a Post Audit Feedback Survey. The survey highlights areas that relate to pre-audit engagement activities, the audit process, the closing meeting and the reporting of observations. Internal Audit utilizes the feedback to help us continue to improve our processes. Additionally, we completed an Internal Assessment Evaluation Summary for the 2017-2018 year, with a rating of “Generally Conforms”.

External Assessments

External Assessments must be conducted at least once every five years. A Quality Assurance Review (QAR) was conducted during 2016-2017. The QAR was a self-assessment with independent validation done by Monica Moyer, Director of Internal Audit at Saint Leo University. Her professional activities include serving the Association of College and University Auditors (ACUA) as annual conference director for 2014-17, and as an international ambassador of the Institute of Internal Auditors (IIA).

We were assessed as a department that “generally conforms to the International Standards for the Professional Practice of Internal Auditing,” the highest rating available.

In order to maintain compliance with the Standards, our next external assessment will be conducted in 2021-2022.

INTERNAL AUDIT ACTIVITY

The Internal Audit work plan for 2017-2018 included five audits. Four of the five audits have been completed successfully, with the fifth being moved forward to the 2018-2019 audit plan. This was not
completed during the planned year due to additional investigations and adjustments to changing conditions related to risk that expanded audit scopes.

The scheduled audits and projects completed during 2017-2018 were:

- **Academic Camps and Conferences**: A limited-scope audit of academic camps, conferences and other enrichment programs. Florida Gulf Coast University (FGCU) regulations, policies, procedures, and guidelines govern the use of University facilities and revenue collection applicable to camps.

- **Performance Measures Data Integrity Audit**: The Florida Board of Governors required each Board of Trustees to direct its Internal Audit Director to perform, or cause to have performed by an independent firm, an audit of the processes that ensure data submission to the Florida Board of Governors, that support the performance funding metrics, are complete, accurate and timely.

- **International Services - Outgoing Students and Faculty**: A limited-scope audit of various types of student international travel offered to ensure the existence of and compliance with those policies, procedures and guidelines designed maintain the security of students and faculty during foreign travel. The audit included programs with international travel that were offered during the Spring, Summer and Fall 2017 semesters.

- **Florida Highway Safety and Motor Vehicles**: An audit of the adequacy of internal controls over personal data accessed and used by Florida Gulf Coast University’s (FGCU) departments of Undergraduate Admissions, Graduate Admissions and Registrar.

The Information Technology Security - Board of Governors Regulation 3.0075 will be moved forward to the 2018-2019 audit plan.

### 2017-2018 Actual Internal Audit Activity

Through June 30, 2018

- 66% Audits and Investigations
- 9% Management Assistance
- 8% Training
- 10% Board of Governors, SUAC Participation, Auditor General Assistance
- 5% Quality Assurance and Improvement Program
- 2% Administrative Tasks

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INTERNAL AUDIT ACTIVITY PLAN 2018-2019

The following plan will be presented for approval at the September 2018 Board of Trustees Meeting. Objectives may be adjusted as we obtain additional information and/or conditions change relative to risk.

Performance Measures Data Integrity Audit

Determine whether there are effective internal controls, processes, and procedures to ensure the completeness, accuracy, and timeliness of data submissions to the BOG, which support performance measures funding.

Audit testing will be outsourced. Review and assistance will be provided by Internal Audit staff.

Degree Works

Determine whether the capabilities and limitations have been identified.

Determine whether all appropriate capabilities are utilized.

Determine whether any additional data needed to support tracking student progress for timely graduation has been identified and addressed.

Determine whether there is sufficient training to new and existing users.

Vester Field Station

Determine whether there are sufficient internal controls in place for identified Vester activities.

Determine whether revenues are properly assessed, collected and deposited in the correct accounts.

Determine whether expenditures are appropriate, properly authorized, and are in compliance with applicable guidelines.

Information Technology Security- Board of Governors Regulation 3.0075

Determine whether FGCU has appointed an Information Security Manager (ISM) and whether that is reflected in the employee’s position description.

Determine whether the University has developed and annually reviews and updates an information security plan.

Determine whether the information security risk management program includes risk/self-assessment components.

Determine whether documented procedures for reporting and handling security violations and the consequences for violating security policies and procedures exist.

Determine whether processes for verifying adherence to the information security plan policies and procedures are in operation.

AUDIT FOLLOW-UP
As required by the Institute of Internal Auditors Standards, and BOG Reg. 4.002(6)(c), the chief audit executive must establish and maintain a system to monitor the disposition of results communicated to management. Additionally, the chief audit executive must establish a follow-up process to monitor and ensure that management actions have been effectively implemented or that senior management has accepted the risk of not taking action.

As a part of the audit process, management issues a response to each audit recommendation. Internal Audit requests that the management response include any proposed actions, a responsible party and the proposed implementation date. After the implementation date has passed, we ask management to provide an update of their progress. Follow-up inquiries are not made for reviews and audits with no observations.

The Office of Internal Audit has taken steps to implement the recommendations stated in the Internal Audit Quality Assurance Review. The recommendations included reviewing and updating internal policies and procedures, enhancing the risk assessment process, and enhancing communications with FGCU Senior Management.

Management responsible for the Athletic Camps Audit have taken steps to implement the recommendations stated in the 2106-2017 audit report. Recommendations included enhancing the approval and documentation process, updating leave policies and controls over institutional camp revenue collection.

Follow-up was not conducted for the Accident Procedures Audit, which had two items for management consideration, and no formal recommendations.

The follow up process for the audits in the 2017-2018 year will be reported in the 2018-2019 Annual Report once the departments have had the opportunity to implement the recommendations in their respective audit reports.

**PROFESSIONAL ACTIVITIES**

The Institute of Internal Auditors professional standards require that our Office possess the knowledge, skills, and other competencies needed to perform our responsibilities. Members of our Office hold memberships in the following professional organizations to increase our knowledge to better serve FGCU and to pass our knowledge to others:

- Institute of Internal Auditors (IIA)
- Association of College and University Auditors (ACUA)
- Information Systems Audit and Control Association (ISACA)
- Association of Certified Fraud Examiners (ACFE)
- American Institute of Certified Public Accountants (AICPA)
- Florida Institute of Certified Public Accountants (FICPA)
- State University Audit Council (SUAC)

During 2017-2018, two (2) members of our office served as Treasurer and President of the Southwest Florida Chapter #226 of the IIA. During 2017-2018, each staff member met the required hours improving their internal auditing skills and knowledge of higher education issues through CPE.

**MANDATORY DISCLOSURES**
Institute of Internal Auditors standards and BOG Reg. 4.002(5) require that Internal Audit regularly disclose the following information about its activities to the FGCU Board of Trustees and Senior Management.

**Organizational Independence**
The Office of Internal Audit (IA) confirms to the Board, at least annually, its organizational independence. IA reports administratively to the President and functionally to the Chair of the Audit and Compliance Committee of the FGCU Board of Trustees. Reporting to the Board helps promote the independence necessary for IA to perform its organizational function.

**Impairments to Independence or Objectivity**
If independence or objectivity is impaired in fact or appearance, the details of the impairment must be disclosed. IA had no impairments to independence or objectivity for any engagements performed during the 2017-2018 fiscal year.

**Disclosure of Nonconformance**
Occasionally circumstances require the completion of projects or engagements in a manner that is not consistent with Institute of Internal Audit standards. When this occurs, IA must disclose the nonconformance and its impact to Senior Management and the Board. During the 2017-2018 fiscal year, there were no such instances.

**Resolution of Management’s Acceptance of Risks**
Each audit engagement can potentially produce items that may pose risks to university operations. Some items will require management’s attention while others may be situations in which management decides to accept the risk associated with continuing the current practice. This is normal and is often due to cost/benefit constraints. IA is required to disclose to Senior Management and the Board any situations in which it is believed University personnel have accepted a level of residual risk that may not adequately reduce or mitigate the risk of loss. There were no such instances during the 2017-2018 fiscal year.
SUBJECT: 2018-2019 Internal Audit Work Plan

PROPOSED COMMITTEE ACTION

Approve the 2018-2019 Internal Audit Work Plan and recommend its final approval by the FGCU Board of Trustees.

BACKGROUND INFORMATION

To comply with Board of Governors Regulation 4.002 (State University System Chief Audit Executives), "each university shall have an office of chief audit executive as a point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency in the operations of the university." FGCU's chief audit executive is the Director of Internal Audit who must develop, at least annually, audit plans that are communicated to the President and submitted to the FGCU Board of Trustees for approval.

Upon approval by the Audit and Compliance Committee, a copy of this plan will be forwarded to the FGCU Board of Trustees for its meeting immediately following this one for its consideration.

Supporting Documentation Included: 2018-2019 Internal Audit Work Plan

Prepared by: Director of Internal Audit William Foster

Legal Review: N/A

Submitted by: Director of Internal Audit William Foster
Florida Gulf Coast University  
Office of Internal Audit  
DRAFT 2018-2019 Audit Work Plan

**AUDITS**

Objectives may be adjusted as we obtain additional information and/or conditions change relative to risk.  
Project objectives appear under audit name.

**Performance Measures Data Integrity Audit**  
Determine whether there are effective internal controls, processes, and procedures to ensure the completeness, accuracy, and timeliness of data submissions to the BOG, which support performance measures funding.  
Audit testing will be outsourced. Review and assistance will be provided by Internal Audit staff.

**Degree Works**  
Determine whether the capabilities and limitations have been identified.  
Determine whether all appropriate capabilities are utilized.  
Determine whether any additional data needed to support tracking student progress for timely graduation has been identified and addressed.  
Determine whether there is sufficient training to new and existing users.

**Vester Field Station**  
Determine whether there are sufficient internal controls in place for identified Vester activities.  
Determine whether revenues are properly assessed, collected and deposited in the correct accounts.  
Determine whether expenditures are appropriate, properly authorized, and are in compliance with applicable guidelines.

**Information Technology Security - Board of Governors Regulation 3.0075**  
Determine whether FGCU has appointed an Information Security Manager (ISM) and whether that is reflected in the employee's position description.  
Determine whether the University has developed and annually reviews and updates an information security plan.  
Determine whether the information security risk management program includes risk/self assessment components.  
Determine whether documented procedures for reporting and handling security violations and the consequences for violating security policies and procedures exist.  
Determine whether processes for verifying adherence to the information security plan policies and procedures are in operation.

**OTHER ON-GOING ACTIVITIES**

Management Assistance, investigations, and special projects as requested.  
Follow-up of management's actions in response to audit recommendations.  
Responses to requests for information from external auditors.

Prepared by William Foster, Director of Internal Audit 08/09/18  
Recommended for Approval by President Mike Martin, 08/09/18
ITEM: __4__

Florida Gulf Coast University Board of Trustees
Audit and Compliance Committee
September 11, 2018

SUBJECT: Academic Camps and Conferences Audit

PROPOSED COMMITTEE ACTION

Accept the Academic Camps and Conferences Audit Report dated August 13, 2018 and recommend its acceptance by the FGCU Board of Trustees.

BACKGROUND INFORMATION

This report presents a limited scope audit of academic camps, conferences or similar programs conducted during the Fall 2016, Spring 2017 and Summer 2017 semesters. The Office of Campus Conference Programs has procedures and processes in place to comply with requirements for camp operations. However, management in Campus Conference Programs has begun implementing additional procedures to ensure the consistency and effectiveness of camps and conferences operations.

Upon approval by the Audit and Compliance Committee, a copy of this report will be forwarded to the FGCU Board of Trustees for its meeting immediately following this one for its consideration.

Supporting Documentation Included: Academic Camps and Conferences Audit Report issued August 13, 2018

Prepared by: Director of Internal Audit William Foster

Legal Review: Vice President and General Counsel Vee Leonard (August 17, 2018)

Submitted by: Director of Internal Audit William Foster
INTEROFFICE MEMORANDUM

To: Steve Magiera, Vice President, Administrative Services and Finance
   Eric Balmer, Director of Campus Reservations and Records Management
Cc: Dr. Michael Martin, President
    Susan Evans, Vice President & Chief of Staff

From: Jena Valerioti, Internal Auditor
       William D. Foster, Director, Internal Audit

Date: August 17, 2018

Re: Academic Camps and Conferences Audit (FINAL REPORT)

Please see the attached final report of the Academic Camps and Conferences Audit, which includes the management response. The report is dated August 13, 2018 which is the date Internal Audit received the management response from the Director of Campus Reservations and Records Management.

On August 16, 2018, Vee Leonard, General Counsel, completed a legal review of the audit report.

The audit was performed by Jena Valerioti, Internal Auditor and reviewed by Carol Slade, Senior Auditor and William D. Foster, Director, Internal Audit.
Florida Gulf Coast University

Academic Camps and Conferences

Internal Audit Report

Report Date: August 13, 2018
CONCLUSION
The Audit Committee and University management should consider and address the
weaknesses identified in this report. They should implement recommendations to
improve controls and procedures over camps, conferences, and other enrichment
programs at Florida Gulf Coast University. This report concludes.

ACADEMIC CAMPS AND CONFERENCES AUDIT

EXECUTIVE SUMMARY
This Report represents a limited-scope audit of academic camps, conferences and other
enrichment programs. Florida Gulf Coast University (“FGCU” or “University”) regulations,
policies, procedures, and guidelines govern the use of University facilities and revenue collection
applicable to camps.

In our opinion, Campus Conference Programs (“CCP”) has procedures and processes in place to
comply with the requirements necessary for camp operations. Notwithstanding, CCP, and other
applicable departments should strengthen the procedural controls over camps, conferences, and
other enrichment programs by addressing the weaknesses identified in this report.

This audit was conducted in accordance with the International Standards for the Professional
Practice of Internal Auditing, issued by the Institute of Internal Auditors. The audit
procedures provided a reasonable basis for our opinion and the following reportable
observations and recommendations.

OBJECTIVES
A. Determine whether FGCU academic camps, conferences, or similar programs were
conducted in compliance with applicable state statutes, university policies and
procedures, and other applicable guidelines.

B. Determine whether additional guidelines, policies, or procedures are needed to provide
the necessary control policies to govern these activities.

C. Determine whether appropriate fees and revenues are collected in accordance with
university procedures and guidelines, and sound business practices.

AUDIT SCOPE – End of Fieldwork was June 14, 2018.
- Review of Florida Gulf Coast University Regulation FGCU-PR9.001, Use of
  University Facilities
- Review of Florida Gulf Coast University Policy 3.026, Use of University
  Facilities
- Review of Section 7: Office of Controller Cash Collection Procedures
- Review of the Florida Department of Children and Families guidelines for
  background screenings.

BACKGROUND
Conducting a camp, conference, or other enrichment program is at the discretion of a University
department or college. For this audit, we reviewed a mix of camps, conferences, and other
enrichment programs that were operated during Fall 2016, Spring 2017 and Summer 2017
semesters. During this time, we found record of 143 camps, conferences or other enrichment programs conducted. These 143 events were compiled and cross referenced from lists provided by Campus Conference Programs ("CCP"), Student Affairs, Environmental Health and Safety and Colleges within Academic Affairs. We conducted a risk based analysis to select 20 events for review.

Each camp has the option to offer a variety of amenities as part of their camp program such as, meals, on campus housing, and/or recreational use of the Aquatics Center. Camps that utilize these other FGCU services work with CCP to contract for use of the facilities and payment arrangements. Campus Reservations schedules space and advises regarding applicable University policies and procedures.

The majority of the events selected for review utilized services from CCP or reserved space through Campus Reservations; however, not all University camps, conferences or other enrichment programs are required or need to be processed through CCP or Campus Reservations. For example, off campus events or those not requiring services or conference room space need not contact CCP for their event.

*Management Response Summary:* The Campus Conference Programs department is coordinating a working group (consisting of a representative from the General Counsel’s office, Human Resources office, Environmental Health and Safety office, and the Finance and Accounting office) to establish specific camp packages that each camp administrator will be responsible for completing. A training program will be run in the Fall 2018 semester to formally educate the FGCU camp administrators to the appropriate procedures and paperwork.

These packages will outline: 1) General Counsel approved waivers for campers, adults, and personnel involved in the camp program; 2) Appropriate procedures for DCF state required background checks through the office of Human Resources; 3) Mandatory and optional insurance requirements for all camps from the department of Environmental Health and Safety; and 4) Appropriate cash collection procedures for all camps from the Finance and Accounting department. A Campus Conference Program employee will be responsible for ensuring all camp administrators have the appropriate required waivers, insurance, and background checks completed before a camp participant or personnel can partake in the program. Each respective vice president should inform his/her division of the camp requirements and that the Campus Conference Programs department is designated to coordinate and ensure that all camp requirements (background screenings, University waivers, insurance, and appropriate fee collection procedures) are completed. Campus Conference Programs will maintain, update, and post on its’ website all information regarding camps and all required documents for each specific camp.
OBSERVATIONS AND RECOMMENDATIONS

Objective A

1. DCF Background Screenings

Condition: One of eight camps that were required to receive background screenings per the Florida Department of Children and Families (“DCF”) guidelines was not screened. Additionally, a separate camp had one employee who worked the camp but was not screened. There were also 30 individuals across five camps screened outside the allowed 60 days prior to the start of camp.

Criteria: DCF requires that "all summer camp personnel must be screened, which includes; owners, operators, employees and volunteers that provide care for children." DCF also requires that "all summer camp personnel must be screened no more than 60 days before they begin employment and must be rescreened annually, unless they continually work in a profession caring for vulnerable populations and are not unemployed for more than a 90 day period, and the Level 2 screening was completed within the last 5 years." These Level 2 Background Screenings are processed through the Care Provider Background Screening Clearinghouse (“Clearinghouse”) administered by the Florida Agency for Health Care Administration. This Clearinghouse is a single data source for background screening results that include both state and nationwide criminal history checks.

Cause: The DCF screening process for camps is new to the University; moreover, there was a change in responsible Human Resources personnel. This audit observation is the result of faulty communication during a transition process that occurred after an employee separated from the University.

Effect: These camps were not in compliance with DCF background screening requirements specified in Florida Statutes and could expose the University to unnecessary risks.

Recommendation: It is recommended that screenings in accordance with DCF requirements begin immediately. Human Resources should work with the Office of the General Counsel to address concerns or questions when interpreting DCF requirements.

The DCF background screening process would benefit from enhanced communication between Campus Conference Programs and Human Resources of events that may require DCF background screenings. Human Resources should then certify to CCP that all camps have been appropriately screened. Complete background screenings for applicable events should be a requirement to utilize space at the university.

Management Response: Currently, a list of all FGCU summer camps that are coordinated through Campus Conference Programs is sent to Human Resources at least 60 days prior to the camp start date(s). Campus Conference Programs and Human Resources enacted this practice for camps that took place during the Summer of 2018, and the process went well.
Conference Programs and Human Resources will continue this practice for future summer camps to ensure that all of the appropriate background screening information is followed. DCF background screening information will also be placed on the Campus Conference Programs website to ensure that camp administrators have the necessary information and requirements available to them. This information will be given to camp administrators by Campus Conference Programs in a variety of ways, including: 1) formalized annual training program beginning in the Fall 2018 semester; 2) e-mailing the camp administrators the required background check process well in advance of their camp date; 3) each camp administrator receives a facilitator checklist that includes the appropriate background screening information; and, 4) This information is also reviewed at the required 30 day meeting with each camp administrator.

Response Provided By: Eric Balmer, Director of Campus Reservations and Records Management

Person Responsible: Eric Balmer, Director of Campus Reservations and Records Management and Teri Bigos, Manager, Campus Conference Programs and Records Management

Implementation Date: November 1, 2018

2. Approved Waivers

Condition: Five of the 12 camps that required a waiver(s) or participants’ signatures, did not use a General Counsel approved waiver or verbiage, such as releasing the university from liability during camp participation or consent for the receipt of medical assistance, if needed.

Criteria: The FGCU Facility Use Agreement (“FUA”) section “Release of University” and the Memorandum of Understanding (“MOU”) states in part, all groups “will be required to obtain a signed informed consent waiver for each participant prior to the event. FGCU groups must use an approved waiver form which may be found at the Office of the General Counsel website.” The intent is that all camps are required to collect signed waivers from all participants.

Cause: A variety of waivers have been created and posted to the Office of the General Counsel’s Website to satisfy the needs of the growing number of camps and groups that operate across campus. These waivers are not being utilized by camp administrators. Camp administrators may be unaware of the General Counsel approved waivers or they created their own if the event requires specific verbiage.

Effect: The University may not be adequately protected.

Recommendation: All camps should be utilizing a General Counsel approved waiver, when necessary. Campus Conference Programs (“CCP”) should work with the Office of the General Counsel to better understand the waiver requirements so that they can educate the camp administrators about the appropriate use of waivers. It is also recommended that specific camp and other enrichment program waiver criteria should be presented on the CCP webpage, or other centralized location, to inform camp administrators of the waiver criteria and enhance controls to ensure the appropriate use of the approved waivers.
Management Response: Campus Conference Programs is coordinating a working group (consisting of a representative from the General Counsel’s office, Human Resources office, Environmental Health and Safety office, and the Finance and Accounting office) to establish specific camp packages that each camp administrator will be responsible for completing. An annual training program will begin in late Fall 2018 to educate the camp administrators to the appropriate procedures and paperwork. Moving forward, each FGCU camp administrator will be advised by Campus Conference Programs as to which waiver should be utilized for their camp. Campus Conference Programs will work with the General Counsel’s office regarding questions as to which specific waiver should be utilized for an individual camp. Each of these waivers and their criteria will be added to the Campus Conference Programs website to ensure that camp administrators have the necessary information available to them. The information will also be reviewed with each individual camp administrator several times throughout the camp planning process.

Response Provided By: Eric Balmer, Director of Campus Reservations and Records Management

Person Responsible: Eric Balmer, Director of Campus Reservations and Records Management and Teri Bigos, Manager, Campus Conference Programs and Records Management

Implementation Date: November 1, 2018

Objective B

3. Identifying Unknown Camps

Condition: Campus Conference Programs (“CCP”) and Campus Reservations provide a centralized contact for camp requirements; however, not all camps are required to be processed through these departments. Camps and events that occur off-site, or departments with their own designated lab space, may not require services or reservations from CCP.

Criteria: All University faculty and staff should be aware of, and have access to, the requirements for operating a camp.

Cause: As the University has grown, processes for envisioned camps were put in place, but not updated for new and different types of camps.

Effect: The existing procedures and controls have no effect on camps that are not processed through Campus Conference Programs or Campus Reservations and could expose the University to unnecessary risks.

Recommendation: It is recommended that camp requirements (i.e. background screenings, university waivers, insurance, and appropriate fee collection procedures) be communicated to the University’s faculty and staff by a method deemed most effective by the Vice President for Administrative Services and Finance designee. This written communication should encompass processes and guidelines for both academic and athletic based camps.

Management Response: Each respective vice president should inform his/her division of the
appropriate camp requirements and that the Campus Conference Programs department is designated to coordinate and ensure that all camp requirements (background screenings, University waivers, insurance, and appropriate fee collection procedures) are completed. This information will also be posted on the Campus Conference Programs website and reviewed several times throughout the camp planning process.

Response Provided By: Eric Balmer, Director of Campus Reservations and Records Management

Person Responsible: Eric Balmer, Director of Campus Reservations and Records Management and Teri Bigos, Manager, Campus Conference Programs and Records Management

Implementation Date: November 1, 2018

4. Camper’s Insurance: Accident and Medical

Condition: Environmental Health and Safety ("EHS") is not notified of the existence of camps unless the camp itself comes to them requesting camper’s insurance. EHS is unable to determine if an event needs insurance.

Criteria: When inquiring of EHS as to whether the events in our sample should have camper’s insurance, there were a variety of factors and information to consider. EHS should be given the opportunity to review such necessary information from the camp operator prior to the start of the event.

Cause: Not all camps require camper’s insurance; therefore, the responsibility of obtaining camper’s insurance was left to the individual camp administrators.

Effect: The camps may not have appropriate insurance coverage for individual campers.

Recommendation: Camp administration would benefit from an enhanced process to include communication between Campus Conference Programs ("CCP") and EHS to provide information regarding camps that may require camper’s insurance. EHS should then certify to CCP that all camps have appropriate insurance coverage. Adequate coverage for applicable camps and campers should be a requirement to utilize space at the University. Enhanced communication will allow EHS to be informed of the camps each year so that they are able to make a determination as to which camps should obtain camper’s insurance. This should reduce potential liability to the University.

It is also recommended that specific camper’s insurance criteria should be presented on the CCP webpage, or other centralized location, to inform camp administrators of the requirements and processes for obtaining camper’s insurance.

Management Response: Campus Conference Programs currently receives a certificate of liability insurance for all camps that are managed by outside organizations which follows the University requirements as noted in the Use of University Facilities regulation and policy. To enhance communication as suggested in the recommendation, Campus Conference Programs will send a list of all summer camps (both internal and external) that are coordinated by Campus Conference
Programs to Environmental Health and Safety 60 days prior to the camp start date(s). The University will mandate a minimum camper’s insurance package for each FGCU camp. An optional additional insurance coverage will also be available for purchase. Camps managed by outside organizations will continue to be required to meet the University’s designated insurance requirements through their company’s insurance. This information will also be posted on the Campus Conference Programs webpage and reviewed several times with the FGCU camp administrator throughout the camp planning process.

Response Provided By: Eric Balmer, Director of Campus Reservations and Records Management

Person Responsible: Eric Balmer, Director of Campus Reservations and Records Management and Teri Bigos, Manager, Campus Conference Programs and Records Management

Implementation Date: November 1, 2018

Objective C

5. Cash Collection Procedures

Condition: Five of 12 camps were not following applicable cash collection procedures, such as using an endorsement stamp, safeguarding funds and utilizing receipting books. One of those five camps collected a deposit from each participant and held the funds in lieu of remitting to the Cashier’s Office. This process was not approved by the Bursar’s Office.

Criteria: Section 7 of the FGCU Cash Collection Procedures Manual states, “for collections received in person, it is expected that proper receipting devices, such as a pre-numbered internal cash receipt at the initial point of collection, be provided and that all customers receive a temporary receipt. For collections received through the mail, the person opening the mail should immediately log the check on the cash/check log and restrictively endorse the check at the earliest point in collections.” The manual also states, “it is the personal responsibility of the Cash Custodian to maintain the cash in a secure location.”

Cause: The individuals operating these camps failed to follow FGCU Cash Collection Procedures.

Effect: These camps are not in compliance with University cash collection procedures that have been established by the FGCU Controller’s Office and, in particular, by the Bursar’s Office.

Recommendation: Camp administrators are required to review and follow cash collection procedures. They should also request additional training from the Bursar’s Office, as needed.

It is recommended that Campus Conference Programs (CCP) work with the Bursar’s Office to provide additional information on the CCP webpage to inform camp administrators of their responsibilities related to cash collection procedures. This information would provide a clearer outline of cash collection criteria and processes for collection of funds when operating a camp.

Management Response: Campus Conference Programs will include the Cash Collection
Procedures manual on the Campus Conference Programs webpage. The information will also be reviewed with each individual camp administrator whose camp is coordinated by Campus Conference Programs several times throughout the camp planning process. Campus Conference Programs will also direct camp administrators to Finance and Accounting for the appropriate training if there are any questions on appropriate cash handling procedures.

Response Provided By: Eric Balmer, Director of Campus Reservations and Records Management

Person Responsible: Eric Balmer, Director of Campus Reservations and Records Management and Teri Bigos, Manager, Campus Conference Programs and Records Management

Implementation Date: November 1, 2018

Audit Performed by: Jena Valerioti, Internal Auditor
Audit Reviewed by: Carol Slade, Senior Auditor and William Foster, Director, Internal Audit
ITEM: 5

Florida Gulf Coast University Board of Trustees
Audit and Compliance Committee
September 11, 2018

SUBJECT: Administration of Florida Bright Futures Scholarship Program by Florida’s Public Universities and Colleges Audit

PROPOSED COMMITTEE ACTION

Accept the Administration of the Florida Bright Futures Scholarship Program by Florida’s Public Universities and Colleges Audit for the Fiscal Years Ended June 30, 2016 and 2017, and recommend its acceptance by the FGCU Board of Trustees.

BACKGROUND INFORMATION

Pursuant to 1009.53(5)(c) Florida Statutes, the Auditor General is responsible to conduct an audit of the administration of the Florida Bright Futures Scholarship Program by Florida’s public universities and colleges.

The Florida Legislature established the Florida Bright Futures Scholarship Program to provide lottery-funded scholarships to Florida high school graduates based on academic achievement, and who enroll in a degree, certificate or applied technology program within three years of high school graduation. The program is the umbrella program for state-funded scholarships based on academic achievements of high school students. The Program consists of three types of awards: the Florida Academic Scholarship, the Florida Medallion Scholarship and the Florida Gold Seal Vocational Scholarship.

The Administration of the Florida Bright Futures Scholarship Program by Florida’s Public Universities and Colleges Operational Audit Report (No.2018-212) for the fiscal years ended June 30, 2016 and 2017 can be found at https://flauditor.gov/pages/pdf_files/2018-212.pdf. The information pertaining to Florida Gulf Coast University can be found on pages 7 and 8.

Upon acceptance by the Audit and Compliance Committee, a copy of the report will be forwarded to the FGCU Board of Trustees for its meeting immediately following this one for its consideration.
Supporting Documentation Included: Exhibit A excerpted from the Administration of the Florida Bright Futures Scholarship Program by Florida's Public Universities and Colleges Operational Audit Report No. 2018-212

Prepared by: Director of Internal Audit William Foster

Legal Review: N/A

Submitted by: Director of Internal Audit William Foster
## SUMMARY OF FLORIDA BRIGHT FUTURES SCHOLARSHIP PROGRAM
### ADVANCES AND DISBURSEMENTS BY PUBLIC UNIVERSITY AND COLLEGE

#### FOR THE FISCAL YEAR ENDED JUNE 30, 2016

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<td>23</td>
<td>Santa Fe College</td>
<td>36,158,776</td>
<td>35,444,640</td>
<td>1,661,304</td>
<td>36,105,944</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Seminole State College of Florida</td>
<td>12,302,729</td>
<td>11,689,494</td>
<td>608,658</td>
<td>12,289,152</td>
<td>4,577</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>South Florida State College</td>
<td>12,302,729</td>
<td>11,689,494</td>
<td>608,658</td>
<td>12,289,152</td>
<td>4,577</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>State College of Florida</td>
<td>12,302,729</td>
<td>11,689,494</td>
<td>608,658</td>
<td>12,289,152</td>
<td>4,577</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Tallahassee Community College</td>
<td>12,302,729</td>
<td>11,689,494</td>
<td>608,658</td>
<td>12,289,152</td>
<td>4,577</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Valencia College</td>
<td>12,302,729</td>
<td>11,689,494</td>
<td>608,658</td>
<td>12,289,152</td>
<td>4,577</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Total Public Colleges</td>
<td>209,114,015</td>
<td>201,225,775</td>
<td>7,910,514</td>
<td>209,136,289</td>
<td>8,726</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a Amounts reported by institutions as of December 31, 2016.
b Amount subsequently refunded to the FDOE for student withdrawals and accounting record adjustments.
c Amount represents accounting record adjustments.
## SUMMARY OF FLORIDA BRIGHT FUTURES SCHOLARSHIP PROGRAM

ADVANCES AND DISBURSEMENTS BY PUBLIC UNIVERSITY AND COLLEGE

**FOR THE FISCAL YEAR ENDED JUNE 30, 2017**

<table>
<thead>
<tr>
<th>No.</th>
<th>Institution</th>
<th>Advances a From FDOE</th>
<th>Awards to Students</th>
<th>Refunds to FDOE</th>
<th>Total Disbursements</th>
<th>Disbursements Under Advances</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Florida Agricultural and Mechanical University</td>
<td>$1,193,033</td>
<td>$1,071,008</td>
<td>$122,025</td>
<td>$1,193,033</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Florida Atlantic University</td>
<td>5,839,511</td>
<td>5,497,568</td>
<td>341,943</td>
<td>5,839,511</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Florida Gulf Coast University</td>
<td>4,815,891</td>
<td>4,462,332</td>
<td>353,559</td>
<td>4,815,891</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Florida International University</td>
<td>10,149,815</td>
<td>9,410,493</td>
<td>742,043</td>
<td>10,152,536</td>
<td>(2,721) b</td>
</tr>
<tr>
<td>5</td>
<td>Florida Polytechnic University</td>
<td>1,154,493</td>
<td>1,156,347</td>
<td>-</td>
<td>1,156,347</td>
<td>(1,854) b</td>
</tr>
<tr>
<td>6</td>
<td>Florida State University</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>New College of Florida</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>University of Central Florida</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>University of Florida</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>University of North Florida</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>University of South Florida</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>University of West Florida</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 12 Total Public Universities

<table>
<thead>
<tr>
<th>Advances a From FDOE</th>
<th>Awards to Students</th>
<th>Refunds to FDOE</th>
<th>Total Disbursements</th>
<th>Disbursements Under Advances</th>
</tr>
</thead>
<tbody>
<tr>
<td>176,609,923</td>
<td>171,832,553</td>
<td>4,785,751</td>
<td>176,618,304</td>
<td>(8,831)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Institution</th>
<th>Advances a From FDOE</th>
<th>Awards to Students</th>
<th>Refunds to FDOE</th>
<th>Total Disbursements</th>
<th>Disbursements Under Advances</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Broward College</td>
<td>583,233</td>
<td>501,458</td>
<td>81,775</td>
<td>583,233</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Chipola College</td>
<td>235,601</td>
<td>220,319</td>
<td>15,282</td>
<td>235,601</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>College of Central Florida</td>
<td>366,748</td>
<td>335,552</td>
<td>31,196</td>
<td>366,748</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Daytona State College</td>
<td>424,184</td>
<td>362,232</td>
<td>61,952</td>
<td>424,184</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Eastern Florida State College</td>
<td>587,757</td>
<td>585,825</td>
<td>1,932</td>
<td>587,757</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>Florida Gateway College</td>
<td>187,119</td>
<td>184,480</td>
<td>2,639</td>
<td>187,119</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Florida Keys Community College</td>
<td>15,617</td>
<td>10,767</td>
<td>4,850</td>
<td>15,617</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>Florida SouthWestern State College</td>
<td>343,718</td>
<td>288,206</td>
<td>55,512</td>
<td>343,718</td>
<td>-</td>
</tr>
<tr>
<td>9</td>
<td>Florida State College at Jacksonville</td>
<td>521,338</td>
<td>449,940</td>
<td>71,398</td>
<td>521,338</td>
<td>-</td>
</tr>
<tr>
<td>10</td>
<td>Gulf Coast State College</td>
<td>310,731</td>
<td>265,133</td>
<td>45,598</td>
<td>310,731</td>
<td>-</td>
</tr>
<tr>
<td>11</td>
<td>Hillsborough Community College</td>
<td>497,064</td>
<td>432,513</td>
<td>64,551</td>
<td>497,064</td>
<td>-</td>
</tr>
<tr>
<td>12</td>
<td>Indian River State College</td>
<td>465,889</td>
<td>377,146</td>
<td>88,743</td>
<td>465,889</td>
<td>-</td>
</tr>
<tr>
<td>13</td>
<td>Lake-Sumter State College</td>
<td>246,138</td>
<td>215,733</td>
<td>30,405</td>
<td>246,138</td>
<td>-</td>
</tr>
<tr>
<td>14</td>
<td>Miami Dade College</td>
<td>883,112</td>
<td>814,486</td>
<td>68,626</td>
<td>883,112</td>
<td>-</td>
</tr>
<tr>
<td>15</td>
<td>North Florida Community College</td>
<td>43,175</td>
<td>36,141</td>
<td>7,034</td>
<td>43,175</td>
<td>-</td>
</tr>
<tr>
<td>16</td>
<td>Northwest Florida State College</td>
<td>223,883</td>
<td>216,430</td>
<td>7,453</td>
<td>223,883</td>
<td>-</td>
</tr>
<tr>
<td>17</td>
<td>Palm Beach State College</td>
<td>490,347</td>
<td>459,143</td>
<td>31,204</td>
<td>490,347</td>
<td>-</td>
</tr>
<tr>
<td>18</td>
<td>Pasco-Hernando State College</td>
<td>366,439</td>
<td>326,782</td>
<td>39,657</td>
<td>366,439</td>
<td>-</td>
</tr>
<tr>
<td>19</td>
<td>Pensacola State College</td>
<td>239,366</td>
<td>230,771</td>
<td>8,595</td>
<td>239,366</td>
<td>-</td>
</tr>
<tr>
<td>20</td>
<td>Polk State College</td>
<td>304,010</td>
<td>247,253</td>
<td>56,757</td>
<td>304,010</td>
<td>-</td>
</tr>
<tr>
<td>21</td>
<td>St. Johns River State College</td>
<td>306,847</td>
<td>276,979</td>
<td>29,868</td>
<td>306,847</td>
<td>-</td>
</tr>
<tr>
<td>22</td>
<td>St. Petersburg College</td>
<td>635,759</td>
<td>535,463</td>
<td>100,296</td>
<td>635,759</td>
<td>-</td>
</tr>
<tr>
<td>23</td>
<td>Santa Fe College</td>
<td>1,050,223</td>
<td>992,861</td>
<td>57,362</td>
<td>1,050,223</td>
<td>-</td>
</tr>
<tr>
<td>24</td>
<td>Seminole State College of Florida</td>
<td>490,853</td>
<td>460,024</td>
<td>30,829</td>
<td>490,853</td>
<td>-</td>
</tr>
<tr>
<td>25</td>
<td>South Florida State College</td>
<td>92,424</td>
<td>71,846</td>
<td>20,578</td>
<td>92,424</td>
<td>-</td>
</tr>
<tr>
<td>26</td>
<td>State College of Florida, Manatee-Sarasota</td>
<td>332,946</td>
<td>261,173</td>
<td>71,773</td>
<td>332,946</td>
<td>-</td>
</tr>
<tr>
<td>27</td>
<td>Tallahassee Community College</td>
<td>545,202</td>
<td>435,943</td>
<td>109,259</td>
<td>545,202</td>
<td>-</td>
</tr>
<tr>
<td>28</td>
<td>Valencia College</td>
<td>856,336</td>
<td>767,658</td>
<td>88,678</td>
<td>856,336</td>
<td>-</td>
</tr>
</tbody>
</table>

### 28 Total Public Colleges

<table>
<thead>
<tr>
<th>Advances a From FDOE</th>
<th>Awards to Students</th>
<th>Refunds to FDOE</th>
<th>Total Disbursements</th>
<th>Disbursements Under Advances</th>
</tr>
</thead>
<tbody>
<tr>
<td>11,646,059</td>
<td>10,362,268</td>
<td>1,283,791</td>
<td>11,646,059</td>
<td>-</td>
</tr>
</tbody>
</table>

### 40 Total

| $188,255,982 | $182,194,821 | $6,069,542 | $188,264,363 | $ (8,381) |

---

a Amounts reported by institutions as of December 31, 2017.
b Represents amount the FDOE owed the University due to a student appeal or due to additional disbursements.
c Amount subsequently refunded to the FDOE for student withdrawals.
d Amount represents accounting record adjustment.
ITEM: 6

Florida Gulf Coast University Board of Trustees
Audit and Compliance Committee
September 11, 2018

SUBJECT: FGCU Board of Trustees Audit and Compliance Committee Charter

PROPOSED COMMITTEE ACTION

Information only for Committee discussion

BACKGROUND INFORMATION

This Charter identifies the authority under which the Audit and Compliance Committee (Committee) of the Florida Gulf Coast University (FGCU) Board of Trustees operates, as well as the composition, meeting protocol, and responsibilities of the Committee.

Board of Governors Regulations 4.002 (State University System Chief Audit Executives) and 4.003 (State University Compliance and Ethics Programs) require each board of trustees to establish a committee responsible for the governance oversight of the internal and external audit functions, as well as the compliance and ethics program. By BOG Regulation, the committee will be referred to as the Audit and Compliance committee and have a charter approved by the FGCU Board of Trustees.

The Committee will discuss the proposed Charter, and at its next Committee meeting take action on a final Charter for recommended approval by the FGCU Board of Trustees.

Supporting Documentation Included: Redlined FGCU Audit and Compliance Committee Charter

Prepared by: Director of Equity, Ethics and Compliance, and Title IX Coordinator Precious Gunter, and Director of Internal Audit William Foster
Legal Review: Vice President and General Counsel Vee Leonard (August 16, 2018)

Submitted by: Director of Equity, Ethics and Compliance, and Title IX Coordinator Precious Gunter, and Director of Internal Audit William Foster
1.0 PURPOSE
The purpose of this Charter is to identify the authority under which the Audit and Compliance Committee (Committee) of the Florida Gulf Coast University Board of Trustees (FGCU) operates, as well as the composition, meeting protocol, and responsibilities of the Committee.

The Committee is appointed by the Chair of the FGCU Board of Trustees to assist the Board in discharging its oversight responsibilities with respect to:

- The qualifications, independence, and performance of the internal and external audit functions, as well as the compliance and ethics program;
- The integrity of the financial statements for the university, as well as its direct support organizations;
- The system of internal controls and risk assessment; and
- The process for monitoring compliance with applicable laws and regulations, meeting regulatory requirements, and promoting ethical conduct.

Related but separate charters govern the duties and responsibilities of the Office of Internal Audit and the Office of Compliance and Ethics.

2.0 AUTHORITY
The Committee is authorized by:

- Board of Governors (BOG) Regulation 4.002(2), State University System Chief Audit Executives, and BOG Regulation 4.003(3), State University System Compliance and Ethics Programs, which requires each board of trustees to establish a committee responsible for addressing audit, financial-aid, fraud-related, controls, and investigative and compliance-related matters. The committee will be referred to as the Audit and Compliance Committee with a charter approved by the board of trustees.

- BOG Regulation 4.003(3), State University Compliance and Ethics Programs, which requires each board of trustees to assign responsibility for providing governance oversight of the compliance and ethics program to the committee of the board responsible for audit and compliance, and that the charter required by BOG Regulation 4.002(2) address such governance oversight.

- The Bylaws for the FGCU Board of Trustees provide for an Audit and Compliance Committee to review and recommend for consideration by the Board, charters, plans, policies, and other documents related to the audit and compliance functions of the university.
The Committee is authorized to:

- Perform activities within the scope of this Charter.
- Engage independent counsel and other consultants, as necessary.
- Have full, free, and unrestricted access to all University information, documents, records, and personnel, including that of the University’s direct support organizations.
- Provide oversight and direction of the internal audit and compliance and ethics programs, and be knowledgeable of the effectiveness of the programs.
- Receive informational briefings and reports on matters of substantial import from external, state, and regulatory auditors, as well as other independent consultants.
- Conduct an internal investigation, or authorize an external investigation, into any substantive matter under the purview of this Charter that the Committee deems appropriate.
- Perform other duties as assigned by the Chair of the FGCU Board of Trustees.

3.0 COMPOSITION

- The Committee shall consist of at least three (3) members of the FGCU Board of Trustees sufficient in financial expertise and ability to enable them to discharge their responsibilities and include at least one member who is a “financial expert.”
- The Chair of the FGCU Board of Trustees shall appoint and remove the Chair and members of the Committee.
- The Chair and members shall serve on the Committee until their resignation or replacement.
- The Chair and members of the Committee shall be independent and objective in the discharge of their responsibilities, and be free of any business or other relationship that could materially interfere with, or reasonably be perceived to materially interfere with, the independent exercise of their judgment.
- The Chair of the FGCU Board of Trustees may not serve as the Chair of the Audit and Compliance Committee.

4.0 MEETINGS

- A majority of Committee members present at a Committee meeting constitutes quorum for purposes of conducting Committee business.

---

1 Under SEC Regulations and NYSE Rules, a financial expert is defined as a person who has the following attributes: (i) an understanding of generally accepted accounting principles and financial statements; (ii) the ability to assess the general application of such principles in connection with the accounting for estimates, accruals, and reserves; (iii) experience preparing, auditing, analyzing or evaluating financial statements or experience actively supervising one or more persons engaged in such activities; (iv) an understanding of internal controls and procedures for financial reporting; and (v) an understanding of audit committee functions.
The Committee will meet at least three times a year, with discretion to convene additional meetings, as necessary. Committee meetings may be conducted by telephone conference call or any other technological means. All Committee members are expected to attend each meeting.

Committee meetings shall be open and noticed to the public in accordance with Article I, Section 24 of the Florida Constitution and the requirements of Chapter 286, Florida Statutes.

The Committee may invite University employees and external consultants to attend meetings and provide pertinent information, as necessary.

Meeting agendas will be prepared and provided to Committee members in advance of meetings, along with appropriate briefing materials. Minutes of Committee meetings will be prepared, maintained, and posted.

The Committee may ask members of management or other individuals to provide pertinent information as necessary. In addition, the Committee may request special reports from University or DSO management on topics that may enhance its understanding of its activities and operations.

5.0 RESPONSIBILITIES

The Committee will, in coordination with the Chief Audit Executive, carry out the following responsibilities, which applies to the financial statements of the University and to those of all direct support organizations (DSOs), and other component units:

The Committee will carry out the following responsibilities:

Financial Statements

- Review significant accounting and reporting issues, including complex or unusual transactions and highly judgmental areas, and recent professional and regulatory pronouncements, and understand their impact on the financial statements.
- Review with management and the external auditors the results of the audit, including any difficulties encountered.
- Review the annual financial statements, and consider whether they are complete, consistent with information known to Committee members, and reflect appropriate accounting principles.
- Review with management and the external auditors all matters required to be communicated to the Committee under Government Auditing Standards.
- These items apply to the financial statements of the University, and to those of all direct-support organizations (DSOs) related to the University.

Internal Controls

- Consider the effectiveness of the University and its DSOs’ internal control environment, including information technology security and control.
FLORIDA GULF COAST UNIVERSITY
BOARD OF TRUSTEES
AUDIT AND COMPLIANCE COMMITTEE CHARTER

- Understand the scope of internal and external auditors’ review of internal control over financial reporting, and obtain reports on significant findings and recommendations, together with management’s responses.

**Internal Audit**
- Review and recommend approval of the Office of Internal Audit Charter to the Board of Trustees.
- Provide input to the President in the appointment, replacement, or removal of the Director of Internal Audit.
- Annually review the Office of Internal Audit’s functional and administrative reporting for appropriate independence.
- Annually review, with the Director of Internal Audit, the Audit Work Plan, activities, staffing, and organizational structure of the internal audit function.
- Review the effectiveness of the internal audit function, including conformance with the International Standards for the Professional Practice of Internal Auditing.

**External Audit**
- Review the external auditors’ proposed audit scope and approach, including coordination of effort with internal audit.

**Compliance and Ethics**
- Provide input to the President in the appointment, replacement, or removal of the Chief Compliance and Ethics Officer.
- Review and recommend approval of the Compliance and Ethics Office Charter, Program Plan, and annual report to the FGCU Board of Trustees.
- Review the effectiveness of the university’s system to monitor compliance with BOG Regulations, as well as federal, state, and university regulations, and policies.
- Review the findings of any internal or external examination or investigation and ensure the university implements agreed upon recommendations to correct instances of noncompliance.
- Review the independence, qualifications, activities, resources, and structure of the University’s compliance and ethics program to ensure there are no unjustified restrictions or limitations.
- Review the effectiveness of the compliance and ethics program to prevent or detect criminal conduct, unethical behavior, or noncompliance. When such conduct is detected, ensure that the University takes reasonable steps to prevent further similar misconduct from reoccurring.
FLORIDA GULF COAST UNIVERSITY
BOARD OF TRUSTEES
AUDIT AND COMPLIANCE COMMITTEE CHARTER

- Ensure that the university has in place and publicizes a mechanism for individuals to report allegations of wrongdoing, and ensure that no individual faces retaliation for reporting a good-faith concern.
- Obtain regular updates regarding compliance matters from the President to the Chair of the Audit and Compliance Committee.
- Obtain regular updates from the Chief Compliance and Ethics Officer regarding compliance and ethics matters, and ensure that matters of substantial import are received, discussed, and appropriately resolved.

Reporting
- Provide updates to the FGCU Board of Trustees about Committee activities, issues, and make recommendations on matters that could cause significant financial, legal, reputational, or operational risk to the University or its direct support organizations.
- As appropriate, for the Board’s consideration and approval.
- Receive a summary of findings from completed internal and external audits and the status of implementing related recommendations.
- Receive a summary of findings from completed reports related to the compliance, ethics, or risk programs.
- Provide an open avenue of communication between internal auditing, the external auditors, and the FGCU Board of Trustees.
- Ensure the FGCU Board of Trustees is briefed on matters that could cause significant financial, legal, reputational, or operational risk to the University or its direct support organizations.
- Ensure that the University has a regulation that articulates how it will address any significant and credible allegations of wrongdoing made against the Director of Internal Audit or the Chief Compliance and Ethics Officer.
- Ensure that the University adopts a regulation which requires timely notification to the Board of Governors, through the Inspector General, of any significant and credible allegations of wrongdoing made against the President or a member of the FGCU Board of Trustees.

Evaluation
- Review the Committee Charter at least once every three (3) years for consistency with applicable BOG and University regulations, professional standards, and best practices and make amendments to the Charter, as necessary.
- Ensure that revisions to the Charter are approved by the FGCU Board of Trustees.

6.0 UNIVERSITY STAFF LIAISONS
- Vice President and General Counsel
- Designated Chief Compliance Officer
Designated Chief Audit Executive
FLORIDA GULF COAST UNIVERSITY
BOARD OF TRUSTEES
AUDIT AND COMPLIANCE COMMITTEE CHARTER

Prepared By

William D. Foster, Interim Director of Internal Audit
Designated Chief Audit Executive

Precious Green Gunter, Director of Equity, Ethics, and Compliance
Stacey P. Chados, Chief Compliance and Ethics Officer
Designated Chief Compliance Officer

Reviewed By

Michael V. Martin, Wilson G. Braddock, President

Joseph G. Fogg III, Chair, Audit and Compliance Committee

Approved By

J. Dudley Goodlette, Blake Gable, Chair, FGCU Board of Trustees

Approved: September x, 2017
ITEM: __7__

Florida Gulf Coast University Board of Trustees
Audit and Compliance Committee
September 11, 2018

SUBJECT: FGCU Compliance Office Charter

PROPOSED COMMITTEE ACTION

Information only for Committee discussion

BACKGROUND INFORMATION

This Charter is a formal document that outlines the purpose, authority, mission, scope of work, and responsibilities of a compliance and ethics office; and provides for an appropriate governance structure, access to documents and personnel in order to carry out the duties and responsibilities of the office, and a periodic assessment of the Charter.

Board of Governors Regulation 4.003, State University System Compliance and Ethics Programs, requires that each state university system chief compliance office be governed by a charter approved by the board of trustees and reviewed at least once every three (3) years for consistency with applicable Board of Governors and university regulations, professional standards, and best practices.

The Committee will discuss the proposed Charter, and at its next Committee meeting take action on a final Charter for recommended approval by the FGCU Board of Trustees.

Supporting Documentation Included: Redlined FGCU Compliance Office Charter

Prepared by: Director of Equity, Ethics and Compliance, and Title IX Coordinator Precious Gunter

Legal Review: Vice President and General Counsel Vee Leonard (August 20, 2018)
Submitted by: Director of Equity, Ethics and Compliance, and Title IX Coordinator Precious Gunter
1.0 PURPOSE
The purpose of this Charter is to:

- Identify the authority, mission, scope, and responsibilities of Florida Gulf Coast University’s (FGCU’s) Compliance and Ethics Office (hereinafter referred to as the Compliance Office);
- Ensure that the Compliance Office adheres to the Florida Code of Ethics, maintains organizational independence, and has unrestricted access to FGCU records and personnel, as well as the records of its affiliated organizations; and
- Provide for a periodic review of and changes to the Charter, as necessary.

A separate charter governs the duties and responsibilities of the Audit and Compliance Committee of the FGCU Board of Trustees.

2.0 AUTHORITY
Board of Governors (BOG) Regulation 4.003, State University System Compliance and Ethics Programs, requires each board of trustees to implement a university-wide compliance and ethics program that promotes ethical conduct and maximizes compliance with applicable laws, rules, regulations, and policies. The BOG Regulation requires FGCU to designate a chief compliance officer who shall be governed by a charter approved by the board of trustees.

FGCU’s Compliance Office is housed in the Office of Institutional Equity and Compliance (OIEC). The Director of Equity, Ethics, and Compliance, and Title IX Coordinator is responsible to the President for all matters related to equal opportunity and Title IX, and also serves as the University’s designated chief compliance officer, overseeing the OIEC and the University’s compliance and ethics program. As the chief compliance officer, he/she reports functionally to the Audit and Compliance Committee through its Chair, on behalf of the Board of Trustees, and administratively to the President. Additionally, in regards to discrimination and Title IX matters, he/she reports solely and directly to the President.

3.0 MISSION
The mission of FGCU’s Compliance Office is to assist FGCU with promoting an organizational culture that encourages ethical conduct and a commitment to compliance.

4.0 SCOPE OF WORK
The scope of work for the Compliance Office is to:

- Encourage and support ethical behavior, a culture of integrity, and a commitment to compliance into all facets of the University;
- Provide University stakeholders with a reporting mechanism to bring forward good-faith concerns of wrongdoing, without fear of retaliation;
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5.0 RESPONSIBILITIES
The responsibilities of the Compliance Office are to:
- Develop and direct the University’s compliance and ethics function;
- Provide leadership, oversight, and expert advice to ensure appropriate development, interpretation, and implementation of the University’s policies and regulations pertaining to compliance, in accordance with state and federal laws, as well as the Code of Ethics For Public Officers and Employees as codified in Florida Statutes, as well as University policies and regulations and state and federal laws and rules pertaining to compliance and ethics;
- Prepare, implement, and manage the University’s Compliance and Ethics Program Plan as approved of activities for approval by the President, Chair of the Audit and Compliance Committee, and the FGCU Board of Trustees; revise the Plan as necessary;
- Develop or implement compliance training or awareness programs;
- Develop and provide compliance and ethics training to the FGCU Board of Trustees, the President and Cabinet, and employees to assist University community members with performing their jobs, understanding compliance issues, and infusing an ethical framework into the fabric of the University;
- Engage in investigations, monitoring activities, or risk assessments for the University and its affiliated organizations to prevent and detect misconduct or violations of institutional policies or applicable laws and regulations;
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- Develop a Program consistent with Florida’s Code of Ethics for Public Officers and Employees, and Chapter 8 of the Federal Sentencing Guidelines Manual;
- Measure and report on the effectiveness of the Program to the President and the Chair of the Audit and Compliance Committee;
- Administer and promote the FGCU hotline, an anonymous mechanism available for individuals to report potential or actual misconduct and violations of University policy, regulation, or law, and ensure that no individual faces retaliation for reporting a potential or actual violation when such report is made in good faith;
- Ensure that managers responsible for compliance functions within the University, such as equal opportunity, athletics, public safety, sponsored programs, financial aid, environmental health and safety, finance, and procurement, for example, coordinate and communicate program matters of substantial import with the Chief Compliance Officer;
- Oversee the processing of internal reviews received through the Hotline complaints, refer concerns to an appropriate University office for review and disposition (such as General Counsel, Internal Audit, or Institutional Equity and Compliance Human Resources) and track and follow up through completion of the review;
- Bring to the attention, through regular communication, with the President and the Chair of the Audit and Compliance Committee, all compliance and ethics-related matters of substantial import and all credible evidence of alleged misconduct, including criminal conduct, to the attention of the President and the Chair of the Audit and Compliance Committee of the FGCU Board of Trustees, as well as the Board of Governors’ Inspector General, as applicable;
- Prepare an annual report for approval by the President, Chair of the Audit and Compliance Committee, and the FGCU Board of Trustees regarding activities, accomplishments, and the effectiveness of the compliance and ethics program, and provide a copy of the approved annual report to the Board of Governors;
- Ensure that an initial external review of the compliance and ethics program to determine its effectiveness is conducted no later than November 2021 and that a subsequent external review is conducted at least once in each successive five-year period; and
- Perform other activities consistent with this Charter, as deemed necessary by the President and/or the Chair of the Audit and Compliance Committee of the FGCU Board of Trustees; and
- Exercise due diligence to exclude from the University and its affiliated organizations individuals whom it knows, or should have known, to have engaged in conduct not consistent with an effective Program.

6.0 CODE OF ETHICS

FGCU’s designated Chief Compliance Officer shall abide by the Code of Ethics for Public Officers and Employees codified in the Florida Statutes at Title X, Chapter 112, Part III.
The designated Chief Compliance Officer shall also follow the Code of Ethics of any relevant professional organizations to which he/she may belong.

7.0 INDEPENDENCE AND REPORTING
To ensure the impartial and unbiased judgment essential to the proper conduct of the compliance and ethics function, the designated Chief Compliance Officer is organizationally independent of the employees and managers who seek the advice and assistance of the Compliance Office. The Chief Compliance Officer reports functionally to the Chair of the Audit and Compliance Committee of the FGCU Board of Trustees and administratively to the President.

8.0 ACCESS
The designated Chief Compliance Officer shall have full, free, and unrestricted access to all University information, documents, records, and personnel necessary to carry out the duties and responsibilities of the Compliance Office.

9.0 PERIODIC ASSESSMENT
The designated Chief Compliance Officer shall review the Charter at least once every three years for consistency with applicable Board of Governors and FGCU regulations and policies, professional standards, and best practices; and make revisions to the Charter, as necessary.
FGCU COMPLIANCE AND ETHICS OFFICE CHARTER

Prepared By

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Designated Chief Compliance Officer

Reviewed By

Michael V. Martin, President

Joseph G. Fogg III, Chair, Audit and Compliance Committee

Approved By

J. Dudley Goodlette
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