

Audit, Risk, and Compliance Committee Meeting

Thursday, February 12, 2026

1:00 PM

Committee Members:

Michael White, Chair
John Crossman (Vice Chair); Emery A. Gainey; Kenneth Jones; and Victor Young

AGENDA

I.	Call to Order	Trustee Michael White
II.	Roll Call	Ms. Debra Barrington Harris

ACTION ITEMS

III.	Minutes: Consideration of Approval – December 4, 2025	Trustee White
IV.	Performance-based Funding Data Integrity Audit/Certification	Joe Maleszewski

INFORMATIONAL ITEMS

Office of Compliance and Ethics:	Rica Calhoun
V.	Office of Compliance and Ethics Update
Office of Enterprise Risk Management	Deidre Melton
VI.	Risk and Internal Controls Corrective Action Plan Updates
VII.	Office of Enterprise Risk Management Update
Division of Audit:	Joe Maleszewski
VIII.	Division of Audit Updates
IX.	Adjournment

**Florida Agricultural and Mechanical University
Board of Trustees**



**Audit & Compliance Committee Meeting
Chair White
Thursday, December 4, 2025
10:30 a.m.**

Committee Minutes

Committee Members: Michael White, Chair; Emery A. Gainey, Vice Chair; John Crossman; Natlie G. Giggers; Craig Reed

Chair White called the meeting to order early as the previous meetings ended early. The roll was called. A quorum was not established. Chair White recognized one action times – consideration of approval for the prior meeting minutes.

ACTION ITEMS

Minutes – The first action item was consideration of approval for the September 17, 2025, meeting minutes. Draft minutes were included in the materials. Chair White asked for a motion to approve the meeting minutes. The minutes were moved by Trustee Gainey and seconded by Trustee Reed. The motion carried and the September 17, 2025, meeting minutes were approved.

Chair White then moved on to information items.

INFORMATIONAL ITEMS

Chief Compliance and Ethics Officer Calhoun highlighted the November “Compliance in Balance” workshop which reached over 1,000 employees as well as other activities including the “Breathe and Paws” kickoff. She then reviewed information related to investigations and hotline. Finally, she highlighted compliance risks and guidance provided by her Office.

As there were no questions, Chair White moved on to Enterprise Risk Management informational items.

Chief Risk Officer Deidre Melton first provided a review of the current status of corrective actions taken by management in response to the Florida Department of Financial Services (FDFS), 2024 Risk Management Program Evaluation. She emphasized that the FDFS will return in January 2026 to validate the completion of corrective actions including the final item of corrective action which was taken up during the Budget, Finance, and Facilities Committee early in the morning – Approval of the University Motor Pool Policy. CRO Melton then provided an internal controls update highlighting:

1. Financial Aid & Student Accounts (Compliance, Accuracy, and Timeliness): Process standardization, Timeliness of Awards, Reconciliation and Verification Controls, Communication Processes, Cross-Unit Coordination

2. Procurement & Contract Management (Vendor Risk, Spend Transparency, and Policy Adherence): Contract Management Procedures, Policy Adherence and Approvals, Purchasing and Contracting Cycle Times, Vendor Performance Expectations and Monitoring

3. Student Success Operational Controls (Advising, Registration): Standardized Processes and Documentation, Timeliness and Workflow Controls, Communication Protocols, Cross-Unit Coordination, Service Quality

Next, CRO Melton highlighted key elevated risk areas requiring management attention including leadership stability, Workday transition, financial stability, Athletics, and AI governance.

Finally, CRO Melton highlighted the upcoming February 3-4, 2026 SUS ERM Consortium.

Chair Gibbons emphasized the internal controls areas noting that Financial Aid & Student Accounts is a more tactical area that can be addressed in the next 30-90 days, while Student Success Operational Controls will require sustained attention. Regarding the risks associated with interim leadership, Chair Gibbons emphasized the need for robust advertisements requiring needed skills for these positions to ensure we get the best talent.

Trustee Harper emphasized the relationship between stable leadership and philanthropic giving. Trustee Reed inquired what happens next with the noted areas of risk. In response, Chair White emphasized the need for the President to track and report on plans to mitigate identified risks. He emphasized that these reports identify risks but responsibility for addressing risks fall with the President and her management team. He suggested that such identified risks should result in discussion of these in the appropriate board committees.

Chair Gibbons indicated the need for a deep dive into job descriptions and associated credentials. He also noted the need for timely investigations and noted this as a resourcing issue.

Chair White then recognized VP Maleszewski to present informational items. VP Maleszewski and Audit Director Wright presented items including:

- I. Internal and external audit update;
- II. Investigations update; and
- III. Division of Audit updates.

VP Maleszewski highlighted Emergency Management and Communications for completion of a Crisis Communication plan. He then summarized awareness activities for cybersecurity and fraud.

Chair Whie complemented the ARCC team as well as Interim CFO Murry for enhanced communications and collaborations.

Chair White adjourned the meeting as there was no further business.

Report No. 25-26-0002
Assurance Services Report
Performance-Based Funding Data Integrity Audit



ACCOUNTABILITY • INTEGRITY • EFFICIENCY

January 26, 2026



FY 25-26 Performance-Based Funding Data Integrity Audit

EXECUTIVE SUMMARY

We verified the data submitted for Fall 2024, Spring 2025, and Summer 2025 (and Summer 2024 where required) academic semesters that supports the University's performance-based funding metrics 1, 2, 3, and 7; evaluated the University's processes for completeness, accuracy, and timeliness of performance-based funding data submissions; and reviewed other University actions that impact the University's Data Integrity Certification required by Florida Statutes, and the Florida Board of Governors (FLBOG).

Based on our audit, we have concluded that FAMU's controls and processes are adequate to ensure the completeness, accuracy, and timeliness of data submitted to the FLBOG to support performance-based funding decisions. There were no material errors found within the data files submitted by FAMU that would impact FAMU's overall ranking among State University System (SUS) institutions. Our audit outcomes are summarized in the table below:



Data Administrator Processes and Procedures

The Data Administrator, in collaboration with data custodians, had established processes, controls, and procedures to provide assurance that the data submitted to FLBOG was accurate and complete. Since the last audit, there were no changes in FAMU's Data Administrator responsibilities. However, on February 19, 2025, FAMU notified the FLBOG that effective February 19, 2025, Dr. Roddrick Jones would assume the role of Data Administrator.



Testing of Metric Data and Review of Internal Controls

- The University provided accurate data to the FLBOG, as evidenced by our testing of file data used to support metrics 1, 2, 3, and 7.



Legend:	<input checked="" type="checkbox"/>	Controls are in place & operating effectively	<input checked="" type="checkbox"/>	Controls are in place but not operating effectively	<input checked="" type="checkbox"/>	Controls are not in place
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Based on the findings summarized above, we believe that our work provides a reasonable basis for the University President and FAMU Board of Trustees Chair to sign the FLBOG Data Integrity Certification as prepared without modification.



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BACKGROUND

Florida Board of Governors: Performance-Based Funding Overview

Florida Statutes 1001.92¹ – State University System Performance-Based Incentive governs the funding model under which state universities obtain state funding. The Performance-Based Funding Model includes 10 metrics² that evaluate Florida universities on a range of issues. The model has four guiding principles³: 1) use metrics that align with SUS Strategic Plan goals, 2) reward Excellence or Improvement, 3) have a few clear, simple metrics, and 4) acknowledge the unique mission of the different institutions. The 10 metrics upon which FAMU is evaluated are as follows:

2025 Florida Agricultural & Mechanical University Performance-Based Funding Metrics	
1	Percent of Bachelor's Graduates Employed (Earning \$40,000+) or Continuing their Education
2	Median Wages of Bachelor's Graduates Employed Full-time
3	Average Cost to the Student (Net Tuition per 120 Credit Hours)
4	Four Year Graduation Rate (Full-Time FTIC)
5	Academic Progress Rate (2nd Year Retention with Grade Point Average Above 2.0)
6	Bachelor's Degrees Awarded in Areas of Strategic Emphasis (PSE)
7	University Access Rate (Percent of Undergraduates with a Pell-grant)
8	Graduate Degrees Awarded in Area of Strategic Emphasis (PSE)
9a	Three-Year Graduation Rate for Florida College System (FCS) Associate in Arts (AA) Transfer Student
9b	Six-Year Graduation Rate for Students who are Awarded a Pell Grant in their First Year
10	FAMU Board of Trustees Choice - Number of Bachelor's Degrees Awarded to Transfers with AA Degrees from FCS

¹ http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=1000-1099/1001/Sections/1001.92.html

² https://www.flbog.edu/wp-content/uploads/2024/08/2024_PBF_METRIC_DEFINITIONS.pdf

³ <https://www.flbog.edu/finance/performance-based-funding/>



Florida Board of Governors Audit and Certification Directives for FY 2025-2026

Florida Statutes 1001.706⁴ – Powers and duties of the Board of Governors, requires Florida A&M University to conduct an annual audit of data submitted to the FLBOG. On June 23, 2025, Florida Board of Governors Inspector General and Director of Compliance, Julie Leftheris, sent a letter (Appendix B) highlighting each university’s responsibilities for performing a performance-based funding data integrity audit along with instructions to submit the audit and revised Data Integrity Certification (Appendix C) to the FLBOG Office of Inspector General and Director of Compliance no later than March 1, 2026. The letter required each University to:

- Direct the university chief audit executive to perform an audit of the university’s processes that ensure the completeness, accuracy, and timeliness of data submissions. Additionally, the audits must include testing of data that supports performance funding metrics, as well as preeminence or emerging preeminence metrics if applicable, as testing is essential in determining that processes are in place and working as intended.
- Establish the scope and objectives of the audit jointly between the chair of the university board of trustees and the university chief audit executive.
- Perform the audit in accordance with the current *Global Internal Auditing Standards* as published by the Institute of Internal Auditors, Inc.

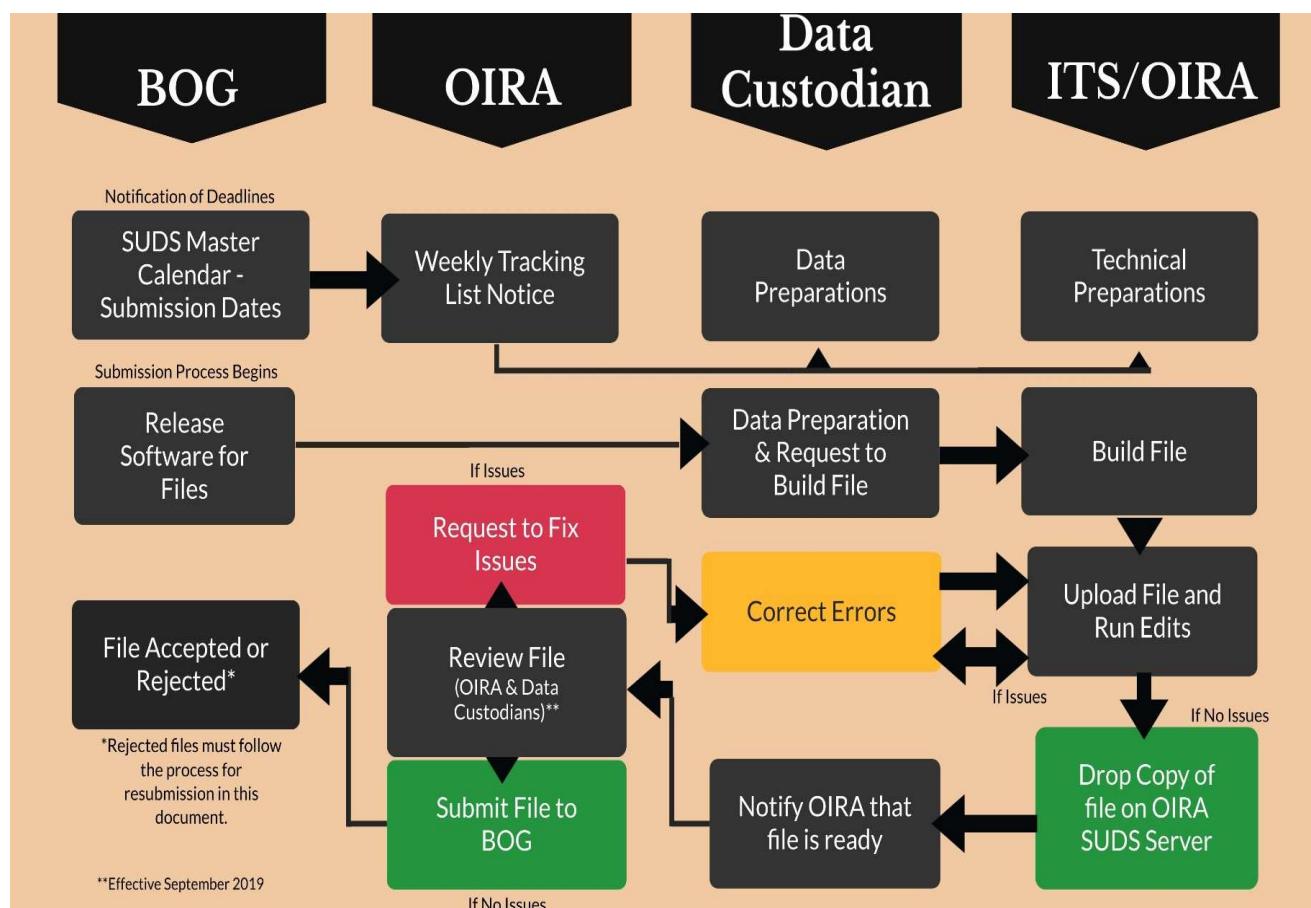
Using the results of the audit, each University President was instructed to complete the Data Integrity Certification, evaluate the nine (9) prepared representations, and affirm or modify, in the space provided, if needed. The audit results, corrective action plans (as needed), and Data Integrity Certifications are required to be submitted to the FLBOG Office of Inspector General and Director of Compliance no later than March 1, 2026.

⁴ http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=1000-1099/1001/Sections/1001.706.html



FAMU STATE FILE PROCESS OVERVIEW

The Office of Institutional Research & Analytics (OIRA), led by the Vice President for Strategic Planning Analysis & Institutional Effectiveness and University Data Administrator, is charged with ensuring the completeness, timeliness, and accuracy of State University Database System (SUDS) files submission. The chart below illustrates the general workflow between FAMU OIRA and FAMU functional units including data custodians and Information Technology Services (ITS) for data file submission⁵.



5 Source: FAMU OIRA. There have been no changes to the processes since September 2019.



PERFORMANCE –BASED FUNDING DATA INTEGRITY REVIEW OUTCOMES

This report provides an objective basis of support for the Board of Trustees Chair and the University President to sign the representations made in the FLBOG's Data Integrity Certification. Our audit confirmed that FAMU has processes and controls in place for maintaining and reporting performance metrics data and that the system functions in a reliable manner.



Data Administrator Processes and Procedures

The Division of Audit verified with Data Administrator, Dr. Roddrick Jones that there were no changes in FAMU's Data Administrator responsibilities since the last audit. However, there was a change in the individual serving in the role. On February 19, 2025, FAMU notified the FLBOG of the appointment of Dr. Roddrick Jones as the new Data Administrator. There were no changes in governance procedures, internal controls, processes, and procedures that direct the Data Administrator in the performance of his obligation to ensure the data submitted to the FLBOG is accurate, timely, and complete. Our review determined that the Data Administrator effectively carried out his responsibilities related to the oversight and management of the data file submission process to the FLBOG.



Testing of Metric Data Files

The Division of Audit assessed the accuracy and integrity of data submitted to the FLBOG Office. The following table summarizes our observations for each metric where data was tested:

Review Area	Observations
Metric 1 Percent Bachelor's Degree Grads earning \$40k+ and	Data Integrity and Calculation Accuracy <ul style="list-style-type: none">A systematic sampling of 25 students determined University student information was entered accurately into PeopleSoft and transferred correctly to the Degrees Awarded file (SIFD) in the Student University Database System (SUDS).
Metric 2 Median Wages	
Metric 3 Average Cost to the Student (Net Tuition per 120 Credit Hours)	Data Integrity and Calculation Accuracy <ul style="list-style-type: none">Our review of a statistical sample of data contained within the Student Financial Aid Awards (SFA) file, Student Instruction (SIF) Enrollment file, and Hours to Degree (HTD) file support Metric 3 calculations, as outlined in the FLBOG methodology guidance, and did not reveal any



Review Area	Observations
	material differences from the data contained within iRattler's Student Financials, FAMU's student ERP system.
Metric 7 University Access Rate (Percent of Undergraduates with a Pell-Grant)	Data Integrity and Calculation Accuracy <ul style="list-style-type: none">Our review of a statistical sample of the University's Pell Grant recipients contained within the SFA file, as outlined in the FLBOG methodology guidance, did not reveal any material differences from the data contained within iRattler Campus Solutions, FAMU's student ERP system.

DRAFT



APPENDIX A: PURPOSE, SCOPE, AND METHODOLOGY

Purpose and Scope

The purpose of this audit was to:

- Verify the accuracy and integrity of data submitted for the Summer 2024, Fall 2024, Spring 2025, and Summer 2025 academic semesters that supports the University's performance funding metrics 1, 2, 3, and 7;
- Evaluate the university's processes for completeness, accuracy, and timeliness of performance-based funding data submissions; and
- Review other University actions that impact the University's Data Integrity Certification required by the FLBOG.

Methodology

Data submitted to the FLBOG to support the University's Performance-Based Funding metrics, methods and controls applied by management to ensure data integrity, and processes designed to ensure completeness, accuracy, and timeliness of data were subject to the following audit procedures:

- Detailed testing of performance funding metrics 1, 2, 3, and 7 to ensure the data within the file matched the University system data.
- Walk-throughs of processes for data file submission, compiling data files, inputting data into the system, and University processes upon which the data is generated; and
- Interviews with key staff regarding processes, data integrity and responsibilities for data.



APPENDIX B: FLBOG JUNE 23, 2025 LETTER TO FAMU



Florida Board of Governors
State University System of Florida
325 West Gaines Street, Suite 1614
Tallahassee, FL 32399
Phone 850.245.0466
Fax: 850.245.9685
www.flbog.edu

MEMORANDUM

TO: University Chief Audit Executives
FROM: Julie Leftheris, Inspector General and Director of Compliance
DATE: June 23, 2025
RE: Data Integrity Audits and Certifications for Performance-based Funding and Preeminence Metrics

The following are the data integrity audit and certification requirements for the March 2026 reporting to the Board of Governors.

As required by Florida Statutes,¹ university boards of trustees shall direct the university's chief audit executive to perform, or cause to have performed by an independent audit firm, an annual audit of the university's processes that ensure the completeness, accuracy, and timeliness of data submissions. These audits should also include testing of data that supports performance funding metrics, as well as preeminence or emerging preeminence metrics for those universities so designated. Testing is essential in determining that processes are in place and working as intended. The audits may be conducted as joint or separate engagements.

The scope and objectives of the audit(s) should be set jointly between the chair of the university board of trustees and the university chief audit executive. The audit(s) shall be performed in conformance with the Institute of Internal Auditors' *Global Internal Audit Standards*.

University presidents should use the results from the data integrity audit(s) to complete the Data Integrity Certification and evaluate each of the nine (9) prepared representations to affirm or modify them, if needed, in the space provided. It is important that representations be modified to reflect significant or material audit findings noted in the audit report. The certification document shall be signed by the university president and board of trustees' chair after being approved by the board of trustees.

¹ Florida Statutes, sections 1001.706(5)(e), *Powers and Duties of the Board of Governors*; 1001.7065, *Preeminent State Research Universities Program*; and 1001.92, *State University System Performance-based Incentive*



University Chief Audit Executives
June 23, 2025
Page 2 of 2

The audit results and any corrective action plans shall be provided to the Board of Governors after being accepted by the university's board of trustees. The completed Data Integrity Certification and audit report(s) shall be submitted to the Office of Inspector General and Director of Compliance no later than **March 1, 2026**, via the Chief Audit Executives Reporting System (CAERS). Please ensure they are ADA compliant in accordance with Section 508 of the Rehabilitation Act prior to submission.

Please consider the March 1st deadline in planning your audit to allow sufficient time for presenting the results to the university's board of trustees. We will need final audit reports and certifications by that date to be included in our March Board of Governors' meeting materials.

On behalf of the Board of Governors Chair and Chancellor, we commend you, your data administrators, and the many university staff responsible for ensuring reliable, accurate, and complete information is timely submitted to the Board of Governors.

If you have questions regarding these requirements, please do not hesitate to contact my office at BOGInspectorGeneral@flbog.edu or 850-245-0466.

JML/lc

Attachment: Data Integrity Certification Form, March 2026

C: Aubrey Edge, Chair, Board of Governors Audit and Compliance Committee
 Raymond Rodrigues, Chancellor



APPENDIX C: DATA INTEGRITY CERTIFICATION



Data Integrity Certification March 2026

In accordance with Board of Governors Regulation 5.001(8), university presidents and boards of trustees are to review, accept, and use the annual data integrity audit to verify that the data submitted for implementing the Performance-based Funding model complies with the data definitions established by the Board of Governors.

Given the importance of submitting accurate and reliable data, boards of trustees for those universities designated as preeminent or emerging preeminent are also asked to review, accept, and use the annual data integrity audit of those metrics to verify that the data submitted complies with the data definitions established by the Board of Governors.

Applicable Board of Governors Regulations and Florida Statutes: Regulations 1.001(3)(f), 3.007, and 5.001; Sections 1001.706(5)(e), 1001.7065, and 1001.92, Florida Statutes.

Instructions: To complete this certification, university presidents and boards of trustees are to review each representation in the section below and confirm compliance by signing in the appropriate spaces provided at the bottom of the form. *Should there be an exception to any of the representations, please describe the exception in the space provided.*

Once completed and signed, convert the document to a PDF and ensure it is ADA compliant. Then submit it via the Chief Audit Executives Reports System (CAERS) by close of business on March 1, 2026.

University Name: Click or tap here to enter text.

Data Integrity Certification Representations:

1. I am responsible for establishing and maintaining, and have established and maintained, effective internal controls and monitoring over my university's collection and reporting of data submitted to the Board of Governors Office, which will be used by the Board of Governors in Performance-based Funding decision-making and Preeminence or Emerging-preeminence Status.
2. In accordance with Board of Governors Regulation 1.001(3)(f), my Board of Trustees has required that I maintain an effective information system to provide accurate, timely, and cost-effective information about the university, and shall require that all data and reporting requirements of the Board of Governors are met.
3. In accordance with Board of Governors Regulation 3.007, my university provided accurate data to the Board of Governors Office.



Data Integrity Certification, March 2026

4. In accordance with Board of Governors Regulation 3.007, I have tasked my Data Administrator to ensure the data file (prior to submission) is consistent with the criteria established by the Board of Governors. The due diligence includes performing tests on the file using applications, processes, and data definitions provided by the Board Office. A written explanation of any identified critical errors was included with the file submission.
5. In accordance with Board of Governors Regulation 3.007, my Data Administrator has submitted data files to the Board of Governors Office in accordance with the specified schedule.
6. I am responsible for taking timely and appropriate preventive/ corrective actions for deficiencies noted through reviews, audits, and investigations.
7. I recognize that Board of Governors' and statutory requirements for the use of data related to the Performance-based Funding initiative and Preeminence or Emerging-preeminence status consideration will drive university policy on a wide range of university operations – from admissions through graduation. I certify that university policy changes and decisions impacting data used for these purposes have been made to bring the university's operations and practices in line with State University System Strategic Plan goals and have not been made for the purposes of artificially inflating the related metrics.
8. I certify that I agreed to the scope of work for the Performance-based Funding Data Integrity Audit and the Preeminence or Emerging-preeminence Data Integrity Audit (if applicable) conducted by my chief audit executive.
9. In accordance with section 1001.706, Florida Statutes, I certify that the audit conducted verified that the data submitted pursuant to sections 1001.7065 and 1001.92, Florida Statutes [regarding Preeminence and Performance-based Funding, respectively], complies with the data definitions established by the Board of Governors.

Exceptions to Note: Click or tap here to enter text.



Data Integrity Certification, March 2026

Data Integrity Certification Representations, Signatures:

I certify that all information provided as part of the Board of Governors Data Integrity Certification for Performance-based Funding and Preeminence or Emerging-preeminence status (if applicable) is true and correct to the best of my knowledge; and I understand that any unsubstantiated, false, misleading, or withheld information relating to these statements render this certification void. My signature below acknowledges that I have read and understand these statements. I certify that this information will be reported to the board of trustees and the Board of Governors.

Certification: _____
University President

Date: _____

I certify that this Board of Governors Data Integrity Certification for Performance-based Funding and Preeminence or Emerging-preeminence status (if applicable) has been approved by the university board of trustees and is true and correct to the best of my knowledge.

Certification: _____
University Board of Trustees Chair

Date: _____



DISTRIBUTION

Responsible Manager

Marva B. Johnson, J.D., President

Internal Distribution

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- Deveron Gibbons, J.D., Chair
- Michael White, Vice Chair, Audit, Risk and Compliance Committee Chair
- Dr. Jamal A. Brown, Faculty Senate President
- Zayla Bryant, Student Government Association President
- John Crossman
- Natalie G. Figgers
- Emery A. Gainey
- Roderick Harris
- Kenneth Jones
- Prerak “Pre” Shah
- Raphael Vazquez
- Nicole Washington
- Victor Young

FAMU Senior Leadership Team

- Kelvin Lawson, Chief Operations Officer, Executive Vice President
- Dr. Allyson Watson, Provost and Vice President, Academic Affairs
- Dr. Donald Palm, Executive Vice President for Health Sciences Enterprise and Research Innovation
- Dr. Marcus Burgess, Senior Vice President of Enterprise Partnerships & Innovation
- Carmen Cummings Martin, Chief of Staff and Board Liaison
- Nichole Murry, Acting Senior Vice President for Finance & Administration/CFO
- Dr. William E. Hudson, Vice President, Student Affairs
- Dr. Roddrick Jones, Vice President, Strategic Planning, Analysis and Institutional Effectiveness
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- Dr. Brandi Tatum-Fedrick, Vice President, University Advancement
- Dr. Eric Akins, Executive Director of Title III Programs

External Distribution

Julie Leftheris, Inspector General and Director of Compliance, Board of Governors



PROJECT TEAM



Project Lead
Chathya Chandler, MA,
CIGA
Audit Manager



**Engagement was supervised
and reviewed by:** Trystal
Wright, CIGA, CGAP, CIGI
Audit Director



Project Staff
Crisencia Brown, MBA,
CIGA, CIGI
Auditor & Investigator



**Engagement was supervised,
approved and distributed by:**
Joseph K. Maleszewski, MBA, CIA,
CISA, CGAP, CIG, CIGA, CIGI,
CCEP, CCA, CFE
Vice President for Audit and Chief
Audit Executive

STATEMENT OF ACCORDANCE

The Division of Audit's mission is to provide independent, objective assurance and consulting services designed to add value and improve the University's operations. It helps the University accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

We conducted this assurance engagement in accordance with the Global Internal Audit Standards of The Institute of Internal Auditors. Those standards require we plan and perform the assurance services to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our engagement objectives. We believe the evidence obtained provides a reasonable basis for our conclusions based on our objectives.

Please address inquiries regarding this report to the Division of Audit at (850) 412-5479.

<https://www.famu.edu/administration/audit/index.php>

FAMU

FLORIDA A&M UNIVERSITY
**OFFICE OF COMPLIANCE
AND ETHICS**

Board of Trustees Report

February 2026



OFFICE ACTIVITIES

Executive Summary

This informational update covers the activities of the Office of Compliance and Ethics and related risk oversight functions since the Committee's last meeting. During this period, the University has continued to advance a mature, risk-informed compliance and ethics program aligned with applicable Board of Governors regulations, state and federal requirements, and recognized best practices.

Overall, compliance operations remain stable. No matters requiring Committee action are being presented at this time.

Compliance and Ethics Program Overview

The Office of Compliance and Ethics continues to focus on proactive compliance management, responsive issue handling, and coordination with institutional partners to support effective risk governance. Key areas of emphasis during this reporting period included:

- Ongoing compliance program operations and oversight
- Coordination with internal stakeholders on policy adherence and regulatory alignment
- Continued refinement of processes supporting ethical decision-making and accountability

Compliance activities during this period were consistent with historical trends and did not present material deviations or elevated concerns.

Reporting and Issue Trends

The University's reporting mechanisms, including internal reporting channels, continue to function as intended. Reported matters were addressed in accordance with established procedures and protocols. Trends observed during this period were consistent with prior reporting cycles and did not indicate systemic issues or emerging risks requiring escalation to the Committee.





OFFICE ACTIVITIES (CON'T)

Risk Coordination and Oversight

The Office of Compliance and Ethics continues to collaborate with internal audit and risk partners to support an integrated approach to institutional risk management. This includes monitoring regulatory developments, identifying potential areas of risk exposure, and supporting mitigation strategies as appropriate.

At this time, there are no new or emerging enterprise-level risks requiring Committee action or special attention beyond routine oversight

Forward Look

Looking ahead, compliance and risk activities will continue to focus on:

- Sustaining effective compliance operations
- Monitoring regulatory and governance developments
- Supporting institutional risk awareness and mitigation efforts
- Preparing for upcoming assessments and reviews consistent with governance expectations

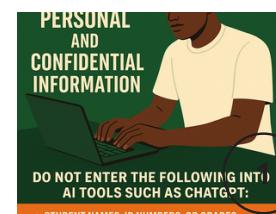
Any matters warranting Committee awareness or engagement will be communicated promptly through established channels.



Action Requested

Information only.

No action is requested of the Audit, Compliance, and Risk Committee at this time.



OFFICE ACTIVITIES (CON'T)



The Office of Compliance and Ethics (OCE) continues to work with compliance partners across the University on initiatives to assist in identifying and mitigating compliance risks across the institution. Since the September meeting, we have continued our work, teaming up with University divisions and units to provide compliance and ethics education, investigate and report misconduct, conduct compliance risk assessment, and gather feedback regarding our efforts.

HIGHLIGHTS

- FAMU Fundamentals 2026
- Investigations
- Key Initiatives
 - Compliance and Ethics Week 2025
 - Risk Assessment
 - Monitoring
 - External Review Kick-Off with Huron Consulting Group



FAMU Fundamentals 2026

Why Mandatory University Compliance Training?

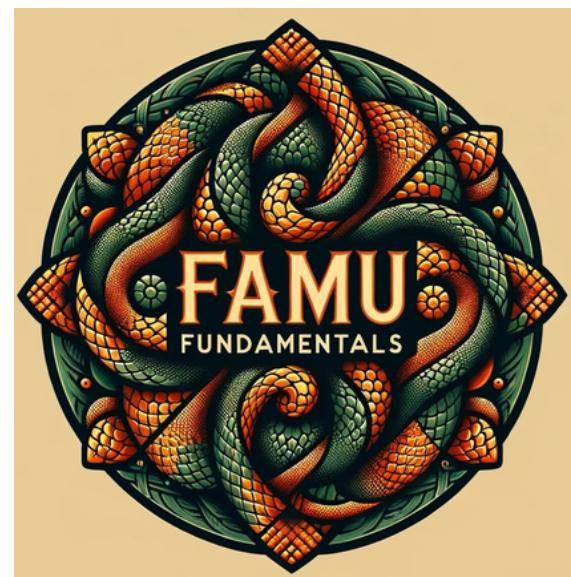
Board of Governors' Regulation 4.003 requires all universities to establish and implement an effective compliance and ethics program. Compliance training is a key requirement of such a program. Per the regulation:

“University employees and board of trustees’ members shall receive training regarding their responsibility and accountability for ethical conduct and compliance with applicable laws, regulations, rules, policies, and procedures.”

OCE appreciates the full support of the University Board of Trustees and the President’s Senior Leadership Team in the implementation of mandatory training for all University employees. OCE continues to partner with the School of Journalism & Graphic Communication to produce several of the modules.

The Modules for 2026 include:

- Enterprise Risk Management
- Audit: Boots on the Ground
- Compliance, Research, and Privacy
- Cybersecurity
- Discrimination and Harassment
- Emergency Management
- Clery and Active Shooter Guidance
- Policy Management



A targeted training will again be provided for research and research support positions focused on Foreign Influence.

Remaining timeline highlights:

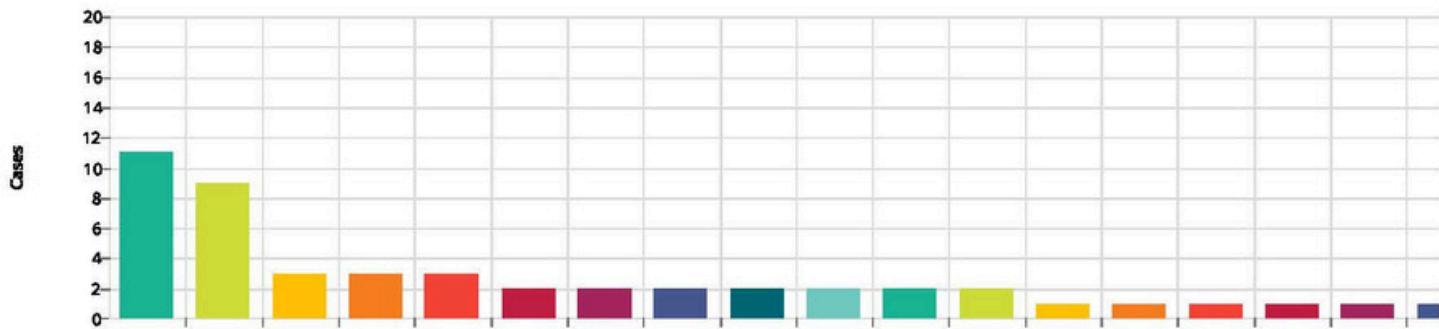
January-February 2026: Production and implementation on the identified learning platform.

March 1-31, 2026: Mandatory training window opens for all employees and select student employees.

OCE will report completion to University managers and senior leadership throughout the training period, with a final report in April 2026.

Investigations

Date Range 07/01/2025 - 01/29/2026



Issue	Count (%)
Employee Misconduct	11 (22%)
General Concern	9 (18%)
Academic Misconduct	3 (6%)
Accounting and Auditing Matters	3 (6%)
Violence or Threat	3 (6%)
Disclosure of Confidential Information	2 (4%)
Discrimination	2 (4%)
Falsification of Contracts, Reports or Records	2 (4%)
Sexual Harassment	2 (4%)
Theft / Embezzlement	2 (4%)
Waste, Abuse or Misuse of Institution Resources	2 (4%)
Workplace Retaliation or Retribution	2 (4%)
Conflict of Interest	1 (2%)
Discrimination or Harassment	1 (2%)
Employment or Labor Law Violation	1 (2%)
Environmental and Safety Matters	1 (2%)
Fraud	1 (2%)
Improper Employment or Disciplinary Action	1 (2%)
Misuse of Resources	1 (2%)
Total	50

OCE manages the University's Compliance and Ethics Hotline. We intake concerns of misconduct for referral to other University enforcement offices or for investigation by OCE. Since July 1, 2025, the hotline has logged 50 reports. The median case resolution time since July 1 is approximately 33 days. Both hotline volume and resolution time indicate that the program is actively used and performing efficiently thus far. Management should continue to be active in reviewing reports and taking appropriate action to facilitate trust in the accountability structure.



FLORIDA A&M UNIVERSITY

OFFICE OF COMPLIANCE
AND ETHICS

Compliance Landscape Snapshot and Guidance

Early 2026 Federal & State Compliance Outlook

Prepared for: BOT Audit, Compliance & Risk Committee

Timing: February 2026

National Policy & Enforcement Posture

Federal agencies continue to implement Executive Orders and revised enforcement priorities following the 2024 election cycle. While some regulatory frameworks remain unchanged, interpretive guidance and enforcement emphasis are evolving. The University remains adaptable, documentation-strong, and prepared for accelerated compliance inquiries tied to civil rights, funding eligibility, and operational controls.

Federal Funding, Fiscal Controls & Operations

Ongoing federal fiscal pressures, delayed reimbursements, and heightened scrutiny of institutional controls continue to affect grant management, Title III disbursements, and student financial aid operations. Strong internal controls, timely reporting, and cross-unit coordination remain essential to sustaining financial resilience and federal eligibility.

Timely state and federal foreign influence compliance reporting has been completed as of January 29, 2026.

Research Security, Foreign Influence & Funding Risk

Research security expectations have shifted from advisory to enforcement-oriented. Federal sponsors are increasing scrutiny of foreign influence disclosures, conflict reporting, and institutional oversight mechanisms. Compliance gaps now carry direct funding risk, including grant delays, clawbacks, and heightened audit exposure. The University must ensure consistent controls, training, and documentation across research administration functions.

Student Support, Federal Aid & Financial Transparency

Recent statutory and regulatory updates continue to reshape loan counseling, refund practices, disclosures, and student communications. Clear, accurate, and timely messaging to students is essential to mitigate compliance risk and maintain institutional trust amid heightened federal and state oversight.

Civil Rights, DEI, Safety & Campus Climate

Institutions face intensified scrutiny related to civil rights compliance, including Title VI, ADA accessibility, harassment prevention, and Clery Act obligations. Concurrently, state-level DEI restrictions and enforcement actions have introduced new compliance constraints affecting programming, training, and communications. Transparent processes, timely responses, and careful alignment with statutory requirements are critical to managing institutional risk.

Data Privacy, AI & Digital Governance

The expanded use of data analytics, artificial intelligence, and digital platforms has elevated privacy, cybersecurity, and governance risks. Institutions must strengthen data stewardship practices, clarify acceptable AI use, and ensure alignment with evolving federal and state privacy expectations to protect sensitive information and institutional integrity. OCE hosted Data Privacy Week from January 26-30, which included educational resources, a mandatory FERPA training event at FAMU DRS, and increased engagement with the University community.

Athletics Compliance, NIL & Title IX Pressures

The athletics compliance environment continues to evolve rapidly, driven by Name, Image, and Likeness (NIL) activity, revenue-sharing developments, and renewed Title IX participation and equity scrutiny. The transfer portal shifting to one period in January, amplifies the volatility. These pressures increase institutional exposure across compliance, financial, and reputational domains and require coordinated oversight beyond athletics units alone.

State Oversight, Governance & Legislative Scrutiny

State oversight mechanisms, including Board of Governors directives, accreditation notifications, and legislative data requests, remain active and increasingly interconnected. Proactive coordination, consistent messaging, and documentation discipline are essential to demonstrating compliance and preserving institutional autonomy.

Workforce Climate, Retaliation Risk & Leadership Conduct

Heightened attention to workplace culture, leadership conduct, and retaliation prevention underscores the importance of tone at the top. Institutions must reinforce reporting pathways, confidentiality expectations, and management accountability to mitigate risk and support a compliant and ethical organizational climate.

Bottom Line:

The early 2026 compliance environment reflects fewer new rules, but sharper enforcement, constrained programmatic flexibility, and increased expectations for institutional governance, documentation, and leadership accountability.

Event Highlights

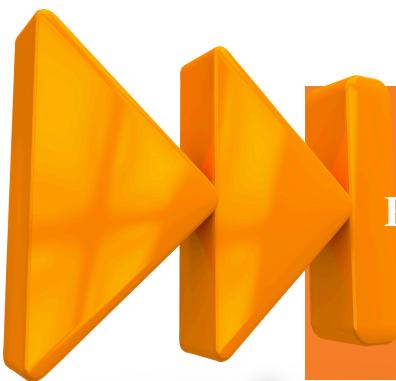
DATA PRIVACY WEEK 2026



COMPLIANCE: PROACTIVE,
ACTIVE, AND REACTIVE!



WHAT'S NEXT

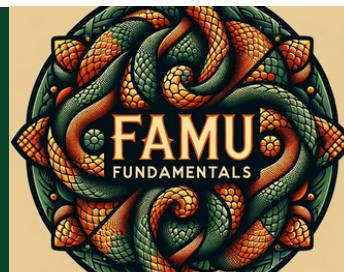


External Review Kick-Off

Huron Consulting Group will be evaluating the University's Compliance and Ethics Program to assess program maturity and opportunities for enhancement.

Implementation of
FAMU
Fundamentals
2026

Rollout of
communications and
training modules for
University community.



Risk
Assessment
Review

Update evaluations of emerging
risks, changes in risk levels, and
key mitigation actions.



FAMU FLORIDA A&M UNIVERSITY
OFFICE OF ENTERPRISE RISK MANAGEMENT

Board Report

February 2026

Prepared by:
Deidre Melton
Deputy Chief Operating Officer &
AVP of Enterprise Risk Management



Message from the Chief Risk Officer – Deidre Melton

Florida A&M University's strength is increasingly defined by our ability to anticipate change, respond to uncertainty, and translate risk intelligence into strategic action. Over the past year, Enterprise Risk Management has continued to evolve from a reporting function into an embedded management discipline that actively informs strategy, resource allocation, and operational execution across the institution.

During this reporting period, we strengthened enterprise coordination through the Enterprise Risk Management Advisory Committee, advancing risk reduction strategies, campus safety and resilience planning, and finalizing the Risk Management and Insurance Strategic Report to reduce operational and financial risk exposure.

We also expanded our leadership role across the State University System through continued engagement in the SUS ERM Consortium and hosting the inaugural SUS ERM Summit. In partnership with our system peers, we are advancing a system-wide ERM maturity assessment followed by a system-level enterprise risk assessment to strengthen shared risk intelligence and coordinated response capability across Florida's public universities.

Technology modernization remains a critical enabler of our ERM strategy. Implementation of the Diligent ERM platform will enhance real-time risk visibility, strengthen accountability, and provide leadership and the Board with more dynamic, data-driven risk intelligence.

This reporting period also reflects a shift from risk identification to measurable risk execution. Progress has been made in strengthening legislative and regulatory intelligence monitoring, stabilizing key financial processes, expanding mental health support capacity, improving research enterprise processes, and advancing workforce and culture initiatives.

In support of responsible innovation, the University released the AI Public Records Compliance Guide to ensure artificial intelligence technologies are used in alignment with Florida public records law, data protection requirements, and transparency expectations. This guidance also supports Board governance by strengthening documentation and defensibility of AI-informed decision-making.

We also continue to strengthen internal controls that directly support student success outcomes. Current initiatives focused on Academic Advising and Financial Aid are improving process consistency, data transparency, and early student intervention, directly supporting retention, persistence, and completion outcomes while improving operational efficiency.

External benchmarking continues to validate the University's enterprise risk priorities. Our Top 10 Enterprise Risks closely align with national higher education risk trends, reinforcing that we are focused on the most significant systemic risks impacting the sector.

Looking ahead, our priorities include completing Diligent implementation, integrating system-level risk intelligence into strategic planning, expanding AI governance, strengthening internal controls tied to student success, and continuing to build a risk-aware, data-driven culture across the institution.

Our commitment remains focused on turning risk into opportunity that advances Student Success, Fiscal Sustainability, Operational Excellence, and institutional resilience.

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Status of Top 10 Enterprise Risks	Status of Key Internal Controls Initiatives	AI Public Records	External Risk Benchmarking: 2026 Top 10 Risks in Higher Education



ERM Advisory Committee Updates

Since the last Board report, the Enterprise Risk Management Advisory Committee (ERMAC) has focused on advancing strategic risk reduction efforts and strengthening operational resilience across the University. A primary area of focus has been finalizing the Risk Management and Insurance Strategic Report, which outlines targeted actions to improve operational effectiveness, strengthen risk financing strategies, and reduce institutional risk vulnerabilities across campus.

The report identifies key opportunities to enhance insurance coverage alignment, improve claims management processes, strengthen loss prevention practices, and ensure risk financing strategies appropriately support the University's research, operational, and student-facing environments. The action plan associated with this report is designed to drive measurable operational improvements while reducing long-term financial and safety exposures.

In addition to insurance strategy work, ERMAC has maintained an ongoing focus on strengthening campus safety and security posture. The Committee has continued cross-functional discussions to identify systemic improvements, address emerging threats, and enhance coordination across safety-related operational units. During this reporting period, ERMAC received structured progress updates on action plan implementation from:

- Facilities
- Emergency Management
- Campus Security
- Environmental Health & Safety

These updates provided visibility into mitigation progress, operational enhancements, and remaining vulnerability areas requiring leadership attention or resource alignment.

A key operational shift in ERMAC meetings has been the incorporation of real-time issue triage. At each meeting, the Committee evaluates immediate or emerging concerns related to Health and safety risks, Security threats, and operational inefficiencies impacting service delivery or resilience. This triage approach ensures rapid visibility, cross-functional coordination, and timely escalation of high-priority risks when necessary.

Through these efforts, ERMAC continues to strengthen its role as a strategic oversight and advisory body, ensuring that enterprise risks are actively monitored, mitigation actions are progressing, and operational improvements are aligned with the University's strategic priorities, safety commitments, and resilience goals.



SUS ERM Consortium



Florida A&M University continues to play a leadership role in advancing Enterprise Risk Management across the State University System (SUS) of Florida through active engagement in the SUS ERM Consortium. The Consortium has continued to meet regularly, strengthening collaboration among system institutions and reinforcing ERM as a strategic decision-support function across higher education in Florida.

Current Focus Areas

Sharing of Best Practices: Member institutions have continued to exchange leading practices related to risk governance structures, risk reporting to Boards and executive leadership, integration of ERM into strategic planning and budgeting, and approaches to strengthening risk culture across campuses. This collaboration ensures institutions are not operating in silos and allows the system to move forward using proven, peer-informed approaches.

Emerging Risk Intelligence: Consortium discussions have included monitoring emerging risks impacting higher education, including cybersecurity threats, research security requirements, artificial intelligence governance considerations, enrollment pressures, workforce challenges, and evolving state and federal regulatory expectations. This shared intelligence strengthens early risk identification and coordinated response strategies across the SUS.

System-Wide ERM Maturity Assessment: The Consortium has formally agreed to conduct a system-wide ERM maturity assessment across SUS institutions. This assessment will evaluate the current state of ERM program structures, governance integration, risk assessment methodologies, data and technology enablement, and organizational risk culture maturity. Following completion of the maturity assessment, the Consortium will conduct the System-Wide Enterprise Risk Assessment later this year to identify the Top system-level risks impacting Florida public universities.

Major Highlight: SUS ERM Summit

A major milestone for the Consortium is the inaugural SUS ERM Summit hosted by FAMU on February 3-4, 2026, which brings together risk leaders and subject matter experts from across the State University System to advance collaboration, alignment, and innovation in risk management practices. FAMU's leadership role in supporting and advancing this work reinforces the University's position as a system leader in enterprise risk management and strategic risk intelligence.

ERM Technology Platform Update

Since the last Board report, the University has continued progress toward implementation of the Diligent ERM platform. In January, the University received the formal implementation documentation and data request package from Diligent. Following receipt of this information, implementation planning meetings were initiated with key stakeholders to establish project governance, confirm implementation sequencing, and align system design with institutional priorities. The University is currently working through the data request requirements, including compiling and validating risk, audit, and compliance-related data needed to support system configuration and future dashboard reporting capabilities. This foundational work is critical to ensuring the platform is built to reflect FAMU's risk framework, reporting needs, and governance structure.

This implementation represents a significant step forward in strengthening enterprise risk visibility and accountability across the institution. Once deployed, the platform will provide leadership and the Board with more dynamic, data-driven risk intelligence, support proactive monitoring of key risk areas, and enhance the University's ability to align risk insights with strategic planning and operational decision-making.



Status of Top 10 Enterprise Risks

2025 Top 10 Enterprise Risks					
	2025 FAMU TOP 10 Enterprise Risks	Inherent Risk Level	Implemented Mitigation Actions as of 2/12/26	Current Mitigation (In-Progress)	Future Mitigation Actions to Enhance Risk Posture
1	<p>Political and Legislative Environment</p> <p>Description: Risks arising from shifting state and federal priorities, including policy restrictions, oversight expansion (e.g., DEIA, research funding), and political interference that threaten institutional autonomy, funding streams, and strategic direction.</p> <p>Owner: Michelle Robinson, Vice President of Government Relations</p>	HIGH	<ul style="list-style-type: none"> Established executive leadership discussions as a formal mechanism to surface emerging legislative and policy risks earlier, improving institutional scenario planning capability. Expanded collaboration with State University System (SUS) government relations counterparts to strengthen intelligence sharing and early identification of policy trends impacting higher education. Initiated efforts to strengthen federal-level intelligence gathering through expanded engagement with external partners and policy stakeholders. 	<ul style="list-style-type: none"> Ongoing use of executive-level discussions to proactively identify emerging legislative and regulatory risks. Active collaboration with SUS institutions to share real-time intelligence on legislative developments and emerging risk signals. Development of a digital, viewable Bill and Issue Tracking Report to improve visibility into legislative activity. Continued expansion of federal intelligence gathering. 	<ul style="list-style-type: none"> Launch and operationalize an interactive Bill and Issue Tracking Report. Expand federal and state intelligence networks to improve early warning capabilities and policy impact analysis. Secure additional staffing or resource support to sustain long-term legislative monitoring, deepen strategic relationships, and enhance policy risk analysis capacity. Formalize cross-SUS legislative risk coordination practices to support system-level situational awareness and shared response strategies.
2	<p>Communications and Transparency</p> <p>Description: Risks from fragmented internal communication, delayed crisis messaging, and inconsistent public narratives that erode</p>	MEDIUM	<ul style="list-style-type: none"> Bi-weekly Executive Cabinet Meeting Monthly Senior Leadership team meeting Implement a university-wide communication framework 	<ul style="list-style-type: none"> Bi Weekly ELT and SLT meeting President and COO hold weekly one on one with each direct report 	<ul style="list-style-type: none"> Quarterly Meetings with all management Social Media tracking process in place' Organizational surveys have been implemented

2025 Top 10 Enterprise Risks					
	2025 FAMU TOP 10 Enterprise Risks	Inherent Risk Level	Implemented Mitigation Actions as of 2/12/26	Current Mitigation (In-Progress)	Future Mitigation Actions to Enhance Risk Posture
	<p>stakeholder trust, fuel misinformation, and hinder cross-campus collaboration.</p> <p>Owners: Marva Johnson, President Kelvin Lawson, Executive Vice President & Chief Operating Officer</p>		<p>with clear approval workflows</p> <ul style="list-style-type: none"> Designate cross-functional crisis communication leads Use multiple channels (email, web, social, in-person) for rapid updates Track and measure communication effectiveness 	<ul style="list-style-type: none"> Corporate Communication's teams have regular outreach of key messages President has made multiple media presentations outlining university direction 	<ul style="list-style-type: none"> RFP in market for Communication and Brand building
3	<p>Talent and Workforce Management</p> <p>Description: Risks tied to rigid HR policies, lack of flexible work options, high turnover, low morale, uncompetitive compensation, and insufficient workforce development, all of which strain operational continuity and innovation.</p> <p>Owners: Marva Johnson, President Kelvin Lawson, Executive Vice President & Chief Operating Officer</p>	HIGH	<ul style="list-style-type: none"> Use carryforward money, where eligible, for compensation workforce needs. Optimize staffing through vacancies Partner with legislature to grow available funding for competitive compensation Expand professional development programs Promote career pathways and succession planning Embed flexible work policies where feasible Recognize and reward high performers Conduct regular workforce climate surveys and act on results 	<ul style="list-style-type: none"> Leverage carryforward to provide incentive pay for employees with strong performance Refined Performance Review system Holding working session with ELT to review President' and ELT Goals Created Career Pathways for faculty for teaching and research 	<ul style="list-style-type: none"> Develop long-term competitive compensation plan LBRs requesting funding for future faculty support Staffing HR Team and looking to over hall most HR policies
4	<p>Financial Sustainability</p> <p>Description: Risks driven by inefficient financial processes, untimely reconciliations,</p>	HIGH	<ul style="list-style-type: none"> Stabilized several long-standing audit and operational financial control findings, including investment accounting 	<ul style="list-style-type: none"> Continuing monthly reconciliation, accounting normalization, and financial reporting 	<ul style="list-style-type: none"> Achieve sustained clean financial statement audits supported by modernized systems, permanent leadership

2025 Top 10 Enterprise Risks					
	2025 FAMU TOP 10 Enterprise Risks	Inherent Risk Level	Implemented Mitigation Actions as of 2/12/26	Current Mitigation (In-Progress)	Future Mitigation Actions to Enhance Risk Posture
	<p>overreliance on consultants, NCAA settlement and NIL for Athletics financial sustainability, delayed grant spending, and an overdependence on unstable funding sources that compromise long-term fiscal health.</p> <p>Owners: Marva Johnson, President Nichole Murry, Acting Vice President of Finance and Administration</p>		<p>processes, bank reconciliations, and vendor payment compliance.</p> <ul style="list-style-type: none"> Completed prior-year reconciliations and implemented formal review and sign-off protocols to strengthen financial governance and accountability. Elevated financial oversight to executive leadership with structured weekly and monthly performance monitoring and reporting. Transitioned from reactive remediation to a structured stabilization and normalization phase across financial operations. Strengthened Athletics financial governance through new fiscal leadership, restructuring of the Athletics Business Office, and completion of required NCAA reporting obligations. 	<p>stabilization activities.</p> <ul style="list-style-type: none"> Reducing reliance on external consultants through targeted staffing realignment and recruitment of permanent financial talent. Maintaining executive-level monitoring of financial controls, audit findings, and remediation progress. Supporting Athletics financial sustainability through business office restructuring, enhanced fiscal oversight, and required financial audits. Advancing ERP transition planning to automate controls, improve data integrity, and strengthen financial reporting reliability. 	<p>structures, and standardized financial processes.</p> <ul style="list-style-type: none"> Continue reduction of consultant dependence through permanent workforce stabilization and internal capacity building. Complete ERP transition to strengthen automation, internal controls, and real-time financial reporting visibility. Strengthen long-term fiscal sustainability through improved grant spending timeliness, improved financial process efficiency, and diversified funding strategies. Support Athletics long-term financial sustainability through strengthened financial planning, NCAA compliance alignment, and structured fiscal oversight. Implement enterprise financial performance monitoring aligned with

2025 Top 10 Enterprise Risks					
	2025 FAMU TOP 10 Enterprise Risks	Inherent Risk Level	Implemented Mitigation Actions as of 2/12/26	Current Mitigation (In-Progress)	Future Mitigation Actions to Enhance Risk Posture
					strategic planning and risk appetite. •
5	Cybersecurity and Information Security Owner: Robert Seniors, Vice President of Information Technology Services	HIGH	Confidential	Confidential	Confidential
6	Health, Wellness, and Mental Health Description: Risks linked to rising mental health needs, insufficient campus health resources, and uneven access to wellness support, creating barriers to academic and workplace success across the university community. Owners: William Hudson, Jr. Vice President of Student Affairs Terrisa Brown, Associate Vice President of Human Resources	HIGH	<ul style="list-style-type: none"> • Expanded access to mental health support through partnerships providing 24/7 virtual counseling and crisis response services. • Implemented digital self-help and mental health support tools to increase accessibility and early intervention opportunities. • Strengthened coordination through participation in cross-functional student care and intervention teams. • Expanded campus-wide mental health education, prevention programming, and suicide prevention certification training. • Increased outreach through orientation programming and faculty/staff awareness training to improve early identification and referral. 	<ul style="list-style-type: none"> • Utilizing community provider networks and telehealth services to expand access during peak demand periods. • Increasing campus awareness of crisis escalation protocols and response coordination. • Monitoring demand trends, crisis events, and service utilization data to inform resource planning and risk monitoring. • Leveraging Assessment and Care Team coordination to support high-risk student intervention 	<ul style="list-style-type: none"> • Increase clinical staffing capacity to improve access to care and reduce clinician-to-student ratio gaps. • Increase investment in clinician recruitment, retention, and professional development. • Expand preventive mental health and wellness programming to reduce crisis-level demand. • Integrate mental health metrics into student success and retention strategies. • Strengthen enterprise monitoring using indicators such as utilization rates, crisis incidents, staffing stability, and retention correlations.

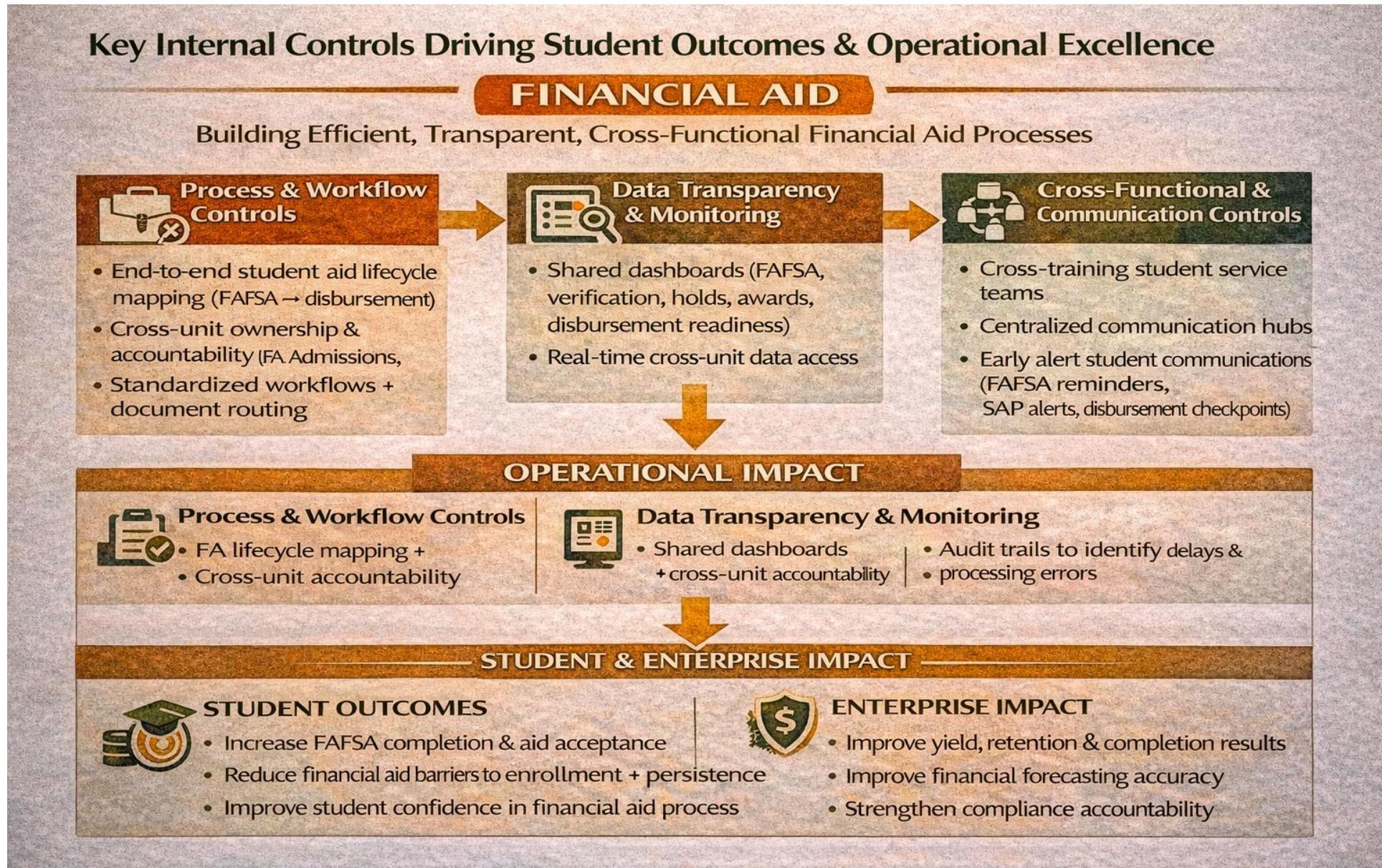
2025 Top 10 Enterprise Risks					
	2025 FAMU TOP 10 Enterprise Risks	Inherent Risk Level	Implemented Mitigation Actions as of 2/12/26	Current Mitigation (In-Progress)	Future Mitigation Actions to Enhance Risk Posture
				and case management. • Supporting workforce stabilization efforts to reduce clinician burnout and maintain continuity of care.	•
7	Regulatory Compliance and Legal Risk Description: Risks resulting from inconsistent policy enforcement, evolving legal and research requirements, and ineffective contract and policy oversight, leading to legal exposure, reputational harm, and compliance breakdowns. Owners: Avery McKnight, General Counsel; Rica Calhoun, Compliance and Ethics Officer	HIGH	<ul style="list-style-type: none"> Develop enhanced ethics and compliance training for all employees and board members. Conduct regular policy and contract audits. Enhanced contract templates. Enhanced training on contract management system and expectations for contract managers. 	<ul style="list-style-type: none"> Assign executive sponsors for high-risk compliance areas. Policy module is embedded into FAMU Fundamentals 2026. 	<ul style="list-style-type: none"> Strengthen training for managers on legal requirements.
8	Campus Safety and Emergency Management Owners: Audrey Alexander, Associate Vice President, University Police Department Ashley Davis, Assistant Vice President of Emergency Management	HIGH	Confidential	Confidential	Confidential

2025 Top 10 Enterprise Risks					
	2025 FAMU TOP 10 Enterprise Risks	Inherent Risk Level	Implemented Mitigation Actions as of 2/12/26	Current Mitigation (In-Progress)	Future Mitigation Actions to Enhance Risk Posture
9	<p>Research Enterprise Management</p> <p>Description: Risks due to stop-work orders, policy instability, F&A rate changes, and delayed internal approvals that reduce competitiveness, disruptions to research momentum, and inefficient research enterprise infrastructure.</p> <p>Owner: Donald Palm, III, Executive Vice President of Health Sciences & Research Innovation</p>	MEDIUM	<ul style="list-style-type: none"> Engaged stakeholders to identify challenges and opportunities Assessed research business processes to identify inefficiencies and worked with university partners to address. Proactively monitoring and responding to changes at the federal level that have an impact to FAMU grants. 	<ul style="list-style-type: none"> Conduct a comprehensive diagnostic review Benchmark against Carnegie R1-peer institutions of similar size Align the strategic plan with SUS 30 priority areas, 	<ul style="list-style-type: none"> Develop a strategic action framework Design key performance indicators (KPIs) and dashboard Assess infrastructure and capacity needs Develop implementation roadmap and resource plan
10	<p>Institutional Culture and Morale</p> <p>Description: Risks affecting employee engagement, driven by lack of accountability, fragmented processes, inflexible policies, resistance to change, aging workforce, and leadership voids that diminish organizational cohesion and effectiveness.</p> <p>Owners: Marva Johnson, President Kelvin Lawson, Executive Vice President & Chief Operating Officer</p>	MEDIUM	<ul style="list-style-type: none"> Updating organizational chart Finalized executive cabinet and senior leadership team Conduct skip-level reviews Hold regular one-on-one meetings with direct reports Lead by example with transparent decision-making Update all position descriptions by November and assign key performance indicators Recognize and celebrate successes Address underperformance directly Encourage cross-unit collaboration Provide regular updates on strategic progress 	<ul style="list-style-type: none"> ELT finalize with one exception, CFO President has conduct skip-level reviews ELT charged with updating all position descriptions. President is driving cross department collaboration via projects Dashboard being developed to showcased key accomplishment 	<ul style="list-style-type: none"> Each ELT member has specific goals that tie to university strategic plan President has established open door policy on all issues

2025 Top 10 Enterprise Risks					
	2025 FAMU TOP 10 Enterprise Risks	Inherent Risk Level	Implemented Mitigation Actions as of 2/12/26	Current Mitigation (In-Progress)	Future Mitigation Actions to Enhance Risk Posture
			Invest in leadership development at all levels		

Internal Control Updates

The University continues to strengthen key internal controls within Financial Aid and Academic Advising to improve process consistency, data-informed decision-making, and proactive student support. These enhancements are designed to drive measurable improvements in student success outcomes while increasing operational efficiency, service quality, and enterprise-wide performance.



Key Internal Controls Driving Student Outcomes & Operational Excellence

ACADEMIC ADVISING

Building Consistent, Data-Driven Advising Processes



Process & Governance Controls

- University-wide advising audit (structure, caseloads, policy consistency)
- Standardized advising workflows (intake → graduation)



Data & Monitoring Controls

- Civitas engagement + persistence analytics
- Real-time advising dashboards
- Documentation compliance monitoring



- Proactive advising and persistence analytics training
- Certification aligned professional development

OPERATIONAL IMPACT



Process & Governance Controls

- University-wide advising audit (structure, caseloads, policy consistency)



Data & Monitoring Controls

- Civitas engagement + persistence analytics
- Real-time advising dashboards



Workforce & Professional Standards

- Proactive advising and persistence analytics training
- Certification-aligned professional development

STUDENT & ENTERPRISE IMPACT



STUDENT OUTCOMES

- Higher retention + persistence
- Improved timely registration
- Higher satisfaction with advising



ENTERPRISE IMPACT

- Improved retention & completion rates
- Improved performance funding outcomes
- Data transparency for leadership decisions

AI Public Records Compliance Guide

During this reporting period, the University released the **AI Public Records Compliance Guide** to provide clear, actionable direction to faculty, staff, and administrators regarding legal and compliance obligations when using artificial intelligence tools for university business. The guide establishes a foundational compliance framework to ensure the University can safely leverage AI technologies while maintaining full alignment with Florida public records law and state retention requirements.

The guide reinforces that interactions with AI tools used for official university business — including prompts, outputs, metadata, and system-generated logs — may constitute public records subject to disclosure, retention, and retrieval requirements under Florida Statute Chapter 119. The guidance also clarifies that there are no special exemptions for AI-generated materials and that compliance obligations remain unchanged regardless. In addition, the guide outlines required prerequisites before using AI tools for university business, including formal evaluation through the AI Governance Council, confirmation that vendors can export all records upon request, and designation of responsible system owners, data stewards, and records custodians. The guidance also establishes non-negotiable vendor requirements related to data retention, retrieval, and restrictions on using university data for model training without explicit authorization.

Board Member Relevance and Oversight Considerations

This guidance has direct implications for Board governance and oversight responsibilities. Board members should be aware that:

1. AI tools used for university business may create public records subject to disclosure.
2. AI-generated materials used in decision-making processes may be subject to retention and public records requests.
3. AI use in public meetings, briefings, or decision support activities must comply with state public records and transparency laws.

The guide supports Board members by:

- Reducing institutional exposure to public records compliance violations
- Strengthening documentation and traceability of AI-assisted decision-making
- Ensuring AI adoption aligns with state law, regulatory expectations, and public trust standards
- Supporting responsible innovation while protecting institutional reputation



External Risk Benchmarking: 2026 Top 10 Risks in Higher Education (United Educators)

To support continuous environmental scanning and benchmarking against national higher education risk trends, the University reviewed the [2026 Top Risks Report: Insights for Higher Education](#) published by United Educators. The report reflects survey responses from 267 colleges and universities and provides insight into the most significant risks currently impacting the higher education sector.

Top 10 Risks



1. Admissions and Retention



2. Data Security/Cybersecurity



3. Compliance (Non-Title IX/VAWA)



4. Operational Pressures



5. Facilities and Deferred Maintenance



6. Funding/Financial Stability



7. Student Mental Health



8. Recruitment and Hiring



9. Public Safety



10. Athletics

The University's enterprise risk profile closely aligns with the national higher education risk landscape identified by United Educators. Themes such as enrollment and student success pressures, cybersecurity threats, financial sustainability challenges, workforce stability, regulatory complexity, student mental health, public safety, and athletics risk exposure are reflected both nationally and within the University's Top 10 Enterprise Risks. This strong alignment reinforces that the University is prioritizing the right risk domains and actively monitoring the same systemic pressures affecting peer and aspirational institutions across the country. Three questions every board member should ask after reviewing this report:

1. Are We Investing in the Right Areas to Protect and Advance the University's Future?

Do our current resource decisions align with our highest enterprise risks — including student success, financial sustainability, cybersecurity, workforce stability, and compliance — and are we investing early enough to prevent risk from becoming crisis?

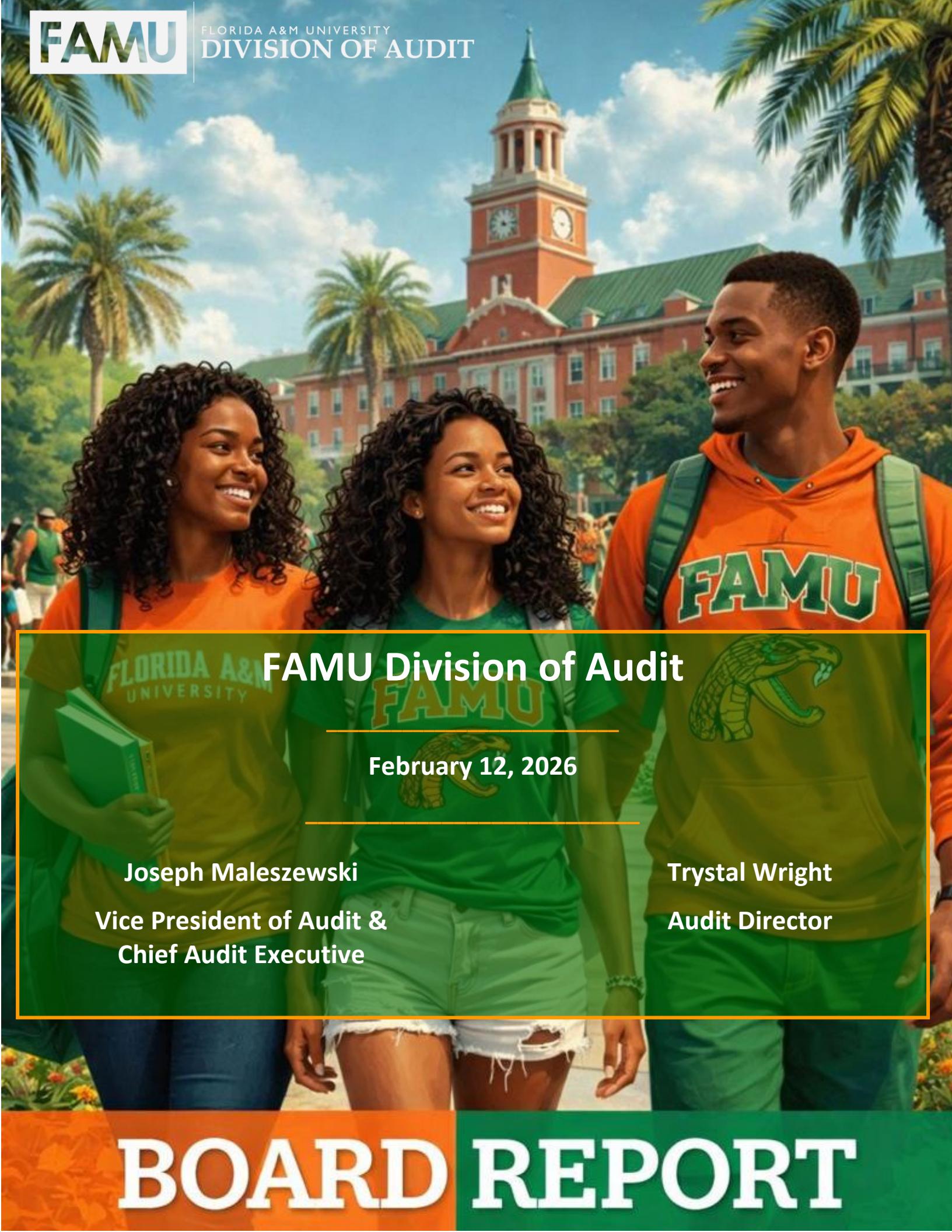
2. Where Are We Most Vulnerable if External Conditions Change Rapidly?

If there were sudden shifts in legislation, enrollment patterns, cybersecurity threat activity, research funding, or public perception, where would the University experience the greatest operational or financial disruption, and do we have contingency plans in place?

3. Are We Using Risk Intelligence to Drive Strategy, Not Just Monitor Risk?

How are we embedding risk insights into strategic planning, budgeting decisions, major initiatives, technology investments, and policy development to ensure risk awareness translates into institutional advantage?

Strong institutions do not just react to risk, they anticipate it, prepare for it, and use it to make smarter strategic decisions.



FAMU Division of Audit

February 12, 2026

Joseph Maleszewski

**Vice President of Audit &
Chief Audit Executive**

Trystal Wright

Audit Director

BOARD REPORT

Dear Esteemed Members of the FAMU Board of Trustees,

I respectfully submit the Division of Audit's report for the February 2026 meeting of the Audit, Risk, and Compliance Committee. This report reflects the Division's activities and oversight responsibilities across internal audit, advisory services, investigations, and coordination with external auditors since our last update to the Board.

During this reporting period, the Division completed the 2025–2026 Performance-Based Funding Data Integrity Audit and continued progress on the University's Cybersecurity advisory, we are now in the reporting phase. We also monitored management's corrective actions for previously reported audit issues, including high-risk matters related to Athletics financial controls and foreign influence compliance. Several corrective action plans have advanced toward closure, while others remain open and under active monitoring consistent with Board of Governors Regulation 4.002 and professional auditing standards.

The Division continues to serve as the University's liaison with external auditors, including the Florida Auditor General and NCAA-related engagements. Notably, the Florida Auditor General's Financial Statement Audit for fiscal year 2025 remains in progress and is expected to conclude by March 31, 2026. The Athletics Department submitted its NCAA financial report by the January 15, 2026, deadline, and remediation efforts are underway to address audit-readiness gaps affecting Athletics agreed-upon procedures and financial statement audits.

Advisory follow-up services during this period focused on cybersecurity governance, academic affairs, procurement, financial aid, and institutional effectiveness. The Division continues to monitor management's implementation of agreed-upon advisory recommendations, particularly those dependent on policy revisions, training, or the future implementation of Workday.

Investigative activity remains a significant component of the Division's workload. As of January 2026, the Division managed seventeen open cases and closed twelve cases during the fiscal year, including investigations involving fraud, employee misconduct, financial aid, and athletics-related matters. These activities are conducted in accordance with the Division's Charter, Florida's Whistle-blower Act, State University System investigation standards, and Association of Inspectors General principles

I would be remiss not to note the continuing impact of staffing constraints on the Division's capacity. Increasing case complexity has required careful prioritization of high-risk matters. I continue to recommend strengthening investigative staffing to ensure timely case resolution and sustained compliance with statutory and professional obligations.

I also want to apprise the Board of temporary staff support arrangements under which a CPA member of the Division of Audit has been made available to assist Athletics and the Office of the Controller with critical accounting operations during periods of staffing vacancy. These assignments are narrowly scoped and time-limited and are intended to provide staff-level accounting support, such as preparation of required NCAA and federal

reports, reconciliations, journal entries, and monthly close activities—under the direct supervision of management in those units. This work is operational in nature and does not constitute internal audit, advisory, consulting, or assurance services.

To preserve the independence and objectivity of the internal audit function, appropriate safeguards are in place, including separation from audit oversight, functional supervision by management in the supported units, and restrictions on future audit participation in the areas supported. While the Division is willing to provide this assistance in support of institutional priorities and risk mitigation, these temporary assignments do impact the Division's capacity to execute the Board-approved internal audit work plan. Specifically, the diversion of limited CPA resources to operational support reduces available audit hours and may require adjustments to audit timing, sequencing, or scope. I believe it is important for the Board to be aware of this trade-off as part of its oversight of audit independence, resourcing, and institutional risk management.

I appreciate the Board's continued engagement and oversight and look forward to discussing this report and responding to any questions during the Committee meeting.



Sincerely,

A handwritten signature in blue ink that reads "Joseph H. McLean, Jr."

Vice President for Audit and Chief Audit Executive

FAMU FLORIDA A&M UNIVERSITY
DIVISION OF AUDIT

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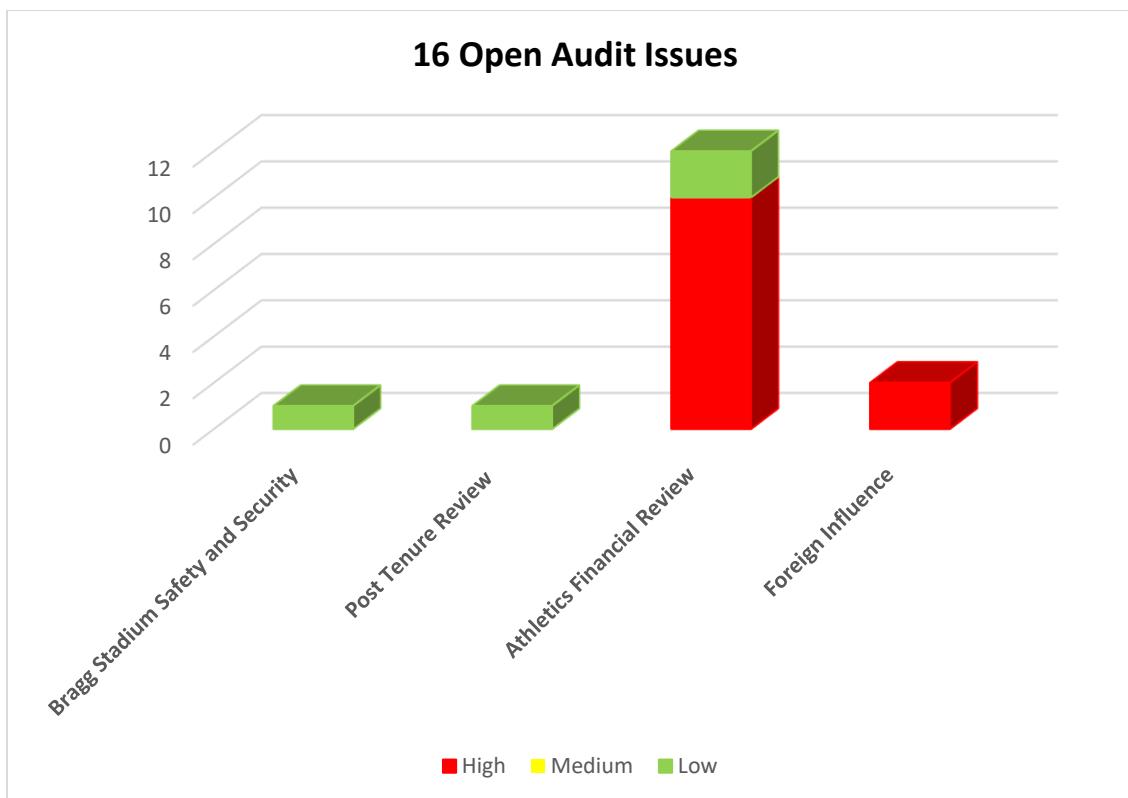


Internal Audit Activities

Audit Work Plan				
Project	Start Date	Projected Completion	Revised Projected Start Date	Status
25-26 Performance-Based Funding Data Integrity Audit	August 2025	March 2026	n/a	Complete
25-26 University Construction Program Audit	November 2025	March 2026	March 2026	Pending

Status of Corrective Actions for Open Audit Issues since June 2023

Florida Board of Governors Regulation [4.002 State University System Chief Audit Executive](#), Section 3(b) requires the chief audit executive to report on the progress made by management in implementing corrective actions.



Bragg Stadium Safety and Security (Open Issue: 1)

Executive Owner: John F. Davis, Vice President for Athletics/AD

- ADA Guardrail Compliance - The height (in certain areas) and construction of the guardrails are not compliant, in accordance with the Florida Building Code: FBC-B 1015. The University has received a proposal for installation, including pricing, and is currently looking at the most cost-effective way to address this concern. Until these areas are addressed, the Building code official recommended that the University install "caution signage" to bring awareness to the individuals seated in these areas. (**Status- OPEN; Risk Level- LOW**)

Security Plan Audit (Open Issues: CONFIDENTIAL)

Executive Owner: Robert Seniors, Vice President for Information Technology Services/CIO

- The referenced audit issues are considered confidential in accordance with [Florida Statute 1004.055 Security of Data and Information Technology in State Postsecondary Education Institutions](#). A detailed review of progress on corrective actions taken to resolve issues identified during the Security Plan Audit is available to Board of Trustees members. Trustees may request a one-on-one briefing by contacting Joseph Maleszewski, Vice President for Audit/CAE at joseph.maleszewski@famu.edu.

GLBA - Safeguards Rule Audit (Open Issues: CONFIDENTIAL)

Executive Owner: Robert Seniors, Vice President for Information Technology Services/CIO

- The referenced audit issues are considered confidential in accordance with [Florida Statute 1004.055 Security of Data and Information Technology in State Postsecondary Education Institutions](#). A detailed review of progress on corrective actions taken to resolve issues identified during the 2024-2025 GLBA Audit is available to Board of Trustees members. Trustees may request a one-on-one briefing by contacting Joseph Maleszewski, Vice President for Audit/CAE at joseph.maleszewski@famu.edu.

Post Tenure Review (Closed Issues: 8; Open Issues: 1)

Executive Owner: Allyson Watson, Provost and Vice President for Academic Affairs

- Nine (9) recommendations were made regarding the effectiveness of the Post Tenure Review process.
 - Eight (8) recommendations have been successfully implemented and are related to process improvements, ongoing monitoring, ratings, contingency plans, and specific schools whose criteria needed improvements.
 - One (1) recommendation remains open and is related to efficiency of the data collection process for faculty activity information. Implementation is anticipated for April 2026. (**Status- OPEN; Risk Level- LOW**)

Athletics Financial Review (Spring & Fall 2023) (Open Issues: 12)

Executive Owner: John F. Davis, Vice President for Athletics/AD

- Twelve (12) recommendations were made regarding the operational effectiveness of purchasing within the Athletics Department:
 - All 12 remain open and are categorized as follows:
 - One (1) pertains to budgetary classifications;
 - Two (2) relate to unauthorized purchase commitments;
 - Two (2) recommendations relate to timely vendor authorizations;
 - Two (2) address the unverified receipt of goods;
 - One (1) pertains to untimely invoice payments; and
 - Four (4) relate to the overall enhancement of internal controls for purchasing processes.

(Status- OPEN; Risk Level- HIGH)

24-25 Foreign Influence (Open Issues: 2)

Executive Owner: Kelvin Lawson, Chief Operating Officer

- Ten (10) recommendations were made regarding compliance with state and university foreign influence requirements:
 - Eight (8) recommendations have been successfully completed and pertain to:
 - the initial evaluation and referral for foreign influence screening,
 - access to current project data for foreign researcher and foreign travel screening,
 - foreign travel recordkeeping, registration and approval processes, and trip reporting, and
 - screening controls for foreign gift reporting.
 - Two (2) recommendations concerning policies and procedures for screening foreign researchers and reporting foreign gifts remain open but have been partially implemented. Both are pending closure and future implementation following final review of the new policy.(Status- OPEN; Risk Level- HIGH)

External Audit Activities

The Division of Audit functions as the University's official liaison for external auditors to assist management with meeting the requests and understanding various audit requirements. We also monitor the implementation status of audit recommendations, including recommendations with long implementation timelines to ensure they are progressing.

The chart below provides an overview of external audits currently in-progress or recently concluded since our December 2025, report to the Audit, Risk and Compliance Committee.

Current Status of External Audits		
Audit	Current Status	Comments
<u>Florida Auditor General (AG)</u> Financial Statement Audit (FYE 2025)	In Progress	<p>The Engagement Letter issued July 11, 2025 states that the objectives of the audit are to:</p> <ul style="list-style-type: none">• Determine whether the University's financial statements present fairly in all material respects, are free from material misstatement, and conform with accounting principles.• Determine whether the University administered the Bright Futures Scholarship Program and Florida Student Assistance Grant Program money in accordance with applicable laws, rules, and other guidelines and properly accounted for the monies received and distributed through the Programs for the fiscal years ended June 30, 2024, and June 30, 2025. <p>These engagements should conclude on or before March 31, 2026.</p>
<u>Athletics Agreed Upon Procedures (AUP)</u> (FYE 2025)	Complete - Exception Noted	In preparation for the AUPs, the Athletics Department worked with Thomas, Howell, Ferguson to identify current obstacles to audit readiness, strengthen internal controls, and to assist FAMU Athletics in determining compliance with GAAP and applicable NCAA reporting standards. The financial report was submitted on January 15, 2026, however, the report was not subject to AUP, as required by the NCAA.
<u>Athletics Financial Statement Audit</u> (FYE 2024 & 2025)	Modified - Readiness Remediation	The Athletics Department has completed its initial assessment and is now focused on addressing identified gaps to achieve audit readiness, including strengthening

Current Status of External Audits		
Audit	Current Status	Comments
		internal controls and ensuring compliance with GAAP and applicable NCAA reporting standards.
<u>Cybersecurity Maturity Model Certification (CMMC)</u>	In Progress	Information gathered from internal surveys will be used to inform the external review. DOA collaborated with ITS and the Division of Research to create and distribute surveys to determine the adequacy of the University's data security. Results of internal surveys will be discussed during the closed-door session.

Florida AG Operational Audit - FYE 2024 (Open Issues: 2)

Executive Owner: Nicole Murry, Interim Vice President for Finance and Administration/CFO

The AG Operational audit included recommendations related to strengthening SPIA procedures to ensure timely and accurate recording by fund and monthly reconciliations to the general ledger; ensuring timely bank-to-general ledger reconciliations with documented review and approval; strengthen procedures to ensure timely vendor payments; and strengthen procedures to ensure annual completion of required personnel evaluations. The University's response to the recommendations are as follows:

- **SPIA Account:** Monthly accounting and recording activities for FY 2024–2025 have been completed. The revised Investment Policies and Procedures were implemented effective July 22, 2025. Monthly accounting and recording activities for FY 2025–2026 are currently in process.
- **Bank Account Reconciliations:** All reconciliations for FY 2024–2025 have been completed, including the use of external firms (Consulting Together and Cherry Bekaert), and formal review and sign-off protocols have been instituted. Reconciliations for FY 2025–2026 are currently in process.
- **Prompt Payment (40 days) - Complete:** Vendor payments are now being made in accordance with Section 215.422, Florida Statutes, and University policy, supported by weekly tracking and escalation, a monthly scorecard report, and expanded use of the P-Card program. As of January 26, 2026, there are no undisputed invoices over invoices over 40 days. The one item in dispute is \$3,421.33 and is 43 days old as of January 26, 2026. This stands in stark contrast to the 523 invoices totaling \$906,000 when this remediation process began.
- **Personnel Evaluations - Complete:** All Administrative and Professional (A&P) evaluations have been completed following a transition to a manual evaluation process, supported by training, clear communications, and established deadlines. Completeness assessments and accountability measures have been implemented, and A&P evaluation periods have been aligned with USPS evaluation cycles.

Florida AG Financial Statement Audit - FYE 2024 (Open Issue: 1)

Executive Owner: Nichole Murry, Interim Vice President for Finance and Administration/CFO

The Auditor General's Financial Statement Audit identified the need to strengthen accounting accuracy, training, and independent verification.

The Department of Finance and Administration has organized the corrective actions in response to the Auditor General's findings into the following six (6) distinct plans. Four (4) out of the six (6) plans are still in progress:

- **Fill Controller position** by December 2025. Controller recruitment is ongoing.
- **Bring all reconciliations up-to-date** by March 2026.
- **Implement a staffing plan** to fill 10 Controller's Office vacancies.
 - Four (4) out of ten (10) open positions have been successfully filled.
 - Recruitment for the remaining roles continues, with priority given to hiring a qualified Controller.
- **Engage external consulting services from firms Cherry Bekaert and Mitchell & Titus** for assistance with the preparation of financial statements in accordance with GASB standards and to provide support during the audit process.

Advisory Activities

Advisory Work Plan			
Project	Initial Projected Start Date	Revised Projected Start Date	Status
IT Governance: State of Cybersecurity	March 2025	April 2025	Reporting
Grants Management Review Advisory	October 2025	February 2026	Pending
Human Resources Advisory	February 2026	n/a	Pending

Status of Correct Actions for Open Advisory Issues

Global Internal Audit Standards, [Standard 15.2 – Confirming the Implementation of Recommendations or Action Plan](#), requires the internal audit activity to confirm that management has implemented internal auditors' recommendations or management's action plans. The Division of Audit monitors corrective actions only for recommendations accepted by management during the consulting engagement. Accepted recommendations and corrective action plans are confirmed by both the division vice president and chief operating officer for monitoring.

2022 Procurement Services (Open Issues: 16)

Executive Owner: Nichole Murry, Acting Vice President for Finance and Administration

- A total of 34 recommendations were agreed upon by Procurement Services management.
 - Eighteen (18) of those recommendations have been successfully implemented.
 - Sixteen (16) recommendations remain open but are pending closure for future implementation:
 - Nine (9) regarding staff training, clearly defined responsibilities, and updates to the Procurement Manual, Procurement Policy, procurement flowcharts, P-Card Manual, and Contract Management Manual.
 - Two (2) pertaining to the use of technology for efficient and effective operations, to be implemented with the University-wide implementation of Workday.
 - Two (2) pertaining to establishing University-wide procurement goals.
 - One (1) regarding the inclusion of financial consequences in University contracts; this requires collaboration with the Office of General Counsel and Office of University Policy.

- Two (2) pertain to the development of an annual procurement plan and will be transferred to the COO and Senior Leadership for their evaluation and consideration.

IT Security Controls in Remote Work Environment Audit (Open Issues: CONFIDENTIAL) Executive Owner: Robert Seniors, Vice President for Information Technology Services/CIO

- The referenced audit issues are considered confidential in accordance with [Florida Statute 1004.055 Security of Data and Information Technology in State Postsecondary Education Institutions](#). A detailed review of progress on corrective actions taken to resolve issues identified during the IT Security Controls in Remote Work Environment Audit is available to Board of Trustees members. Trustees may request a one-on-one briefing by contacting Joseph Maleszewski, Vice President for Audit/CAE at joseph.maleszewski@famu.edu.

24-25 Academic Affairs Advisory: School of Business & Industry Student & Faculty Experiences (Open Issues: 14)

Executive Owner: Dr. Ira Bates, Interim Dean, School of Business & Industry

- A total of fourteen (14) recommendations were agreed upon by SBI management.
 - Three (3) of those recommendations have been successfully completed and pertain to improving faculty career advancement opportunities.
 - Eleven (11) recommendations remain open, with five (5) in progress, of which:
 - Three (3) involve improving the student customer experience;
 - Five (5) pertain to improving the timeliness and consistency of grade notifications by faculty and have a future implementation of Spring 2026;
 - One (1) relates to increasing cleaning frequency in high-risk and high traffic areas; and
 - Two (2) pertain to improving faculty career advancement opportunities.

24-25 Academic Affairs Advisory: College of Social Sciences, Art, & Humanities Student & Faculty Experiences (Open Issues: 10)

Executive Owner: Dr. Valencia Matthews, Dean for College of Social Sciences, Arts, and Humanities

- A total of ten (10) were agreed upon by CSSAH management.

- Five (6) of those recommendations have been successfully implemented.
- Four (4) of the recommendations remain open. Specifically:
 - Two (2) have a pending implementation date of Fall 2025, pending faculty training on the impact of delayed notifications on student success, progress to degree, and graduation rates.
 - One (1) involves review and distribution of a faculty survey regarding mentoring needs and interests. Implementation is pending.
 - One (1) pertains to faculty recognition and will be addressed with issuance of the next Conscience Magazine, prior to the end of Fall 2025.

Cyber Tabletop Exercise (Open Issues: CONFIDENTIAL)

Executive Owner: Robert Seniors, Vice President for Information Technology Services/CIO

- The referenced audit issues are considered confidential in accordance with [Florida Statute 1004.055 Security of Data and Information Technology in State Postsecondary Education Institutions](#). A detailed review of progress on corrective actions taken to resolve issues identified during the Cyber Tabletop Exercise is available to Board of Trustees members. Trustees may request a one-on-one briefing by contacting Joseph Maleszewski, Vice President for Audit/CAE at joseph.maleszewski@famu.edu.

24-25 Financial Aid Processes and Information Systems Review (Open Issues: 7)

Executive Owner: Dr. William Hudson, Vice President for Student Affairs

- Seven (7) recommendations were made regarding the operational effectiveness of OFA's academic and scholarship function:
 - All 7 remain open and are categorized as follows:
 - Three (3) recommendations—focused on enhancing recordkeeping and documentation for Satisfactory Academic Progress (SAP) appeals and scholarship procedures, as well as routine review and updates to the OFA Policies and Procedures Manual—are pending closure and future implementation following manual updates.
 - One (1) recommendation is regarding manual process delays in for student program changes; and
 - Three (3) recommendations, with anticipated resolution from the migration to Workday, include delays and inefficiencies caused by PeopleSoft and Student Financial Planning integration challenges,

manual workflows for private and institutional scholarships, and discrepancies in current financial aid data within PeopleSoft.

Investigation Services



The Division of Audit (DoA) is authorized to perform investigations into allegations of fraud, waste, abuse, and whistleblower determinations and disclosures, pursuant to the Florida's Whistle-blower Act (Sections 112.3187-112.31895, Florida Statutes). DoA manages the following types of cases:

Preliminary Inquiry: An initial assessment conducted to verify the validity of a complaint and to gather additional details to determine whether a formal investigation is necessary.

Administrative Investigation: A systematic collection and evaluation of evidence to reach conclusions, conducted in compliance with university policies, regulations, and applicable state and federal laws.

Investigative Collaborations: Investigative activities and collaboration with other investigative departments within the University.

Informational Review: Information that does not qualify for a preliminary inquiry but offers valuable insights to enhance the University's objectives.

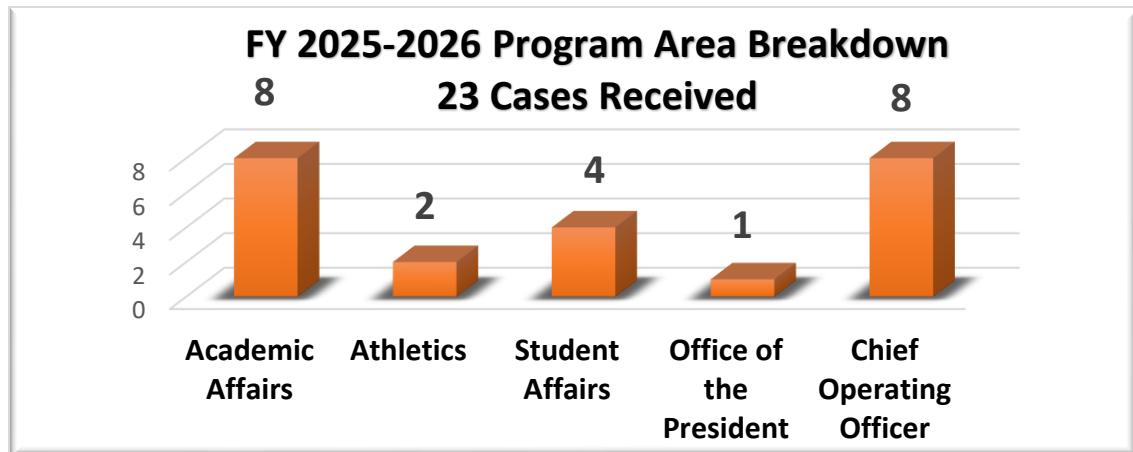
Management Referral: A complaint that does not necessitate an investigation but is referred to the relevant executive owner for awareness and possible resolution, as deemed appropriate. Updates on actions taken are often requested.

In accordance with the DoA Charter, *investigation activities are required to conform to standards found in the Principles and Standards for Offices of Inspector General published by the Association of Inspectors General, and professional standards issued for the State University System of Florida entitled Standards for Complaint Handling and Investigations for the State University System of Florida.*

The following information is designed to keep the Board of Trustees informed regarding DoA investigative activities.

FY 2025-2026 Cases Received by Program Area

As of January 20, 2026, the Division of Audit received twenty-three (23) cases in FY 2025-2026. Of those cases received, eight (8) cases are within the purview of the Office of the Chief Operating Officer, eight (8) in the Office of Academic Affairs, four (4) in the Office of Student Affairs, two (2) in Athletics, and one (1) in the Office of the President.



Open Cases Breakdown

The Division of Audit currently has 17 open cases, including those carried over from previous periods. Among these, five (5) are active FY 25-26 investigations, three (3) carryover investigations, nine (9) FY 25-26 management referrals. The table below summarizes the open investigative issues by type of category and program areas.

Open Investigative Issues by Category

1 Academic Misconduct	1 Fraud
1 Accounting and Auditing	9 General Concern
1 Conflict of Interest*	1 Retaliation*
1 Employee Misconduct	1 Waste, Abuse, Misuse of Institution Resources
1 Employee Violation	

**Although these issues originated as either a conflict of interest or discrimination or harassment, they contained elements appropriate for the Division of Audit jurisdiction*

Open Cases – Days Open

The investigative team worked diligently to address our pre-existing caseload, meticulously examining details to ensure thorough investigations of each matter. Our commitment to managing this workload is evident, as we are pleased to report that we currently have three (3) carryover investigations from the previous fiscal years, five (5) active investigations, and nine (9) management referrals/other department for this current fiscal year. Below is a summary of open cases and their respective durations as of January 19, 2026.

Year	Case #	Date Received	Case Name	Inquiry/Investigation	Area	Days Open
2022-2023	2023-6-ITS WB	5/31/2023	Confidential	External Investigation	Information Technology	964
2024-2025	2024-6-255*	10/16/2024	OPS Advisors	External Investigation	Academic Affairs	460
2024-2025	2025-5-337 WB	4/30/2025	Confidential	Investigation	Academic Affairs	264
2025-2026	2025-7-349	7/22/2025	Misuse of Position	Other Department	Academic Affairs	181
2025-2026	2025-7-352	7/24/2025	Employment Matters	Investigation	Academic Affairs	179
2025-2026	2025-8-355 WB	8/15/2025	Confidential	External Investigation	Finance and Administration	157
2025-2026	2025-9-360	11/18/2025	Jones Hall	Investigation	Academic Affairs	62
2025-2026	2025-9-361	9/2/2025	Employee Misconduct	Investigation	Athletic	139
2025-2026	2025-7-363	9/22/2015	Contracts	External Investigation	Academic Affairs	119
2025-2026	2025-7-346	7/15/2025	Financial Aid	Management Referral	Student Affairs	188
2025-2026	2025-9-Filters	9/21/2025	Filter Maintenance	Management Referral	Chief Operating Office	120
2025-2026	2025-9-POM Contracts	9/26/2025	POM Contract Concerns	Management Referral	Chief Operating Office	115
2025-2026	2025-10-DS	10/27/2025	Duplication of Services	Management Referral	Chief Operating Office	84
2025-2026	2025-12-387	12/4/2025	SAET Hiring	Management	Academic Affairs	46
2025-2026	2025-11-381	11/19/2025	COE Funds	Management Referral	Academic Affairs	61
2025-2026	2026-1-Foster Tanner	1/16/2026	Foster Tanner ADA	Management Referral	Chief Operating Office	3
2025-2026	2026-1-SBI ADA	1/16/2026	SBI ADA	Management Referral	Chief Operating Office	3

* This case was outsourced to an external investigator; however, due to the recent expiration of the contract, it is being handled internally.

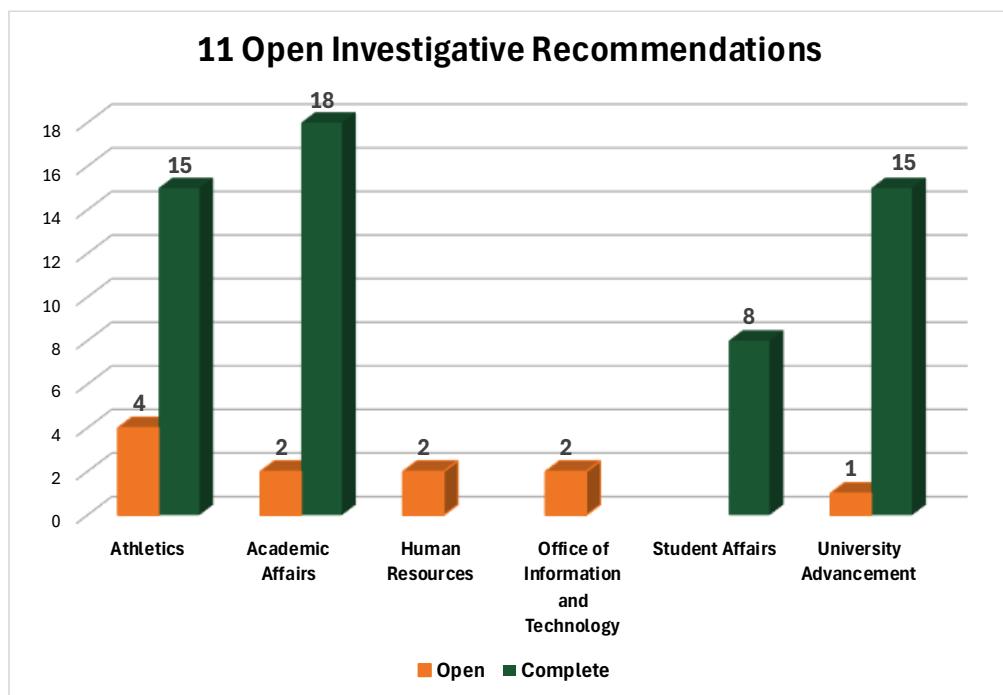
2025-2026 Summary of Closed and Published Cases

#	Year	Case #	Date Received	Case Name	Inquiry/Investigation	Status	Date Close out
1	2021-2022	2022-04-80	4/1/2022	Contract Fraud	Investigation	Closed	1/6/2026
2	2022-2023	2022-12-119	12/13/2022	SGA	Investigation	Closed	9/4/2025
				Student Financial			
3	2022-2023	2023-03-137	3/15/2023	Aid	Investigation	Closed	7/16/2025
4	2024-2025	2025-3-331	3/26/2025	CSSAH	Referral	Closed	7/9/2025
5	2025-2026	2025-7-345	6/30/2025	Homeless Student	Referral	Closed	8/26/2025
6	2025-2026	2025-7-348	7/16/2025	Testing	Inquiry	Closed	7/23/2025
7	2025-2026	2025-7-347	7/16/2025	Student Housing	Referral	Closed	8/22/2025
8	2025-2026	2025-9-362	9/2/2025	Pcard Misuse	Investigation	Closed	1/7/2026
		2025-9- Painting					
9	2025-2026	Vendor Issues	9/9/2025	SBI Painting Issues	Referral	Closed	12/9/2025
				Athletic			
10	2025-2026	2025-10-370	10/2/2025	Compensation	Other Department	Closed	10/15/2025
				Restricted AiM			
11	2025-2026	Access	10/28/2025	Access	Other Department	Closed	12/15/2025
12	2025-2026	2025-11-383	11/20/2025	CoPPS Financial Aid	Inquiry	Closed	12/19/2025

Status of Management Actions for Open Investigation Recommendations since January 2026:

DoA collaborated with management to understand the measures taken since the last report to the Audit and Compliance Committee. The table below summarizes the status of management actions.

11 Open Investigative Recommendations



Department of Athletics (4 Open Recommendation)

Inventory Management (1 Open Recommendation)

Executive Owner: John F. Davis, Vice President and Athletic Director

- Develop and implement a method for tracking apparel that is given to university employees, and work with the Division of Finance and Administration to ensure proper reporting of apparel as additional income in accordance with IRS guidelines.

Action Plan: The Department of Athletics is in the process of meeting with the Division of Finance and Administration regarding the proper reporting of apparel based on IRS guidelines.

Actions Taken to Address Recommendation (actions as of October 3, 2025):
TBA.

Status – Open; Risk Level - Moderate; Anticipated Completion – TBA)

Case 2024-11-298 Women’s Basketball Fundraiser (3 Open Recommendations)

Executive Owner: John F. Davis, Vice President and Athletic Director

1. Consult with Human Resources and Legal as appropriate.

Action Plan: The Head Coach of the Women’s Basketball team will be required to attend training sessions covering policies and procedures related to fundraising activities and money collection for the Athletic program. An official letter documenting that an investigation occurred regarding fund transfers during her tenure as coach will be placed in her employment file. The Head Coach will also be responsible for repaying \$100 to the Athletic Foundation.

(Status – Open; Risk Level – Low; Anticipated Completion – TBA)

2. Ensure that all cash collections performed by Athletics conform to the FAMU Cash Collections and Controls Manual.

Action Plan: The former acting Athletic Director (Travis Glasgow) meet with all head coaches and staff the week of October 8, 2025, to review cash collection policies. The acting Athletics Director has already spoken with some individuals.

(Status – Open; Risk Level – Low; Anticipated Completion – TBA)

3. Establish procedures and policies to ensure all funds raised comply with NCAA Bylaws including section 12.5.1.1.e.

Action Plan: TBA

(Status – Open; Risk Level – Low; Anticipated Completion – TBA)

Division of Academic Affairs (5 Open Recommendations)

Case: 2023-1-121 – Alleged Additional Employment Violation (1 Open Recommendation)

Executive Owner: Dr. Allyson Watson, Vice President of Academic Affairs and Provost

1. Improve Additional Employment Procedures and Processes.

Actions Complete

The college approved Verifying Requests for Additional Employment Within the University policy on October 20, 2025.

(Status – Complete ; Risk Level – Low)

Case: 2023-8-164 - Marching 100 Youth Summer Band Camp Safety: Inclement Weather Protocols (2 Open Recommendations)

Executive Owner: Dr. Allyson Watson, Vice President of Academic Affairs and Provost

1. Confirm Blue Room issues are resolved

Division of Finance Administration Response (as of October 5, 2025):

The air conditioning has been repaired and is now operational and is cooling properly (the breaker must be turned on). The compressor is operational but continues to run even when the fan is turned off, which is a new issue. HVAC staff has assessed and will take appropriate action by November 5, 2025.

There is one (1) floor fan that seems to be in use and two (2) units that are in boxes.

There were no updates as of January 2026.

(Status – Partial; Risk Level – Moderate; Anticipated Completion – November 2025)

2. Conduct an assessment to evaluate the feasibility of adding an outdoor pavilion, tensile roofing, or equivalent

Division of Finance Administration Response (as of January 22, 2026):

- In reference to the Band Practice Field's sound system update, the State of Florida Self-Insurance reimbursed FAMU \$12,308.27 for the Band Observation Tower damages. The facilities team is preparing to submit a purchase order request for the necessary repairs. These repairs will make the existing system operational. The projected cost to replace the entire sound system due to damage from the tornadoes is over \$40,000.

In addition, Facilities is working with FEMA to obtain additional funds needed to replace the entire PA system. FEMA has obligated this project, and it is under review by the State of Florida (last steps before disbursement to FAMU). The potential FEMA allocation is approximately \$32,000.00 for damages at this location.

(Status – Open; Risk Level – Moderate; Anticipated Completion – 2026)

Case: 2022-4-80 CAFS Contractors - Service Agreement Practices (1 Open Recommendation)

Executive Owner: Dr. Allyson Watson, Vice President of Academic Affairs and Provost

1. The Provost partner with the Offices of Procurement Services, University Policy, and General Counsel to add right-to-audit clause to Professional Services Agreement.

(Status – Closed)

Case: 2025-3-320 SBDC Consultant Misconduct (1 Open Recommendation)

Executive Owner: Dr. Allyson Watson, Vice President of Academic Affairs and Provost

1. Ensure compliance with America's SBDC Florida: Standard Operating Policies & Procedures by confirming that each consultant documents their work to justify compensation.

Action Taken:

The Florida SBDC at FAMU, under the leadership of Regional Director Tangela Lofton, has documented the process for contract consultants to submit invoices monthly in accordance with the Professional Service Agreement (PSA).

(Status – Complete; Risk Level – Low)

- Professional Service Agreement and the Florida SBDC Network Standard Operating Procedures states:
 - All invoices must align with documented activities in Salesforce, which serves as the reconciliation system to confirm that billed work has been completed.
 - The invoice submission process is reviewed and reinforced during monthly SBDC staff meetings
- The PSA explicitly states that vendors will not be paid for services that are not provided.

(Status – Complete; Risk Level – Low)

Office of Human Resources (2 Open Recommendations)

Case: 2023-2-131 Alleged Wrongful Termination

Executive Owner: Lorenzo Howard, Interim Assistant Vice President of Human Resources

1. Implement procedures for providing resources and training to supervisors on the appointment, onboarding, evaluation, and offboarding requirements of each employee group classification.

Actions Taken to Address Recommendation (actions as January 2026)

In the past this issue was covered during the Supervisor Bootcamp training. Due to vacancy to cover this topic it has not been covered in a while. As such, HR will include this topic in the next Supervisor Bootcamp training.

(Status – Partial Completion; Risk Level – Low; Anticipated Completion – TBA)

2. Assess the feasibility of documenting the start date and end date of the probationary period within the employee's HR file and iRattler to be viewable by supervisors.

Actions Taken to Address Recommendation (actions as of September 2, 2025 Terrisa Brown, Former AVP of Human Resources):

HR began running the report of probationary evaluations in July 2025. To make the completion process easier for supervisors, our office created a paper version that is currently posted on OHR website for probationary evaluations. This will be shared during the group training session.

HR includes a screenshot of the hire date from iRattler as confirmation the probationary period has not expired upon sharing the file with OGC for review.

For the Assistant Director, HR vacancy, HR has interviewed and extended three job offers, all which declined. The position was recently re-advertised, and applications are under review. For the Coordinator, HR vacancy, the candidate declined the job offer and the position was re-advertised, and applications are currently under review. The CHRO is still performing all employee relations tasks to include performance evaluations management for all staff employees.

There were no updates as of January 2026.

(Status – Ongoing; Risk Level – Low; Anticipated Completion – TBA)

Student Affairs (1 Open Recommendation)

Case: 2025-9-362– P-card Misuse (1 Open Recommendation)

Executive Owner: Dr. William Hudson, Vice President of Student Affairs

1. The Office of Student Affairs should work with Human Resources to determine disciplinary action per university policy. The employee should reimburse all personal charges within a set timeframe, as decided by finance or payroll. Records of reimbursement and disciplinary action should be maintained in the personnel file.

Actions Complete

(Status – Complete; Risk Level – Low)

University Advancement (1 Open Recommendation)

Executive Owner: Brandi V. Tatum-Fredrick, Vice President of University Advancement

1. Recommend that the Office of General Counsel provide comprehensive training to appropriate staff about NDAs and the FAMU Confidentiality Agreement. This training should cover the scope of these agreements, the importance of transparency, and the circumstances under which information can and should be shared with the University Board of Trustees and other key stakeholders.

Actions Taken (since January 2026):

The training will be integrated into the upcoming FAMU Fundamentals.

(Status – Open; Risk Level – Low; March 31, 2026)

Office of Information and Technology (2 Open Recommendations)

Case: 2023-7-158 Alleged Misuse of Job Title

Executive Owner: Robert Senior, Chief Information Officer

1. In coordination with the Provost of Academic Affairs and appropriate leadership including, Chief Operating Officer, Vice President for Finance and Administration Office of Human Resources, and Interim President, develop a reporting structure from organizational IT units to the CIO as well as ensure a distinction between college-specific IT personnel job titles and ITS job titles.

Action Plan:

The Chief Information Security Officer will meet with Provost Watson, Chief Operating Officer, Vice President for Finance and Administration, the Office of Human Resources, and President to discuss the forthcoming IT initiatives at the University. This meeting will serve to develop a reporting structure from organizational IT units to the CIO. This is an alignment with the resource optimization project which is currently underway.

Actions Taken to Address Recommendation (actions as of August 27, 2025):

TBA

(Status – Open; Risk Level – Low; Anticipated Completion – TBA)

2. In collaboration with the Provost of Academic Affairs and Academic Human Resources, redefine job titles of college-specific IT personnel to include the specific college that the IT personnel represent.

Action Plan:

The Chief Information Security Officer will work with Provost Watson, Chief Operating Officer, Vice President for Finance and Administration, the Office of Human Resources, and President to conduct a comprehensive review of the current job titles of all college-specific IT personnel across the University. This review will focus on identifying misrepresentations and ensuring that job titles accurately reflect the college each IT staff member serves.

In addition, personnel whose roles primarily consist of performing IT functions will be asked to have their positions transferred to ITS as part of the IT centralization effort and in alignment with the resource optimization project. This will help deliver a higher and more consistent level of service across all departments and divisions.

Actions Taken to Address Recommendation (actions as of January 20, 2026):

OITS has identified personnel whose roles primarily consist of performing IT functions and has maintained record of those personnel.

(Status – Open; Risk Level – Low; Anticipated Completion – TBA)

END

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