

# Governance, Audit, and Compliance Committee Meeting Agenda

Thursday, September 21, 2023  
1:00 – 3:00 PM

Virtual via Microsoft Teams

Dial in: 1-863-225-2351 | Conference ID: 295 911 915#

## MEMBERS

Mark Bostick, Chair  
Cliff Otto

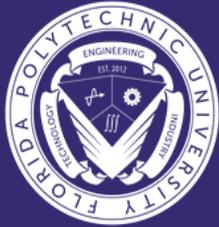
Dr. Laine Powell, Vice Chair  
Dr. David Williams

Gary Wendt  
Dr. Narendra Kini

## AGENDA

- |      |   |                        |
|------|---|------------------------|
| I.   | Call to Order   | Mark Bostick, Chair    |
| II.  | Roll Call   | Sherri Pavlik          |
| III. | Public Comment  | Mark Bostick           |
| IV.  | <a href="#">Approval of the June 7, 2023 Minutes</a><br>*Action Required*                                   | Mark Bostick           |
| V.   | <a href="#">2022-2024 Governance, Audit, and Compliance Committee Work Plan Review</a><br>*Action Required* | Mark Bostick           |
| VI.  | Audit & Compliance  |                        |
|      | A. <a href="#">Audit and Compliance Charters</a>  | David Blanton, CAE/CCO |
|      | B. <a href="#">Audit and Compliance Update</a>  | David Blanton          |
|      | C. <a href="#">UAC Annual Report – FYE23</a>  | David Blanton          |
|      | D. <a href="#">UAC Risk Assessment &amp; Audit Plan – FYE 24</a><br>*Action Required*                       | David Blanton          |
|      | E. <a href="#">UAC Compliance &amp; Ethics Program Plan – FYE 24</a><br>*Action Required*                   | David Blanton          |
|      | F. <a href="#">Performance Based Funding Audit Scope &amp; Objectives 2023 Audit</a><br>*Action Required*   | David Blanton          |
|      | G. <a href="#">Auditor General Operational Audit</a>  | David Blanton          |

- VII. Governance
- A. Regulations **\*Actions Required\***
    - 1. [FPU-3.006 Student Code of Conduct](#)
    - 2. [FPU-8.001 Procurement](#)
  - B. [Employment Practices](#)
- VIII. [Board of Trustees Self-Assessment Survey](#)
- IX. [President's Annual Review – Trustee Evaluation Instrument](#)  
**\*Action Required\***
- X. [President's FYE23 Accomplishments](#)
- XI. Closing Remarks and Adjournment
- Melaine Schmiz,  
Associate General  
Counsel
- Dr. Randy K. Avent  
President
- Kristen Wharton  
Corporate Secretary
- David Fugett  
Vice President and  
General Counsel
- Dr. Randy K. Avent
- Mark Bostick



# Governance, Audit, and Compliance Committee Meeting

## DRAFT MEETING MINUTES

Wednesday, June 7, 2023  
2:45 PM – 4:15 PM

### Florida Polytechnic University WEBEX TELE-CONFERENCE MEETING

I. Call to Order

Committee Chair Mark Bostick called the Governance, Audit, and Compliance Committee meeting to order at 2:45 p.m.

II. Roll Call

Sherri Pavlik called the roll: Committee Chair Mark Bostick, Committee Vice Chair Laine Powell, Board Chair Cliff Otto, Trustee Bob Stork, and Trustee David Williams were present (Quorum)

Other Trustees present: Trustee Ajeet Kaushik

Staff present: President Randy Avent, Provost Terry Parker, Dr. Allen Bottorff, Kathy Bowman, Mike Dieckmann, David Fugett, David Blanton, Melaine Schmiz, Maggie Mariucci, Kristen Wharton, and Sherri Pavlik

III. Public Comment

There were no requests received for public comment.

IV. Approval of Minutes

**Trustee Bob Stork made a motion to approve the Governance, Audit, and Compliance Committee meeting minutes of February 8, 2023. Board Chair Cliff Otto seconded the motion; a vote was taken, and the motion passed unanimously.**

V. 2022-24 Governance, Audit, and Compliance Committee Work Plan

Committee Chair Bostick reviewed the Governance, Audit, and Compliance Committee Work Plan. There was no discussion on this item.

VI. Audit and Compliance Update

David Blanton provided the Committee with an update on external audits which included:

1. Operational Audit – field work is near completion;
2. Financial Audit – FYE23;
3. Federal Audit – FYE23; and
4. Bright Futures and State Assistance (2-yr – FYE22 & FYE23)

Internal Audit reports included:

1. Risk Assessment & Work Plans – FYE22; and
2. Annual Report FYE23

Blanton also provided a follow-up report on the Crowe Audit. The Foundation hired a CPA for backup in compliance with the segregation of duties. Appropriate controls are being established and once they are complete, Blanton will conduct a follow-up review to ensure the finding has been properly addressed.

VII. Textbook Affordability Monitoring Review – Spring 23

Blanton shared the Textbook Affordability Monitoring Report for spring 2023, and reported the University is in compliance with State law for posting textbooks 45 days prior to start of classes. The University fell short somewhat due to a revised law which requires maintaining and archiving searchable lists of textbook information with specific identifying information to be listed on the website. Blanton recommended enhanced controls to ensure compliance.

VIII. Foundation 990

Blanton presented the University Foundation's Form 990 for FYE22. This report is done annually, and under Florida law allows the University to provide resources to the Foundation. The Foundation 990 is a tool for the Committee to use to ensure that the Foundation is operating responsibly in support of the University. There were no questions or discussion on this item.

IX. University Financial Audit Summary

Blanton provided the Committee with the University Financial Audit FYE22, which included a report on financial statements, and a report on governmental auditing standards (GAS). The University received a clean opinion from the Auditor General (AG) and there were no deficiencies nor instances of noncompliance reported.

X. Information Technology Operational Audit

Blanton provided information on the Information Technology (IT) Operational Audit which focused solely on IT controls and infrastructure during the period October 2021 through September 2022. It was conducted by a team of certified IT auditors for the Florida Auditor General, along with several staff who are CISA certified. This audit is separate from the Auditor General's division and is conducted every 3-5 years. There is no immediate follow-up by the AG.

Blanton noted two audit findings. The first is a recommendation to improve the existing security awareness training for employees in order to reduce the risk for University data to be compromised. Auditors recommended training on best practices for authentication and data handling be specific to University controls.

Details of the second finding are protected by Section 1004.055, Florida Statutes. Committee members were contacted directly by Blanton and Mike Dieckmann, Vice President and CIO, who explained the findings in detail. Issues were related to authentication, data recovery, configuration management, account management, and vulnerability management.

Discussion ensued on the mitigation and resolution of the second finding. Board Chair Otto requested that University Audit perform an internal audit as a follow-up to the findings, and Blanton agreed to include this in the Committee's FY24 Work Plan with ongoing reporting until the issues are resolved. Chair Otto also requested a deeper dive into the cybersecurity threats that exist globally and what is coming in the future as far as risks and threats. Due

to the protection of the State Statute, a deeper discussion on the audit findings could take place in a closed meeting. David Fugett provided insight into how and when closed meetings are handled.

XI. Regulations and Policies

Fugett shared that both of the proposed regulations mirror and meet the standards mandated by the Board of Governors (BOG).

The first, *FPU-5.0084 Credit for Military Training, Courses, and Organizations* outlines the policy and process that enables students to earn appropriate academic college credit for college-level training and education acquired in the military. Fugett also stated this regulation replaces existing policy *FPU-5.0084AP Course Credit for Military Trainings and Courses*.

**Trustee David Williams made a motion to recommend approval of Regulation *FPU-5.0084 Credit for Military Training, Courses and Occupations* to the Board of Trustees. Trustee Bob Stork seconded the motion; a vote was taken, and the motion passed unanimously.**

**Board Chair Cliff Otto made a motion to recommend the repeal of *FPU-5.0084AP Course Credit for Military Training and Courses* to the Board of Trustees. Trustee David Williams seconded the motion; a vote was taken, and the motion passed unanimously.**

The second proposed regulation is *FPU-5.0072 Examination and Assessment of Instruments*. This regulation keeps the University up to code with Federal Law, State Statutes, and the BOG regulation regarding exemption of public records laws for access, maintenance and destruction of testing instruments and related materials.

**Trustee Bob Stork made a motion to recommend approval of Regulation *FPU-5.0072 Examination and Assessment of Instruments* to the Board of Trustees. Trustee David Williams seconded the motion; a vote was taken, and the motion passed unanimously.**

XII. President's Operational Goals FYE24

President Avent presented a PowerPoint (attached) on his proposed Operational Goals for FYE24.

President Avent discussed the accountability metrics for FY24 as compared to the University's peers, the SUS average, the FY23 goals, and 5-year goals. These metrics align with the approved goals in FY23 Accountability Plan and the new University Strategic Plan for 2024-2029.

President Avent presented strategies for reaching the University's Performance Based Funding goals and the initiatives within Academic Affairs to address academic progress rate and 4-year graduation rate challenges. To achieve excellence points in these two areas, two initiatives have been launched: GET 90 and GET 50. GET 90 will focus on admissions, academic support, and faculty instruction, and GET 50 will focus on academic support, leadership and professional development, and faculty instruction.

He then shared the University's one-year operational plan for each of the four priorities embedded within the new Strategic Plan: Grow the Academic Enterprise, Transform Students' Lives, Become an Engine of Innovation, and Improve Campus Operations.

Trustees had the opportunity to ask questions. With none, Committee Chair Bostick asked

for approval of the president's Operational Goals for FY24.

**Board Chair Cliff Otto made a motion to recommend to the Board of Trustees approval of the President's Goals for FYE24. Trustee David Williams seconded the motion; a vote was taken, and the motion passed unanimously.**

XIII. Closing Remarks and Adjournment

Committee Chair Mark Bostick thanked the committee and with no further business to discuss, adjourned the meeting at 4:15 p.m.

Respectfully submitted:

Sherri Pavlik

Executive Assistant

Office of the General Counsel

**Florida Polytechnic University  
Governance, Audit, and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: 2022-2024 Governance, Audit, and Compliance Committee Work Plan**

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**Proposed Committee Action**

Recommend approval of the updated Committee Work Plan.

**Background Information**

The Committee's Work Plan has been updated to include:

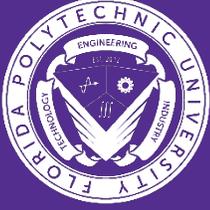
1. President's report on evaluations for employees making over \$200k annually
2. President's report and recommendations on employment practices, twice annually, pursuant to section 1001.741, Florida Statutes; and
3. Three Audit and Compliance charters to satisfy IIA standards and the Board of Governors Regulation 4.002 (due every three years).

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**Supporting Documentation:**

1. Governance, Audit, and Compliance Committee Work Plan 2022-2024 (clean copy)
2. Governance, Audit, and Compliance Committee Work Plan 2022-2024 (red line)

**Prepared by:** David Fugett, Vice President and General Counsel



# Committee Work Plan

## Governance, Audit and Compliance Committee Work Plan 2022-2024

### SEPTEMBER

Review Governance, Audit and Compliance Committee Charter (*review every two years – due September 2022*)

#### Governance:

- Make recommendation on trustee evaluation instrument to be used for President's annual review
- Review President's Outcome Metrics (for prior FY)
- Review President's Powers and Duties (if needed)
- Employment Practices Report
- Evaluations Report (employees making over \$200k)

#### Audit and Compliance:

- University Operational Audit – Auditor General (*minimum every three years*)
- UAC Annual Report (*prior FY*)
- UAC Risk Assessment and Audit Plan (*current FY*)
- University Compliance and Ethics Program Plan (*current FY*)
- Performance Based Funding Audit Scope Approval
- Audit and Compliance Charter Reviews (*every three years – due 2023*)

### NOVEMBER

#### Governance:

- Make recommendations to the Board on President's evaluation outcome and compensation changes
- Make recommendation to Board on renewal of President's employment agreement and any necessary changes to the agreement

#### Audit and Compliance:

- Textbook Affordability Monitoring Report (*Fall semester*)

### FEBRUARY

#### Governance:

- Review Board Bylaws (*review every 3 years – due 2024*)
- Discuss nominations for Board Chair and Vice Chair (*every 2 years - due February 2024*)
- Oversee Board self-assessment (*every 5 years – due February 2023*)
- Employment Practices Report

Audit and Compliance:

- Performance Based Funding Audit and Data Integrity Certification
- University Annual Financial Audit (*prior FY*)
- Foundation 990 Financial Audit (*prior FY*)

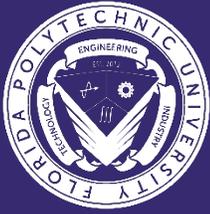
## JUNE

Governance:

- Make recommendation to Board on President's proposed goals for FY+1
- Discuss Board training needs
- Make recommendation on nominations for Board Chair and Vice Chair (*every two years – due May 2024*)

Audit and Compliance:

- Textbook Affordability Monitoring Report (*Spring semester*)
- Bright Futures Audit (*review and approve every two years – due June 2024*)



# Committee Work Plan

## Governance, Audit, and Compliance Committee Work Plan 2022-2024

### SEPTEMBER

- Review Governance, Audit, and Compliance Committee Charter (review every two years – due September 2024)

#### Governance:

- Make recommendation on the trustee evaluation instrument to be used for President's annual review
- Review President's Outcome Metrics (for prior FY)
- [Review President's Powers and Duties \(if needed\)](#)
- [Employment Practices Report](#)
- [Evaluations Report \(employees making over \\$200k\)](#)

#### Audit and Compliance:

- University Operational Audit – Auditor General (*minimum every three years*)
- UAC Annual Report (*prior FY*)
- UAC Risk Assessment and Audit Plan (*current FY*)
- University Compliance and Ethics Program Plan (*current FY*)
- [Performance Based Funding Audit Scope Approval](#)
- [Audit and Compliance Charter Reviews \(every three years – due 2023\)](#)

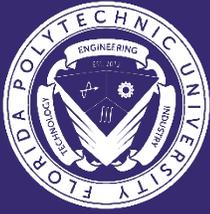
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- Make recommendations to the Board on President's evaluation outcome and compensation changes
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- Textbook Affordability Monitoring Report (*Fall semester*)



# Committee Work Plan

## Governance, Audit, and Compliance Committee Work Plan 2022-2024

### FEBRUARY

#### Governance:

- Review Board Bylaws (review every 3 years – due 2024)
- Discuss nominations for Board Chair and Vice Chair (every 2 years - due February 2024)
- Oversee Board self-assessment (every 5 years – due February 2023)
- Employment Practices Report

#### Audit and Compliance:

- Performance Based Funding Audit and Data Integrity Certification
- University Annual Financial Audit (*prior FY*)
- Foundation 990 Financial Audit (*prior FY*)

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- Make recommendation to Board on President's proposed goals for FY+1
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- Textbook Affordability Monitoring Report (*Spring semester*)
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**Florida Polytechnic University  
Governance, Audit, and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: Review and Approval of all Audit & Compliance Charters**

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**Proposed Committee Action**

Recommend approval of (1) the Audit and Compliance Committee (AACC) Charter, (2) the Internal Audit Charter, and (3) the Compliance and Ethics Charter to the Board of Trustees.

Recommend a self-evaluation by the Audit Committee of their performance relative to the Standards and the Audit Committee Charter.

**Background Information**

The Audit & Compliance Committee Charter requires that the AACC (1) review the Committee's charter and update as necessary and (2) ensure that any changes to the charter are discussed with the Board and reapproved. The AACC should evaluate whether the Committee's performance, with respect to the responsibilities outlined in the Audit Committee Charter, are being performed satisfactorily and whether any changes to the charter are necessary.

The Audit Charter and the Compliance and Ethics Charter requires that these charters are to be reviewed and approved at least every three (3) years for consistency with applicable Florida Board of Governors and University regulations, professional standards, and industry best practices. The AACC should evaluate whether any changes to the charters are necessary.

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**Supporting Documentation:**

1. Board of Trustees Charter, Audit & Compliance Committee
2. Florida Polytechnic University Internal Audit Charter
3. Florida Polytechnic University Compliance and Ethics Charter

**Prepared by:** David A. Blanton, CAE/CCO



BOARD OF TRUSTEES  
**Audit & Compliance  
Committee Charter**

## **CHARTER STATEMENT**

I. **Purpose:** The Audit and Compliance Committee (AACC) is responsible for taking appropriate actions to establish the overall standards for ethical behavior, sound risk management, and sound business practices. The AACC serves as the point of contact between the Board of Trustees, external auditors, and state and federal auditors. The primary purpose of the AACC is to assist the Board in fulfilling its oversight responsibilities for the following areas:

- Oversight of the University's internal controls
- Oversight and direction of the internal and external auditing functions ensuring its independence
- Integrity of the University's annual financial statements
- The performance of the University's independent audit functions
- Approval of the annual audit plan
- Monitoring and controlling risk exposure
- Monitoring compliance with laws, rules, and regulations
- Oversight and direction of the University's compliance and ethics program ensuring its independence
- Set standards for ethical conduct

The AACC is one of the standing committees of the Board of Trustees.

II. **Composition:**

- The AACC will consist of no less than three members of the Board of Trustees.
- The Chief Audit Executive and/or the Chief Compliance Officer will serve as staff and primary liaison to the Committee.
- The Board of Trustees Chair and the Vice-Chair will be ex-officio voting members.
- The AACC Chair and members are appointed and removed by the Chair of the Board of Trustees.
- The Chair of the AACC is the Committee's representative on the Board of Trustees' Executive Committee.

AACC members must be free from any financial, family or other material personal relationship that would impair his or her independence from the management of the University.

III. **Meetings:**

- The AACC typically meets (4) four times annually. The AACC may schedule additional meetings if needed.
- Florida law requires meetings to be open to the public.
- A majority of AACC members present at a committee meeting constitutes quorum for purposes of committee business.
- The Committee will maintain written minutes of its meetings, and the Committee Chair will approve each meeting's agenda.

- The AACC may invite members of management, auditors, or others to attend meetings and provide pertinent information.
- The Chair of the Committee shall discuss the meeting agenda with the Chief Audit Executive and/or the Chief Compliance Officer prior to each meeting to finalize the agenda and review the issues to be discussed. Meeting agendas and the supporting materials will be provided in advance and the committee members will be briefed prior to each meeting.

IV. Authority: To fulfill its oversight role, the AACC has the authority to investigate or study matters within the AACC's scope of responsibility. The Board authorized the Committee to:

- Perform activities within the scope of its charter.
- Have unrestricted access to management, faculty, and employees of the University and its DSOs, as well as to all their books, records, and facilities.
- Study or investigate any matter related to audit, compliance, or related concerns such as potential fraud or conflicts of interest that the Committee deems appropriate.
- Engage independent counsel, independent accountants and other advisers as it deems necessary to discharge its duties.
- Provide oversight and direction of the internal auditing function, of external auditors, and of engagements with state auditors.
- Provide oversight and direction of the institutional compliance, ethics, and risk program, and be knowledgeable of the program with respect to its implementation and effectiveness.
- Perform other duties as assigned by the Board.

The AACC shall inform the Board of all actions and the results.

V. Confidential/Exempt Issues: Issues being addressed by the Audit and Compliance Committee are subject to Chapter 119, Florida Statutes (Public Records). Meetings are confidential and exempt from the public when the discussion involves sensitive issues related to individuals or an on- going investigation related to Sections 112.3187-112.31895, Florida Statutes - "Whistle-blower's Act".

VI. Responsibilities and Duties: The AACC has the following responsibilities and duties:

Board of Governors' Requirements:

- Obtain Board of Governors' approval before outsourcing the chief audit executive's entire audit or investigative function.
- Provide quarterly updates to the Board of Governors' Audit and Compliance Committee, through the Office of Inspector General and Director of Compliance, of any chief audit executive vacancy unfilled for six (6) months and describe such efforts taken to fill such vacancy.

General:

- Assist the Board of Trustees in fulfilling oversight responsibilities in relation to financial reporting, internal control systems, risk management systems, compliance with laws rules and regulations and internal and external audit functions. Its role is to provide advice and recommendations to the Board within the scope of this Charter.
- Adopt flexible procedures in order to react to changing conditions and provide reasonable assurances to the Board that the scope of audit services and the adequacy of the internal control systems are in compliance with state and federal laws, regulations and requirements.
- Adopt a formal written charter that specifies the scope, responsibilities, processes and

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- practices of the committee. The charter should be reviewed **every three years** annually.
- Report committee actions to the Board that the committee may deem appropriate.
  - Direct the Chief Audit Executive and/or the Chief Compliance Officer (CAE/CCO) to conduct investigations into any matters within its scope of responsibility and obtaining advice and assistance from outside legal, accounting, or other advisers, as necessary, to perform its duties and responsibilities. Meeting with and seeking any information it requires from employees, officers, directors, or external parties.
  - Conduct or authorize investigations into matters within the committee's scope of responsibilities. The AACC is empowered to retain independent accountants, counsel, or others to assist it in the conduct of any investigation.
  - Perform other governance oversight as assigned by the Board.
  - Review and monitor implementation of management's response to internal and external audit recommendations.

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#### Internal Control:

Regarding internal controls, the AACC will:

- Consider the effectiveness of the University's internal control systems, including information technology security and control.
- Understand the scope of internal and external auditors' review of internal control over financial reporting, and obtain reports on significant findings and recommendations, together with management's responses.
- Review management's written responses to significant findings and recommendations of the auditors, including the timetable to correct weaknesses in the internal control system.
- Review the adequacy of accounting, management, and financial processes of the University and its DSOs.

#### Financial Statements:

The AACC must receive and review Auditor General financial statement audits related to the University and conducted for the purpose of determining whether the University:

- Presented the basic financial statements in accordance with generally accepted accounting principles;
- Established and implemented internal controls over financial reporting and compliance with requirements that could have a direct and material effect on the financial statements; and,
- Complied with the various provisions of laws, rules, regulations, contracts, and grant agreements that are material to the financial statements.

Receiving and reviewing any disclosure of: i) significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the System's ability to record, process, summarize, and report financial data; and  
ii) any fraud, whether material or not, that involves management or other employees who have a significant role in the System's internal controls.

The AACC will follow up, as it determines appropriate, on any findings contained in Auditor General financial statement audits of the Board Office and State University System of Florida.

#### External Audit:

With regard to external audits, the AACC will:

- Receive and review all external auditors' reports of the University, including that the University's Boards of Trustees and its President take timely and appropriate corrective actions.
- If the AACC determines that circumstances require special purpose audits beyond that provided by the Auditor General of the State of Florida, then the AACC will:
  - Review and approve the selection of external auditors or may delegate such authority to the President.
  - Review and approve the audit plan and significant changes to the plan.
  - Review all significant findings and recommendations noted by external auditors.
- Meet periodically with appropriate University staff and independent auditors to discuss and evaluate the scope and results of audits.

Internal Audit:

With regard to internal audits, the AACC will:

- Approve the internal audit charter.
- Review the independence, qualifications, activities, performance, resources, and structure of the internal audit function and ensure no unjustified restrictions or limitations are made.
- Review and approve the proposed internal audit plan for the coming year or the multiyear plan and ensure that it addresses key areas of risk based on risk assessment procedures performed by Audit in consultation with management and the AACC.
- Review the CAE/CCO's performance of audit activities relative to its plan.
- Ensure that significant findings and recommendations made by the internal auditors and management's proposed response are received, discussed, and appropriately resolved.

Compliance and Ethics Program:

With regard to compliance, the AACC will:

- Approve the compliance charter.
- Review the effectiveness of the University's efforts to comply with Board of Governors Regulations and any applicable Federal, State and local laws, rules, and regulations.
- Review and approve the Compliance Program Plan and any subsequent changes.
- Review the independence, qualifications, activities, resources, and structure of the compliance and ethics function and ensure no unjustified restrictions or limitations are made.
- Review the effectiveness of the compliance and ethics program in preventing or detecting noncompliance, unethical behavior, and criminal misconduct and ensure that it has appropriate standing and visibility across the University.
- Ensure that significant findings and recommendations made by the CAE/CCO are received, discussed, and appropriately resolved.
- Ensure that procedures for reporting misconduct, or ethical and criminal violations are well publicized and administered and include a mechanism that allows for anonymity or confidentiality, whereby members of the university community may report or seek guidance without the fear of retaliation.

- Review the effectiveness of the system for monitoring compliance with laws and regulations and management's investigation and follow-up (including disciplinary action) of any wrongful acts or non-compliance.
- Review the proposed compliance and ethics work plan for the coming year and ensure that it addresses key areas of risk and includes elements of an effective program as defined by Chapter 8 of the Federal Sentencing Guidelines.
- Obtain regular updates from the CAE/CCO regarding compliance and ethics matters that may have a material impact on the organization's financial statements or compliance policies.
- Review the findings of any examinations or investigations by regulatory bodies.
- Review the University and DSO conflict of interest policies to ensure that: 1) the term "conflict of interest" is clearly defined, 2) guidelines are comprehensive, 3) annual signoff is required, and 4) potential conflicts are adequately resolved and documented.

#### Investigative Responsibilities:

With regard to investigations, the AACC will:

- Ensure a process exists for receiving anonymous complaints and review the nature and disposition of reported matters.
- Institute and oversee special investigations as needed.
- Direct the CAE/CCO to conduct, coordinate, or request investigations when the Board determines that the University is unwilling or unable to address credible allegations relating to waste, fraud, or financial mismanagement.
- When requested by the Office of General Counsel, Title IX Coordinator, or the University Police, direct the CAE/CCO to assist them in their investigations.

#### Reporting Responsibilities:

- Regularly update the Board about its activities and make appropriate recommendations.
- Ensure the Board is aware of matters that may cause significant financial, legal, reputational, or operational impact to the University or its DSOs.
- Receive a summary of findings from completed internal and external audits and the status of implementing related recommendations.
- Receive a summary of findings from completed reports related to the compliance, ethics, or risk programs.

#### Other Responsibilities:

The AACC's other responsibilities include but are not limited to performing activities consistent with this Charter, regulations, rules, and governing laws that the Board or AACC determines are necessary or appropriate.

#### Evaluating Performance:

- Evaluate the AACC's own performance, both of individual members and collectively, on a periodic basis and communicate the results of this evaluation to the Board.
- Approve decisions regarding the appointment, replacement, and removal of the CAE/CCO. This responsibility will help ensure the CAE/CCO is independent and possesses the

competencies necessary to perform the position duties and responsibilities as outlined in the position description.

- Provide input to the President on the annual performance evaluation of the CAE/CCO.
- Review the AACC's charter annually and update as necessary.
- Ensure that any changes to the charter are discussed with the Board and reapproved.

AACC Chair Responsibilities:

The AACC Chair will:

- Preside at all AACC meetings and has the authority to call any special or emergency meetings of the Committee. The AACC Chair may assign members responsibility for specific projects.
- Accept the CAE/CCO's determination of no further Board action when, as a result of a Preliminary Inquiry, the CAE/CCO recommends that no further Board action is warranted. In all other situations the AACC will review the matter at its next meeting.

The AACC Vice-Chair will perform the duties of the AACC Chair and have the same power and authority in the absence or disability of the AACC Chair.

Adoption of Charter: The Florida Polytechnic University Board of Trustees adopted the Audit and Compliance Committee Charter on March 15, 2017.

History: Adopted September 9, 2015; reviewed and amended March 15, 2017; reviewed and approved without change May 20, 2020; reviewed and approved with changes September 9, 2020, and ratified by the Board of Trustees the same day; reviewed and approved with changes September 21, 2023.

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# BOARD OF TRUSTEES Audit & Compliance Committee Charter

## CHARTER STATEMENT

I. Purpose: The Audit and Compliance Committee (AACC) is responsible for taking appropriate actions to establish the overall standards for ethical behavior, sound risk management, and sound business practices. The AACC serves as the point of contact between the Board of Trustees, external auditors, and state and federal auditors. The primary purpose of the AACC is to assist the Board in fulfilling its oversight responsibilities for the following areas:

- Oversight of the University's internal controls
- Oversight and direction of the internal and external auditing functions ensuring its independence
- Integrity of the University's annual financial statements
- The performance of the University's independent audit functions
- Approval of the annual audit plan
- Monitoring and controlling risk exposure
- Monitoring compliance with laws, rules, and regulations
- Oversight and direction of the University's compliance and ethics program ensuring its independence
- Set standards for ethical conduct

The AACC is one of the standing committees of the Board of Trustees.

II. Composition:

- The AACC will consist of no less than three members of the Board of Trustees.
- The Chief Audit Executive and/or the Chief Compliance Officer will serve as staff and primary liaison to the Committee.
- The Board of Trustees Chair and the Vice-Chair will be ex-officio voting members.
- The AACC Chair and members are appointed and removed by the Chair of the Board of Trustees.
- The Chair of the AACC is the Committee's representative on the Board of Trustees' Executive Committee.

AACC members must be free from any financial, family or other material personal relationship that would impair his or her independence from the management of the University.

III. Meetings:

- The AACC typically meets (4) four times annually. The AACC may schedule additional meetings if needed.
- Florida law requires meetings to be open to the public.
- A majority of AACC members present at a committee meeting constitutes quorum for purposes of committee business.
- The Committee will maintain written minutes of its meetings, and the Committee Chair will approve each meeting's agenda.

- The AACC may invite members of management, auditors, or others to attend meetings and provide pertinent information.
- The Chair of the Committee shall discuss the meeting agenda with the Chief Audit Executive and/or the Chief Compliance Officer prior to each meeting to finalize the agenda and review the issues to be discussed. Meeting agendas and the supporting materials will be provided in advance and the committee members will be briefed prior to each meeting.

IV. Authority: To fulfill its oversight role, the AACC has the authority to investigate or study matters within the AACC's scope of responsibility. The Board authorized the Committee to:

- Perform activities within the scope of its charter.
- Have unrestricted access to management, faculty, and employees of the University and its DSOs, as well as to all their books, records, and facilities.
- Study or investigate any matter related to audit, compliance, or related concerns such as potential fraud or conflicts of interest that the Committee deems appropriate.
- Engage independent counsel, independent accountants and other advisers as it deems necessary to discharge its duties.
- Provide oversight and direction of the internal auditing function, of external auditors, and of engagements with state auditors.
- Provide oversight and direction of the institutional compliance, ethics, and risk program, and be knowledgeable of the program with respect to its implementation and effectiveness.
- Perform other duties as assigned by the Board.

The AACC shall inform the Board of all actions and the results.

V. Confidential/Exempt Issues: Issues being addressed by the Audit and Compliance Committee are subject to Chapter 119, Florida Statutes (Public Records). Meetings are confidential and exempt from the public when the discussion involves sensitive issues related to individuals or an on-going investigation related to Sections 112.3187-112.31895, Florida Statutes - "Whistle-blower's Act".

VI. Responsibilities and Duties: The AACC has the following responsibilities and duties:

Board of Governors' Requirements:

- Obtain Board of Governors' approval before outsourcing the chief audit executive's entire audit or investigative function.
- Provide quarterly updates to the Board of Governors' Audit and Compliance Committee, through the Office of Inspector General and Director of Compliance, of any chief audit executive vacancy unfilled for six (6) months and describe such efforts taken to fill such vacancy.

General:

- Assist the Board of Trustees in fulfilling oversight responsibilities in relation to financial reporting, internal control systems, risk management systems, compliance with laws rules and regulations and internal and external audit functions. Its role is to provide advice and recommendations to the Board within the scope of this Charter.
- Adopt flexible procedures in order to react to changing conditions and provide reasonable assurances to the Board that the scope of audit services and the adequacy of the internal control systems are in compliance with state and federal laws, regulations and requirements.
- Adopt a formal written charter that specifies the scope, responsibilities, processes and

practices of the committee. The charter should be reviewed every three years.

- Report committee actions to the Board that the committee may deem appropriate.

Direct the Chief Audit Executive and/or the Chief Compliance Officer (CAE/CCO) to conduct investigations into any matters within its scope of responsibility and obtaining advice and assistance from outside legal, accounting, or other advisers, as necessary, to perform its duties and responsibilities. Meeting with and seeking any information it requires from employees, officers, directors, or external parties.

- Conduct or authorize investigations into matters within the committee's scope of responsibilities. The AACC is empowered to retain independent accountants, counsel, or others to assist it in the conduct of any investigation.
- Perform other governance oversight as assigned by the Board.
- Review and monitor implementation of management's response to internal and external audit recommendations.

#### Internal Control:

Regarding internal controls, the AACC will:

- Consider the effectiveness of the University's internal control systems, including information technology security and control.
- Understand the scope of internal and external auditors' review of internal control over financial reporting, and obtain reports on significant findings and recommendations, together with management's responses.
- Review management's written responses to significant findings and recommendations of the auditors, including the timetable to correct weaknesses in the internal control system.
- Review the adequacy of accounting, management, and financial processes of the University and its DSOs.

#### Financial Statements:

The AACC must receive and review Auditor General financial statement audits related to the University and conducted for the purpose of determining whether the University:

- Presented the basic financial statements in accordance with generally accepted accounting principles;
- Established and implemented internal controls over financial reporting and compliance with requirements that could have a direct and material effect on the financial statements; and,
- Complied with the various provisions of laws, rules, regulations, contracts, and grant agreements that are material to the financial statements.

Receiving and reviewing any disclosure of: i) significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the System's ability to record, process, summarize, and report financial data; and ii) any fraud, whether material or not, that involves management or other employees who have a significant role in the System's internal controls.

The AACC will follow up, as it determines appropriate, on any findings contained in Auditor General financial statement audits of the Board Office and State University System of Florida.

### External Audit:

With regard to external audits, the AACC will:

- Receive and review all external auditors' reports of the University, including that the University's Boards of Trustees and its President take timely and appropriate corrective actions.
- If the AACC determines that circumstances require special purpose audits beyond that provided by the Auditor General of the State of Florida, then the AACC will:
  - Review and approve the selection of external auditors or may delegate such authority to the President.
  - Review and approve the audit plan and significant changes to the plan.
  - Review all significant findings and recommendations noted by external auditors.
- Meet periodically with appropriate University staff and independent auditors to discuss and evaluate the scope and results of audits.

### Internal Audit:

With regard to internal audits, the AACC will:

- Approve the internal audit charter.
- Review the independence, qualifications, activities, performance, resources, and structure of the internal audit function and ensure no unjustified restrictions or limitations are made.
- Review and approve the proposed internal audit plan for the coming year or the multiyear plan and ensure that it addresses key areas of risk based on risk assessment procedures performed by Audit in consultation with management and the AACC.
- Review the CAE/CCO's performance of audit activities relative to its plan.
- Ensure that significant findings and recommendations made by the internal auditors and management's proposed response are received, discussed, and appropriately resolved.

### Compliance and Ethics Program:

With regard to compliance, the AACC will:

- Approve the compliance charter.
- Review the effectiveness of the University's efforts to comply with Board of Governors Regulations and any applicable Federal, State and local laws, rules, and regulations.
- Review and approve the Compliance Program Plan and any subsequent changes.
- Review the independence, qualifications, activities, resources, and structure of the compliance and ethics function and ensure no unjustified restrictions or limitations are made.
- Review the effectiveness of the compliance and ethics program in preventing or detecting noncompliance, unethical behavior, and criminal misconduct and ensure that it has appropriate standing and visibility across the University.
- Ensure that significant findings and recommendations made by the CAE/CCO are received, discussed, and appropriately resolved.
- Ensure that procedures for reporting misconduct, or ethical and criminal violations are well publicized and administered and include a mechanism that allows for anonymity or confidentiality, whereby members of the university community may report or seek guidance without the fear of retaliation.

- Review the effectiveness of the system for monitoring compliance with laws and regulations and management's investigation and follow-up (including disciplinary action) of any wrongful acts or non-compliance.
- Review the proposed compliance and ethics work plan for the coming year and ensure that it addresses key areas of risk and includes elements of an effective program as defined by Chapter 8 of the Federal Sentencing Guidelines.
- Obtain regular updates from the CAE/CCO regarding compliance and ethics matters that may have a material impact on the organization's financial statements or compliance policies.
- Review the findings of any examinations or investigations by regulatory bodies.
- Review the University and DSO conflict of interest policies to ensure that: 1) the term "conflict of interest" is clearly defined, 2) guidelines are comprehensive, 3) annual signoff is required, and 4) potential conflicts are adequately resolved and documented.

#### Investigative Responsibilities:

With regard to investigations, the AACC will:

- Ensure a process exists for receiving anonymous complaints and review the nature and disposition of reported matters.
- Institute and oversee special investigations as needed.
- Direct the CAE/CCO to conduct, coordinate, or request investigations when the Board determines that the University is unwilling or unable to address credible allegations relating to waste, fraud, or financial mismanagement.
- When requested by the Office of General Counsel, Title IX Coordinator, or the University Police, direct the CAE/CCO to assist them in their investigations.

#### Reporting Responsibilities:

- Regularly update the Board about its activities and make appropriate recommendations.
- Ensure the Board is aware of matters that may cause significant financial, legal, reputational, or operational impact to the University or its DSOs.
- Receive a summary of findings from completed internal and external audits and the status of implementing related recommendations.
- Receive a summary of findings from completed reports related to the compliance, ethics, or risk programs.

#### Other Responsibilities:

The AACC's other responsibilities include but are not limited to performing activities consistent with this Charter, regulations, rules, and governing laws that the Board or AACC determines are necessary or appropriate.

### Evaluating Performance:

- Evaluate the AACC's own performance, both of individual members and collectively, on a periodic basis and communicate the results of this evaluation to the Board.
- Approve decisions regarding the appointment, replacement, and removal of the CAE/CCO. This responsibility will help ensure the CAE/CCO is independent and possesses the competencies necessary to perform the position duties and responsibilities as outlined in the position description.
- Provide input to the President on the annual performance evaluation of the CAE/CCO.
- Review the AACC's charter annually and update as necessary.
- Ensure that any changes to the charter are discussed with the Board and reapproved.

### AACC Chair Responsibilities:

The AACC Chair will:

- Preside at all AACC meetings and has the authority to call any special or emergency meetings of the Committee. The AACC Chair may assign members responsibility for specific projects.
- Accept the CAE/CCO's determination of no further Board action when, as a result of a Preliminary Inquiry, the CAE/CCO recommends that no further Board action is warranted. In all other situations the AACC will review the matter at its next meeting.

The AACC Vice-Chair will perform the duties of the AACC Chair and have the same power and authority in the absence or disability of the AACC Chair.

Adoption of Charter: The Florida Polytechnic University Board of Trustees adopted the Audit and Compliance Committee Charter on March 15, 2017.

History: Adopted September 9, 2015; reviewed and amended March 15, 2017; reviewed and approved without change May 20, 2020; reviewed and approved with changes September 9, 2020, and ratified by the Board of Trustees the same day; reviewed and approved with changes September 21, 2023.

## FLORIDA POLYTECHNIC UNIVERSITY INTERNAL AUDIT CHARTER

### Purpose and Mission

The University's internal auditor shall be composed of a Chief Audit Executive and his/her assistants, if any, either employees or contractors and are hereinafter referred to collectively as "University Audit". University Audit shall provide internal audits and reviews, management consulting and advisory services, investigations of fraud and abuse, follow-up of audit recommendations, evaluation of the processes of risk management and governance, and coordination with external auditors. University Audit will escalate and report the results of this work to appropriate internal and external parties including the President and Board of Trustees.

The mission of the office is to serve the University by recommending actions to assist them in achieving its strategic and operational objectives. This assistance includes providing recommendations to management of activities designed and implemented by management to strengthen internal controls, reduce risk to and waste of resources, and improve operations to enhance the performance and reputation of the University. In addition, University Audit assists the Audit and Compliance Committee (AACC) of the Board of Trustees in accomplishing its oversight responsibilities in accordance with the University's Board of Trustees and Florida Board of Governors guidelines and regulations.

### Definition and Role of Internal Auditing

According to the Institute of Internal Auditors:

"Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organization's operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes."

Under the IIA "Three Lines of Defense" model, Internal Audit serves as "the third line of defense" as noted below: The first line of defense is provided by front line staff and operational management. The systems, internal controls, the control ~~environment~~environment, and culture developed and implemented by these business units ~~is~~are crucial in anticipating and managing operational risks.

The second line of defense is provided by the risk management and compliance functions. These functions provide the oversight and the tools, ~~systems~~systems, and advice necessary to support the first line in identifying, managing, and monitoring risks. The third line of defense is provided by the internal audit function. This function provides a level of independent assurance that the risk management and internal control framework is working as designed.

### Reporting Structure and Independence

University Audit reports administratively to the President, and functionally to the ~~Audit and Compliance Committee~~AACC of the Board of Trustees. This reporting structure promotes independence and full consideration of audit recommendations and management action plans.

All internal audit activities shall remain free of influence by any element in the organization, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective mental attitude necessary in rendering reports.

To maintain independence in accordance with serving as the "third line of defense" University Audit is **not authorized** to:

- Perform any operational duties (such as implementing or performing internal controls, developing University-wide or department level procedures, installing systems or preparing records or tendering legal opinions) for the areas of the University or any affiliated organizations external to the department.
- Initiate or approve accounting transactions or selection of third-party vendors external to the department.
- Direct the activities of any University employee not employed by University Audit, except to the extent such employees have been appropriately assigned to auditing teams or to otherwise assist the internal audit staff ~~during the course of~~during audit work in providing requested documentation or clarification of University processes and practices.

#### **Authority**

University Audit has the authority to audit or investigate all areas of the University, including its direct support organizations, auxiliary facilities and services, faculty practice plan corporations, and other component units. Audits, reviews, and investigations shall not be restricted or limited by management, the President, or the Board of Trustees.

University Audit has unrestricted and timely access to records, data, personnel, and physical property relevant to performing audits, reviews, investigations, and consulting services.

Documents and information given to internal auditors will be handled in the same prudent and confidential manner as by those employees normally accountable for those records. As required by law, University Audit will comply with the Florida Sunshine Law and public record requests. University Audit will notify the chair of the board of trustee's Audit and Compliance Committee or the President as appropriate, of any unresolved restriction, ~~barrier~~barrier, or limitation to obtaining necessary information to perform their duties. If the University is not able to remedy such limitations, the chief audit executive shall timely notify the Board of Governors (through the OIGC) of any such restrictions, barrier, or limitation.

#### **Duties and Responsibilities**

University Audit performs three types of projects:

- Perform audits and reviews according to the risk-based annual plan, which is submitted to the President and the ~~Audit and Compliance Committee~~AACC.
- Audits are assurance services defined as examinations of evidence for the purpose of providing an independent assessment on governance, risk management, and control processes for the organization. Examples include financial, operational performance, compliance, systems and data security and due diligence engagements relating to vendors and third-party relationships.

- Consulting services, the nature and scope of which are agreed to with the client, are intended to add value and improve an organization's governance, risk management, and control processes without University Audit assuming management responsibility. Examples include reviews, recommendations (advice), facilitation of and providing guidance relating to management's control self-assessment initiatives, identification of leading practices, and providing training to the University community in areas such as fraud awareness, risk management, internal ~~controls~~controls, and other related subject matter.
- Investigations are independent evaluations of allegations generally focused on improper activities including misuse of University resources, fraud, financial irregularities, and academic integrity concerns along with research misconduct. Management will also be informed of any identified significant control weaknesses such as management override of controls along with unethical behavior, lack of academic integrity, failure to provide adequate oversight, or similar types of actions. In conjunction with performance of or participation in investigations across the University community, University Audit is responsible for determining whether allegations associated with an investigation fall under the State of Florida Whistle-blower Act in accordance with sections 112.3187- 112.31895, Florida Statutes.

In addition, as noted in Florida Board of Governors Regulation 4.002, State University Chief Audit Executives, University Audit is responsible to review statutory whistle-blower information and coordinate all activities of the University as required by the Florida Whistle-blower's Act. When performing any of these activities, University Audit will focus on:

- a) Evaluating the economy, ~~efficiency~~efficiency, and effectiveness in the administration of University programs and operations.
- b) Recommending adjustments to existing internal controls to enhance the prevention and detection of fraud and abuse within University programs and operations.
- c) Examine the validity of significant and credible allegations relating to waste, fraud or financial mismanagement as provided in Board of Governors Regulation 4.001.

Audits will be scheduled and performed according to the risk-based annual plan, which is submitted to the President, the ~~Audit and Compliance Committee~~AACC and the Florida Board of Governors. The plan will be updated as necessary to reflect changes in the University's strategic plan, program initiatives, and external environmental factors along with accommodating requests from the Board of Trustees and University management. Consulting services and investigations will be scheduled and performed on a case-by-case basis.

Follow-up on open audit issues will be performed on a regular basis to evaluate management's progress in implementing internal audit recommendations generated by all audit department projects as defined above.

In addition, University Audit will work with third parties such as the State University System of Florida Board of Governors, the Florida Auditor General, external auditors (public accounting firms), and relevant federal, ~~state~~state, and local government agencies to discuss internal control related activities and provide requested information.

To help ensure University Audit has the capabilities to perform these functions, the department will:

- ~~u~~Use existing or request additional funds to maintain a professional staff with sufficient size, knowledge, skills, experience, and professional certifications along with obtaining appropriate technology that increases the department's capabilities, ~~productivity~~productivity, and efficiency.
- ~~u~~Use third-party resources (i.e. co-sourcing) as appropriate to supplement the department's efforts.
- ~~e~~Establish a quality assurance improvement program of internal auditing for the office of chief audit executive and the ~~department as a whole~~department. This program must include an external assessment conducted at least once every five (5) years. The external assessment report and any related improvement plans shall be presented to the Board of Trustees, with a copy provided to the Florida Board of Governors,
- ~~p~~Prepare an annual report summarizing the activities of the department for the preceding fiscal year, the office's ~~plans~~plans, and resource requirements, including significant changes, and the impact of resource limitations for distribution to the President, Board of Trustees and Florida Board of Governors.
- ~~r~~Report on a routine basis (through written or verbal means) to the ~~Audit and Compliance Committee~~AACC and/or the full Board of Trustees on matters including significant risk exposures, control issues, fraud risks, governance issues and other matters ~~as requested~~eds by the President and/or the Board of Trustees.
- Pursue a reasonable and appropriate course of continuing education, including but not limited to review of relevant professional and industry journals and publications, communication with professional colleagues and participation in open professional dialogs and exchanges through attendances and conferences and memberships in professional associations.

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### Professional Standards

University Audit adheres to the Code of Ethics and the *International Standards for the Professional Practice of Internal Auditing* adopted by The Institute of Internal Auditors. In addition, this charter will be reviewed and approved at least every three (3) years for consistency with applicable Florida Board of Governors and University regulations, professional standards, and industry best practices.

Adoption of Charter: The Florida Polytechnic University Board of Trustees adopted the Audit Charter on March 15, 2017.

History: ~~Approved-Adopted~~ by the Board of Trustees March 15, 2017; ~~and-reviewed and approved~~ on May 20, 2020, without change; ~~reviewed and approved by the AACC on September 21, 2023, with changes.~~

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# **FLORIDA POLYTECHNIC UNIVERSITY INTERNAL AUDIT CHARTER**

## **Purpose and Mission**

The University's internal auditor shall be composed of a Chief Audit Executive and his/her assistants, if any, either employees or contractors and are hereinafter referred to collectively as "University Audit". University Audit shall provide internal audits and reviews, management consulting and advisory services, investigations of fraud and abuse, follow-up of audit recommendations, evaluation of the processes of risk management and governance, and coordination with external auditors. University Audit will escalate and report the results of this work to appropriate internal and external parties including the President and Board of Trustees.

The mission of the office is to serve the University by recommending actions to assist them in achieving its strategic and operational objectives. This assistance includes providing recommendations to management of activities designed and implemented by management to strengthen internal controls, reduce risk to and waste of resources, and improve operations to enhance the performance and reputation of the University. In addition, University Audit assists the Audit and Compliance Committee (AACC) of the Board of Trustees in accomplishing its oversight responsibilities in accordance with the University's Board of Trustees and Florida Board of Governors guidelines and regulations.

## **Definition and Role of Internal Auditing**

According to the Institute of Internal Auditors:

"Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organization's operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes."

Under the IIA "Three Lines of Defense" model, Internal Audit serves as "the third line of defense" as noted below: The first line of defense is provided by front line staff and operational management. The systems, internal controls, the control environment, and culture developed and implemented by these business units are crucial in anticipating and managing operational risks.

The second line of defense is provided by the risk management and compliance functions. These functions provide the oversight and the tools, systems, and advice necessary to support the first line in identifying, managing, and monitoring risks. The third line of defense is provided by the internal audit function. This function provides a level of independent assurance that the risk management and internal control framework is working as designed.

## **Reporting Structure and Independence**

University Audit reports administratively to the President, and functionally to the AACC of the Board of Trustees. This reporting structure promotes independence and full consideration of audit recommendations and management action plans.

All internal audit activities shall remain free of influence by any element in the organization, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective mental attitude necessary in rendering reports.

To maintain independence in accordance with serving as the "third line of defense" University Audit is **not authorized** to:

- Perform any operational duties (such as implementing or performing internal controls, developing University-wide or department level procedures, installing systems or preparing records or tendering legal opinions) for the areas of the University or any affiliated organizations external to the department.
- Initiate or approve accounting transactions or selection of third-party vendors external to the department.
- Direct the activities of any University employee not employed by University Audit, except to the extent such employees have been appropriately assigned to auditing teams or to otherwise assist the internal audit staff during audit work in providing requested documentation or clarification of University processes and practices.

### **Authority**

University Audit has the authority to audit or investigate all areas of the University, including its direct support organizations, auxiliary facilities and services, faculty practice plan corporations, and other component units. Audits, reviews, and investigations shall not be restricted or limited by management, the President, or the Board of Trustees.

University Audit has unrestricted and timely access to records, data, personnel, and physical property relevant to performing audits, reviews, investigations, and consulting services. Documents and information given to internal auditors will be handled in the same prudent and confidential manner as by those employees normally accountable for those records. As required by law, University Audit will comply with the Florida Sunshine Law and public record requests. University Audit will notify the chair of the board of trustee's Audit and Compliance Committee or the President as appropriate, of any unresolved restriction, barrier, or limitation to obtaining necessary information to perform their duties. If the University is not able to remedy such limitations, the chief audit executive shall timely notify the Board of Governors (through the OIGC) of any such restrictions, barrier, or limitation.

### **Duties and Responsibilities**

University Audit performs three types of projects:

- Perform audits and reviews according to the risk-based annual plan, which is submitted to the President and the AACC.
- Audits are assurance services defined as examinations of evidence for the purpose of providing an independent assessment on governance, risk management, and control processes for the organization. Examples include financial, operational performance, compliance, systems and data security and due diligence engagements relating to vendors and third-party relationships.

- Consulting services, the nature and scope of which are agreed to with the client, are intended to add value and improve an organization's governance, risk management, and control processes without University Audit assuming management responsibility. Examples include reviews, recommendations (advice), facilitation of and providing guidance relating to management's control self-assessment initiatives, identification of leading practices, and providing training to the University community in areas such as fraud awareness, risk management, internal controls, and other related subject matter.
- Investigations are independent evaluations of allegations generally focused on improper activities including misuse of University resources, fraud, financial irregularities, and academic integrity concerns along with research misconduct. Management will also be informed of any identified significant control weaknesses such as management override of controls along with unethical behavior, lack of academic integrity, failure to provide adequate oversight, or similar types of actions. In conjunction with performance of or participation in investigations across the University community, University Audit is responsible for determining whether allegations associated with an investigation fall under the State of Florida Whistle-blower Act in accordance with sections 112.3187- 112.31895, Florida Statutes.

In addition, as noted in Florida Board of Governors Regulation 4.002, State University Chief Audit Executives, University Audit is responsible to review statutory whistle-blower information and coordinate all activities of the University as required by the Florida Whistle-blower's Act. When performing any of these activities, University Audit will focus on:

- a) Evaluating the economy, efficiency, and effectiveness in the administration of University programs and operations.
- b) Recommending adjustments to existing internal controls to enhance the prevention and detection of fraud and abuse within University programs and operations.
- c) Examine the validity of significant and credible allegations relating to waste, fraud or financial mismanagement as provided in Board of Governors Regulation 4.001.

Audits will be scheduled and performed according to the risk-based annual plan, which is submitted to the President, the AACC and the Florida Board of Governors. The plan will be updated as necessary to reflect changes in the University's strategic plan, program initiatives, and external environmental factors along with accommodating requests from the Board of Trustees and University management. Consulting services and investigations will be scheduled and performed on a case-by-case basis.

Follow-up on open audit issues will be performed on a regular basis to evaluate management's progress in implementing internal audit recommendations generated by all audit department projects as defined above.

In addition, University Audit will work with third parties such as the State University System of Florida Board of Governors, the Florida Auditor General, external auditors (public accounting firms), and relevant federal, state, and local government agencies to discuss internal control related activities and provide requested information.

To help ensure University Audit has the capabilities to perform these functions, the department will:

- Use existing or request additional funds to maintain a professional staff with sufficient size, knowledge, skills, experience, and professional certifications along with obtaining appropriate technology that increases the department's capabilities, productivity, and efficiency.
- Use third-party resources (i.e. co-sourcing) as appropriate to supplement the department's efforts.
- Establish a quality assurance improvement program of internal auditing for the office of chief audit executive and the department. This program must include an external assessment conducted at least once every five (5) years. The external assessment report and any related improvement plans shall be presented to the Board of Trustees, with a copy provided to the Florida Board of Governors,
- Prepare an annual report summarizing the activities of the department for the preceding fiscal year, the office's plans, and resource requirements, including significant changes, and the impact of resource limitations for distribution to the President, Board of Trustees and Florida Board of Governors.
- Report on a routine basis (through written or verbal means) to the AACC and/or the full Board of Trustees on matters including significant risk exposures, control issues, fraud risks, governance issues and other matters requested by the President and/or the Board of Trustees.
- Pursue a reasonable and appropriate course of continuing education, including but not limited to review of relevant professional and industry journals and publications, communication with professional colleagues and participation in open professional dialogs and exchanges through attendances and conferences and memberships in professional associations.

### **Professional Standards**

University Audit adheres to the Code of Ethics and the *International Standards for the Professional Practice of Internal Auditing* adopted by The Institute of Internal Auditors. In addition, this charter will be reviewed and approved at least every three (3) years for consistency with applicable Florida Board of Governors and University regulations, professional standards, and industry best practices.

Adoption of Charter: The Florida Polytechnic University Board of Trustees adopted the Audit Charter on March 15, 2017.

History: Adopted by the Board of Trustees March 15, 2017; reviewed and approved on May 20, 2020, without change; reviewed and approved by the AACC on September 21, 2023, with changes.

FLORIDA POLYTECHNIC UNIVERSITY  
COMPLIANCE AND ETHICS CHARTER

**Purpose and Mission**

The University's Compliance and Ethics Program shall be composed of a Chief Compliance and Ethics Officer and his/her assistants, if any, either employees or contractors and are hereinafter referred to collectively as "University Compliance". University Compliance provides oversight and guidance to university-wide ethics, compliance, and enterprise risk management activities, and fosters a culture that embeds these disciplines in all university functions and activities. The office provides centralized and coordinated oversight through the ongoing development of effective policies and procedures, education and training, monitoring, communication, risk assessment, and response to reported issues as required by Chapter 8 of the Federal Sentencing Guidelines and Board of Governors Regulation 4.003. These guidelines and regulation set forth the requirements of an effective compliance and ethics program and require promoting compliance with laws and ethical conduct.

The mission of the office is to support and promote a culture of ethics, compliance, risk mitigation, and accountability.

**Reporting Structure and Independence**

University Compliance reports administratively to the President, and functionally to the Audit and Compliance Committee of the Board of Trustees. This reporting structure promotes independence and full consideration of University Compliance's recommendations and action plans.

The Chief Compliance and Ethics Officer and staff shall have organizational independence and objectivity to perform their responsibilities and all activities of the office shall remain free from influence.

**Authority**

University Compliance has the authority to review or investigate all areas of the university, including its direct support organizations and faculty practice plan. Reviews and investigations shall not be restricted or limited by management, the President, or the Board of Trustees. University Compliance has unrestricted and timely access to records, data, personnel, and physical property relevant to performing compliance reviews and investigations, and to allow for appropriate oversight and guidance related to compliance, ethics, and risk mitigation efforts.

The Chief Compliance and Ethics Officer will notify the President and request remediation of any unresolved restriction or barrier imposed by any individual on the scope of any inquiry, or the failure to provide access to necessary information or people for the purposes of such inquiry. If unresolved by the President or if the inappropriate restriction is imposed by the President, the Chief Compliance and Ethics Officer will notify the chair of the Audit and Compliance Committee of

the Board of Trustees. If not resolved, the Chief Compliance and Ethics Officer will notify the Board of Governors through the Office of the Inspector General and Director of Compliance.

Documents and records obtained for the above purposes will be handled in compliance with applicable laws, regulations, and university policies and procedures. As required by law, University Compliance will comply with public records requests.

### Duties and Responsibilities

The duties and responsibilities of the Chief Compliance And Ethics Officer and staff include projects and activities that fulfill the requirements for an effective compliance and ethics program as required by Chapter 8 of the Federal Sentencing Guidelines and Board of Governors Regulation 4.003. The University Compliance and Ethics Program (“Program”) will be reasonably designed to optimize its effectiveness in preventing or detecting noncompliance, unethical behavior, and criminal conduct. The Program’s design supports mitigation of risks to the university and its employees and provides safe harbor in the event of misconduct or noncompliance. The following elements define the duties and responsibilities of the office:

1. Oversight of Compliance and Ethics and Related Activities
2. Development of Effective Lines of Communication
3. Providing Effective Training and Education
4. Revising and Developing Policies and Procedures
5. Performing Internal Monitoring, Investigations, and Compliance Reviews
6. Responding Promptly to Detected Problems and Undertaking Corrective Action
7. Enforcing and Promoting Standards through Appropriate Incentives and Disciplinary Guidelines
8. Measuring Compliance Program Effectiveness
9. Oversight and Coordination of External Inquiries into Compliance with Federal and State Laws and Take Appropriate Steps to Ensure Safe Harbor

The Chief Compliance and Ethics Officer and staff will:

- Develop a Program plan based on the requirements for an effective program. The
- Program plan and subsequent changes will be provided to the board of trustees for approval. A copy of the approved plan will be provided to the ~~board~~Board of ~~governors~~Governors.
- Provide training to university employees and Board of Trustees’ members regarding their responsibility and accountability for ethical conduct and compliance with applicable laws, regulations, rules, policies, and procedures. The Program plan will specify when and how often this training will occur.
- Obtain an external review of the Program’s design and effectiveness at least once every five years. The review and any recommendations for improvement will be provided to the President and Board of Trustees. The assessment will be approved by the Board of Trustees and a copy provided to the Board of Governors.

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- Identify and provide oversight and coordination of compliance partners responsible for compliance and ethics related activities across campus and provide communication, training, and guidance on the Program and compliance and ethics related matters.
- Administer and promote, a compliance and ethics hotline, an anonymous mechanism available for individuals to report potential or actual misconduct and violations of university policy, regulations, or law, and ensure that no individual faces retaliation for reporting a potential or actual violation when such report is made in good faith.
- Maintain and communicate the university's policy on reporting misconduct and protection from retaliation and ensure the policy articulates the steps for reporting and escalating matters of alleged misconduct, including criminal conduct, when there are reasonable grounds to believe such conduct has occurred.
- Communicate routinely to the President and the board of trustees regarding Program activities. Annually report on the effectiveness of the Program. Any Program plan revisions, based on the Chief Compliance and Ethics Officer's report, shall be approved by the Board of Trustees. A copy of the report and revised plan will be provided to the Board of Governors.
- Promote and enforce the Program, in consultation with the President and ~~board~~ Board of ~~trustees~~ Trustees, consistently through appropriate incentives and disciplinary measures to encourage a culture of compliance and ethics. Failures in compliance and ethics will be addressed through appropriate measures, including education or disciplinary action.
- Initiate, conduct, supervise, coordinate, or refer to other appropriate offices such inquiries, investigations, or reviews deemed appropriate in accordance with university regulations and policies, state statutes, and/or federal regulations.
- Make necessary modification to the Program in response to detected non-compliance, unethical behavior, or criminal conduct and take steps to prevent its occurrence.
- Assist the university in its responsibility to use reasonable efforts to exclude within the university and its affiliated organizations individuals whom it knew or should have known through the exercise of due diligence to have engaged in conduct not consistent with an effective Program.
- Coordinate or request compliance activity information or assistance as necessary from any university, federal, state, or local government entity.
- Oversee and coordinate external inquiries into compliance with federal and state laws and take appropriate steps to ensure safe harbor in instances of non-compliance.
- Pursue a reasonable and appropriate course of continuing education, including but not limited to review of relevant professional and industry journals and publications, communication with professional colleagues and participation in open professional dialogs and exchanges through attendances and conferences and memberships in professional associations.

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University Compliance provides guidance on compliance, ethics, and related matters to the university community. The office collaborates with compliance partners and senior leadership to review and resolve compliance and ethics issues and coordinate compliance and ethics activities, accomplish objectives, and facilitate the resolution of problems.

To ensure University Compliance staff has the capabilities to perform the duties and responsibilities as described the Chief Compliance and Ethics Officer will:

- Maintain a professional staff with sufficient size, knowledge, skills, experience, and professional certifications.
- Utilize third-party resources as appropriate to supplement the department’s efforts.
- Perform assessments of the program and make appropriate changes and improvements.

### Professional Standards

University Compliance adheres to the *Florida Code of Ethics* and the *Code of Professional Ethics for Compliance and Ethics Professionals*, promulgated by the Society of Corporate Compliance and Ethics.

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The University Compliance Charter will be reviewed at least every three years for consistency with applicable Board of Governors and university regulations, professional standards, and best practices. Subsequent changes will be submitted to the Board of Trustees for approval. A copy of the charter and any subsequent changes will be provided to the Board of Governors.

[Adoption of Charter: The Florida Polytechnic University Board of Trustees adopted the University Compliance and Ethics Charter on March 15, 2017.](#)

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[History: ~~Approved~~ Adopted](#) by the Board of Trustees March 15, 2017; ~~and reviewed and approved~~ on May 20, 2020, without change; [and reviewed and approved on September 21, 2023, with changes.](#)

# FLORIDA POLYTECHNIC UNIVERSITY COMPLIANCE AND ETHICS CHARTER

## **Purpose and Mission**

The University's Compliance and Ethics Program shall be composed of a Chief Compliance and Ethics Officer and his/her assistants, if any, either employees or contractors and are hereinafter referred to collectively as “University Compliance”. University Compliance provides oversight and guidance to university-wide ethics, compliance, and enterprise risk management activities, and fosters a culture that embeds these disciplines in all university functions and activities. The office provides centralized and coordinated oversight through the ongoing development of effective policies and procedures, education and training, monitoring, communication, risk assessment, and response to reported issues as required by Chapter 8 of the Federal Sentencing Guidelines and Board of Governors Regulation 4.003. These guidelines and regulation set forth the requirements of an effective compliance and ethics program and require promoting compliance with laws and ethical conduct.

The mission of the office is to support and promote a culture of ethics, compliance, risk mitigation, and accountability.

## **Reporting Structure and Independence**

University Compliance reports administratively to the President, and functionally to the Audit and Compliance Committee of the Board of Trustees. This reporting structure promotes independence and full consideration of University Compliance’s recommendations and action plans.

The Chief Compliance and Ethics Officer and staff shall have organizational independence and objectivity to perform their responsibilities and all activities of the office shall remain free from influence.

## **Authority**

University Compliance has the authority to review or investigate all areas of the university, including its direct support organizations and faculty practice plan. Reviews and investigations shall not be restricted or limited by management, the President, or the Board of Trustees. University Compliance has unrestricted and timely access to records, data, personnel, and physical property relevant to performing compliance reviews and investigations, and to allow for appropriate oversight and guidance related to compliance, ethics, and risk mitigation efforts.

The Chief Compliance and Ethics Officer will notify the President and request remediation of any unresolved restriction or barrier imposed by any individual on the scope of any inquiry, or the failure to provide access to necessary information or people for the purposes of such inquiry. If unresolved by the President or if the inappropriate restriction is imposed by the President, the Chief Compliance and Ethics Officer will notify the chair of the Audit and Compliance Committee of

the Board of Trustees. If not resolved, the Chief Compliance and Ethics Officer will notify the Board of Governors through the Office of the Inspector General and Director of Compliance.

Documents and records obtained for the above purposes will be handled in compliance with applicable laws, regulations, and university policies and procedures. As required by law, University Compliance will comply with public records requests.

### **Duties and Responsibilities**

The duties and responsibilities of the Chief Compliance And Ethics Officer and staff include projects and activities that fulfill the requirements for an effective compliance and ethics program as required by Chapter 8 of the Federal Sentencing Guidelines and Board of Governors Regulation 4.003. The University Compliance and Ethics Program (“Program”) will be reasonably designed to optimize its effectiveness in preventing or detecting noncompliance, unethical behavior, and criminal conduct. The Program’s design supports mitigation of risks to the university and its employees and provides safe harbor in the event of misconduct or noncompliance. The following elements define the duties and responsibilities of the office:

1. Oversight of Compliance and Ethics and Related Activities
2. Development of Effective Lines of Communication
3. Providing Effective Training and Education
4. Revising and Developing Policies and Procedures
5. Performing Internal Monitoring, Investigations, and Compliance Reviews
6. Responding Promptly to Detected Problems and Undertaking Corrective Action
7. Enforcing and Promoting Standards through Appropriate Incentives and Disciplinary Guidelines
8. Measuring Compliance Program Effectiveness
9. Oversight and Coordination of External Inquiries into Compliance with Federal and State Laws and Take Appropriate Steps to Ensure Safe Harbor

The Chief Compliance and Ethics Officer and staff will:

- Develop a Program plan based on the requirements for an effective program. The Program plan and subsequent changes will be provided to the board of trustees for approval. A copy of the approved plan will be provided to the Board of Governors.
- Provide training to university employees and Board of Trustees’ members regarding their responsibility and accountability for ethical conduct and compliance with applicable laws, regulations, rules, policies, and procedures. The Program plan will specify when and how often this training will occur.
- Obtain an external review of the Program’s design and effectiveness at least once every five years. The review and any recommendations for improvement will be provided to the President and Board of Trustees. The assessment will be approved by the Board of Trustees and a copy provided to the Board of Governors.
- Identify and provide oversight and coordination of compliance partners responsible for compliance and ethics related activities across campus and provide communication, training, and guidance on the Program and compliance and ethics related matters.

- Administer and promote, a compliance and ethics hotline, an anonymous mechanism available for individuals to report potential or actual misconduct and violations of university policy, regulations, or law, and ensure that no individual faces retaliation for reporting a potential or actual violation when such report is made in good faith.
- Maintain and communicate the university's policy on reporting misconduct and protection from retaliation and ensure the policy articulates the steps for reporting and escalating matters of alleged misconduct, including criminal conduct, when there are reasonable grounds to believe such conduct has occurred.
- Communicate routinely to the President and the board of trustees regarding Program activities. Annually report on the effectiveness of the Program. Any Program plan revisions, based on the Chief Compliance and Ethics Officer's report, shall be approved by the Board of Trustees. A copy of the report and revised plan will be provided to the Board of Governors.
- Promote and enforce the Program, in consultation with the President and Board of Trustees, consistently through appropriate incentives and disciplinary measures to encourage a culture of compliance and ethics. Failures in compliance and ethics will be addressed through appropriate measures, including education or disciplinary action.
- Initiate, conduct, supervise, coordinate, or refer to other appropriate offices such inquiries, investigations, or reviews deemed appropriate in accordance with university regulations and policies, state statutes, and/or federal regulations.
- Make necessary modification to the Program in response to detected non-compliance, unethical behavior, or criminal conduct and take steps to prevent its occurrence.
- Assist the university in its responsibility to use reasonable efforts to exclude within the university and its affiliated organizations individuals whom it knew or should have known through the exercise of due diligence to have engaged in conduct not consistent with an effective Program.
- Coordinate or request compliance activity information or assistance as necessary from any university, federal, state, or local government entity.
- Oversee and coordinate external inquiries into compliance with federal and state laws and take appropriate steps to ensure safe harbor in instances of non-compliance.
- Pursue a reasonable and appropriate course of continuing education, including but not limited to review of relevant professional and industry journals and publications, communication with professional colleagues and participation in open professional dialogs and exchanges through attendances and conferences and memberships in professional associations.

University Compliance provides guidance on compliance, ethics, and related matters to the university community. The office collaborates with compliance partners and senior leadership to review and resolve compliance and ethics issues and coordinate compliance and ethics activities, accomplish objectives, and facilitate the resolution of problems.

To ensure University Compliance staff has the capabilities to perform the duties and responsibilities as described the Chief Compliance and Ethics Officer will:

- Maintain a professional staff with sufficient size, knowledge, skills, experience, and professional certifications.

- Utilize third-party resources as appropriate to supplement the department's efforts.
- Perform assessments of the program and make appropriate changes and improvements.

## **Professional Standards**

University Compliance adheres to the *Florida Code of Ethics* and the *Code of Professional Ethics for Compliance and Ethics Professionals* promulgated by the Society of Corporate Compliance and Ethics.

The University Compliance Charter will be reviewed at least every three years for consistency with applicable Board of Governors and university regulations, professional standards, and best practices. Subsequent changes will be submitted to the Board of Trustees for approval. A copy of the charter and any subsequent changes will be provided to the Board of Governors.

Adoption of Charter: The Florida Polytechnic University Board of Trustees adopted the University Compliance and Ethics Charter on March 15, 2017.

History: Adopted by the Board of Trustees March 15, 2017; reviewed and approved on May 20, 2020, without change; and reviewed and approved on September 21, 2023, with changes.

**Florida Polytechnic University  
Governance, Audit and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: Audit & Compliance Update**

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**Proposed Committee Action**

Information only – no action required.

**Background Information**

David Blanton, Chief Audit Executive/Chief Compliance Officer (CAE/CCO) will provide the Committee with an update of all University audit and compliance activity including the status of all external audits and University Audit & Compliance activities and plans.

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**Supporting Documentation:** N/A

**Prepared by:** David A. Blanton, CAE/CCO

**Florida Polytechnic University  
Governance, Audit and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: UAC Annual Report FYE23**

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**Proposed Committee Action**

No action – information only.

**Background Information**

Board of Governors Regulation 4.002 requires that an annual report be prepared summarizing the Activities of University Audit for the preceding year. Similarly, BOG Regulation 4.003 provides that the chief compliance officer shall report at least annually on the effectiveness of the compliance and ethics program. This annual report reflects the activity for University Audit and Compliance for FYE23.

The Audit and Compliance Committee should utilize the information presented in this report to review the operations of University Audit & Compliance (UAC) and to fulfill their oversight responsibility with respect to the audit and compliance functions at the University.

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**Supporting Documentation:** UAC Annual Report – FYE23 (Report No. FPU 2024-01)

**Prepared by:** David A. Blanton, CAE/CCO



ANNUAL REPORT  
2022-23 FISCAL YEAR

**Report No: FPU 2024-01**

**July 2023**

In accordance with Board of Governors Regulations 4.002, 4.003, and Internal Auditing Standards, this report is presented to summarize the activities of University Audit and Compliance for the 2022-23 fiscal year.

**FLORIDA POLYTECHNIC UNIVERSITY  
UNIVERSITY AUDIT & COMPLIANCE  
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*Message from the Chief Audit Executive and Chief Compliance Officer*

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Board of Governors (BOG) Regulations<sup>1</sup> require that an annual report be prepared summarizing the activities of University Audit for the preceding year and that the chief compliance officer shall report at least annually on the effectiveness of the compliance and ethics program. This report is prepared in response to those BOG Regulations and summarizes both audit and compliance activity for the reporting period July 1, 2022, to June 30, 2023 (FYE23). Additionally, this report facilitates the proper oversight of both functions by the Audit and Compliance Committee.

The following accomplishments highlight the activity of University Audit and Compliance (UAC) during the reporting period:

- Completed and released four audit efforts/reports:
  - Report FPU 2023-01: Annual Report (FYE22)
  - Report FPU 2023-02: Risk Assessment and Work Plan (FYE23)
  - Report UAC 2023-05: Performance Based Funding Data Integrity Audit (2022)
  - Quality Assurance Review Self-Assessment (final report issued by external validator in early FYE23).
- Completed and released three compliance reports and/or planned projects:
  - Report FPU 2023-03: Compliance Program Plan (FYE23)
  - Report FPU 2023-04: Textbook Affordability (Fall 2022)
  - Report FPU 2023-06: Textbook Affordability (Spring 2023)
- Achieved the highest rating (Generally Conforms) for all Internal Auditing (IIA) Standards and the IIA's Code of Ethics in the first-ever Quality Assurance Review (QAR).
- As supporting validator, issued the final report on the University of West Florida's (UWF) Compliance and Ethics Program 5-year Review.
- Administered and disposed of 6 allegations or complaints reported to UAC via the hotline.
- Assisted with various consulting activities to enhance university operations.
- Obtained relevant educational training for both audit and compliance, as required.

This was the third year that Florida Poly was subject to the auditing and certification requirements related to Performance Based Funding (PBF). BOG Regulations require that this audit be completed and submitted to the BOG by March 1 of each year and such assurances are necessary for Florida Poly to secure PBF funding. UAC was able to timely complete and submit the required audit, which consumed a significant portion of UAC's resources for the reporting period. Continued efficiencies on completing this annually recurring audit are expected going forward.

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<sup>1</sup> Board of Governors Regulations 4.002 (State University System Chief Audit Executives) and 4.003 (State University System Compliance and Ethics Programs).

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In addition to the PBF data integrity audit, the required 5-year Quality Assurance Review (QAR) of the university's audit function was also completed during the year. The QAR report, performed by an external validator, was issued in September 2023 and reflected conformance with all Institute of Internal Auditors (IIA) standards and the IIA's code of conduct. Additionally, UAC, in cooperation with UNF, issued the final report on the review of UWF's compliance program during early FYE23.

Despite the significant commitment of resources to complete the PBF data integrity audit, the QAR, and the external compliance review, UAC was able to complete monitoring efforts over textbook affordability for two different terms and assist on various other consultative matters during the year. Looking forward to FYE24, UAC will again be principally driven by certain external requirements (e.g. performance-based funding audit, the BOG's fraud detection and prevention requirements, follow-up on external audits, and legislative efforts aimed at mitigating foreign influence). However, the completion of the QAR and compliance reviews should provide significantly more resources to be directed at risk-driven projects for UAC.

I am very grateful for the opportunity to serve the University and the Board of Trustees and for their continued support of the audit and compliance functions. If you have any questions or need further information, please feel free to call me at (863) 874-8441.

*David A. Blanton, CPA, CCEP*  
Chief Audit Executive and Chief Compliance Officer

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***Purpose and Mission***

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The mission of University Audit and Compliance (UAC) is to serve the University by recommending actions to assist them in achieving its strategic and operational objectives. This assistance includes providing recommendations to management of activities designed and implemented by management to strengthen internal controls, reduce risk to and waste of resources, and improve operations to enhance the performance and reputation of the University. In addition, UAC assists the Audit and Compliance Committee (AACC) in accomplishing their oversight responsibilities in accordance with Board of Governors guidelines and regulations.

***Definition and Role of Internal Auditing***

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According to the Institute of Internal Auditors (IIA):

"Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organization's operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes." Under the IIA "Three Lines of Defense" model, Internal Audit serves as "the third line of defense" as noted below:

- The first line of defense is provided by front line staff and operational management. The systems, internal controls, the control environment and culture developed and implemented by these business units are crucial in anticipating and managing operational risks.
- The second line of defense is provided by the risk management and compliance functions. These functions provide the oversight and the tools, systems and advice necessary to support the first line in identifying, managing, and monitoring risks.
- The third line of defense is provided by the internal audit function. This function provides a level of independent assurance that the risk management and internal control framework is working as designed.

***Governance and Charters***

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The Board of Governors (BOG) promulgated Regulations 4.001: *University System Processes for Complaints of Waste, Fraud, or Financial Mismanagement*, 4.002: *State University System Chief Audit Executives*, and 4.003: *State University System Compliance and Ethics Programs*. In response to these BOG Regulations, the University structured and approved the following Florida Poly Charters:

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- **Board of Trustees Audit and Compliance Committee (AACC) Charter.** The AACC Charter was adopted to provide for the various oversight responsibilities charged to the AACC.
- **Internal Audit Charter.** The Internal Audit Charter effectively establishes the position of Chief Audit Executive (CAE) and outlines the duties and responsibilities of the position.
- **Compliance and Ethics Charter.** The Compliance and Ethics Charter effectively establishes the Compliance function at the University and outlines the duties and responsibilities of the position, including the development of the University's Compliance and Ethics Program.

All three charters are required to be reviewed and approved for consistency with Board of Governors and university regulations, professional standards, and industry practices at least every three years. All three charters were last presented to the AACC for review and approval in 2020 and will be presented for review and approval in September 2023. All charters are available on the University's website under Board of Trustees/Committees/Governance, Audit & Compliance.

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***Internal Audit Activity (Audits, Reviews, and Consulting Activities)***

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The following summarizes the activity of the internal audit function for the period of July 1, 2022 to June 30, 2023:

- **UAC Annual Report – FYE 6/30/22.** This report was prepared and presented to summarize the activities of University Audit and Compliance for the 2021-22 fiscal year. (Report FPU 2023-01)
- **Risk Assessment and Audit Plan.** Each year, the CAE prepares a Risk Assessment and Audit Plan that is presented to the AACC for approval. (Report FPU 2023-02)
- **Performance Based Funding Data Integrity Audit.** This audit was performed to determine whether the University has established appropriate controls to ensure the completeness, accuracy, and timeliness of data submissions to the BOG which supports the PBF metrics of the University as of September 30, 2022. The audit resulted in no reportable matters.
- **Quality Assurance Review (QAR) Self-Assessment with Independent Validation.** The QAR provides a level of assurance to the AACC that the audit function is reliable, effective, and adds value to the university. Additionally, it is designed to identify opportunities for improvement. Applicable Institute of Internal Auditor's (IIA) guides were completed, supporting documentation compiled, and a draft report was prepared and subjected to external validation in early FYE23. The results of the QAR disclosed conformance at the highest level with IIA Standards; however, several recommendations were noted to enhance the audit function. The QAR is required every five years to operate under IIA Standards and to comply with BOG Regulations.

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**AUDIT PLAN PROGRESS & RESOURCE UTILIZATION**

Table 1 below provides a measure of actual progress against the BOT-approved audit work plan for FYE23:

<b>Table 1 Audit Plan – FYE23 Actual Progress vs. Approved Audit Plan</b>			
#	Planned Audits/Risk	Area of Focus (i.e. processes/Controls)	Status
1	UAC Annual Report	To summarize the activities of University Audit for the year.	☑
2	UAC Risk Assessment & Audit Plan	To evaluate risk across the University and allocate audit resources to areas of risk that might benefit from audit assurance.	☑
3	PBF Data Integrity Audit	To determine whether the University has established adequate controls to properly report on the various metrics related to PBF. Follow-up of prior PBF audit observations.	☑
4.	Quality Assurance Review (QAR)	Required every five years to provide assurance that UAC is conforming with auditing standards. This is the first QAR for Florida Poly.	☑
5.	Foundation Follow-up	To determine whether controls have been properly implemented to adequately correct the segregation of duties finding in the Crowe “Review of Internal Controls for University Direct Support Organizations”.	X (A)
6.	Asset Accountability	To determine whether appropriate controls exist to adequately account for University capital asset acquisitions (for both capitalized assets and highly desirable assets under the capitalization threshold).	X (B)
7.	Expense Cards	To determine whether appropriate controls exist over the issuance and use of University-issued expense cards.	X (C)
☑	Planned audit or review completed.		
X	Planned audit or review not yet completed.		
(A)	Postponed due to turnover in staffing. DSO not adequately staffed until early FYE24.		
(B)	Planned to carry forward to FYE24 audit plan.		
(C)	Included in scope of recent Auditor General audit, no findings reported for this area.		

Given the limited resources of UAC, and the amount of time necessary to effectively perform the responsibilities of both the audit and compliance functions at the University, mandated audits were prioritized. As noted above in Table 1, apart from the annual report and audit plan, two audit focus areas were completed from the prior plan year (QAR and PBF audit). Most other UAC resources were reallocated to the compliance function which are detailed in Table 5 of this report. This shift in audit effort occurred, in part, due to the extensive amount of external audits conducted on the University during FYE23.

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**TABLE 2  
COMPARISON OF APPROVED PLAN HOURS TO ACTUAL HOURS – FYE23**

Activity	Plan Hours	Actual Hours	Difference	% Difference
<b>Administrative</b>	220	235	15	6.8%
<b>Audit</b>	896	715	(181)	-20.2%
<b>Compliance</b>	400	577.5	177.5	44.4%
<b>Investigative</b>	100	45.5	(54.5)	-54.5%
<b>Consulting</b>	140	149.5	9.5	6.8%
<b>Training</b>	120	118.5	(1.5)	-1.3%
<b>Totals</b>	1,876	1,841	(35) <sup>2</sup>	-1.9%

As reflected in Table 2 above, UAC’s time for both investigative and audit efforts were significantly less than planned. Due to the uncertain nature and frequency of investigative activities, planned hours are very difficult to predict. The variance in audit hours relates to the deferral of planned audit projects into FYE24. Nevertheless, these plan hours were redirected to compliance activities.

**TABLE 3  
COMPARISON OF ACTUAL HOURS – CURRENT AND PRIOR PERIODS**

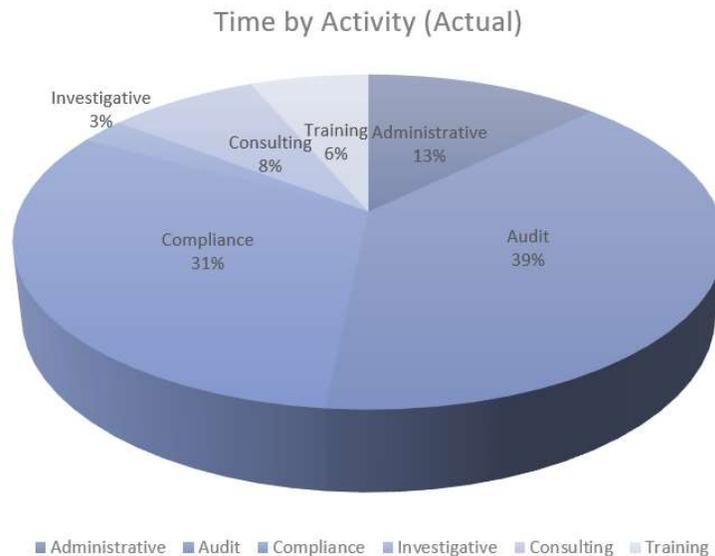
Activity	FYE21	FYE22	FYE23	Difference	% Difference
<b>Administrative</b>	249	219	235	16	7.3%
<b>Audit</b>	591.5	758.5	715	(43.5)	-5.7%
<b>Compliance</b>	744	484	577.5	93.5	19.3%
<b>Investigative</b>	10	87	45.5	(41.5)	-47.7%
<b>Consulting</b>	165	157.5	149.5	(8)	-5.1%
<b>Training</b>	111.5	83.5	118.5	35	41.9%
<b>Totals</b>	1,871	1,789.5	1,841	51.5	2.9%

As reflected in Table 3, the most significant variance from year-to-year was noted in compliance efforts resulting from the shift from audit and investigative activities to compliance activities.

<sup>2</sup> Differences in total planned versus total actual hours is primarily the result of more personal time off than planned (resulting in less direct time charged).

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The following graph depicts actual hours by activity for the 2022-23 fiscal year:



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***Other Mandatory Disclosures – Audit and Compliance***

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UAC adheres to the Code of Ethics and the *International Standards for the Professional Practice of Internal Auditing (Standards)* adopted by the Institute of Internal Auditors. Those *Standards* and University Audit's Charter require certain other annual disclosures as follows:

- **Organizational Independence:** The Internal Audit Charter effectively establishes the position of Chief Audit Executive (CAE) and provides for a dual-reporting relationship of the CAE to promote independence and objectivity. In this dual-reporting relationship, the CAE reports functionally to the AACC and administratively to the President. In addition, to further promote independence the Charter specifies that the CAE is not authorized to perform any operational duties, initiate or approve accounting transactions or the selection of vendors, or direct the activities of any University employee.
- **Impairments to Independence or Objectivity:** Independence is the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. Objectivity is an unbiased mental attitude that allows internal auditors to perform engagements in such a manner that they believe in their work product and that no quality compromises are made. During the reporting period, there were no impairments to the independence or objectivity of UAC.
- **Disclosure of Nonconformance:** When nonconformance with the Code of Ethics or the *Standards* impacts the overall scope or operation of the internal audit activity, such matters must be disclosed to senior management and the board. During the reporting period, there were no such instances of nonconformance with either the Code of Ethics or the *Standards*.

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- Management’s Response to Unacceptable Risks: When the CAE concludes that management has accepted a level of risk that may be unacceptable to the university, the CAE must discuss the matter with senior management. If the CAE determines that the matter has not been resolved, the CAE must communicate the matter to the Board. For the audit period, no such matters were noted or required to be reported to senior management or the Board.
- Quality Assurance and Review (QAR) Program: A QAR program is designed to enable an evaluation of the internal audit activity’s conformance with the *Standards* and an evaluation of whether internal auditors apply the Code of Ethics. The *Standards* require ongoing internal reviews as well as an external QAR. The external QAR is required to be conducted every five years. As previously noted, the University’s first-ever QAR was completed in early FYE23 and resulted in conformance at the highest level with IIA Standards and the IIA’s Code of Conduct; however, several recommendations were noted to enhance the audit function.
- Restrictions or Barriers to Information: The University Audit Charter requires that the Chair of the Audit and Compliance Committee is to be notified of any unresolved restriction, barrier, or limitation to obtaining necessary information to perform UAC’s duties. No such restrictions or barriers have been encountered by UAC.

**FLORIDA POLYTECHNIC UNIVERSITY  
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*Compliance & Ethics Program Activity*

BOG Regulation 4.003, *State University System Compliance and Ethics Programs (CEP)* requires each university to establish a CEP and complete an external review of the CEP’s design and effectiveness and identify any recommendations for improvement, as appropriate. In June 2022, the final report for the review of Florida Poly’s CEP was completed and issued in accordance with BOG Regulation 4.003. The review was completed by an external assessment team utilizing criteria established by the SUS Compliance Consortium to evaluate the CEP’s conformance with BOG requirements and Federal Sentencing Guidelines for an effective CEP. The results of the external review disclosed conformance with each of the 16 various areas considered; however, several recommendations were noted to improve program effectiveness.

The following summarizes the activity of the Compliance function for FYE23:

- **Compliance and Ethics Program Plan.** Each year, the CCO prepares a Compliance & Ethics Program Plan (Plan) that is presented to the AACC for approval. The 2022-23 Plan was presented to and approved by the AACC in September 2022. Table 5 below provides a measure of actual progress against the BOT-approved Plan for FYE23:

<b>Table 5 Compliance &amp; Ethics Program Plan – FYE23 Actual Progress vs. Approved Plan</b>		
#	Planned Area of Focus	Status/Comments
1	General Compliance Activities/Investigations	☑
2	Trainings & Communication	☑
3	Textbook Affordability Monitoring Review (Fall 2022)	☑
4	Textbook Affordability Monitoring Review (Spring 2023)	☑
5	Consult: Foreign Influence Reporting	Ongoing (A)
6	Background Checks Monitoring Review	☑ (A)
7	Consult: Fraud Awareness	X - In-progress (B)
☑	Planned area of focus in progress or completed.	
X	Planned audit or review not completed in Plan year.	
(A)	UAC assisted on a consultative basis rather than performing monitoring.	
(B)	Not completed in plan year; however, carried forward into FYE24 plan.	

University Compliance has given thought as to how it can be more effective with respect to providing coverage for planned areas of focus and has determined that greater efficiencies would be achieved by issuing Compliance Monitoring Reports for each of the planned focus areas approved by the AACC. These reports provide slightly less assurance than an audit report but allow UAC to provide greater coverage of selected areas of risk.

**FLORIDA POLYTECHNIC UNIVERSITY  
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- **Compliance and Ethics Hotline.** The “Compliance and Ethics Hotline” was established to report suspected or actual instances of noncompliance, fraud, waste, or abuse directly to the CAE/CCO. The Hotline provides various methods of reporting including an on-line form, telephone, fax, or direct mailing to a local post office box for completely anonymous reporting. These reporting mechanisms are publicized on the university website and promoted in trainings conducted by UAC.
- **Board Trainings/Orientations.** The CCO participates in individual orientation sessions for new Trustees to familiarize them with the duties and responsibilities of the audit and compliance functions at the university.
- **Allegations and Investigations.** Allegations are reported to UAC through the Compliance and Ethics Hotline, written correspondence (letters and email), telephone calls, referrals from the Board of Governors Inspector General, referrals from the Chief Inspector General from the State’s Executive Office of the Governor (EOG), and other sources. During the reporting period, UAC received 6 allegations, complaints, or concerns from which no investigative reports were issued by UAC. All matters were referred to management for corrective action and did not warrant further investigative effort.

Allegations can be classified and analyzed for patterns of behavior to determine whether UAC needs to commit future resources in order prevent or correct recurring concerns. For instance, certain matters can be potentially remediated with either additional training or an in-depth audit designed to address such concerns. Based on an analysis of the reported nature of allegations for the 2022-23 fiscal year, no particular area rises to the level of high risk warranting such remedial efforts.

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*Consulting and Advisory Activity*

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UAC provides consulting and advisory services which are intended to provide advice and guidance on a wide variety of topics related to compliance, internal controls, reporting, and business practices. This includes reviewing current practices, researching and interpreting policies and procedures, and responding to routine inquiries. UAC also serves as a liaison with external auditors. During the reporting period, UAC assisted with the following consultative projects:

- Internal controls/compliance/best practices
- Review of the Annual Financial Report
- Fraud prevention and detection
- Foreign Influence Controls and Reporting
- Foundation Internal Controls
- Compliance with New Legislative Changes
- Miscellaneous advisory services on a variety of other topics

During the current reporting period, UAC responded to a total of 64 consulting and/or advisory requests that accounted for approximately 8 percent of UAC’s resources.

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*Professional Development and Certifications*

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UAC maintains active memberships and attends training and continuing professional education seminars from the following professional organizations:

- Institute of Internal Auditors (IIA)
- Association of College and University Auditors (ACUA)
- Society of Corporate Compliance and Ethics (SCCE)
- American Institute of Certified Public Accountants (AICPA)
- State University Audit Council (SUAC)
- SUS Compliance Consortium

UAC meets regularly with other State University System CAE's in SUAC and CCO's in the Compliance Consortium to discuss emerging issues and exchange knowledge for best practices related to audit and compliance. Both groups continued to hold periodic virtual meetings to discuss common relevant issues, best practices, and trends in audit and compliance.

As noted in Table 3, the CAE/CCO's activities included 118.5 hours for training, which translated into 43 continuing professional educational (CPE) hours and/or CEU credits. Certain trainings (e.g. SUAC and the Consortium) and all travel to and from trainings are charged as training hours; however, they do not qualify for CPE/CEU credits. Training obtained during the fiscal year met the requirements set forth by the Institute of Internal Auditors, the AICPA, the University Audit Charter, the Society for Corporate Compliance and Ethics, and the University Compliance Charter.

The CAE/CCO is licensed as a Florida Certified Public Accountant (CPA) and a Certified Compliance & Ethics Professional (CCEP)<sup>®</sup>. A CCEP designation is awarded to someone with knowledge of relevant regulations and expertise in compliance processes sufficient to assist organizations with their legal obligations, and someone who promotes organizational integrity through the operation of effective compliance programs. Both professional certifications require a certain amount of professional development to maintain licensure.

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*Key Performance Indicators (KPIs) – Audit & Compliance*

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<b>Key Performance Indicator</b>	<b>FYE19</b>	<b>FYE20</b>	<b>FYE21</b>	<b>FYE22</b>	<b>FYE23</b>	<b>Comments</b>
Total reports released	8	8	9	9	8	
Number of audits completed	2	2	1	2	2	PBF audit & QAR
Percentage of audit effort	26.9%	27.7%	31.6%	42.4%	38.8%	
Compliance Monitoring Reports Issued	0	0	3	4	3	2 FPU and one external peer review
Number of allegations addressed	26	18	2	9	6	
Number of investigative reports released	3	4	0	0	0	
Number of consults/compliance inquiries	-	138	80	82	64	Not tracked until FYE20
Number of certifications held by UAC staff	2	2	2	2	2	CPA, CCEP
Training sessions conducted by UAC	3	4	1	0	0	
Audit experience (years)	29	30	31	32	33	
Compliance professional experience (years)	1	2	3	4	5	

KPI's are incorporated into this annual report for both audit and compliance to facilitate better AACC oversight. UAC welcomes the addition of any additional suggested metrics to KPIs presented.

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*Compliance Message*

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Compliance and ethics begins with you because of the difference your decisions can make. When a concern is identified by anyone, it is important that the university is able to respond to the matter and correct the issue. Your choice to report the matter (or to do nothing) will have a significant impact on the university – and this is just one way that compliance and ethics begins with you.

**UNIVERSITY AUDIT & COMPLIANCE  
HOTLINE REPORTING OPTIONS:**

**EMAIL:** [dblanton@floridapoly.edu](mailto:dblanton@floridapoly.edu)

**FAX:** 863.874.8509

**PHONE:** 863.874.8441

**MAIL:** PO BOX 1808/EATON PARK FL/33840\*

**WEBSITE REPORTING FORM:** SEE UAC WEBPAGE

**IN PERSON:** LTB 1146 at POLY SOUTH

\*This option allows for complete anonymity in reporting any concern. (For all other options, UAC will attempt to maintain anonymity to the extent possible).

**Florida Polytechnic University  
Governance, Audit and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: University Audit Risk Assessment & Audit Plan FYE24**

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**Proposed Committee Action**

Recommend approval of the University Audit Risk Assessment and Audit Plan for FYE24 to the Board of Trustees.

**Background Information**

As required by the Internal Audit Charter, Florida Board of Governors Regulations, and Internal Auditing Standards, audits are to be scheduled and performed according to a risk-based annual plan which shall be submitted to the President, the Audit & Compliance Committee (AACC), and the Board of Governors. The goal of the Plan is to effectively use audit resources and provide audit coverage to areas with the greatest known risks and to dedicate sufficient time in administering the Compliance and Ethics Program.

The Plan should be reviewed by the Committee to ensure it is consistent with expectations for University Audit with respect to risk, planned audits, and other activities performed by the audit function. The Plan may be updated, as necessary throughout the year, to reflect changes in the University's strategic plan, program initiatives, and external environment factors along with accommodating requests from the Board of Trustees and University management.

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**Supporting Documentation:** University Audit Risk Assessment and Audit Plan, 2022-23 FY (Report No. 2024-02).

**Prepared by:** David A. Blanton, CAE/CCO



**FLORIDA POLYTECHNIC**  
UNIVERSITY

**University Audit  
Risk Assessment & Work Plan  
For the Fiscal Year Ended June 30, 2023  
Report No: FPU 2024-02  
August 2023**



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# Transmittal Letter

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August 18, 2023

Mr. Mark Bostick, Governance, Audit and Compliance Committee (AACC) Chair  
Dr. Randy Avent, President  
Florida Polytechnic University

I am pleased to submit the Annual Work Plan (Plan) of the Florida Polytechnic University Audit function for the fiscal year ending June 30, 2024. The Plan primarily provides for the planned activity of University Audit and an allocation of total available time between the audit and compliance functions. A separate Plan for University Compliance has been prepared in greater detail and submitted for approval; however, approved total Compliance Plan hours are also included in this report to account for the total resources of University Audit and Compliance (UAC). This Plan outlines all planned audits and other required audit-related activities based on an assessment of risk and resources available to UAC during the plan year. The Plan also includes provisions for assisting management with additional requests, special investigations, follow-up on any previous observations/findings, and other value-added work.

The Plan may be updated as necessary to reflect changes in the University's strategic plan, program initiatives, and external environmental factors along with accommodating requests from the Board of Trustees and University management.

Thank you in advance for the support offered in the performance of University Audit and Compliance responsibilities.

Sincerely,

***David A. Blanton***

David A. Blanton, CPA, CCEP  
Chief Audit Executive & Chief Compliance Officer  
University Audit and Compliance

## Introduction

The Internal Audit Charter, approved by the Audit and Compliance Committee (AACC), provides that the mission of University Audit is to serve the University by recommending actions to assist them in achieving its strategic and operational objectives. This assistance includes providing recommendations to management for activities designed and implemented by management to strengthen internal controls, reduce risk to and waste of resources, and improve operations to enhance the performance and reputation of the University. Additionally, the Compliance and Ethics Charter provides that the mission of University Compliance is to support and promote a culture of ethics, compliance, risk mitigation, and accountability.

As required by the Internal Audit Charter, pursuant to Florida Board of Governors (BOG) Regulations<sup>1</sup> and Internal Auditing Standards<sup>2</sup>, audits are to be scheduled and performed according to a risk-based annual plan which shall be submitted to the President, the AACC, and the Board of Governors. A risk assessment is an on-going systematic exercise performed to identify concerns and potential areas of risk that may benefit from audit assurance and is used to appropriately allocate audit resources. In performing the risk assessment, information on risk areas and concerns were gathered from the following:

- inquiry with various University staff/observations and a review of University records
- the collective knowledge of UAC as it relates to University operations
- a review of other University audit reports
- new legislation, laws, rules, or requirements
- complaints and allegations

A population of 121 risk areas was identified to create the “audit risk universe”. This represents an increase of 9 new risks that were added from the previous risk assessment conducted last year. Various risk factors were then analyzed and applied to the audit risk universe to generate a relative risk rating by area/specific risk. University senior management’s input was then solicited and obtained in considering significant risks. The results of this risk assessment process led to the generation of selected audit topics as identified on pages 4 and 5 and those risks dedicated to compliance monitoring<sup>3</sup>.

### Risk Assessment

The CAE should use risk assessment techniques in developing the internal audit activity’s plan and in determining priorities for allocating internal audit resources. Risk assessment is used to select areas to include in the internal audit activity’s plan. Also, the CAE should seek guidance on what the board and the senior management considers important to assist in assessing risks, prioritizing projects and allocating audit resources.<sup>4</sup>

<sup>1</sup> Florida Board of Governors Regulation 4.002(6)(d)

<sup>2</sup> *International Standards for the Professional Practice of Internal Auditing*

<sup>3</sup> Planned risks to be monitored through compliance monitoring reviews are detailed in the 2023-24 Compliance & Ethics Program Plan.

<sup>4</sup> Institute of Internal Auditors’ International Professional Practices Framework (IPPF): IPPF Practice Guide – Interaction with the Board

## Risk Assessment Process

Each year, University Audit and Compliance is charged with completing an assessment of risk to assist in the development of an Annual Audit & Compliance Work Plan (Plan). The goal for the Plan is to effectively use audit resources in order to provide audit coverage to areas with the greatest known risks and to dedicate sufficient time in administering the Compliance and Ethics Program in accordance with BOG Regulations<sup>5</sup>.

A list of risk areas, prepared from inquiry of senior management, reviews of other audit reports, and previous risk assessments was compiled and prioritized with respect to University goals and objectives, the nature and type of risk, and available resources. The areas of risk were assessed and the Work Plan was developed considering the following factors:

1. Impact
2. Likelihood
3. Concern
4. Management's ranking
5. Risk factor classifications (see sidebar at right)
6. Fraud risk

A weighted value was then determined, based on the factors above, for each risk identified. Risks with a higher risk score were prioritized for audit consideration and presented to the Audit and Compliance Committee for Plan approval.

Auditing Standards requires that follow-up be performed on previously reported matters. The Plan includes an allocation of resources to perform follow-up reviews to ensure appropriate corrective action has been taken for each previously reported finding/observation.

### RISK FACTORS & CONSIDERATIONS

**Operational** – Are University resources being used in an effective and efficient manner? Could University operations be improved?

**Financial** – Are University financial processes handled as intended? Are assets maintained and protected in an appropriate manner? Is financial reporting reliable and accurate? Are accounting records properly maintained?

**Compliance** – Is the department or audited activity in compliance with applicable laws, rules, regulations, and University policies?

**Reputational** – Does an activity or action rise to the level of concern such that the resulting loss or damage impair the reputation of the University?

**Strategic** – Does the activity or department's actions align with the strategic plan of the University? (i.e., mission, goals, and objectives)

**Technology** – Does the processes, applications, and infrastructure that support an activity or department adequately support the technology environment for the University?

**Human Capital** – Is the University workforce properly suited to meet the objectives of the University?

<sup>5</sup> Florida Board of Governors Regulation 4.003(1)

## Risk Areas

The following areas were determined to present the highest risk using the risk assessment methodology or represent audits or reports that are required to be completed:

Rank	Audit Risk Area	Objectives/Purpose of Audit or Activity	Notes
1	Performance Based Funding (PBF) Data Integrity Audit	As required, to determine whether the University has established adequate controls to properly report on the various metrics related to PBF.	A
2	Annual Report – FYE23	As required, this report summarizes the audit activities for University Audit and facilitates proper oversight by the AACC.	
3	Risk Assessment & Audit Plan - FYE24	As required, to effectively use audit resources to provide audit coverage to areas with the greatest known risks and other required audit activities.	
4	Foundation Follow-up	To determine whether controls have been properly implemented to adequately correct the segregation of duties finding included in the Crowe “Review of Internal Controls for University Support Organizations Report”.	B
5	IT Audit Follow-up	To determine whether controls have been properly implemented to adequately correct the IT security findings included in the Auditor General’s “Information Technology Operational Audit”.	
6	Asset Accountability	To determine whether appropriate controls exist to adequately account for University capital asset acquisitions (for both capitalized assets and highly desirable assets under the capitalization threshold).	C
Notes:			
A – PBF audit and BOT data certification is required to be presented to the BOG by March 1, 2024. This is the fourth year that Florida Poly will participate in the funding for PBF and a condition of participation is an audit of the data integrity supporting the metrics developed to measure performance. Consequently, this is ranked highest priority for the 2023-24 Plan year.			
B – Project was included on FYE23 plan but not completed due to turnover in Foundation staffing.			
C - Project was included on FYE23 plan but not completed.			

Given the limited resources of UAC, and the amount of time necessary to administer both the audit and compliance functions at the University, planned audits were limited to these required audits and areas of high risk. Additionally, audit resources were reserved to complete an annual report, the risk assessment and audit plan, and other administrative duties in the upcoming plan year. In the event that resources for the 2023-24 fiscal year are available beyond activities called for in the Plan above, UAC will present a revised Plan for AACC approval to address additional areas of high risk.

Additionally, UAC utilized the risk assessment process to identify a number of other risk areas that might benefit from compliance monitoring efforts rather than a comprehensive audit. Those areas of risk are separately identified in the 2023-24 Compliance and Ethics Program Plan.

The following Work Plan summarizes planned activity pursuant to the risk-based assessment, required audits, and available hours for UAC to administer the audit and compliance functions at the university:

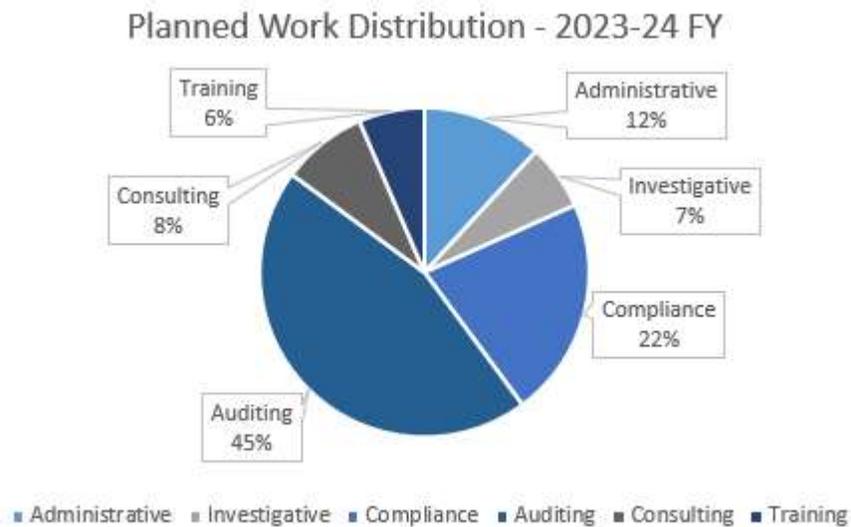
<b>Florida Polytechnic University University Audit &amp; Compliance Work Plan (A) 2023-24 Fiscal Year</b>		
Activity	Estimated Hours	Total Hours
<b>ADMINISTRATIVE ACTIVITIES:</b>		220
Periodic meetings with President/Board	40	
BOG Communications	40	
Prepare Audit & Compliance Liaison Materials and Attend Briefings	120	
Other	20	
<b>INVESTIGATIVE ACTIVITIES:</b>		120 <sup>6</sup>
Complaint Intake, Preliminary Inquiries, Investigations (B)	120	
<b>COMPLIANCE ACTIVITIES:</b>		400 <sup>6</sup>
Administration of the Compliance and Ethics Program	400	
<b>AUDITING ACTIVITIES:</b>		840
UAC Risk Assessment and Audit Plan 2023-24	80	
UAC Annual Report	40	
Performance Based Funding Data Integrity Audit	420	
Foundation Follow-up	80	
IT Operational Audit Follow-up	120	
Asset Accountability Audit	100	
<b>MANAGEMENT ADVISORY/CONSULTING ACTIVITIES:</b>		156
Various (B)	156	
<b>TRAINING ACTIVITIES:</b>		120
Webinars, SUS Committees, and Continuing Professional Education	120	
<b>Total Estimated Hours</b>	<b>1,856</b>	<b>1,856</b>
Notes:		
(A) This annual work plan is subject to change based on requests made by the Board to evaluate particular programs or activities.		
(B) Estimated hours for investigations and management advisory services are not readily quantifiable and could change significantly depending on the number of allegations, investigations, and/or consulting requests.		

<sup>6</sup> Hours for investigative and compliance activities as separately detailed in the 2023-24 Compliance Program Plan.

The table below identifies current resources available for University Audit and University Compliance during the 2023-24 Plan year: (1 staff FTE)

Available Staffing Hours	
Month	Hours
July	160
August	184
September	160
October	176
November	152
December	128
January	168
February	168
March	168
April	176
May	176
June	160
<b>Sub Total</b>	<b>1,976</b>
<b>Vacation/sick</b>	<b>(120)</b>
<b>Annual hours available</b>	<b>1,856</b>

The graph below depicts the planned allocation of UAC resources, by activity, for the upcoming fiscal year as detailed in the work plan on page 5:



**Florida Polytechnic University  
Governance, Audit and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: University Compliance & Ethics Program Plan FYE24**

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**Proposed Committee Action**

Recommend approval of the University Compliance & Ethics Plan for FYE24 to the Board of Trustees.

**Background Information**

Florida Board of Governors Regulation 4.003 provides that each board of trustees shall implement a university-wide compliance and ethics program as a point for coordination of and responsibility for activities that promote ethical conduct and maximize compliance with applicable laws, rules, regulations, rules, policies, and procedures. David Blanton, Chief Compliance Officer (CCO) will present the proposed Plan for the 2023/24 fiscal year. This Plan was developed consistent with applicable codes of conduct and the Federal Sentencing Guidelines and provides for the various planned focus areas for University Compliance.

The Committee should consider whether the Proposed Plan (a) promotes an organizational culture that encourages ethical conduct and a commitment to compliance and (b) allocates University Compliance resources in an efficient and effective manner.

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**Supporting Documentation:** UAC Compliance & Ethics Program Plan Report – FYE24.  
(Report No. FPU 2024-03)

**Prepared by:** David A. Blanton, CAE/CCO



**FLORIDA POLYTECHNIC**  
UNIVERSITY

## **University Compliance**

### **Compliance and Ethics Program Plan**

**2023-24 Fiscal Year**

**Report No: FPU 2024-03**

**August 2023**

**Ethical Quote:** Work ethic is important because, unlike intelligence, athleticism, charisma, or any other natural attribute, it's a choice." — Mike Rowe

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## I. Background and Overview

Florida Board of Governors (BOG) Regulations<sup>1</sup> provide that each board of trustees shall implement a university-wide compliance and ethics program (Program) as a point for coordination of and responsibility for activities that promote ethical conduct and maximize compliance with applicable laws, regulations, rules, policies, and procedures. The BOG Regulation further provides that the Program shall be:

- Reasonably designed to optimize its effectiveness in preventing or detecting noncompliance, unethical behavior, and criminal conduct, as appropriate to the institution's mission, size, activities, and unique risk profile.
- Developed consistent with various codes of ethics<sup>2</sup> and the Federal Sentencing Guidelines.
- Periodically evaluated for effectiveness.

The Florida Poly Compliance and Ethics Program (Program) was designed with due diligence and the promotion of an organizational culture that encourages ethical conduct and a commitment to compliance, as outlined by the Federal Sentencing Guidelines, for the seven (7) Program components outlined below:

### 7 Basic Components of an Effective Compliance & Ethics Program

1. Standards, Policies, Procedures
2. Compliance and Ethics Program Administration
3. Conduct Controls for Employees
4. Communication, Education, and Training
5. Monitoring, Auditing, and Reporting System (Hotline)
6. Discipline and Incentives
7. Program Modifications

Each of these seven components required by the Federal Sentencing Guidelines are discussed in greater detail below:

**Requirement 1:** The organization shall establish standards and procedures to prevent and detect criminal conduct.

**Plan Response:** The University has adopted the following Regulations and Policies (standards) that effectively communicate management's commitment to prevent and detect criminal conduct:

- *Policy FPU-1.0125P Fraud Prevention and Detection*
- *Regulation FPU-1.015 Allegations of Waste, Fraud, Financial Mismanagement, and Other Abuses*
- *Regulation FPU-6.002 Personnel Code of Conduct and Ethics*
- *Regulation 6.011 Employee Criminal Background Checks*
- *Policy FPU-8.0011P Purchasing of Goods and Services*

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<sup>1</sup> Florida Board of Governors Regulation 4.003, implemented November 3, 2016

<sup>2</sup> Code of Ethics for Public Officers and Employees contained in Part III, Chapter 112, Florida Statutes and other applicable codes of ethics.

- *Regulation 8.003 Authority to Suspend or Debar Contractors/Vendors*

Periodically, such Policies and Regulations are subjected to Policy review to ensure that they are comprehensive and align with best practices.

University Compliance maintains various reporting mechanisms to report waste, fraud, financial mismanagement and other abuses and the standards outlined above provide that employees are obligated to report known or alleged violations. (See also Requirement 5)

**Requirement 2:** The organization’s governing authority shall be knowledgeable about the Program and exercise reasonable oversight; high-level personnel shall have overall responsibility for the Program and its effectiveness; and the Program shall be afforded adequate resources to carry out operational responsibility of the Program.

**Plan Response:** The Audit and Compliance Committee (AACC) of Florida Polytechnic University’s Board of Trustees is charged with oversight of the Program. This responsibility is outlined in the Charter for the AACC. The Chief Compliance Officer (CCO) is responsible for communicating the details of the Program to the AACC and presenting an annual Program Plan to the AACC for approval. The CCO serves as the liaison to the AACC and provides an update on the Program at each meeting (4 times a year). In addition, the Florida BOG exercises certain oversight of each institution within the State University System (SUS). The CCO has overall responsibility for the Program and has been provided with sufficient resources to carry out operational responsibilities of the Program. Florida Poly’s Compliance & Ethics Program obtained its first-ever effectiveness review in June of 2022 and the results were reported to the AACC to facilitate oversight of the Program.

**Requirement 3:** The organization shall use reasonable efforts to preclude the hiring or employment of personnel that have engaged in illegal activities or other conduct inconsistent with an effective compliance and ethics Program.

**Plan Response:** Florida Polytechnic University Regulations<sup>3</sup> provide for the administration of Level 1 background screening for all employees and volunteers and a Level 2 background screening for employees working in areas of special trust or responsibility. (A Level 1 background screening is limited to statewide criminal history records check through the Florida Department of Law Enforcement while a Level 2 background screening extends beyond that to national criminal history records check through the Federal Bureau of Investigation). Additionally, the Regulation requires that university employees shall immediately notify the university if convicted of a felony or first-degree misdemeanor any time subsequent to becoming employed by the university. The periodic rescreening of employees, as provided for in the University Regulation, serves to further ensure that university employees have not engaged in illegal activities or other conduct inconsistent with an effective compliance and ethics Program.

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<sup>3</sup> Regulation FPU 6.011, Employee Criminal Background Checks

Controls over this process were recently subjected to an operational audit performed by the Auditor General<sup>4</sup> with no findings reported.

**Requirement 4:** The organization shall periodically conduct effective training and otherwise disseminate information in support of the Program.

**Plan Response:** The University currently provides for the following training relative to the Compliance and Ethics Program:

- At new employee orientation, all new hires are provided with training and a copy of our Employee Handbook from our Human Resources Department. The training and the Employee Handbook include an overview of the Employee Code of Conduct and the University's commitment to the highest degree of ethical standards and conduct. The new employee orientation also includes information relative to compliance with sexual harassment (Title IX Compliance), public records and the Sunshine law, official university travel, time and attendance requirements (Fair Labor Standards Act Compliance), leave policies (FMLA compliance), and discrimination/equal opportunity (Federal EEO compliance).
- New employees are required to complete on-line cyber security awareness training that covers FERPA compliance, the Clery Act, Gramm-Leach-Bliley Act (GLBA compliance), protecting personally identifiable information (PII) and other compliance matters related to information systems and data maintained by the University. In addition, this training is required annually for all employees. Controls over this area were recently reviewed in the most recent operational audit of the university by the Auditor General<sup>4</sup>.
- New employees are required to complete an on-line sexual harassment training program and our Title IX coordinator provides additional training opportunities throughout the year on sexual harassment.
- All new Board of Trustee (BoT) members attend an orientation that is hosted by the President, the General Counsel, the Chief Financial Officer, and the Chief Audit Executive/Chief Compliance Officer. The orientation includes the dissemination of information relative to Florida Sunshine laws, conflicts of interest, and the Board of Trustees ethics policy which incorporates the Code of Ethics for Public Officers and Employees set forth in Part III of Chapter 112, Florida Statutes. Additionally, Florida Poly BoT members are required to attend a BOG orientation session prior to service on the university board.
- The university is currently exploring various learning management systems which should enhance the delivery and tracking of training efforts of other training efforts throughout the institution.

If applicable, training for additional areas with high risk of noncompliance will be developed and conducted by the CCO as provided for in the **Compliance Plan for Key Risks/Compliance Focus Areas** Section of this Program Plan. (Section II)

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<sup>4</sup> Auditor General Report No. 2024-007, issued August 2023

**Requirement 5:** The organization shall take reasonable steps to ensure that (a) the Program is properly monitored in order to detect criminal conduct (b) evaluate the effectiveness of the Program and (c) publicize a system providing for reporting mechanisms to report or seek guidance on potential or actual criminal conduct.

**Plan Response:** With regard to each of the elements specified above in Requirement 5:

- (a) As noted in Requirement 3 above, University Regulations<sup>3</sup> require that university employees shall immediately notify the university if convicted of a felony or first-degree misdemeanor any time subsequent to becoming employed by the university. The periodic rescreening of employees, as provided for in this University Regulation, serves to further ensure that university employees have not engaged in illegal activities or other conduct inconsistent with an effective compliance and ethics Program.
- (b) BOG Regulations<sup>5</sup> require that at least once every five (5) years, the president and board of trustees shall be provided with an external review of the Program's design and effectiveness and any recommendations for improvement, as appropriate. The first ever such effectiveness review was completed in June of 2022. (See also **Section II** and **Section III**)
- (c) The "Compliance and Ethics Hotline" was established to report suspected or actual instances of noncompliance, fraud, waste, or abuse directly to the CCO as outlined below:
  1. An on-line reporting form.
  2. Telephone
  3. Fax
  4. Direct mail to P.O. Box.

These mechanisms are publicized on the University website which also has direct links to all University Regulations and Policies that effectively communicate management's commitment to prevent and detect criminal conduct. As provided for in University Policy<sup>6</sup>, retaliation, or otherwise taking adverse action against any member of the University community because that individual reported or filed a complaint alleging a violation, testified or participated in an investigation or proceeding, or opposed discriminatory practices, is strictly prohibited and could result in expulsion or termination.

**Requirement 6:** The Program shall be promoted through appropriate *incentives* and provide for appropriate *disciplinary measures* for engaging in criminal conduct and for failing to take reasonable steps to prevent or detect criminal conduct.

**Plan Response:** (Incentives): The current "Performance Review Form", used for evaluations is tied to merit/promotional increases, and utilizes the following criteria for evaluation: (1 of 4 criteria applied)

<sup>5</sup> Board of Governors Regulation 4.003 (7)(c), implemented November 3, 2016

<sup>6</sup> Policy FPU-1.0125P, Fraud Prevention and Detection

- Shows initiative, uses creative problem solving to reduce barriers, **has integrity and follows State regulations and policies.**

(Disciplinary measures): University Regulations<sup>7</sup>, provide that University personnel who are determined to have violated the Code of Ethics are subject to disciplinary action. Disciplinary actions may include penalties such as: dismissal, suspension, demotion, reduction in salary, forfeiture of salary, restitution, public censure, and/or reprimand; other disciplinary actions as may be deemed appropriate.

**Requirement 7:** After noncompliance, unethical behavior, or criminal conduct has been detected, the organization shall take further reasonable steps to prevent further occurrences, including Program modifications.

**Plan Response:** Neither significant unethical behavior or criminal conduct has occurred at the University; however, the University is continually seeking to improve on processes and procedures that ensure compliance with applicable laws, rules, regulations, and laws. To the extent that significant criminal conduct or unethical behavior was ever detected, the Program would be modified to mitigate future occurrences.

## II. Compliance Plan for Key Risks/Compliance Focus Areas

This Compliance and Ethics Program Plan has identified seven (7) different areas of focus for the 2023-24 fiscal year. These focus areas were selected on the basis of perceived risk and available resources, and specifically relate to the following areas:

- Textbook Affordability Compliance Monitoring Reviews:
  - Planned scope to include compliance with the State law<sup>8</sup> requiring the timely posting textbooks and instructional materials for the fall and spring terms.
  - Ongoing monitoring is necessary to ensure that the university has adequately addressed prior monitoring results related to new legislative requirements.
- Safety in Private Spaces (Restroom Facilities) Compliance Monitoring Review:
  - Pursuant to newly adopted State law<sup>9</sup>, a state university shall submit documentation to the Board of Governors regarding compliance no later than April 1, 2024.
  - Planned scope to include a review of compliance with all applicable requirements of the new law.
- Consultative Assistance: Foreign Influence/Foreign Gifts and Contracts:
  - This particular focus area has been of great concern to both the Florida Legislature and to most higher education institutions and thus has been deemed an area of high risk. Additional compliance requirements now required per recent legislative action<sup>10</sup>.

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<sup>7</sup> Regulation FPU-6.002, Personnel Code of Conduct and Ethics

<sup>8</sup> Section 1004.085(6), Florida Statutes

<sup>9</sup> Section 553.865 (12)(d), Florida Statutes, Private Spaces

<sup>10</sup> Section 288.860, Florida Statutes, and BOG Regulation 9.012

- Consultative Assistance: Fraud Prevention and Detection:
  - Pursuant to BOG Regulation<sup>11</sup>, University management is responsible for implementing an appropriate framework to identify potential fraud and mitigate fraud risk.
  - UAC has collaborated with university staff to offer suggestions that modify our existing fraud policy to a University Regulation in conformance with the new BOG Regulation. Additionally, UAC has offered to assist management with training and consultation on implementing an appropriate strategy to address the requirements of the new Regulation and assisting with the formation of a Risk Oversight Committee to address fraud and other risks.
- Training & Communications:
  - The focus for the 2023-24 Program year will be on enhanced communications to all university staff promoting compliance and ethics awareness. A goal of 2 communications through the university is planned for the current Program Plan.
  - The CCO will provide updates to the Audit and Compliance Committee (AACC).
    - Quarterly updates to the AACC on the Compliance Program.
    - Periodic reporting, as applicable, of significant allegations and related UAC dispositions to the AACC.
- General Compliance Activities:
  - Ongoing review of existing regulations and policies with an emphasis towards those aimed at promoting compliance and an evaluation of the effectiveness of university operations and the program.
- Allegations/Investigations:
  - This area includes monitoring of the Compliance & Ethics hotline and performing preliminary investigative efforts and full investigations, as warranted.

### III. Program Evaluation

Internal Evaluation: Provided that each of the seven (7) Program components required by the Federal Sentencing Guidelines (FSG) Manual has been addressed by this Program Plan, the Program is deemed to be generally effective. Additionally, this is supported by the self-valuation prepared in the 2020-21 fiscal year to determine Program effectiveness and to identify opportunities for continuous improvement to the Program. Most importantly, this evaluation is further supported by observations of the CCO, from the date of his hiring to present, that support management's commitment in both words and action to "do the right thing" to assure that high standards of ethical practice are exhibited in all University business.

External Evaluation: As noted in **Section I**, Requirement (5)(b) above, BOG Regulations<sup>12</sup> require that at least once every five (5) years, the president and board of trustees shall be provided with an external review of the Program's design and effectiveness and any recommendations for improvement, as appropriate.

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<sup>11</sup> Board of Governors Regulation 3.003, Fraud Prevention and Detection, newly adopted March 23, 2021

<sup>12</sup> Board of Governors Regulation 4.003 (7)(c), implemented November 3, 2016

The SUS Compliance Consortium adopted criteria by which each SUS institution agreed to be evaluated and UAC used this evaluation tool to complete a self-assessment. A team of two CCO's from Florida State University and New College of Florida were selected and approved by the AACC to perform an independent validation of the self-evaluation and report on the effectiveness of the Compliance and Ethics Plan at Florida Poly. The required external review of the program was completed in June of 2022 and the related written report and recommendations were presented to the AACC and the BOG. The Program review concluded that Florida Poly's Program was Generally Effective (highest rating) for all 16 criteria evaluated; however, several recommendations were noted to enhance the effectiveness of the Program.

#### IV. Summary

This Compliance and Ethics Program Plan provides for the following components:

- A "Plan Response" to address each of the seven program components set forth in the Federal Sentencing Guidelines. Within **Section I**, each of the various Federal Sentencing Guideline requirements are cited within a boxed border and the Program Plan response follows each requirement.
- Key risks and compliance focus areas deemed necessary to administer the plan. Within **Section II**, such risks and areas of focus were selected based on a review of University risks and the intention of delivering both compliance and audit services in an efficient manner, given the limited resources of the University and the dual responsibilities of the CAE/CCO.
- **Section III** explains the Program evaluation requirements and details Program evaluation efforts.

This approach to establishing the Compliance and Ethics Plan for Florida Poly conforms to requirements set forth in both the Federal Sentencing Guidelines and BOG Regulations.

## V. Exhibits

### A. Compliance & Ethics Program Plan – Estimated Budget

#### Exhibit A

<b>Proposed Compliance &amp; Ethics Program Plan Budgeted Hours 2023-24 Fiscal Year</b>			
	<b>Focus Area</b>	<b>Planned Hours</b>	<b>Notes</b>
1	CMR: Textbook Affordability Compliance Monitoring Review (Fall & Spring)	80	
2	CMR: Safety in Private Spaces (Restroom Facilities) Compliance	40	
3	Consult: Foreign Influence	20	
4	Consult: Fraud Awareness	80	a
5	Training & Communications	20	
6	General Compliance Program	60	
7	Allegations/Investigations	100	b
	Total Estimated	400	c
a	Includes establishment of Risk Oversight Committee.		
b	Estimate for monitoring of hotline and investigations; however, actual hours in this area could increase or be less, depending on reported hotline allegations and/or investigative reports released by University Compliance.		
c	Hours for the compliance Program Plan in agreement with proposed total resource utilization between audit and compliance (As outlined in UAC's risk assessment and Audit Plan. Aggregate time for compliance and investigative activities – see report FPU-2024-02).		
CMR	Compliance Monitoring Review: UAC intends to release a CMR report in connection with this focus area.		

**Florida Polytechnic University  
Governance, Audit and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: Performance Based Funding (PBF) Data Integrity Audit Scope and Objectives**

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**Proposed Committee Action**

Recommend approval of the Performance Based Funding Audit Scope and Objectives, to be performed by University Audit, to the Board of Trustees.

**Background Information**

Board of Governors Regulation (BOG) 5.001, Performance Based Funding (PBF) provides that chief audit executives shall conduct or cause to have conducted an annual data integrity audit to verify the data submitted for implementing the Performance-based Funding Model complies with the data definitions established by the BOG. The audit report shall be presented to the university's board of trustees for its review, acceptance, and use in completing the data integrity certification. The audit report and data integrity certification are due to the BOG's Office of Inspector General by March 1 each year.

The following representation is included on the BOG-developed data integrity certification which must be signed by the Board Chair and President of the University:

- I certify that I agreed to the scope of work for the performance-based funding data integrity audit conducted by my chief audit executive (CAE).

Therefore, the University's CAE will present the planned scope of work for the required PBF audit to the Committee for review and approval.

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**Supporting Documentation:**

1. Memo from Board of Governors Chair Brian Lamb on PBF Audits and Certifications
2. Data Integrity Certification Form
3. UAC PBF Data Integrity Audit Scope & Objectives Document

**Prepared by:** David A. Blanton, CAE/CCO



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

## MEMORANDUM

TO: University Chief Audit Executives

FROM: Julie Leftheris, Inspector General and Director of Compliance

DATE: July 19, 2023

RE: Data Integrity Audits and Certifications for Performance-based Funding and Preeminence Metrics

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The following are the data integrity audit requirements and certification forms for the March 2024 reporting to the Board of Governors.

As required by Florida Statutes,<sup>1</sup> 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. This audit may be included with or separate from the Performance-based Funding Data Integrity Audit.

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 accordance with the current *International Standards for the Professional Practice of Internal Auditing* as published by the Institute of Internal Auditors, Inc.

University presidents should use results from the data integrity audit(s) to complete the attached Data Integrity Certification. Evaluate each of the nine (9) prepared representations to affirm or modify in the space provided, if needed, each of them. 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.

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<sup>1</sup> Florida Statutes, sections 1001.7065, *Preeminent State Research Universities Program*, and 1001.92, *State University System Performance-based Incentive*

University Chief Audit Executives  
July 19, 2023  
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, 2024**. Please ensure they are ADA compliant in accordance with Section 508 of the Rehabilitation Act.

Please consider the March 1<sup>st</sup> 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 the March 1<sup>st</sup> deadline 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](mailto:BOGInspectorGeneral@flbog.edu) or 850-245-0466.

JML/lc

Attachment: Data Integrity Certification Form, March 2024

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



# Data Integrity Certification

## March 2024

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 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 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 1.001.706, 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 the **close of business on March 1, 2024**.

**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 2024

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 2024

## 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: \_\_\_\_\_

**Overall Objectives:**

- To determine whether the University has established appropriate controls to ensure the completeness, accuracy, and timeliness of data submissions to the Board of Governors (BOG) which support the Performance Based Funding (PBF) Metrics of the University as of September 30, 2023.
- To provide assurance that the various data files which support the PBF metrics, as of September 30, 2023, have been subjected to audit and tested for accuracy and completeness.
- To provide reasonable assurance to the President and the Chair of the Board of Trustees (BOT) that the representations included in the Performance Based Funding – Data Integrity Certification form are fairly presented.

**Audit Scope and Methodology:**

	<b>Audit Scope</b>	<b>Methodology</b>
1.	Evaluate the validity of representations outlined in the Performance Based Funding – Data Integrity Certification form.	Inquiry and observation of records supporting representations.
2.	Evaluate controls established to ensure the completeness, accuracy, and timely submission of the various data files that are submitted periodically by Institutional Research (IR) to the BOG. (e.g. admissions file, degrees awarded file, hours to degree file, retention file, student financial aid file, student instruction file).	Inquiry and observation of evidence supporting IR submissions to the BOG. Review of written procedures developed to support data integrity over IR submissions.
3.	Evaluation of access controls.	Review of system access controls and user privileges over those systems generating data for the various metrics.
4.	Testing of data accuracy and completeness.	For the various systems of record used to produce data submissions (as listed in 2 above) select samples and perform detailed tests to ensure that the underlying data for various BOG submissions is accurate and complete.  For any other data reported by IR and used for PBF metrics, select a sample and perform detailed tests to ensure the accuracy and completeness of

		such data. (e.g. workforce experience used in BOT choice metric 10).
5.	Determine that the various data files that are submitted periodically by Institutional Research (IR) to the BOG are consistent with data definitions and guidance provided by the BOG.	Accomplished in conjunction with the methodology from 4 above.
6.	Review of data resubmissions and data reclassifications to ensure that they are appropriate and conform to BOG guidance.	100% review of any cohort classification changes since the BOG does not verify appropriateness of such changes.  Inquiry and detailed testing of other metric reclassifications noted or identified. Review of resubmissions applicable to PBF data files.

**Florida Polytechnic University  
Governance, Audit and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: Auditor General Operational Audit**

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**Proposed Committee Action**

No action – information only.

**Background Information**

In accordance with Section 11.45, Florida Statutes, an operational audit was performed on the University's various programs, activities, and functions. The operational audit focused on various processes and administrative activities and included a follow-up of the 2 findings reported in the previous operational audit of the University. David Blanton, Chief Audit Executive/Chief Compliance Officer (CAE/CCO) will present the results of the operational audit to the Committee for their consideration.

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**Supporting Documentation:** Florida Polytechnic University Operational Audit Report No. 2024-007 (issued by the Florida Auditor General)

**Prepared by:** David A. Blanton, CAE/CCO

# STATE OF FLORIDA AUDITOR GENERAL

## Operational Audit

Report No. 2024-007  
August 2023

### FLORIDA POLYTECHNIC UNIVERSITY



Sherrill F. Norman, CPA  
Auditor General

## Board of Trustees and President

During the period January through December 2022, Dr. Randy K. Avent served as President of Florida Polytechnic University and the following individuals served as Members of the Board of Trustees:

Clifford "Cliff" K. Otto, Chair	Dr. Laine Powell
Beth Kigel, Vice Chair from 9-1-22	Melia Rodriguez from 4-28-22 <sup>b</sup>
R. Mark Bostick, Vice Chair through 8-31-22	Dr. W. Earl Sasser through 6-30-22 <sup>c</sup>
Dr. Ala J. Alnaser through 5-5-22 <sup>a</sup>	Lyn D. Stanfield
Samantha Ashby through 4-27-22 <sup>b</sup>	Robert W. Stork
Dr. Narendra Kini	Gary C. Wendt
Dr. Susan LeFrancois from 5-6-22 <sup>a</sup>	Dr. David Williams from 11-9-22 <sup>c</sup>

<sup>a</sup> Faculty Senate Chair.

<sup>b</sup> Student Body President.

<sup>c</sup> Trustee resigned 6-30-22, and position was vacant through 11-8-22.

Note: Two Trustee positions were vacant the entire calendar year.

The team leader was Pakeishia L. Johnson, and the audit was supervised by Mark A. Arroyo, CPA.

Please address inquiries regarding this report to Jaime N. Hoelscher, CPA, Audit Manager, by e-mail at [jaimehoelscher@aud.state.fl.us](mailto:jaimehoelscher@aud.state.fl.us) or by telephone at (850) 412-2868.

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**State of Florida Auditor General**

**Claude Pepper Building, Suite G74 · 111 West Madison Street · Tallahassee, FL 32399-1450 · (850) 412-2722**

# FLORIDA POLYTECHNIC UNIVERSITY

## SUMMARY

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This operational audit of Florida Polytechnic University (University) focused on selected University processes and administrative activities and included a follow-up on findings noted in our report No. 2021-008. Our operational audit disclosed the following:

**Finding 1:** The University had not established a time frame for purging sensitive personal information of prospective students to reduce the risk of unauthorized disclosure.

## BACKGROUND

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The Florida Polytechnic University (University) is part of the State university system of public universities, which is under the general direction and control of the Florida Board of Governors (BOG). The University is directly governed by a Board of Trustees (Trustees) consisting of 13 members. The Governor appoints 6 citizen members and the BOG appoints 5 citizen members. These members are confirmed by the Florida Senate and serve staggered 5-year terms. The Faculty Senate Chair and Student Body President also are members.

The BOG establishes the powers and duties of the Trustees. The Trustees are responsible for setting University policies, which provide governance in accordance with State law and BOG Regulations. The University President is selected by the Trustees and confirmed by the BOG. The University President serves as the Executive Officer and the Corporate Secretary of the Trustees and is responsible for administering the policies prescribed by the Trustees for the University.

## FINDING AND RECOMMENDATION

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### Finding 1: Sensitive Personal Information of Prospective Students

The Legislature has recognized in State law<sup>1</sup> that social security numbers (SSNs) can be used to acquire sensitive personal information, the release of which could result in fraud against individuals or cause other financial or personal harm. Therefore, public entities are required to provide extra care in maintaining the confidential status of such information. University policies<sup>2</sup> provide that the record retention period is based on the nature of the information and varies from immediate destruction to permanent retention. The policies also provide that retention periods can be found in the State *General Records Schedules*,<sup>3</sup> which require retention periods of 5 years for certain records of students who apply for admission but are denied or who did not register.

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<sup>1</sup> Section 119.071(5)(a), Florida Statutes.

<sup>2</sup> FPU Policy - 1.0122P, *Record Retention Policy*.

<sup>3</sup> Florida Department of State, Division of Library and Information Services – *General Records Schedule GS5 For Public Universities and Colleges*, Item #97.

The University collects and uses student SSNs for various purposes, such as to register newly enrolled students, comply with Federal and State requirements related to financial and academic assistance, and perform other University responsibilities. The University maintains sensitive personal records, including SSNs, of prospective, current, and former students. The University maintains former students' SSNs to provide student transcripts to universities and potential employers based on authorized requests.

As of June 2023, the University had retained 10,718 prospective student SSNs for over 5 years and some up to 10 years. In response to our inquiry, University personnel indicated that this information had been retained indefinitely for the applicant's convenience; however, the University had not established a time frame for purging the SSNs or documented the public purpose served for indefinitely retaining this information. Retaining prospective student SSNs without an established public purpose increases the risk of unauthorized disclosure of the information and the possibility that the information may be used to commit a fraud against the prospective students or others.

**Recommendation:** To ensure sensitive personal information, including SSNs, of prospective students who apply but do not enroll in the University is properly safeguarded, the University should document the public purpose served by retaining that information beyond 5 years, and based on that purpose, establish a reasonable time frame for retention and promptly purge the information when the time frame expires.

## ***PRIOR AUDIT FOLLOW-UP***

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The University had taken corrective actions for findings included in our report No. 2021-008.

## ***OBJECTIVES, SCOPE, AND METHODOLOGY***

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The Auditor General conducts operational audits of governmental entities to provide the Legislature, Florida's citizens, public entity management, and other stakeholders unbiased, timely, and relevant information for use in promoting government accountability and stewardship and improving government operations.

We conducted this operational audit from March 2023 through June 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

This operational audit focused on selected University processes and administrative activities.

For those areas, our audit objectives were to:

- Evaluate management's performance in establishing and maintaining internal controls, including controls designed to prevent and detect fraud, waste, and abuse, and in administering assigned responsibilities in accordance with applicable laws, rules, regulations, contracts, grant agreements, and other guidelines.
- Examine internal controls designed and placed in operation to promote and encourage the achievement of management's control objectives in the categories of compliance, economic and

efficient operations, reliability of records and reports, and safeguarding of assets, and identify weaknesses in those controls.

- Determine whether management had taken corrective actions for findings included in our report No. 2021-008.
- Identify statutory and fiscal changes that may be recommended to the Legislature pursuant to Section 11.45(7)(h), Florida Statutes.

This audit was designed to identify, for those areas included within the scope of the audit, weaknesses in management's internal controls significant to our audit objectives; instances of noncompliance with applicable laws, rules, regulations, contracts, grant agreements, and other guidelines; and instances of inefficient or ineffective operational policies, procedures, or practices. The focus of this audit was to identify problems so that they may be corrected in such a way as to improve government accountability and efficiency and the stewardship of management. Professional judgment has been used in determining significance and audit risk and in selecting the particular transactions, legal compliance matters, records, and controls considered.

As described in more detail below, for those programs, activities, and functions included within the scope of our audit, our audit work included, but was not limited to, communicating to management and those charged with governance the scope, objectives, timing, overall methodology, and reporting of our audit; obtaining an understanding of the program, activity, or function; identifying and evaluating internal controls significant to our audit objectives; exercising professional judgment in considering significance and audit risk in the design and execution of the research, interviews, tests, analyses, and other procedures included in the audit methodology; obtaining reasonable assurance of the overall sufficiency and appropriateness of the evidence gathered in support of our audit findings and conclusions; and reporting on the results of the audit as required by governing laws and auditing standards.

Our audit included the selection and examination of transactions and records, as well as events and conditions, occurring during the audit period of January 2022 through December 2022 and selected University actions taken prior and subsequent thereto. Unless otherwise indicated in this report, these records and transactions were not selected with the intent of statistically projecting the results, although we have presented for perspective, where practicable, information concerning relevant population value or size and quantifications relative to the items selected for examination.

An audit by its nature does not include a review of all records and actions of management, staff, and vendors and, as a consequence, cannot be relied upon to identify all instances of noncompliance, fraud, waste, abuse, or inefficiency.

In conducting our audit, we:

- Reviewed applicable laws, rules, University policies and procedures, and other guidelines, and interviewed University personnel to obtain an understanding of applicable processes and administrative activities and the related requirements.
- Reviewed University information technology (IT) policies and procedures to determine whether the policies and procedures addressed certain important IT control functions, such as security access, systems development and maintenance, user authentication, and disaster recovery.
- Evaluated University procedures for maintaining and reviewing employee access to IT data and resources. We examined access privileges for the 19 employees with access to selected critical

functions within the finance and human resources applications during the audit period to determine the appropriateness and necessity of the access privileges based on the employees' job duties and user account functions and whether the access prevented the performance of incompatible duties.

- Evaluated University procedures for protecting the sensitive personal information of students, such as social security numbers. For the 17 employees who had access privileges to the sensitive personal information of students during the audit period, we examined University records supporting the access privileges to evaluate the appropriateness of and necessity for the access privileges based on the employees' assigned job responsibilities.
- Evaluated University procedures for purging sensitive personal information of prospective students.
- Evaluated the appropriateness of the University's comprehensive IT disaster recovery plan during the audit period and determined whether it had been recently tested.
- Reviewed operating system, database, network, and application security settings to determine whether authentication controls were configured and enforced in accordance with IT best practices.
- From the population of 426 course sections offered during the audit period, examined University records supporting textbook adoptions to determine whether the University textbook affordability procedures complied with Section 1004.085, Florida Statutes.
- Evaluated University policies and procedures for obtaining personnel background screenings to determine compliance with Section 1012.915, Florida Statutes.
- From the two major construction projects in progress during the audit period with expenses totaling \$10,821,463, selected seven expenses totaling \$3,548,112 related to the largest construction project (with total construction expenses totaling \$9,362,835) and examined University records to determine whether the expenses were in accordance with contract terms and conditions, University policies and procedures, and provisions of applicable State laws and rules.
- Reviewed University records for the largest construction project in progress during the audit period to determine whether the University's process for selecting design professionals and construction managers was in accordance with State law; the selection process of subcontractors was adequately monitored including verification of licenses; the Trustees had adopted a policy establishing minimum insurance coverage requirements for design professionals; design professionals provided evidence of required insurance; and construction funding sources were appropriate.
- From the population of expenses totaling \$13,318,757 from Public Education Capital Outlay and other restricted capital outlay resources during the audit period, examined records supporting 17 selected expenses totaling \$4,569,136 to determine whether funds were expended in compliance with the restrictions imposed on the use of the resources. Also, we determined whether Education and General carryforward funds were budgeted and used in accordance with Board of Governors Regulation 9.007.
- Determined whether the University maintained a minimum carryforward balance of at least 7 percent of its State operating budget and whether the University prepared a spending plan for balances in excess of the 7 percent minimum balance as required by Section 1011.45, Florida Statutes.
- Reviewed University records supporting expenses totaling \$53,918 incurred under the authority granted by a state of emergency, declared or renewed during the audit period to determine whether the expenses were appropriate and reasonable.

- Communicated on an interim basis with applicable officials to ensure the timely resolution of issues involving controls and noncompliance.
- Performed various other auditing procedures, including analytical procedures, as necessary, to accomplish the objectives of the audit.
- Prepared and submitted for management response the findings and recommendations that are included in this report and which describe the matters requiring corrective actions. Management's response is included in this report under the heading **MANAGEMENT'S RESPONSE**.

## ***AUTHORITY***

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Section 11.45, Florida Statutes, requires that the Auditor General conduct an operational audit of each University on a periodic basis. Pursuant to the provisions of Section 11.45, Florida Statutes, I have directed that this report be prepared to present the results of our operational audit.

A handwritten signature in blue ink that reads "Sherrill F. Norman". The signature is written in a cursive style with a large initial 'S'.

Sherrill F. Norman, CPA  
Auditor General

# MANAGEMENT'S RESPONSE

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**FLORIDA POLYTECHNIC  
UNIVERSITY**

Office of the President  
863-874-8612  
president@floridapoly.edu

August 9, 2023

Ms. Sherrill F. Norman, CPA  
State of Florida – Auditor General  
Claude Denson Pepper Building, Suite G74  
111 W. Madison Street  
Tallahassee, Florida 32399-1450

Dear Ms. Norman:

Pursuant to Section 11.45(4)(d), Florida Statutes, the university is required to submit a written statement of explanation concerning the finding and proposed corrective action.

Please find the attached response to the Preliminary and Tentative Finding for Florida Polytechnic University's recent operational audit. Should you have any questions, please contact David Blanton at (863) 874-8441.

We appreciate the thoroughness and professionalism of the Auditor General's Lakeland team in examining university processes and administrative activities. The resulting recommendations will assist the university in improving operations.

Sincerely,

A handwritten signature in blue ink, appearing to read "Randy K. Avent".

Dr. Randy K. Avent  
President  
Florida Polytechnic University

4700 RESEARCH WAY | LAKELAND, FL | 33805-8531 | FLORIDAPOLY.EDU

**Florida Polytechnic University**  
**Response to Operational Audit Finding**

**Finding 1: Sensitive Personal Information of Prospective Students**

Recommendation: To ensure sensitive personal information, including SSNs, of prospective students who apply but do not enroll in the University is properly safeguarded, the University should document the public purpose served by retaining that information beyond 5 years, and based on that purpose, establish a reasonable time frame for retention and promptly purge the information when the time frame expires.

Response: The University concurs with the auditor's finding concerning the safeguarding of sensitive personal information. The University is in the process of developing procedures to document the public purpose for records needed in excess of the 5-year retention period and/or timely disposing of such information otherwise.

**Florida Polytechnic University  
Governance, Audit, and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: FPU-3.006 Student Code of Conduct**

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**Proposed Committee Action**

Recommend to the Board of Trustees the approval of the amended regulation **FPU-3.006 Student Code of Conduct**.

**Background Information**

Pursuant to Board of Governors regulation 14.010, Designation of Restrooms and Changing Facilities and Section 553.865, Florida Statutes regarding the "Safety in Private Spaces Act," FPU-3.006 Student Code of Conduct is being revised to add as a form of misconduct a student who willfully enters a restroom or changing facility designated for the opposite sex and who refuses to leave when asked to do so by appropriate personnel.

There are other minor clarifications to the student conduct process and misconduct definitions.

The Notice of Amended Regulation was posted on the University's website on August 28, 2023. No comments were received during the review and comment period.

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**Supporting Documentation:** Draft amended regulation FPU-3.006 Student Code of Conduct

**Prepared by:** Melaine Schmiz, Associate General Counsel

# THE FLORIDA POLYTECHNIC UNIVERSITY BOARD OF TRUSTEES

## FPU-3.006 Student Code of Conduct

### (1) Introduction

- (a) **Community Values.** The Student Code of Conduct is designed to promote responsible behavior for all students consistent with the values and welfare of the Florida Polytechnic University (“University”) community. It exists to define the behavioral rights and responsibilities of University students and student organizations. The Student Code of Conduct fosters and enhances the academic mission of the University as well as protects the rights of all University students, faculty, and staff.
- (b) **Applicability.** The Student Code of Conduct applies to the conduct of any student or student organization that occurs: on University property; at University or student-sponsored activities; and at locations where a University course or program is being conducted, including foreign locations such as study abroad and exchange programs. It also applies to off-campus conduct and online conduct that adversely affects the University community and/or the pursuit of its objectives.
- (c) **Related Regulations and Policies.**
  - (i) **Academic Integrity.** Misconduct relating to academic dishonesty, which includes enabling dishonesty or actively potentially benefitting from dishonesty, in the classroom or academic setting is addressed through University Regulation FPU-5.005. Misconduct that is not related to academic dishonesty and that occurs in the classroom or other academic setting is addressed through this Regulation.
  - (ii) **Title IX. Sexual Misconduct** that falls within the jurisdiction of Title IX is addressed through this Regulation and supplemented by University Policy FPU-1.005P Sexual Misconduct. In the event of a conflict, University Policy FPU-1.005P Sexual Misconduct controls.

### (2) Authority

- (a) The Florida Polytechnic University Board of Trustees is charged with the responsibility and authority for creating a Student Conduct Review Process. Authority for the Student Conduct Review Process rests with the University President or designee (“President”).
- (b) Student organizations are also regulated under this authority.

### (3) Definitions

- (a) **Student.**
  - (i) Persons taking courses at the University (full-time or part-time) in undergraduate, graduate, or professional studies;
  - (ii) Persons who withdraw from the University after allegedly violating the Student Code of Conduct;
  - (iii) Persons who were previously enrolled but are not officially enrolled for a particular term and have a continuing relationship with the University; or
  - (iv) Persons who have been notified of their acceptance for admission to the University.
- (b) **Student Organization.** A registered student organization as described in FPU- 3.002 Student Government and Student Organizations.

- (c) **Reporting Party.** A person that believes that they have been a victim of a student's misconduct or any person who submits an allegation that a student violated the Student Code of Conduct.
  - (d) **Responding Party.** Any student or student organization that has been charged with violating the Student Code of Conduct.
  - (e) **Advisor.** A person chosen by the Responding Party or Reporting Party who may assist and/or accompany the Responding Party or Reporting Party throughout the Student Conduct Review Process.
  - (f) **Hearing Body.** Any impartial person or persons appointed by the Vice Provost of Student Affairs or designee to conduct hearings to determine whether the Responding Party has violated the Student Code of Conduct and impose Sanctions. This includes a Hearing Officer or Hearing Panel.
  - (g) **Representative.** A Department of Student Affairs employee designated by the Vice Provost of Student Affairs to fulfill specified duties under the Student Conduct Review Process.
  - (h) **Responsible.** A student or student organization that has been found to have violated the Student Code of Conduct by a preponderance of the evidence.
  - (i) **Witness.** A person who has relevant information to help a decision maker determine whether or not an alleged violation of the Student Code of Conduct has taken place.
  - (j) **Faculty Member.** Any person hired by the University to conduct classroom or teaching activities or who is otherwise considered by the University to be a member of its faculty.
  - (k) **University Community.** Includes any University officer, employee, student, applicant, visitor, agent, vendor, or contractor.
  - (l) **University Official.** Includes any person employed by the University that is performing assigned administrative or professional responsibilities.
  - (m) **University Property.** Property owned or controlled by the University.
  - (n) **Business Day.** Monday through Friday from 8 am to 5 pm, excluding University holidays.
  - (o) **Sanction.** Outcome(s) imposed on the Responsible.
  - (p) **May.** The term "may" is used in the permissive sense.
  - (q) **Policy.** Any written policies, regulations, or rules of the University as found in, but not limited to, the Student Code of Conduct; University Policies, Regulation and Rules webpage; the Student Handbook; Housing Policies and Rules, and the Undergraduate and the Graduate Catalogs.
  - (r) **Preponderance of the Evidence.** Information considered as a whole that indicates the facts sought to be proved are more likely than not. This is the burden of proof that must be met in a determination of responsible or not responsible.
  - (s) **Good Standing.** A conduct status describing a student who does not have pending charges under the Student Code of Conduct or incomplete misconduct Sanctions.
- (4) Student Rights in the Student Conduct Review Process.** The student has the right to:
- (a) A presumption that a violation of the Student Code of Conduct has not occurred.
  - (b) Be free from self-incrimination. However, the rights and rules of evidence or procedure in a civil or criminal proceeding do not apply to the Student Conduct Review Process.
  - (c) Be informed of and receive just and unbiased treatment under the Policies of the University, in its courses, in its residential life, and in its extracurricular activities;

- (d) Be informed of decisions impacting their status, advancement, or exercise of University benefits, and have the opportunity to appeal, through a defined process and framework, those decisions in accordance with the procedures prescribed in this Student Code of Conduct;
  - (e) Have past behavior considered only when related to the charge(s);
  - (f) Privacy, including the confidentiality of education records according to the Federal Family Educational Rights and Privacy Act of 1974 (FERPA);
  - (g) Adequate notice of charges and a fair and impartial hearing under the Student Code of Conduct;
  - (h) Be secure in their persons, living quarters, papers, and effects against unreasonable searches and seizures by the University; and
  - (i) Ready access to established University Policies.
- (5) Student Responsibilities.** The student has the responsibility to:
- (a) Observe and comply with all University Policies and local, state, and federal laws;
  - (b) Respect the rights and privacy of others;
  - (c) Accept the Sanctions imposed due to one's actions;
  - (d) Maintain high standards of academic integrity and honor in all work submitted; and
  - (e) Conduct oneself in a manner that does not infringe upon the rights of other members of the University community.
- (6) Misconduct.** Any student or student organization found to have committed or to have attempted to commit the following misconduct is subject to Sanctions in accordance with this Student Code of Conduct.
- (a) **Acts of Dishonesty**, including but not limited to the following:
    - (i) **Cheating, plagiarism**, or other forms of academic dishonesty as defined in University Regulation FPU-5.005 Academic Integrity.
    - (ii) **Furnishing false information** to any University official, faculty member, or office.
    - ~~(iii)~~ **Forgery, alteration, or misuse** of any University document, record, or instrument of identification.
    - ~~(iii)~~(iv) **Impersonation of a University official, employee or representative.**
  - (b) **Disruption or obstruction** of teaching, research, administration, disciplinary proceedings, other University activities, including its public service functions, on or off campus, or of other authorized non-University activities when the conduct occurs on University property.
  - (c) **Physical abuse, verbal abuse, threats, intimidation, harassment, stalking, coercion**, and/or other conduct that threatens or endangers the health or safety of any person, group, or animal that is not of a sexual nature, including bullying. Bullying is repeated and/or severe aggressive behaviors that intimidate or intentionally harm or control another person physically or emotionally, and such conduct is not protected by freedom of expression.
  - (d) **Sexual misconduct** as defined in University Policies.
  - (e) **Attempted or actual theft** of and/or **damage to property**, including intellectual property, of the University or property of a member of the University community or other personal or public property, on or off campus.
  - (f) **Hazing**, means any action or situation, which occurs on or off University property, that recklessly or intentionally endangers the mental or physical health or safety of a student for purposes including, but not limited to, initiation, admission into, affiliation with, or the perpetuation or furtherance of a tradition or ritual of any University student

organization or group whether or not officially recognized by the University. Hazing includes, but is not limited to, pressuring or coercing the student into violating state or federal law; any brutality of a physical nature, such as whipping, beating, branding, exposure to the elements, forced consumption of any food, liquor, drug, or other substance; or other forced physical activity that could adversely affect the physical health or safety of the student; or any activity that would subject the student to extreme mental stress, such as sleep deprivation, forced exclusion from social contact, forced conduct that could result in extreme embarrassment, or other forced activity that could adversely affect the mental health or dignity of the student. Hazing does not include customary athletic events or other similar contests or competitions or any activity or conduct that furthers a legal and legitimate objective.

- (g) **Failure to comply with directions** of University officials or law enforcement officers acting in performance of their duties and/or failure to identify oneself to such persons when requested to do so. This includes a student who willfully enters a restroom or changing facility designated for the opposite sex on University property for reasons other than those permitted by section 553.865, Florida Statutes, and refuses to depart when asked to do so by administrative personnel, faculty member, security personnel, or law enforcement personnel. The terms used in this subsection have the same meanings as assigned to them in section 553.865, Florida Statutes.
- (h) **Unauthorized possession, duplication or use of keys** to any University property or unauthorized entry into or use of University property.
- (i) **Violation of any University Policy.**
- (j) **Violation of any federal state, or local law.**
- (k) **Use, possession, manufacturing, selling or distribution of marijuana, heroin, narcotics, or other controlled substances**, except as expressly permitted by law. This includes the misuse of prescription drugs, paraphernalia used for drugs (e.g. bongs, glass pipes, etc.) and the un-prescribed use, inhalation, or ingestion of a substance (e.g. nitrous oxide, glue, paint, etc.) that could alter a person's mental state.
- (l) **Use, consumption, possession, manufacturing, selling or distribution of alcoholic beverages** (except as expressly permitted by University Policies), paraphernalia used for consumption of alcohol (e.g. kegs, bongs, etc.) or public intoxication. Alcoholic beverages may not, in any circumstance, be used by, possessed by or distributed to any person under twenty-one (21) years of age.
- (m) Attending class, an Organizational meeting or other University event that is specific for an educational purpose while under the influence of the substances listed in sections (k) and (l)
- (n) **Control or operation of any vehicle**, including non-motorized vehicles, **while impaired** by alcohol or another substance.
- (o) **Illegal or unauthorized possession of firearms, explosives, weapons, or dangerous chemicals** on University property or use of any such item, even if legally possessed, in a manner that harms or threatens others.
- (p) Soliciting, facilitating, or participating in any **illegal gambling**, bookmaking or illegal betting whether through a bookmaker, a parlay card, a pool or any other method of organized gambling.
- (q) Causing or attempting to cause a **fire or explosion; falsely reporting a fire, explosion, or an explosive device; tampering with fire safety equipment; or failure to evacuate** University buildings during a fire alarm.
- (r) **Unauthorized posting of commercial advertising** or engaging in **commercial activity** as described in University Policies.

- (s) **Participation in an on-campus or off-campus demonstration, riot or activity that disrupts the normal operations** of the University and/or infringes on the rights of other members of the University community; or leading or inciting others to disrupt scheduled and/or normal activities within any campus building or area.
- (t) **Obstruction of the free flow of pedestrian or vehicular traffic** on University property or at University sponsored or supervised functions.
- (u) **Conduct that is disorderly, lewd, or indecent; breach of peace;** or aiding, abetting, or procuring another person to breach the peace on University property or at functions the University or members of the University community have sponsored or participated in.
  - (i) **Disorderly Conduct** includes, but is not limited to: any unauthorized use of electronic or other devices to make an audio or video record of any person while on University property without his or her prior knowledge, or without his or her effective consent when such a recording is likely to cause injury or distress. This includes, but is not limited to, surreptitiously taking pictures of another person in a gym, locker room, or restroom.
- (v) **Theft or other abuse of computer facilities and resources,** including but not limited to:
  - (i) Unauthorized entry into a file to use, read, or change the contents, or for any other purpose.
  - (i) Unauthorized transfer of a file.
  - (ii) Use of another individual's identification and/or password.
  - (iii) Use of computing facilities and resources to interfere with the work of another student, faculty member or University Official.
  - (iv) Use of computing facilities and resources to send obscene or abusive messages.
  - (v) Use of computing facilities and resources to interfere with normal operation of the University computing system.
  - (vi) Use of computing facilities and resources in violation of copyright laws.
- (w) **Residence Hall Policy Violation,** includes violations of any policy or regulation governing University Housing, as well as, the Residential Life Handbook.
- (x) **Abuse of the Student Conduct Review Process,** including but not limited to:
  - (i) Failing to obey the notice from the Department of Student Affairs or a University official to appear for a meeting or hearing as part of the Student Conduct Review Process.
  - (ii) Falsifying, distorting, or misrepresenting of information before a hearing.
  - (ii) Disrupting or interfering with the orderly conduct of a Student Conduct Review Process.
  - (iii) Reporting a violation of the Student Code of Conduct in bad faith.
  - (iv) Attempting to discourage an individual's proper participation in, or use of, the Student Conduct Review Process.
  - (v) Attempting to improperly influence the impartiality of a Hearing Body prior to, and/or during the course of, the Student Conduct Review Process.
  - (vi) Harassing (verbal or physical) and/or intimidation of a Hearing Body prior to, during, and/or after a Student Conduct Review Proceeding.
  - (vii) Failing to comply with the Sanction(s) imposed under the Student Code of Conduct.
  - (viii) Influencing or attempting to influence another person to commit an abuse of the Student Conduct Review Process.
  - (ix) **Retaliation** against a person(s) alleging misconduct or participating in the student conduct review process.

**(7) Actions that do not Constitute Misconduct.**

- (a) Expressive Activities. This Regulation does not abridge academic freedom nor the University's educational mission. Actions that amount to expression protected by the state or federal constitutions or laws are not Misconduct.
  - (b) Amnesty. The University encourages students to seek emergency assistance in situations where such assistance is needed. Any student who qualifies for Amnesty as described below may not be charged with Misconduct if the Misconduct relates to the consumption or use of alcohol or drugs.
    - (1) Medical Amnesty. Students who seek or receive emergency medical assistance for themselves or others in a situation where a reasonable person believes medical treatment is appropriate qualify for Medical Amnesty.
      - (i) If a Student is involved in any subsequent alcohol or drug incidents, the Representative will review the incident to determine if the Student qualifies for Amnesty.
    - (2) Hazing Amnesty. A Student may not be charged with Misconduct if the Student establishes that before medical assistance or law enforcement arrived on the scene of the hazing event, the Student rendered aid to the hazing victim(s).
- (8) Sanctions.** The Responsible is subject to Sanctions commensurate with the offense with consideration given to any aggravating and mitigating circumstances, including but not limited to the Responsible's conduct record at the University. The Responsible's efforts to get help or assist others may be taken into account in determining Sanctions. The Responsible's failure to complete Sanctions may result in a registration, transcript, final grades, and/or diploma hold. Sanctions that may be imposed upon the Responsible include, but are not limited to:
- (a) **Deactivation**. The loss of all privileges, including University recognition, for a specified period of time when the Responsible is an organization.
  - (b) **Discretionary Educational Sanctions**. Work assignments, essays, service to the University, or other related discretionary Sanctions.
  - (c) **Fines**. Previously established and published financial fines may be imposed.
  - (d) **Loss of Privileges**. Denial of specified privileges for a designated period of time.
  - (e) **Probation**. A designated period of time where more severe disciplinary Sanctions will be imposed if the Responsible is found to violate the Student Code of Conduct during the probation period.
  - (f) **Residence Hall Expulsion**. Permanent separation of the Responsible from the residence halls.
  - (g) **Residence Hall Suspension**. Separation of the Responsible from the residence halls for a definite period of time, after which the Responsible is eligible to return. Conditions for returning to the residence halls may be specified.
  - (h) **Restitution**. Requiring compensation for loss, damage, or injury. This may take the form of appropriate service and/or monetary or material replacement.
  - (i) **Revocation of Admission and/or Degree**. Admission to the University or a degree awarded from the University may be revoked for fraud, misrepresentation, or other violation of University standards in obtaining the degree, or for other violations that were committed by the student prior to graduation.
  - (j) **University Expulsion**. Permanent separation of the Responsible from the University.
  - (k) **Deferred Suspension**. Suspension that will be imposed at a defined future date or time unless sanctions are completed as described by the Hearing Officer and there are no further policy violations.

- (l) **University Suspension.** Separation of the Responsible from the University for a definite period of time. Conditions for readmission to the University will be specified. The Vice Provost of Student Affairs or designee will instruct the Registrar to place an overlay on the Responsible's transcript during the period of suspension indicating the period of suspension. Further, while on University Suspension, a hold will be placed on the Responsible's record to prevent registration. All assigned educational Sanctions must be completed prior to the restoration of student privileges; otherwise the suspension will remain in effect. A suspended student is not permitted on University property during the length of his/her suspension. A suspension may be deferred so that the Responsible can attend classes for the remainder of the semester.
- (m) **Warning.** A notice in writing to the Responsible that the Responsible is violating or has violated the Student Code of Conduct.
- (n) **Withholding Degree.** The University may withhold awarding a degree otherwise earned until the completion of the process set forth in this Student Code of Conduct, including the completion of any Sanctions imposed.
- (o) One or more of the Sanctions listed above may be imposed for any single violation.
- (9) Interim Suspension.** In certain situations, the Provost or designee may impose a University or residence hall interim suspension prior to the completion of the Student Conduct Review Process.
- (a) An interim suspension may be imposed:
- (i) To ensure the safety and well-being of members of the University community or preservation of University property; or
  - (ii) If the student poses an ongoing threat of disruption of, or interference with, the normal operations of the University.
- (b) The student may request a hearing to review the interim suspension by submitting such a request to the Provost or designee. The hearing will occur within three (3) business days of the Provost or designee receiving the request. The student may attend and present information during the hearing. During the hearing, the Provost or designee will review all relevant information and determine the status of the interim suspension. The outcome of an interim suspension hearing remains in effect until the final disposition of the charges unless the Provost or designee decides otherwise.
- (c) During the interim suspension, the student may be denied access to the residence halls and/or to the campus (including classes) and/or all other University activities or privileges for which the student might otherwise be eligible, as the Provost or designee determines to be appropriate.
- (d) The interim suspension does not replace the regular Student Conduct Review Process, which proceeds on the normal schedule, up to and through a formal hearing, if required.
- (e) If the student is subsequently found not responsible for the violation, the University will:
- (i) Correct any record of the change in enrollment status in the student's permanent records and reports in a manner compliant with state and federal laws; and
  - (ii) Refund to the student a pro rata portion of any charges for tuition and out-of-state fees, as appropriate, if the temporary suspension of the student's ability to attend classes lasts for more than ten (10) business days.

## **(10) Student Conduct Review Process**

### **(a) General Provisions.**

- (i) Requests for reasonable accommodations. The Responding Party, Reporting Party, or other person participating in the Student Conduct Review Process may submit a request for reasonable accommodations for a documented disability for any part of the Student Conduct Review Process to the Department of Student Affairs representative (the “Representative”). The Representative must receive such requests at least three (3) business days prior to the part of the Student Conduct Review Process for which the person is requesting accommodations.
  - (1) The Representative has the discretion to grant such requests. The Representative also has the discretion to waive the three (3) business day requirement.
- (ii) Requests for Postponement. The Responding Party or Reporting Party may request to postpone any part of the Student Conduct Review Process.
  - (1) Requests to postpone any part of the Student Conduct Review Process must:
    - (i) Be submitted in writing to the Representative at least three (3) business days prior to the part of the Student Conduct Review Process for which the person is requesting postponement, and
    - (ii) State the reason(s) for the request.
  - (2) The Representative has the discretion to grant such requests. The Representative also has the discretion to waive the three (3) business day requirement.
  - (3) The University is not required to postpone a Student Conduct Review proceeding pending the outcome of a criminal prosecution.
- (iii) Notices. All notices to a student are sent to the student’s official University email account. Notices to a student organization are sent to the student organization’s highest-ranking officer’s official University email account.
- (iv) Remote Participation. The Representative has the discretion to allow the Responding Party, Reporting Party, and/or Witness to participate in the Student Conduct Review Process remotely via telephone or other electronic means.
  - (1) Requests to participate remotely must be received by the Representative at least three (3) business days prior to the part of Student Conduct Review Process for which the request is being made.
  - (2) The Representative has the discretion to waive the three (3) business day requirement.
- (v) Failure to Attend Scheduled Meeting or Hearing.
  - (1) After receiving notice, if the Responding Party, Reporting Party, or Witness does not timely request a postponement and does not attend a scheduled meeting or hearing, the meeting or hearing will take place as scheduled.
  - (2) Sanctions may be imposed against the Responding Party even if the Responding Party does not attend scheduled meetings and hearings. The Responding Party will be sent written notice of any imposed Sanctions.
  - (3) The Representative may have a hold placed on the Responding Party’s registration, transcript, final grades and/or diploma if the Responding Party does not attend a scheduled meeting or hearing. This hold is removed once the Responding Party attends the re-scheduled meeting or hearing, or the Student Conduct Review Process is concluded.
- (vi) Advisor. The Responding Party and the Reporting Party may have, at their own expense and initiative, an Advisor present for any part of the Student Conduct

Review Process. The Advisor may be an advocate or legal representative.

- (1) If the Responding Party or Reporting Party chooses to have an Advisor, it is his or her responsibility to make appropriate arrangements for the Advisor to attend the Student Conduct Review Process. No part of the Student Conduct Review Process will be delayed due to scheduling conflicts with an Advisor.
  - (2) The Advisor may be present to advise the Responding Party or Reporting Party and may participate in all aspects of the Formal Hearing but cannot testify for the student nor serve in any other role, including as a witness, an investigator, decider of fact, Hearing Body, or person appointed to decide an appeal.
  - (3) If the Responding Party or Reporting Party chooses an attorney as the Advisor, the Responding Party or Reporting Party must inform the Representative of such at least three (3) business days prior to the Initial Meeting.
- (vii) University's Right to Attorney. The University may be advised by an attorney at any time prior to, during, or after the Student Conduct Review Process.
- (viii) Burden of Proof. The burden of proof for any portion of the Student Conduct Review Process is not on the Responding Party.
- (ix) Student's Eligibility to Attend Classes and University Activities.
- (1) A student remains eligible to attend classes and University activities pending the outcome of the Student Conduct Review Process and until any appeal is concluded except for in the following situations:
    - (i) The student is currently subject to an Interim Suspension; or
    - (ii) Where there is an appeal and the Sanction(s) imposed included University or Residence Hall Suspension or Expulsion.
  - (2) If the student is subsequently found not responsible, the University will:
    - (i) Correct any record of the change in enrollment status in the student's permanent records and reports in a manner compliant with state and federal laws; and
    - (ii) Refund to the student a pro rata portion of any charges for tuition and out-of-state fees, as appropriate, if the suspension of the student's ability to attend classes lasted for more than ten (10) school days.
- (x) Alleged Violations of University policy FPU-1.005P Sexual Misconduct may require additional procedural rights. In the event of a conflict between this regulation and University policy FPU-1.005P Sexual Misconduct, University policy FPU-1.005P Sexual Misconduct controls. Additionally, in the event of a conflict between this regulation and University Regulation FPU-1.005 Discrimination and Harassment Complaint and Investigation Procedures, University Regulation FPU-1.005 Discrimination and Harassment Complaint and Investigation Procedures controls.
- (b) **Student Conduct Report**. Any person or entity may report an alleged violation of the Student Code of Conduct to the Department of Student Affairs. The University may conduct an investigation regarding the circumstances of the report. An investigation is a neutral fact-finding process that determines whether there is sufficient information to move forward with formal student conduct charges or other action as appropriate. An investigation may include interviews with the Reporting Party, the Responding Party, and any Witnesses.
- (c) **No Charges Filed**. The Representative may choose to not file charges if:
  - (i) It is found that there are not sufficient facts or information to substantiate a

- violation of the Student Code of Conduct.
  - (ii) The person being accused of violating the Student Code of Conduct is not a student;
  - (iii) The action claimed as misconduct is not a violation of the Student Code of Conduct;
  - (iv) Or in other appropriate circumstances such if the student qualifies for Amnesty.
- (d) **Filing Charges and Timeline.** The Representative will review the relevant information to determine if a student or student organization will be charged with violating the Student Code of Conduct. Upon receipt of a report, the Representative has six (6) months to file a charge. The Representative may exercise discretion when applying the time provision to account for circumstances that warrant a waiver of the six (6) month time limit.
- (e) **Notice of Charges.** The Representative will give the Responding Party written notice of the charge(s) at least seven (7) business days prior to the Initial Meeting, unless student has waived the seven (7) business day requirement in writing. The Notice of Charges must include:
- (i) Specific charges including specific code sections alleged to have been violated;
  - (ii) The process to be used in determining whether a violation has occurred and associated rights
  - (iii) A description of the behavior that led to the charges; and
  - (iv) An opportunity for the Responding Party to attend an Initial Meeting.
- (f) **Notice of Reporting Party's Rights.** The Representative will give the Reporting Party written notice of their rights at least 5 business days before the Formal Hearing. The Reporting Party has the same rights as the Responding Party, including the right to appeal and the rights described in Section (9)(j)(v) Reporting Party's Rights. The Reporting Party also has the same responsibilities as the Responding Party.
- (g) **Initial Meeting.** The Responding Party has the opportunity to attend an Initial Meeting with the Representative. The Responding Party may choose an Advisor to accompany the Responding Party to the Initial Meeting.
- (i) At the Initial Meeting, the Responding Party will be given an overview of the Student Conduct Review Process, information known at the time the charge(s) were filed, and an opportunity for the Responding Party to accept or deny responsibility for the charge(s).
  - (ii) At the conclusion of the Initial Meeting, the Representative will select an option for resolution. The options are: 1) Dismissal of Charges; 2) Non-Formal Resolution; or 3) Formal Hearing.
    - (1) Responding Party Accepts Responsibility. If the Responding Party accepts responsibility, the Representative may choose to resolve the violation through non-formal resolutions.
    - (2) Responding Party Denies Responsibility. If the Responding Party denies responsibility or wishes to have a Formal Hearing, the charge(s) will be resolved by a Formal Hearing.
    - (3) Non-Formal Resolution Requirements. Non-formal resolutions may be used when the student accepts responsibility and possible Sanctions do not include suspension or expulsion. Non-formal resolutions may not be used for violations that the Representative deems to be serious, such as sexual misconduct, violence, or violations involving weapons.

(h) **Non-Formal Resolution.** Non-formal resolutions include:

(i) **Mediation Agreement:** Depending on the nature and severity of the charge, the Representative may recommend mediation. The Responding Party and the Reporting Party must both agree to mediation for mediation to be an option. Mediation is confidential.

(1) In mediation, the Responding Party and the Reporting Party voluntarily meet with an impartial mediator to communicate their concerns and needs to each other and to reach their own agreement on the resolution of the case (“Mediation Agreement”). The Responding Party and Reporting Party are responsible for honoring their Mediation Agreement or renegotiating it, if necessary.

(2) Breach of a Mediation Agreement may result in a follow up mediation session, or the Representative may refer the matter back through the Student Code Review Process.

(3) If the Responding Party and Reporting Party do not agree to mediate or mediate but do not reach a full and final resolution, the matter will be referred back through the Student Conduct Review Process for an Administrative Agreement or a Formal Hearing.

(ii) **Administrative Agreement:** An Administrative Agreement is negotiated by the Representative and the Responding Party. The Administrative Agreement is between the Responding Party and the Department of Student Affairs.

(1) The Administrative Agreement may include punitive Sanctions (disciplinary warning or disciplinary probation) as well as educational Sanctions (papers, seminars, community service, etc.).

(2) Breach of an Administrative Agreement may result in a new Administrative Agreement, or Representative may refer the matter to be resolved by a Formal Hearing or Mediation.

(iii) **Deferred Determination:** Deferred Determination is when the determination is delayed so the Responding Party can complete certain requirements in an allotted timeframe. The Representative determines the requirements and timeframe in which the requirements must be met. At the completion of all requirements, the Responsible Party will be found “not responsible.” Deferred Determination only be used for specific non-violent first-time offenses.

(i) **Failure to Resolve Through Non-Formal Resolution.** If the charge is not resolved by a non-formal resolution, the matter will be resolved through a Formal Hearing.

(j) **Formal Hearing:** The Formal Hearing is not a criminal or judicial proceeding and is designed to address student or student organization behavior; therefore, alleged violations of the Student Code of Conduct will be addressed independently of any penalty imposed by the courts for a criminal offense. All Formal Hearings are recorded and confidential.

(i) **Notice of Formal Hearing.** The written Notice of Formal Hearing is sent to the Responding Party and the Reporting Party at least seven (7) business days prior to the Formal Hearing. The notice must include:

(1) The date, time, and location of the Formal Hearing;

(2) The names of witnesses to be called and information to be used in the Responding Party’s matter;

(3) The process to be used in determining whether a violation has occurred and associated rights;

(4) Whether the Hearing Body received any additional information after the

Initial Meeting that will be used in the Formal Hearing, and, if so, will indicate when and where the additional information may be viewed; and

- (5) The names of the members of the Hearing Body.
- (ii) Opportunity to Inspect Information. The Responding Party and the Responding Party's Advisor, and the Reporting Party and the Reporting Party's Advisor, have the right to inspect all known information, both inculpatory and exculpatory, in the University's possession related to the allegation, including all known witnesses at least five (5) business days before the Formal Hearing.
- (iii) Responding Party's Right to Hearing Panel and Waiver. The Responding Party has the right to a Formal Hearing conducted by a Hearing Panel. If the Responding Party chooses to waive this right, a Hearing Officer conducts the Formal Hearing. The Responding Party may waive their right to a Hearing Panel if:
  - (1) The Responding Party requests such a waiver in writing on forms provided by the University that include an explanation of the effect of the waiver; and
  - (2) The Vice Provost of Student Affairs or designee approves the Responding Party's request.
- (iv) Responding Party's and Reporting Party's Right to Inspect Information. The Responding Party and the Reporting Party each have the right to inspect all of the information, including witnesses, that will be presented against the Responding Party at least three (3) business days before the Formal Hearing.
- (v) University's Right to Inspect Information. The University also has the right to review any information, including witnesses, the Responding Party and Reporting Party intend to use at least three (3) business days before the Formal Hearing.
- (vi) Reporting Party's Rights. Reporting Party has the right:
  - (1) To have unrelated past behavior excluded from the hearing.
  - (2) To participate in and be present throughout the entire Formal Hearing or any portions thereof. If the Reporting Party does not want to be present in the same room as the Responding Party, the Hearing Body will make alternative arrangements, if possible.
  - (3) To testify in limited privacy. In lieu of testifying in person or via telephone, the Reporting Party may submit a written or recorded statement. The determination of whether the testimony will be given in limited privacy is made at the discretion of the Vice Provost of Student Affairs or designee.
  - (4) To submit a "student impact statement" and offer to the Hearing Body a suggestion of what the Reporting Party believes to be an appropriate Sanction for the Responding Party. This information may be used only to determine Sanctions.
  - (5) To be excluded from direct examination in cases where sexual misconduct or abuse is alleged. The Responding Party will not be permitted to directly question the Reporting Party where the alleged violations are sexual misconduct or abuse. In such cases, the Responding Party and the Reporting Party must submit questions to the Hearing Body; however, the Hearing Body is not required to ask all of the questions submitted.
- (vii) Hearing Body. The Hearing Body reviews all information presented during

the Formal Hearing and determines whether the Responding Party is responsible. The Representative that conducts the Initial Meeting cannot serve as a Hearing Body.

- (1) Formal Hearing Conducted by Hearing Panel. The Representative facilitates a Formal Hearing conducted by a panel. The Representative does not participate in deliberations. The Representative selects a member of the Hearing Panel to chair the hearing and report the recommended finding(s) and sanctions, if any. The Hearing Panel must consist of at least 50% students. The Provost or designee appoints faculty, staff, and student representatives to the Hearing Panel.
  - (2) Formal Hearing Conducted by Hearing Officer. The Hearing Officer conducts the hearing and determines the findings and Sanctions.
  - (3) Hearing Body for Charges Involving Sexual Misconduct. The Hearing Body is comprised of staff and/or faculty for charges involving sexual misconduct. However, upon request by the Responding Party, and provided there is no objection from the Reporting Party, Representative may approve that the Hearing Body will be a Hearing Panel with at least one-half of the members being students.
  - (4) Hearing Body Member Unable to Serve. If a Hearing Body member is unable to serve due to an emergency or unforeseeable occurrence, the Provost may appoint a new Hearing Body member prior to the scheduled hearing.
  - (5) Challenging a Hearing Body Member's Impartiality. The Responding Party and/or Reporting Party has the right to challenge any Hearing Body member's impartiality at least three (3) business days prior to the scheduled hearing. The Responding Party may challenge the substitution of a substituted Hearing Body member at the time of the Formal Hearing. The challenge must be in writing, and must show actual bias (such as a conflict of interest, animosity, pressure, or influence) that would preclude a fair and impartial hearing. The Vice Provost of Student Affairs or designee determines whether to grant such a challenge and such decision is final.
- (viii) Witnesses and Information. The Responding Party and/or Reporting Party may present or arrange for witnesses to voluntarily present relevant information during the Formal Hearing. Character witnesses cannot participate in the Formal Hearing. The Hearing Body may accept pertinent records, reports, exhibits, and written statements as information for consideration.
- (1) The Hearing Body facilitates the questioning of witnesses.
  - (2) The Responding Party and/or Reporting Party may submit a request in writing to the Representative to provide relevant information during the Formal Hearing in a manner that avoids direct contact with the Responding Party and/or Reporting Party.
  - (3) The Representative has the discretion to approve or deny the request.
- (ix) Questions for Parties and Witnesses. Both parties may submit questions they would like the Hearing Body to ask of the other party or witnesses in writing and at least three (3) business days prior to the Formal Hearing. The Hearing Body will then review the questions to ensure they are relevant and appropriate. Both parties also have the opportunity to submit additional questions to the Hearing Body during the Formal Hearing.
- (x) Determination of Responsibility. The determination of "responsible" or "not

responsible” will be based upon a preponderance of the information. The determination must be based solely upon the information presented at the Formal Hearing.

- (k) **Deliberations.** Deliberations by the Hearing Body are not part of the hearing and are confidential. Deliberations occur after the close of the hearing and are not recorded.
- (l) **Findings, Recommendation, and Determination.**
  - (i) Presentment of Proposed Findings and Sanctions to Vice Provost. The Hearing Body’s proposed findings and Sanctions must be presented to the Vice Provost of Student Affairs or designee within a reasonable period of time after the conclusion of the Formal Hearing.
  - (ii) Vice Provost’s Determination. The Vice Provost of Student Affairs or designee may accept the proposed findings of responsible or not responsible or remand the matter for a rehearing.
    - (1) If the Vice Provost of Student Affairs or designee accepts the proposed finding of responsible, then they may approve, mitigate, or increase the Sanctions proposed by the Hearing Body.
    - (2) If the Vice Provost of Student Affairs or designee alters the proposed Sanctions or remands the matter for a rehearing, the Responding Party must be given a concise and explicit written statement that explains the basis for the decision to alter the Sanctions or remand the matter for a rehearing.
- (m) **Notice of Determination and Sanctions.** Following the Student Conduct Review Process, the Vice Provost of Student Affairs or designee notifies the Representative of the determination. The Representative notifies the Responding Party and the Reporting Party in writing of the determination and, to the extent permitted by law, of any Sanctions imposed within 10 business days of the conclusion of the Formal Hearing.
- (n) **Official Record.** The recording of the Formal Hearing will serve as the official record of the Formal Hearing and is the property of the University. Retention of the record is subject to the General Records Schedule GS5 for Universities and Community Colleges.
- (o) **Appeal Process.**
  - (i) Responsibility. The Provost is responsible for overseeing the appeal process. The Provost may designate a University employee as an appellate officer to review the appeal and render a determination.
  - (ii) Appeal deadline. The Responsible or the Reporting Party may appeal a determination reached or an imposed Sanction to the Representative. Such appeals must be in writing and must be received by the Representative no later than five (5) business days after the date the determination was sent.
  - (iii) Persons who may not hear or decide an appeal. No person may hear or decide an appeal if he or she conducted or participated in the Student Conduct Review Process being reviewed on appeal.
  - (iv) Basis of Appeal. When submitting an appeal, the student must state the reason(s) for appeal, the supporting facts, and the recommended solution. This is not a rehearing of the conduct case. An appeal cannot be filed simply because the student is dissatisfied with the decision. Failure to describe the nature of the information in full detail in the appeal letter will result in the denial of an appeal.

- (1) Formal Hearing was not Properly Conducted. The purpose of the appeal will be to determine whether the Formal Hearing was conducted fairly in light of the charges and information presented, and in conformity with prescribed procedures. This includes evident bias in the decision of the Hearing Body. However, deviations from designated procedures will not be a basis for sustaining an appeal unless significant prejudice results.
  - (2) Sanctions Imposed were Improper. The purpose of the appeal will be to determine whether the Sanction(s) imposed were inconsistent or overly severe for the charge(s) for which Responsible was found responsible.
  - (3) New Information not known at time of Formal Hearing. The purpose of the appeal will be to consider new information, sufficient to alter a recommendation that was not known to the Responsible at the time of the Formal Hearing.
- (v) Information to be Reviewed on Appeal. An appeal is limited to a review of the verbatim record of the Formal Hearing and supporting documents unless the basis of appeal is to consider new information.
- (vi) Appeals Decision. The Provost or appellate officer determines whether to uphold the determination and sends written notification of such decision to the Representative within five (5) business days of receiving the appeal.
- (1) If the result of the appeal is to uphold the determination, the matter is final and binding on all involved.
  - (2) If the earlier determination is not upheld on appeal, a new Formal Hearing will occur.
- (vii) Notice of Appeal Outcome. The Representative provides written notice of the outcome of the appeal within three (3) business days of receiving the decision from the Provost or appellate officer.
- (viii) Final Decisions Resulting in University Suspension or Expulsion. Final appellate decisions that result in a University Suspension or Expulsion of the Responsible must include notice of the right to appeal to an external judicial forum.
- (10) Disciplinary and Academic Records.** The Vice Provost of Student Affairs determines whether disciplinary Sanctions are noted on the Responsible student's permanent academic record and disciplinary record. Upon graduation, the Responsible student may submit a request to the Department of Student Affairs to have his/her disciplinary record expunged of disciplinary actions other than Residence Hall Expulsion, University Suspension, University Expulsion, or revocation or withholding of a degree.
- (11) Student's Education Record.** The records of the Student Conduct Review Process and of the Sanctions imposed, if any, are considered "education records" of both the Responsible and the Reporting Party (if Reporting Party is a student) pursuant to The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).
- (12) Interpretation and Revision.**
- (a) Any questions of interpretation or application of the Student Code of Conduct are referred to the Provost or designee for final determination.
  - (b) The Student Code of Conduct is reviewed periodically by a committee that

includes student representation under the direction of the Provost or designee.

*Authority: FBOG regulations 1.001(4)(a)(10), 6.010, 6.0105*

*History: New 1.14.14, Amended 7.29.14, Amended 12.6.2017, Amended 5.20.20, Amended 9.15.21, Amended 12.08.22*

DRAFT

**Florida Polytechnic University  
Governance, Audit and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: FPU-8.001 Procurement**

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**Proposed Committee Action**

Recommend to the Board of Trustees the approval of the amended regulation **FPU-8.001 Procurement**.

**Background Information**

Pursuant to Board of Governors regulation 18.001 Procurement, this regulation is being amended to increase the competitive solicitation threshold from \$75,000 to \$150,000.

The Notice of Amended Regulation was posted on the University's website on August 28, 2023. No comments were received during the review and comment period.

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**Supporting Documentation:** Draft amended regulation FPU-8.001 Procurement

**Prepared by:** Melaine Schmiz, Associate General Counsel

## THE FLORIDA POLYTECHNIC UNIVERSITY BOARD OF TRUSTEES

### **FPU-8.001 Procurement.**

(1) **Statement of Intent.** These Procurement regulations are supplemental to Chapter 18 of the Florida Board of Governors regulations (“Board of Governors Purchasing regulations”). It is the intent of Florida Polytechnic University (the “University”) to acquire quality goods and services within reasonable or required time frames, while promoting fair and open competition in the public procurement process. Responsible purchasing officials shall be protected from improper pressures of external political or business interests. The process shall reduce the appearance and opportunity for favoritism, ensure that contracts are awarded equitably and economically, and establish effective management oversight in the acquisition of commodities and contractual services, in order to preserve the integrity of public purchasing and contracting. The opportunity to respond to competitive solicitations and enter into contracts with the University is a privilege, not a right.

### **(2) Definitions.**

- (a) **Commodity** - Any of the various supplies, materials, goods, merchandise, food, equipment or other personal property, including a mobile home, trailer or other portable structure, which are purchased, leased, lease-purchased or otherwise contracted for by the University. “Commodity” also includes interest on deferred-payment contracts entered into by the University for the purchase of other commodities.
- (b) **Competitive Response** - The response submitted to an Invitation to Bid, Invitation to Negotiate, or a Request for Proposal by a responsive and qualified bidder or offeror.
- (c) **Competitive Solicitation** - An Invitation to Bid, Request for Proposals or Invitation to Negotiate to competitively select a contractor/vendor.
- (d) **Contractor/Vendor/Supplier** - A person or firm who sells commodities or contractual services to the University.
- (e) **Contractual Service** - The rendering by a contractor of its time and effort rather than the furnishing of commodities. The term applies only to those services rendered by individuals and firms who are independent contractors. “Contractual service” does not include labor or materials or selection of professional services for the construction, renovation, repair or demolition of facilities.
- (f) **Independent Contractor** - A person or firm who provides a service to the University, but does not have any employment or other relationship or connection with the University, except as permitted by Florida law.
- (g) **Invitation to Bid** - A written solicitation for competitive bids with the title, date, and hour of the public bid opening designated and the commodity, group of commodities or services defined, for which competitive responses are sought.
- (h) **Invitation to Negotiate** - An invitation extended to prospective contractor/vendors by the University, whether by advertisement, written solicitation, electronic media or any other form of communication, to define the specifications, terms and conditions of a contract for commodities or contractual services. Cost may or may not be a consideration in the initial stages of negotiating.
- (i) **Public Entity Crime** - A violation of any state or federal law by a person in the transaction of business with any public entity of any state or with the United States government involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentation.

(j) **Purchase** - An acquisition of commodities and/or services obtained by purchase order or contract whether by rent, lease, installment- purchase or lease-purchase, outright purchase, or license.

(k) **Renewal** - Contracting with the same contractor/vendor for an additional period of time after the initial contract term, provided the original terms of the agreement specify an option to renew.

(l) **Request for Proposal** - A written solicitation for competitive proposals for commodities or contractual services with the title, date, and hour of the public opening designated. The request for proposal may be used when the scope of work is not clearly defined.

(m) **Responsive and Qualified Bidder or Offeror** - A contractor/vendor who has submitted a competitive response that conforms in all material respects to a competitive solicitation.

(3) **Procurement Department Duties.** The University Board of Trustees has authority to establish a system of coordinated procurement policies, procedures, and practices to be used in acquiring commodities and contractual services required by the University. The Procurement Department (the "Procurement Department") has the duty to:

(a) Canvas sources of supply and contracting for the purchase or lease of all commodities and contractual services for the University, in any manner, including purchase by installment- or lease-purchase contracts. Installment- or lease- purchase contracts may provide for the payment of interest on unpaid portions of the purchase price.

(b) Remove any contractor/vendor from the University's competitive vendor list that fails to fulfill any of its duties specified in a contract with the University and to reinstate any such contractor/vendor when satisfied that further instances of default will not occur.

(c) Plan and coordinate purchases in volume and negotiate and execute agreements and contracts for commodities and contractual services under which the University may make purchases.

(d) Develop an Annual Certification List to serve as a waiver of the competitive solicitation requirement for commodities/services that are frequently purchased and are available from a single source.

(e) Where practical and available, implement the use of existing State University System (SUS) Shared Initiatives contracts unless the ~~Assistant Vice President~~ Director of Procurement ~~and Auxiliary Enterprises~~ or designee documents that such use is not in the best interest of the university.

(f) Evaluate and approve contracts that are entered into after a public and open competitive solicitation by any State of Florida agency, department, Florida state college or university, the Federal Government, other states, political subdivisions, cooperatives or consortia, or any independent college or university for the procurement of commodities and contractual services, when it is determined to be cost-effective and in the best interest of the University to make purchases under contracts let by such other entities. The Procurement Department must maintain appropriate justification for the use of services contract adoption and shall review existing consortia and cooperative contracts to identify potential savings and, if there is the potential for savings, enter into new consortia and cooperative contracts to achieve the savings, with the goal of achieving a five-percent savings on existing contract prices.

(g) Award contracts for commodities and contractual services to multiple suppliers, if it is determined to be in the best interest of the University. Such awards may be on a university, regional or State University System-wide basis and the contracts may be for multiple years.

(h) Reject or cancel any or all competitive solicitations when determined to be in the best interest of the University.

(i) Bar any contractor/vendor from doing business with the University for demonstrated cause, including previous unsatisfactory performance.

(j) Prohibit University employees and University direct-support organization employees participating on a procurement selection committee for commodities or services from soliciting donations from responding contractor/vendors during the selection process, except for donations or other benefits expressly stated in the procurement document.

**(4) Employee and Contractor/Vendor Standard of Conduct.** It shall be a breach of ethical standards for any University employee to accept, agree to accept, or solicit a gratuity of any kind, form or type in connection with any contract for commodities or services. It shall also be a breach of ethical standards for any potential contractor/vendor to offer a University employee of the University a gratuity of any kind, form or type to influence the development of a contract or potential contract for commodities or services.

**(5) Competitive Solicitations Threshold.** All contracts entered into by the University for the purchase of commodities or contractual services exceeding \$~~150,000~~ ~~75,000~~ shall be awarded pursuant to a public and open competitive solicitation, unless otherwise authorized herein or in the Board of Governors Purchasing regulations.

**(6) Notice of Decision or Intended Decision.** A notice of decision or intended decision concerning a solicitation, contract award, or sole source purchase shall be electronically posted on the Procurement Department website.

**(7) Preferences for Florida-Based Contractors/Vendors.** The University will provide preferences to Florida-based contractors/vendors for contracts for personal property and printing in accordance with Florida Board of Governors Purchasing regulations.

**(8) Tie Responses.** When multiple responses that are equal in all respects are received to a competitive solicitation, the University will give preference to responses that include commodities manufactured in the state, Florida businesses, businesses with a drug-free workplace program, or foreign manufacturers located in the state to determine the contract award, or, if these conditions do not exist or are the equivalent between two or more responses, will use toss of the coin.

**(9) Extension Errors.** In the case of extension errors in quotes or competitive responses, the unit price will prevail.

**(10) Withdrawal of Competitive Response.** A contractor/vendor may withdraw his or her competitive response in writing if done within seventy-two (72) hours of the competitive response/bid opening, if the competitive response is clearly erroneous, and if the competitive response is withdrawn prior to final award or the purchase order being issued, whichever comes sooner.

(11) **Exceptional Purchases.** The University has the following exceptional purchases:

(a) **Purchase of Private Attorney Services.** Written approval from the Attorney General is not required for private attorney services acquired by the University but must be approved by the Office of the General Counsel.

(b) **Purchase of Insurance.** The University may purchase insurance as deemed necessary and appropriate for the operation and educational mission of the University. Examples of insurance coverage that may be acquired by the University include:

1. Physical damage on vehicles and boats
2. Camps insurance
3. Building and property damage
4. Equipment losses due to theft
5. Equipment subject to transportation
6. Loss of rental income
7. Commercial general liability insurance for scientific equipment
8. Excess general liability coverage

(c) **Purchase of Products with Recycled Content.**

(d) **Purchase of Printing.** University purchases of printing are not subject to Florida Statutes Chapter 283. However, if the University decides to purchase printed materials through a competitive solicitation process, the preference provision in the Board of Governors Purchasing regulations shall apply.

(12) **Types of Purchases Not Subject to the Competitive Solicitation Process.** Purchasing actions that are not subject to the competitive solicitation process include those types of purchases that are enumerated in the Florida Board of Governors Purchasing regulations or Florida Statutes and commodities to be incorporated into any public work (as that term is defined in Fla. Admin. Code R. 12A-1.094) which are procured by the University in accordance with the requirements of the University's direct purchase program.

(13) **Purchases from small and disadvantaged business enterprises.** The University is an equal opportunity institution and encourages procurement contracting with small and disadvantaged businesses which includes minority business enterprises.

(14) **Purchases from Contractors/Vendors Convicted of Public Entity Crimes.** The University shall not accept a competitive solicitation from, or purchase commodities or contractual services from, a person or affiliate who has been convicted of a public entity crime and has been placed on the State of Florida's convicted vendor list for a period of 36 months from the date of being added to the convicted vendor list. No federal funds may be used to pay any party who is listed on the federal excluded parties list system.

(15) **Contractors/Vendors Excluded from Competition.** In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, invitations to bid and/or requests for proposals shall be excluded from competing for such procurements.

(16) **University Employees Involved in the Competitive Solicitation Process.** All persons taking part in the development or selection of criteria for evaluation, the evaluation process, and the contract award process in any purchase shall follow all relevant portions of the State of

Florida Code of Ethics for Public Employees, Chapter 112, Part 3, Florida Statutes, and the University's regulation on outside activities.

(17) **Bonds.** The University may require solicitation security as a condition for a contractor/vendor's participation in a competitive solicitation and/or payment and performance bonds. An entity protesting a decision or intended decision pertaining to a competitive solicitation must post a solicitation protest bond. Requirements related to solicitation security, payment and performance bonds, and solicitation protest bonds must be in accordance with Board of Governors Purchasing regulations.

(18) **Contracts.**

(a) **Form of Contract.** Contracts for commodities or contractual services or licenses shall consist of a purchase order or bilateral agreement signed by the President or designee prior to or within thirty (30) days of the goods or services being rendered by the contractor/vendor. This provision does not apply to appropriate Expense Card (University issued procurement card) purchases that are made in accordance with applicable policies and procedures.

(b) **Annual Appropriation.** Any contract for the purchase of services or tangible personal property for a period in excess of one fiscal year shall include the following statement: "The State of Florida's and University's performance and obligation to pay under this agreement is contingent upon sufficient appropriation by the Florida Legislature and other entities' allowance of the University to use such funds."

(c) **Extension.** Extension of a contract shall be for a period not to exceed 12 months or until completion of the competitive solicitation and award or protest, whichever is longer, shall be in writing, shall be signed by both parties, and shall be subject to the same terms and conditions set forth in the original contract. There shall be only one extension of a contract.

(d) **Renewal.** A contract may contain provisions for renewal(s). A contract entered into as a result of a competitive solicitation may be renewed for a period that may not exceed 5 years or twice the term of the original contract, whichever is longer. This provision is not intended to apply retroactively; existing contracts entered into prior to January 1, 2017, that included any specified renewal period(s) may continue in accordance with the existing contract terms. If the commodity or contractual service is purchased as a result of a competitive solicitation, the cost of any contemplated renewal must be included in the solicitation response. All contract renewals are subject to sufficient annual appropriations.

(e) **Deferred Payment.** The President has the authority to enter into deferred payment agreements utilizing the State of Florida Controller's Consolidated Equipment Financing Program. When a commodity contract requires deferred payments and the payment of interest under that program, the contract will be submitted to the State of Florida Controller for the purpose of pre-audit review and approval prior to acceptance by the University. No agreement shall establish a debt of the State or shall be applied to the faith and credit of the State; nor shall any agreement be a liability or obligation of the State except from appropriated funds.

(f) **Limitation of Liability.** In order to promote cost-effective procurement of commodities and contractual services, the University may enter into contracts that limit the liability of a contractor/vendor consistent with Florida Statutes section 672.719.

(g) **Value of Contract.** The total value of a contract shall be the purchase price for the initial term of the contract plus all costs for the contemplated renewal terms.

**(19) Purchase of Motor Vehicles.**

- (a) The term “motor vehicle” includes any automobile, truck, watercraft or other vehicle designed primarily for transporting persons, and construction vehicles or farm equipment.
- (b) The University has authority to:
  - 1. Establish standard classes of motor vehicles to be leased, purchased or used by University personnel.
  - 2. Obtain the most effective and efficient use of motor vehicles for state purposes.
  - 3. Establish and operate facilities for the acquisition, disposal, operation, maintenance, repair, storage, control and regulation of University-owned motor vehicles. Acquisition may be by purchase, lease, installment-purchase, loan or by any other legal means and may include a trade-in. All motor vehicles purchased or leased shall be of a class that will safely transport University personnel and adequately meet the requirements of the University.
  - 4. Contract for specialized maintenance services.
- (c) Motor vehicles owned, leased or operated by the University shall be available for official University business only.

**(20) Workday.**

- (a) Effective October 1, 2015, Workday, the University’s Enterprise Resource Planning (ERP) system, is the mechanism used for creating requisitions and issuing purchase orders.
- (b) The Procurement Department must approve, in Workday, all requisitions and approve or issue all purchase orders on behalf of the University.

**(21) Procedures**

- (a) The procedures necessary to initiate this regulation are supported by the business processes located at the following locations:
  - 1. Purchasing Manual (Procurement Website)
  - 2. Expense Card Manual (Procurement Website)
  - 3. Workday Business Processes (Workday)
    - i. Login to Workday
    - ii. Select “Poly Workday Job Aids”
    - iii. Refer to “Procurement” Job Aids

**Commented [MS1]:** Thoughts on removing these sections?

*Authority: FBOG regulations 1.001(7), 18.001, 18.002, and 18.003.  
History--New 8.28.13; Amended: 3.1.18; 5.3.21*

**Florida Polytechnic University  
Governance, Audit, and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: Employment Practices**

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**Proposed Committee Action**

Discussion only; no action required.

**Background Information**

Pursuant to section 1001.741, Florida Statutes, the President must annually present the results of performance evaluations and annual salaries for evaluated personnel earning \$200,000 or more to the Board of Trustees. Additionally, the President must provide a report and recommendations on employment practices to the Board of Trustees twice annually.

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**Supporting Documentation:** Employment Practices PowerPoint

**Prepared by:** Dr. Randy K. Avent, President



**FLORIDA POLYTECHNIC**  
UNIVERSITY

# **Employment Practices**

**Randy K. Avent**  
**21 September 2023**



# Employment Elements

- **Employee hiring**

- Senior leadership positions are generally conducted using a search agency and other employees may be invited to provide feedback in the interview process - A search committee can be used at the discretion of the hiring official.
- Leadership positions are generally conducted without a search firm. Certain employees are invited to participate in interviews and provide feedback to the hiring official. A search committee may be formed at the discretion of the hiring official.
- Both types of position hires require an external screening & assessment for staff finalists
- Staff positions hired with typical interview and decision by the hiring authority
- Faculty hired through a departmental search committee, final candidates approved by Provost and President

- **Personnel management**

- Yearly performance evaluations for all faculty and staff; 90-day evaluations for new hires
- Evaluations grade each employee in several dimensions with an overall rating
- (Faculty) targets are Exemplary (10%), Exceeds Expectations (40%), Meets Expectations (40%), Needs Improvement (10%), Deficient (0%)
- (Staff) targets are Exceeds Expectations (10%), Meets Expectations (40%), Developing (40%), Does not Meet Expectations (10%)
- Raises tied to performance rankings (with a sprinkle list) and set during CBA negotiations

# FY23 Employees Hired

- **Staff**
  - Senior Leadership (3)
  - Leadership (5)
  - Professional Staff (29)
  - Support Staff (4)
  - Administrative Staff (7)
  
- **Faculty**
  - Leadership (1)
  - Professor (1\*)
  - Associate Professor (3)
  - Assistant Professor (8)
  - Adjunct Professor (6)

\* Same as leadership position

# FY23 Evaluation Distributions

- **Staff distributions**

- Exceeds Expectations (16.8%)
- Meets Expectations (41.6%)
- Developing (29.6%)
- Does not Meet Expectations (12.0%)

- **Faculty distributions**

- Exemplary (14.5%)
- Exceeds Expectations (32.3%)
- Meets Expectations (48.4%)
- Needs Improvement (4.8%)
- Deficient (0%)

# Performance Evaluations

## Employees Making Over \$200K

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- **Six employees (five senior leadership, one faculty) make over \$200K with the average being \$246,990**
  - **Average rating across these employees was 1/4 (i.e., Exceeds Expectations) vs across the institution where it was a 2.4/4**
  - **Average raise across these employees was 5.83%. Average across all employees was 5.19% (merit) and 8.31% (differential + compression + merit)**
-

**AGENDA ITEM: VIII.**

**Florida Polytechnic University  
Governance, Audit, and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: Board of Trustees Self-Assessment**

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**Proposed Committee Action**

Discussion only; no action required.

**Background Information**

Per SACSCOC Principles of Accreditation, Section 4, governing boards are expected to define and regularly evaluate their responsibilities and expectations. SACSCOC does not require evaluations to be conducted in a specific time frame.

On February 8, 2023, the committee discussed how and when to conduct the Board's self-assessment and reviewed a sample draft assessment. The conclusion was to create an in-house survey, modifying the sample to relate to the Board's strategic objectives, and conduct it in the Fall. The proposed questions were provided to Chair Otto and Vice Chair Kigel for review and approval.

Upon discussion, the survey will be sent to each Trustee for completion after the full Board meeting. Results of the survey will be discussed at the Trustee Retreat in November.

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**Supporting Documentation:** Draft BOT Self-Assessment Survey

**Prepared by:** David Fugett, VP & General Counsel

**DRAFT**

**Florida Polytechnic University  
Board of Trustees  
Self-Assessment 2023**

The Florida Polytechnic University Board of Trustees Self-Assessment evaluates the Board's performance and understanding of its responsibilities and expectations. The survey results will be shared at the Board of Trustee Retreat on November 18, 2023.

Questions cover the following areas:

- Governance (7 Questions)
- Fiduciary Responsibilities (5 Questions)
- Leadership & Advocacy (7 Questions)
- Relationships and Communication (5 Questions)
- Open-Ended Questions (3 Questions)
- Optional Questions

**GOVERNANCE**

**1. Board members' responsibilities are clear.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**2. The Board's Bylaws make clear the role of the Board and its Committees.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**3. New members receive orientation to the Board and the institution.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**4. The Board committee structure allows the Board to fulfill its duties and responsibilities effectively and efficiently.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**5. The Board adheres to a code of ethics.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**6. The Board has the right mix of skills and abilities among board members.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**7. The Board implements steps for board development, (e.g., informational/strategic briefings by staff, Board retreats, regular Board assessments, access to annual BOG Trustee Summit).**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**FIDUCIARY RESPONSIBILITIES**

**8. As a Board, we ask the hard and important questions necessary to fulfill our fiduciary responsibilities.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**9. Board members avoid conflicts of interest and the perception of conflicts of interest.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**10. The Board understands the institution's business model and ensures fiscal integrity and sound financial practices.**

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree

**11. The Board operates transparently in the public interest.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**12. The Board is fully engaged in assessing risk for the institution.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**LEADERSHIP & ADVOCACY**

**13. Board members are engaged with the University.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**14. The Board is knowledgeable about the University's mission and vision.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**15. The Board can articulate how the University's mission and strategic plan align with the overall State University System strategic plan.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**16. The Board serves as a sounding board and thought partner to the chief executive.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**17. The Board is clear about its priorities and goals for the upcoming year.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**18. The Board advocates University interests to industry, state agencies, and legislators.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**19. Have you been approached to actively engage and support philanthropic initiatives of the University.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

#### **RELATIONSHIPS AND COMMUNICATION**

**20. The Board promotes an environment where Board members feel engaged, respected, and empowered to raise issues for discussion.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**21. The Board focuses its time on issues of greatest consequence to the institution.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**22. The Board comes prepared for meetings.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**23. The Board productively explores ideas by engaging in robust discussions.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**24. The Board is well-informed of the viewpoints of faculty, staff, and students on major institutional issues.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**Open-Ended Questions:**

- 25.** What two specific strengths does the Board have?
- 26.** What two specific areas can the Board improve upon?
- 27.** What other comments do you have about the Board's effectiveness?

**Optional questions:**

Please provide feedback on the following:

- 28.** In what ways can the Board increase and enhance interaction between students, faculty, staff, and administrators?
- 29.** What topics would we like presented by internal community stakeholders?
- 30.** What are the top three questions you are most frequently asked about the University?

**Florida Polytechnic University  
Governance, Audit, and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: President's Annual Review – Trustee Evaluation Instrument**

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**Proposed Committee Action**

Recommend to the Board of Trustees approval of the Trustee Evaluation Instrument titled "President's Annual Review" to be used in the FYE23 evaluation of the president's performance.

**Background Information**

In the past, the Board has used an evaluation instrument to obtain feedback from each Trustee as a part of the President's annual evaluation process. The proposed evaluation instrument is modeled after the 2020, 2021, and 2022 evaluation instruments, and the goals are the ones approved by the Board on May 24, 2023. The approved evaluation instrument, along with the President's FYE 23 Accomplishments, will be sent to each Trustee in mid-October for completion.

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**Supporting Documentation:**

1. Draft Evaluation Instrument – President's Annual Review (July 1, 2022 – June 30, 2023)
2. President's Operational Goals FYE23

**Prepared by:** David Fugett, Vice President & General Counsel

**President's Annual Review**  
**(July 1, 2022 to June 30, 2023)**

Trustee's name \_\_\_\_\_

**1. GROW THE STUDENT BODY**

**Grow the Student Body:**

- Increase number of prospects in new markets
- Grow our targeted recruitment efforts
- Hold first annual summer STEM academy for underrepresented students
- Continue to invest in USNWR ranking

Not Achieved    Partially Achieved    Achieved    Exceeded    Far Exceeded

Comments:

Click or tap here to enter text.

**2. GROW ACADEMIC PROGRAMS**

**Grow Academic Programs:**

- Position the institution to successfully transition to a new regional accrediting agency
- Conduct study to identify a minimum of three new programs that helps enrollment, diversity, and student outcomes (APR and graduation rates)
- Form internal working groups to begin implementation of two programs from the Accountability Report Develop a concentration roadmap that refreshes our concentrations with high-interest technologies in demand from students and employers
- Purchase necessary laboratory equipment to provide strong hands-on learning to all students in the ARC and IST

Not Achieved    Partially Achieved    Achieved    Exceeded    Far Exceeded

Comments:

Click or tap here to enter text.

**President's Annual Review**  
**(July 1, 2022 to June 30, 2023)**

**3. IMPROVE STUDENT OUTCOMES**

**Improve Student Outcomes:**

- Continued focus on more active role in advising students
- Refine policies to improve retention, graduation rate, and student culture
- Continue the Peer Learning Strategy with the Learnwell Project
- Continue to focus on building a positive student culture that emphasizes leadership, responsibility, and student activity
- Build enhanced Career Services office that provides leadership and professional development skills across the student body
- Begin transition to University-owned residence life facility
- Make important infrastructure investments
- Improve student services across campus

Not Achieved    Partially Achieved    Achieved    Exceeded    Far Exceeded

Comments:

Click or tap here to enter text.

**4. IMPROVE OPERATIONS**

**Improve Operations:**

- Make critical infrastructure investments to improve operations
- Strengthen our Human Capital Management functions
- Fund Public Safety to ensure full 24/7 coverage with a minimum of two officers

Not Achieved    Partially Achieved    Achieved    Exceeded    Far Exceeded

Comments:

Click or tap here to enter text.

**President's Annual Review**  
**(July 1, 2022 to June 30, 2023)**

**5. INVEST IN OUR PEOPLE**

**Invest in our People:**

- Provide mentorships and grant writing programs to help faculty grow their research portfolios
- Contract with an online learning platform (Coursera) that provides access to courses and degrees across leading universities
- Provide specialized Line Management training opportunities for our leadership

Not Achieved     Partially Achieved     Achieved     Exceeded     Far Exceeded

Comments:

Click or tap here to enter text.

**6. ADVANCE THE UNIVERSITY**

**Advance the University:**

- Fund a strategic marking study to understand pathways for improving our branding with critical audiences
- Centralize event management on campus to improve logistics, increase efficiency, and provide a more professional interaction
- Grow strategic relationships with Chambers, Economic Development Councils, ... within and outside of Polk County
- Continue conducting key visits (legislative, BOT, BOG, Industry, ...) to advance the University mission and prestige

Not Achieved     Partially Achieved     Achieved     Exceeded     Far Exceeded

Comments:

Click or tap here to enter text.

**President's Annual Review**  
**(July 1, 2022 to June 30, 2023)**

**7. FREE SPEECH CLIMATE**

**Free Speech Climate:**

- Adherence to the principles set forth in the Board of Governor's Statement of Free Expression
- Occurrence and the resolution of any issues related to the University's compliance with substantiated violations of section 1004.097
- Implementation of best practices promoting civil discourse

Not Achieved    Partially Achieved    Achieved    Exceeded    Far Exceeded

Comments:

Click or tap here to enter text.

**8. DIVERSITY, EQUITY AND INCLUSION**

**Diversity, Equity and Inclusion:**

- Best practices and progress in building a culture of inclusion

Not Achieved    Partially Achieved    Achieved    Exceeded    Far Exceeded

Comments:

Click or tap here to enter text.

**President's Annual Review**  
**(July 1, 2022 to June 30, 2023)**

**9. OVERALL RATING**

- Not Achieved    Partially Achieved    Achieved    Exceeded    Far Exceeded

Comments:

Click or tap here to enter text.

**10. GENERAL COMMENTS**

General Comments:

Click or tap here to enter text.

DRAFT



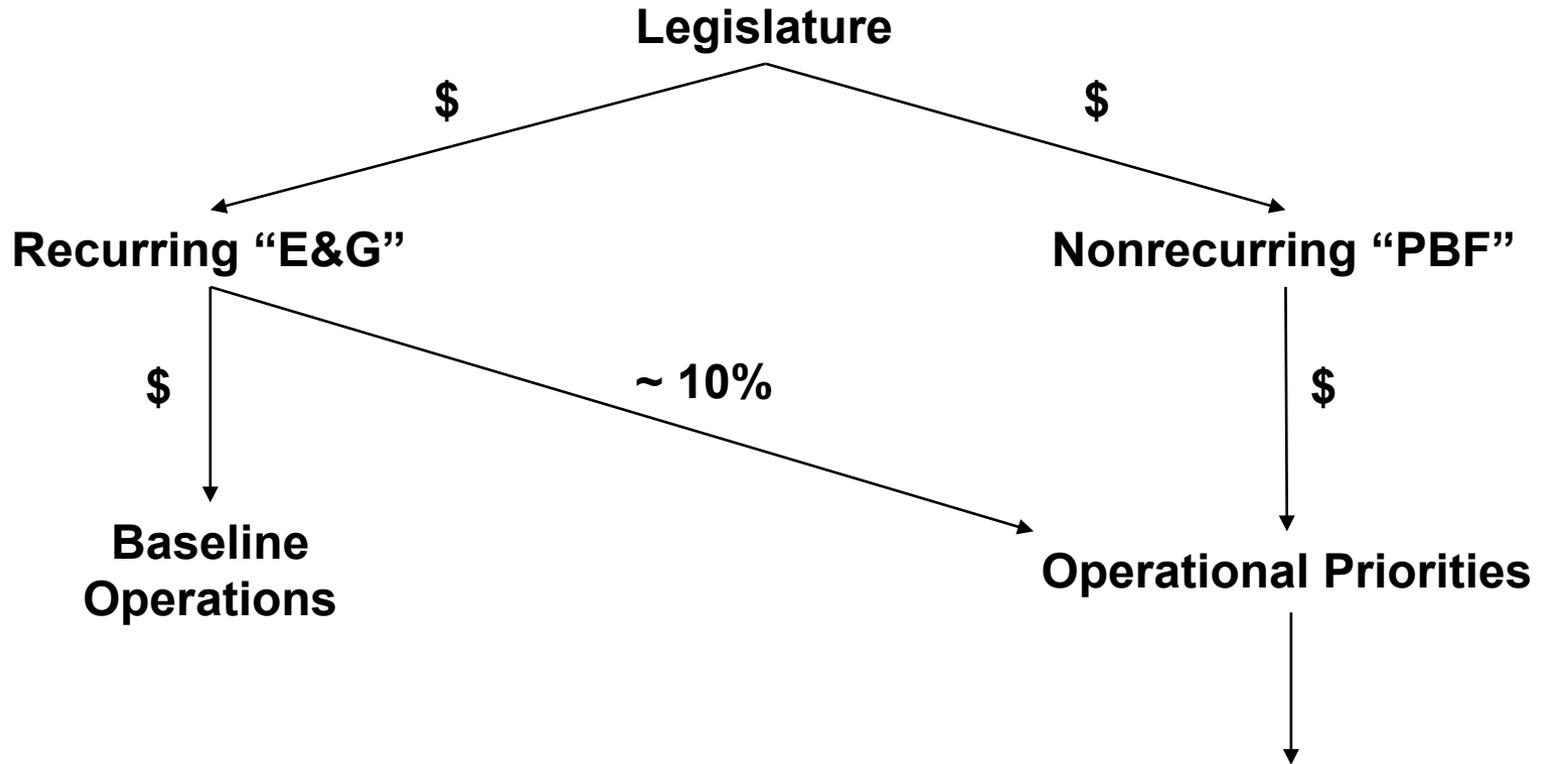
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UNIVERSITY

## **Operational Goals FYE23**

**Randy K. Avent**

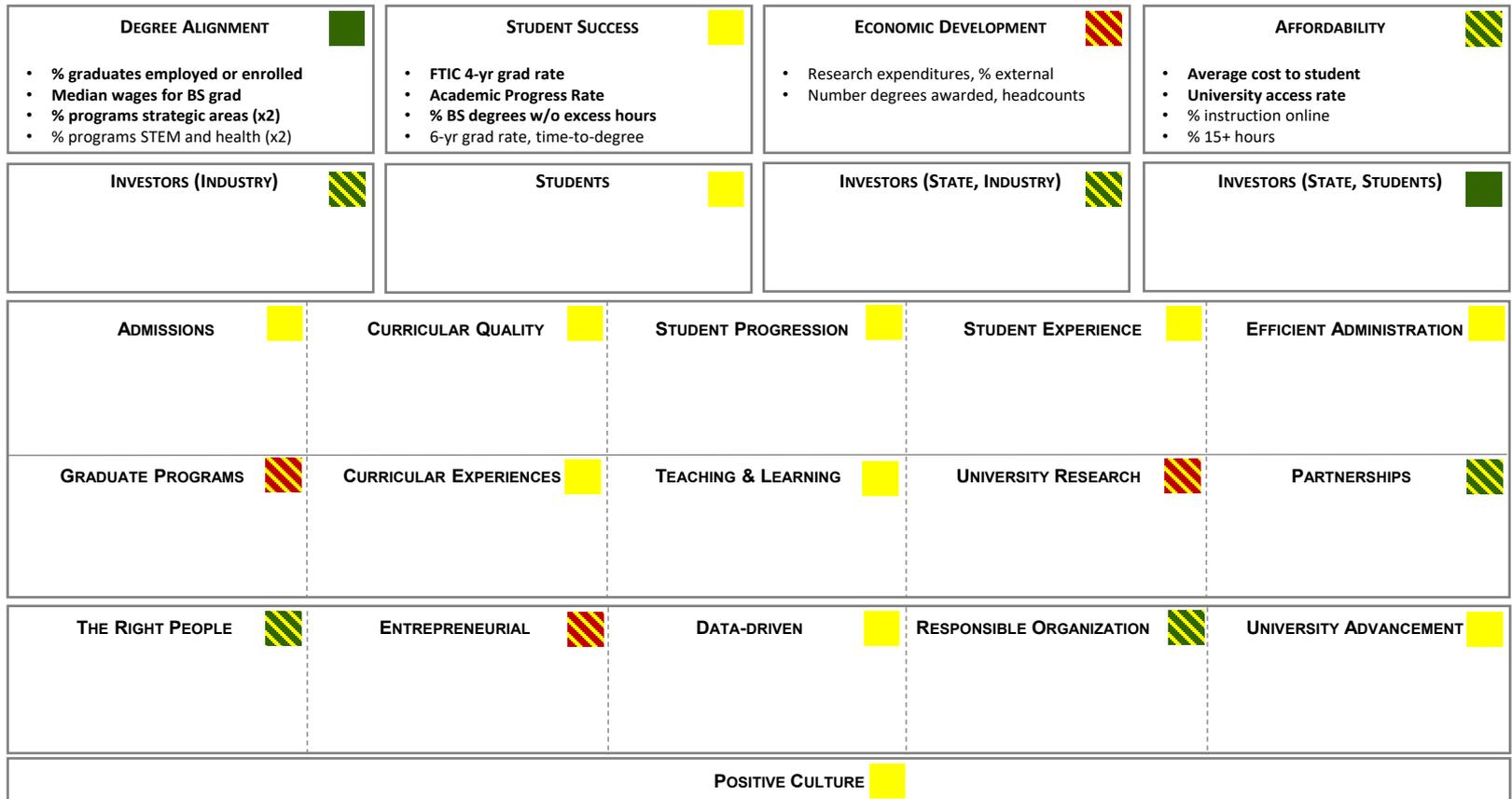
**24 May 2022**

# Budgeting Process



- **Forms Operational Plan**
- **Quarterly reviewed during Leadership Meeting**
- **Minutes distributed as the BoT update**

# Balanced Scorecard



- **Combined Student Progression and Student Experience into a single Student Success process**

# Accountability Metrics

	FY22	Peers	SUS Average	FY23
<b>RANKING</b>				
USNWR Regional	1			1
USNWR Engineering	26 (Public)			Top 20 (Public)
<b>DEGREE ALIGNMENT</b>				
% Graduates Employed or Enrolled	69.0%		72%	76%
Median Wages for BS Graduates	\$ 54,000		\$ 41,900	\$ 54,500
% BS Programs in Strategic Emphasis	100.0%	65%	60%	100.0%
% Grad Programs Strategic Emphasis	100.0%		54%	100%
<b>STUDENT SUCCESS</b>				
FTIC 4-year Graduate Rate	38%	40%	59%	42%
Academic Progress Rate	64%	81%	89%	75%
% HS students in top 10%	32%		38%	32%
% BS Degrees w/o Excess Hours	82%		82%	82%
6-Yr Graduation Rate	56%	68%	76%	49%
Time-to-Degree	4		4.1	4.1
<b>ECONOMIC DEVELOPMENT</b>				
% BS with 2+ Workforce Experiences	78%			85%
Research Expenditures (\$K)	\$ 1,091			\$ 1,013
Number BS Degrees Awarded	256	785		260
Number Grad Degrees Awarded	28	554		34
UG Headcount	1576			1668
G Headcount	57	3479		73
<b>AFFORDABILITY</b>				
Average Cost to Student	\$ (12,160)	\$ 50,454	\$ 3,020	\$ 5,000
University Access Rate	33%	22%	37%	32%

Grey text are metrics in the Accountability Report but not a part of PBF



# FY23 Operational Priorities

- **Grow the student body** **\$1,745,236**
- **Grow academic programs** **\$2,265,000**
- **Improve student outcomes** **\$2,077,723**
- **Improve operations** **\$954,273**
- **Invest in our people** **\$165,000**
- **Advance the University** **\$644,501**

# Grow the Student Body

- **Increase number of prospects in new markets**
  - Grow lead generation and digital marketing
  - Increase digital outreach to new social media platforms with targeted ads
  - Continuously update and improve the student web interface
  - Improve marketing for Graduate and Transfer students
  - Increase name buys for out-of-state students
- **Grow our targeted recruitment efforts**
  - Conduct parent enrollment marketing campaign
  - Provide peer-to-peer High School Calculus tutoring sessions
  - Increase STEM Tech days
- **Hold first annual summer STEM academy for underrepresented students**
- **Continue to invest in USNWR rankings**

# Grow Academic Programs

- **Position the institution to successfully transition to a new regional accrediting agency**
- **Conduct study to identify a minimum of three new programs that helps enrollment, diversity, and student outcomes (APR and graduation rates)**
- **Form internal working groups to begin implementation of two programs from the Accountability Report**
- **Develop a concentration roadmap that refreshes our concentrations with high-interest technologies in demand from students and employers**
- **Purchase necessary laboratory equipment to provide strong hands-on learning to all students in the ARC and IST**



# Improve Student Outcomes

- **Continued focus on more active role in advising students**
  - Freshman registration based on student high school performance
  - More active load balancing across semesters and providing recovery pathways
  - Provide freshman course guidelines aimed to improve retention
  - Move primary advising role from Academic Success Center to the faculty
- **Refine policies to improve retention, graduation rate, and student culture**
  - Modify policies to allow more flexibility and pathways to success
  - Institutionalize the Academic Review Board
- **Continue the Peer Learning Strategy with the Learnwell Project**
- **Continue to focus on building a positive student culture that emphasizes leadership, responsibility, and student activity**

# Improve Student Outcomes

- **Build enhanced Career Services office that provides leadership and professional development skills across the student body**
  - Grow the Industry Group for workforce alignment
- **Begin transition to University-owned residence life facility**
  - Conduct ITN to build a two-phased 700-room residence hall on campus
  - Put processes in place to purchase existing residence hall(s)
  - Continue investigating interim housing solutions that provide capacity for Fall 2023
  - Provide additional student life services above Vestcor investment
- **Make important infrastructure investments**
  - Begin CAMS replacement with a more functional modern system
  - Provide campus-wide safety and security cameras
- **Improve student services across campus**
  - Conduct student communication survey
  - Develop an on-campus spirit store

# Improve Operations

- **Make critical infrastructure investments to improve operations**
  - Build decision support system for centralized data storage and analytics
  - Strengthen IT security stance with improved system backups, widespread use of multi-factor authentication for critical systems, and 3<sup>rd</sup> party testing for compliance
  - Implement an API-based platform that provides process-based real-time integration of multiple ERP applications
  - Transition our external network to existing dark fiber
- **Strengthen our Human Capital Management functions**
  - Hire new Assistant Vice President of HR
  - Complete the new Affirmative Action Plan with a template that can be duplicated in future reporting
  - Complete an organizational construct structure that provides consistency
  - Conduct an external compensation study to ensure our employees are fairly paid
- **Fund Public Safety to ensure full 24/7 coverage with a minimum of two officers**

# Invest in our People

- **Provide mentorships and grant writing programs to help faculty grow their research portfolios**
- **Contract with an online learning platform (Coursera) that provides access to courses and degrees across leading universities**
- **Provide specialized Line Management training opportunities for our leadership**

# Advance the University

- **Fund a strategic marketing study to understand pathways for improving our branding with critical audiences**
- **Centralize event management on campus to improve logistics, increase efficiency, and provide a more professional interaction**
- **Grow strategic relationships with Chambers, Economic Development Councils, ... within and outside of Polk County**
- **Continue conducting key visits (legislative, BOT, BOG, Industry, ...) to advance the University mission and prestige**

**Florida Polytechnic University  
Governance, Audit, and Compliance Committee  
Board of Trustees  
September 21, 2023**

**Subject: President's FYE23 Accomplishments**

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**Proposed Committee Action**

Information only – no action required.

**Background Information**

The supporting document is the final report on the President's accomplishments related to Operational Goals FYE23.

This document will be sent out to the Trustees along with the evaluation instrument for the President's annual evaluation.

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**Supporting Documentation:** President's FYE23 Accomplishments

**Prepared by:** Dr. Randy K. Avent, President



**FLORIDA POLYTECHNIC**  
UNIVERSITY

## **FY23 Accomplishments**

**Dr. Randy K. Avent, President**

**21 September 2023**

# Outcome Metrics

Grey text are those metrics not a part of PBF

	FY22	Peers	SUS Average	FY23	ACTUAL	
<b>RANKING</b>						
USNWR Regional	1			1	1	●
USNWR Engineering	26 (Public)			Top 20 (Public)	Top 20 (Public)	●
<b>DEGREE ALIGNMENT</b>						
% Graduates Employed or Enrolled	69.0%		72%	76%	76%	●
Median Wages for BS Graduates	\$ 54,000		\$ 41,900	\$ 54,500	\$ 54,800	●
% BS Programs in Strategic Emphasis	100.0%	65%	60%	100%	100%	●
% Grad Programs Strategic Emphasis	100.0%		54%	100%	100%	●
<b>STUDENT SUCCESS</b>						
FTIC 4-year Graduate Rate	38%	40%	59%	42%	41%	●
Academic Progress Rate	64%	81%	89%	75%	75%	●
% HS students in top 10%	32%		38%	32%	31%	●
% BS Degrees w/o Excess Hours	82%		82%	82%	84%	●
6-Yr Graduation Rate	56%	68%	76%	49%	54%	●
Time-to-Degree	4		4.1	4.1	4.1	●
<b>ECONOMIC DEVELOPMENT</b>						
% BS with 2+ Workforce Experiences	78%			85%	98%	●
Research Expenditures (\$K)	\$ 1,091			\$ 1,013	\$ 1,725	●
Number BS Degrees Awarded	256	785		260	219	●
Number Grad Degrees Awarded	28	554		34	46	●
UG Headcount	1576			1668	1569	●
G Headcount	57	3479		73	49	●
<b>AFFORDABILITY</b>						
Average Cost to Student	\$ (12,160)	\$ 50,454	\$ 3,020	\$ 5,000	\$ (9,370)	●
University Access Rate	33%	22%	37%	32%	33%	●

- FY23 was a strong year for most metrics

# FY23 Focus Areas

- **Grow the student body** **\$1,745,236**
- **Grow academic programs** **\$2,265,000**
- **Improve student outcomes** **\$2,077,723**
- **Improve operations** **\$954,273**
- **Invest in our people** **\$165,000**
- **Advance the University** **\$644,501**



# Grow the Student Body

- **Increase number of prospects in new markets**
  - Launched 35 new pieces on multiple digital channels and 32 new digital campaigns to over 1.1M prospects with click through and open rates higher than industry standards
  - Improved web content with content marketing and three new landing pages
  - Increased name buys by 50% leading to twice as many prospects (440K vs 220K)
  - Increased staff calls from 36,305 to 38,017
- **Grow our targeted recruitment efforts and campus events**
  - Conducted a parent marketing enrollment campaign with 27,360 parent interactions
  - Increased STEM Tech Days to 32 visits for a total of 1,328 students and 123 high school personnel, yielding 67 applications
  - Changed out-of-state waivers to increase applications
- **Personnel turnover delayed the annual summer STEM academy**
- **Continue to invest in USNWR rankings**
  - Mailed high-level postcards and hard-copy quad fold to key USNWR constituents
  - Advertising in Inside Higher Education and the Chronicle of Higher Education
  - Purchased official badges to use in press releases and marketing materials

# Admissions Performance

	FALL 2022	FALL 2023
<b>Applied</b>	<b>3524</b>	<b>3093</b>
<b>Deposit</b>	<b>641</b>	<b>614</b>
<b>Enrolled</b>	<b>569</b>	<b>537</b>
<b>SAT</b>	<b>1342</b>	<b>1322</b>
<b>ACT</b>	<b>29</b>	<b>30</b>
<b>GPA</b>	<b>4.2</b>	<b>4.4</b>
<b>Bright Futures</b>	<b>84%</b>	<b>79%</b>
<b>% Female</b>	<b>23</b>	<b>19</b>
<b>% B/AA</b>	<b>9</b>	<b>7</b>
<b>% Latino</b>	<b>21</b>	<b>26</b>
<b>% Florida Residents</b>	<b>91</b>	<b>91</b>

- **Enrollment negatively affected by lack of on-campus housing**

# Grow Academic Programs

- **Position the institution to successfully transition to a new regional accrediting agency**
  - Board of Trustees approved Florida Poly’s request to move accrediting agency from SACSCOC to HLC
  - Sent a formal letter to USDOE requesting permission to switch agencies
  - Responded to USDOE letter wanting more information (questions and documentation)
- **Conduct study to identify a minimum of three new programs that helps enrollment, diversity, and student outcomes (APR and graduation rates)**
  - Identified Civil Engineering, Industrial Engineering and Construction Engineering as potential programs to help enrollment and student outcomes
- **Form internal working groups to begin implementation of two programs from the Accountability Report**
  - Obtained approval for two new BS degrees (Civil Engineering and Industrial Engineering) beginning Fall 2023



# Grow Academic Programs

- **Develop a concentration roadmap that refreshes our concentrations with high-interest in-demand technologies**
  - Delayed this effort to integrate design/project features in all degree program curriculum
- **Purchase necessary laboratory equipment to provide strong hands-on learning to all students in the ARC and IST**
  - Purchased 3D CNC mill, lathe, and other miscellaneous equipment to promote laboratory work in the ARC
- **Added 20 new faculty this year and promoted four (three to Associate Professor and one to Full Professor)**



# Program & Concentration Growth

Undergraduate Majors & Concentrations by Catalog Year

2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
<ul style="list-style-type: none"> <li>Advanced Technology               <ul style="list-style-type: none"> <li>•Big Data Analytics</li> <li>•Cloud Virtualization</li> <li>•Health Informatics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Advanced Technology               <ul style="list-style-type: none"> <li>•Big Data Analytics</li> <li>•Cloud Virtualization</li> <li>•Health Informatics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Advanced Technology               <ul style="list-style-type: none"> <li>•Big Data Analytics</li> <li>•Cloud Virtualization</li> <li>•Health Informatics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Data Analytics               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Big Data Analytics</li> <li>•Cloud Virtualization</li> <li>•Health Informatics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Data Science               <ul style="list-style-type: none"> <li>•Big Data Analytics</li> <li>•Internet of Things</li> <li>•Health Informatics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Data Science               <ul style="list-style-type: none"> <li>•Big Data Analytics</li> <li>•Health Informatics</li> <li>•Intelligent Mobility</li> <li>•Quantitative Economics and Economics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Data Science               <ul style="list-style-type: none"> <li>•Big Data Analytics</li> <li>•Health Systems Engineering</li> <li>•Intelligent Mobility</li> <li>•Quantitative Economics and Economics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Data Science               <ul style="list-style-type: none"> <li>•Big Data Analytics</li> <li>•Health Systems Engineering</li> <li>•Intelligent Mobility</li> <li>•Quantitative Economics and Economics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Data Science               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Big Data Analytics</li> <li>•Intelligent Mobility &amp; Autonomous Systems</li> <li>•Quantitative Economics and Economics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Data Science               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Big Data Analytics</li> <li>•Intelligent Mobility &amp; Autonomous Systems</li> <li>•Quantitative Economics and Economics</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Computer Engineering               <ul style="list-style-type: none"> <li>•Digital Logic Design</li> <li>•Embedded System Design</li> <li>•Machine Intelligence</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Engineering               <ul style="list-style-type: none"> <li>•Digital Logic Design</li> <li>•Embedded System Design</li> <li>•Machine Intelligence</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Engineering               <ul style="list-style-type: none"> <li>•Digital Logic Design</li> <li>•Embedded System Design</li> <li>•Machine Intelligence</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Digital Logic Design</li> <li>•Embedded System Design</li> <li>•Machine Intelligence</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Digital Logic Design</li> <li>•Embedded System Design</li> <li>•Machine Intelligence</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Digital Logic Design</li> <li>•Embedded System Design</li> <li>•Machine Intelligence</li> <li>•Autonomous Robotic Systems</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Engineering               <ul style="list-style-type: none"> <li>•Autonomous and Electric Vehicles</li> <li>•Autonomous Robotic Systems</li> <li>•Digital System Design</li> <li>•Embedded System Design</li> <li>•Machine Intelligence</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Autonomous and Electric Vehicles</li> <li>•Autonomous Robotic Systems</li> <li>•Digital and Embedded System Design</li> <li>•Machine Intelligence</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Autonomous and Electric Vehicles</li> <li>•Autonomous Robotic Systems</li> <li>•Digital and Embedded System Design</li> <li>•Machine Intelligence</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Automotive</li> <li>•Energy</li> <li>•Robotics</li> <li>•Machine Intelligence</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Computer Science &amp; Information Technology               <ul style="list-style-type: none"> <li>•Cyber Gaming</li> <li>•Information Assurance &amp; Cyber Security</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Science &amp; Information Technology               <ul style="list-style-type: none"> <li>•Cyber Gaming</li> <li>•Information Assurance &amp; Cyber Security</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Science &amp; Information Technology               <ul style="list-style-type: none"> <li>•Cyber Gaming</li> <li>•Information Assurance &amp; Cyber Security</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Science               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Cyber Gaming</li> <li>•Information Assurance &amp; Cyber Security</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Science               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Game Development &amp; Simulation</li> <li>•Information Assurance &amp; Cyber Security</li> <li>•Software Engineering</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Science               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Game Development &amp; Simulation</li> <li>•Information Assurance &amp; Cyber Security</li> <li>•Autonomous Systems</li> <li>•Software Engineering</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Science               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Autonomous Systems</li> <li>•Big Data Analytics</li> <li>•Game Development &amp; Simulation</li> <li>•Information Assurance &amp; Cyber Security</li> <li>•Software Engineering</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Science               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Autonomous Systems</li> <li>•Big Data Analytics</li> <li>•Game Development &amp; Simulation</li> <li>•Information Assurance &amp; Cyber Security</li> <li>•Software Engineering</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Science               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Big Data Analytics</li> <li>•Game Development &amp; Simulation</li> <li>•Information Assurance &amp; Cyber Security</li> <li>•Intelligent Mobility &amp; Autonomous Systems</li> <li>•Software Engineering</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computer Science               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Artificial Intelligence</li> <li>•Big Data Analytics</li> <li>•Game Development &amp; Simulation</li> <li>•Information Assurance &amp; Cyber Security</li> <li>•Intelligent Mobility &amp; Autonomous Systems</li> <li>•Software Engineering</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Electrical Engineering               <ul style="list-style-type: none"> <li>•Control Systems</li> <li>•Digital and Hybrid Systems</li> <li>•Electrodynamics</li> <li>•Magnetics</li> <li>•Semiconductors</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Electrical Engineering               <ul style="list-style-type: none"> <li>•Control Systems</li> <li>•Digital and Hybrid Systems</li> <li>•Electrodynamics</li> <li>•Magnetics</li> <li>•Semiconductors</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Electrical Engineering               <ul style="list-style-type: none"> <li>•Control Systems</li> <li>•Digital and Hybrid Systems</li> <li>•Electrodynamics</li> <li>•Magnetics</li> <li>•Semiconductors</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Electrical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Control Systems</li> <li>•Digital and Hybrid Systems</li> <li>•Electrodynamics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Electrical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Control Systems</li> <li>•Renewable Energy</li> <li>•Electrodynamics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Electrical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Control Systems</li> <li>•Renewable Energy</li> <li>•Electrodynamics and Communication</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Electrical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Autonomous and Electric Vehicles</li> <li>•Control Systems</li> <li>•Electrodynamics and Communication</li> <li>•Renewable Energy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Electrical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Autonomous and Electric Vehicles</li> <li>•Control Systems</li> <li>•Electrodynamics and Communication</li> <li>•Renewable Energy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Electrical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Autonomous and Electric Vehicles</li> <li>•Control Systems</li> <li>•Renewable Energy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Electrical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Automotive</li> <li>•Energy</li> <li>•Robotics</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Mechanical &amp; Industrial Engineering               <ul style="list-style-type: none"> <li>•Geometric Dimensioning and Tolerancing</li> <li>•Motion Intelligence</li> <li>•Multifunctional Materials</li> <li>•Nanotechnology</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Mechanical &amp; Industrial Engineering               <ul style="list-style-type: none"> <li>•Geometric Dimensioning and Tolerancing</li> <li>•Motion Intelligence</li> <li>•Multifunctional Materials</li> <li>•Nanotechnology</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Mechanical &amp; Industrial Engineering               <ul style="list-style-type: none"> <li>•Geometric Dimensioning and Tolerancing</li> <li>•Motion Intelligence</li> <li>•Multifunctional Materials</li> <li>•Nanotechnology</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Mechanical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Materials &amp; Advanced Manufacturing</li> <li>•Nanotechnology</li> <li>•Operations Research</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Mechanical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Materials &amp; Advanced Manufacturing</li> <li>•Nanotechnology</li> <li>•Operations Research</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Mechanical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Aerospace</li> <li>•Materials &amp; Advanced Manufacturing</li> <li>•Mechanical &amp; Thermal Systems</li> <li>•Nanotechnology</li> <li>•Operations Research</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Mechanical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Aerospace</li> <li>•Materials &amp; Advanced Manufacturing</li> <li>•Mechanical &amp; Thermal Systems</li> <li>•Nanotechnology</li> <li>•Operations Research</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Mechanical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Aerospace</li> <li>•Energy Systems and Sustainability</li> <li>•Materials &amp; Advanced Manufacturing</li> <li>•Operations Research</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Mechanical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Aerospace</li> <li>•Energy</li> <li>•Materials &amp; Advanced Manufacturing</li> <li>•Operations Research</li> <li>•Simulation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Mechanical Engineering               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Automotive</li> <li>•Energy</li> <li>•Materials &amp; Advanced Manufacturing</li> <li>•Operations Research</li> <li>•Robotics</li> <li>•Simulation</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Science &amp; Technology Management               <ul style="list-style-type: none"> <li>•Logistics</li> <li>•Materials and Supply Chain Management</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Science &amp; Technology Management               <ul style="list-style-type: none"> <li>•Logistics</li> <li>•Materials and Supply Chain Management</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Science &amp; Technology Management               <ul style="list-style-type: none"> <li>•Logistics</li> <li>•Materials and Supply Chain Management</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Science &amp; Technology Management               <ul style="list-style-type: none"> <li>•Logistics and Supply Chain Management</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Business Analytics               <ul style="list-style-type: none"> <li>•Logistics and Supply Chain Management</li> <li>•Intelligent Mobility</li> <li>•Quantitative Economics and Economics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Business Analytics               <ul style="list-style-type: none"> <li>•Logistics and Supply Chain Management</li> <li>•Intelligent Mobility</li> <li>•Quantitative Economics and Economics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Business Analytics               <ul style="list-style-type: none"> <li>•Health Systems Engineering</li> <li>•Intelligent Mobility</li> <li>•Logistics and Supply Chain Management</li> <li>•Quantitative Economics and Economics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Business Analytics               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Health Systems Engineering</li> <li>•Intelligent Mobility &amp; Autonomous Systems</li> <li>•Logistics and Supply Chain Management</li> <li>•Quantitative Economics and Economics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Business Analytics               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Health Systems Engineering</li> <li>•Intelligent Mobility &amp; Autonomous Systems</li> <li>•Logistics and Supply Chain Management</li> <li>•Quantitative Economics and Economics</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Business Analytics               <ul style="list-style-type: none"> <li>•Advanced Topics</li> <li>•Intelligent Mobility &amp; Autonomous Systems</li> <li>•Logistics and Supply Chain Management</li> <li>•Quantitative Economics and Economics</li> </ul> </li> </ul>
						<ul style="list-style-type: none"> <li>Environmental Engineering               <ul style="list-style-type: none"> <li>•Water Concentration</li> <li>•Modern Techniques in Sustainability</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Environmental Engineering               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Environmental Engineering               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Environmental Engineering               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>
						<ul style="list-style-type: none"> <li>Engineering Mathematics               <ul style="list-style-type: none"> <li>•Complex Systems</li> <li>•Mathematical Medicine and Biology</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Engineering Mathematics               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Engineering Mathematics               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Engineering Mathematics               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>
						<ul style="list-style-type: none"> <li>Engineering Physics               <ul style="list-style-type: none"> <li>•Physics of Energy and Sustainability</li> <li>•Physics of Medicine</li> <li>•Physics of Space</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Engineering Physics               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Engineering Physics               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Engineering Physics               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>
						<ul style="list-style-type: none"> <li>Cybersecurity Engineering               <ul style="list-style-type: none"> <li>•Cybersecurity Engineering Topics</li> <li>•Hardware Security</li> <li>•Industrial Systems Security</li> <li>•Smart-Grid Security</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Cybersecurity Engineering               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Cybersecurity Engineering               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Cybersecurity Engineering               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>
									<ul style="list-style-type: none"> <li>Civil Engineering               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>
									<ul style="list-style-type: none"> <li>Industrial Engineering               <ul style="list-style-type: none"> <li>•No Concentrations</li> </ul> </li> </ul>

- Programs and Concentrations have seen significant growth

# Student Success Plan meets Improve Student Outcomes

- **Excellence and achievement in the Freshman Year**
  - Continued focus on more active role in advising students
  - Refine policies to improve retention, graduation rate, and student culture
  - Continue the Peer Learning Strategy with the Learnwell Project
- **Student culture that supports the whole student**
  - Build enhanced Career Services office that provides leadership and professional development skills across the student body
  - Improve student services across campus
- **Graduate on time initiative**
  - Refine policies to improve retention, graduation rate, and student culture
  - Continued focus on more active role in advising students
- **Grow and support the Graduate Program**
- **Provide strong support to Pell students**
- **Promote strong employment outcomes for students**
- **Begin transition to University-owned residence life facility**
- **Make important infrastructure investments**



# Student Success Plan

- **Excellence and achievement in the Freshman Year**
  - Established the Freshman Council that functions as a virtual department to create consistency in course expectations and deconflict student responsibilities
  - Created and managed the STEM core curriculum to provide degree flexibility
  - Refined our practice of using prior student admissions data to predict student difficulties
  - Enhanced the freshman year with hands-on, team-based projects leading to a new course for initial delivery in Spring 2023
  - Sent seven key faculty to a WPI workshop to learn project and design-based approaches to experiential learning, which will be integrated into the curriculum each year
- **Student culture that supports the whole student**
  - Hired AVP for student success; restructured the Student Success Center to increase consistency in advising and support and manage curricular expectations
  - Hired three dedicated success coaches
  - Remained compliant on changing Title IX rules; Conducted multiple Hearing Panel Trainings to provide a pool for formal hearings; refreshed student training programs
  - Improved dining services (e.g., mobile ordering, controlled price inflation, ...)
  - Created new student experiences and Student Development Center opportunities
  - Delivered new “You Matter” orientation, provided on-campus learning opportunities focused on health and wellness

# Student Success Plan

- **Build leadership elements into student culture**
  - Hired new Director of Career Services and Professional Development as well as a Program Coordinator to specifically support leadership activities and a career coordinator
  - Established Emerging Leaders program that creates a team-based engagement sequence to work on increasingly complex and open-ended problems each semester
  - Implemented a Student Financial Wellness program to help better manage finances
- **Promote strong employment outcomes for students**
  - Hosted an alumni bootcamp, resume and job searching workshop, career fair prep seminar, and a virtual career fair
  - Held 73 career coaching appointments and 17 events; 59 employers attended the Career Fair with 453 students (166% increase over last year); held 57 meetings with industry

# Student Success Plan

- **Graduate on time initiative**
  - Implemented a comprehensive advising system and new advising model
  - Created start-to-finish degree plans for AA transfers; Stellic provides for others
  - Created and managed the STEM core curriculum
- **Provide strong support to Pell students**
  - Enhanced support to both Pell and first-generation students; provided additional training for success coaches; provided additional aid and campus jobs where needed

# Building Residence Life

- **Conducted ITN to build a new residence hall on campus**
  - Contracted with Brailsford & Dunlavy as consultants
  - Selected Capstone Development Partners for a two-phased design that begins with 430 beds adjacent to the existing residence halls
- **Leveraged favorable purchase terms for Residence Hall 2 to build and own Residence Hall 3**
- **Worked with Division of Bond Financing to use tax-exempt bonds issued by the State of Florida**
  - Established the University's first credit rating (BBB-) with a stable outlook by Standard & Poor's Global
  - Successfully issued \$76M of series 2023A tax exempt dormitory bonds
- **Built campus housing office to run Student Life**
  - Hired new Director of Housing Operations and an additional staff
  - Acquired and implemented StarRez leasing package to manage operations
  - Developed a leasing process built on a retention strategy that improved on-campus living access for incoming students



# Infrastructure Investments

- **Confirmed through an external analysis that the University should implement the Banner Student Information System (SIS) to replace CAMS – began competitive procurement**
- **Added/upgraded 24 video monitoring cameras at strategic locations around campus identified by University Police**
- **Partially implemented a “data hub” that efficiently creates data exchanges between platforms and used in Cinchy (student success platform) and StarRez (student housing)**
- **Dramatically advanced the University’s capabilities for cybersecurity and IT risks mitigation through new systems backup and recovery and identity authorization controls**
- **Implemented a process-based integration platform for University business systems**



# Infrastructure Investments

- **Upgraded network core electronics and on-campus fiber infrastructure to prepare for the Next-Generation Network**
- **Retired the IT capital equipment leases and transitioned to a more cost-effective cyclical renewal/replacement model**
- **Enhanced support for the current core users in Workday**
- **Projects not anticipated**
  - Acquired and implemented the Stellic student success system
  - Acquired and implemented the StarRez student housing management system
  - Made large-scale upgrades to classroom technology and campus network infrastructure
  - Completed technology installations for the ARC building
  - Acquired and implemented the Everbridge emergency communications management system
  - Completed IT infrastructure designs for the ARC, Residence Hall 3, Gary C. Wendt Engineering, and International Flavors & Fragrances buildings

# Grow the Graduate Program

- **Created a new Office of Graduate Studies**
  - Hired a graduate program coordinator to 1) create consistent standards for Graduate Assistantship awards and eligibility; 2) reconfigure graduate stipends; 3) update policy and procedures; and 4) improve web pages, admission applications, catalog, ...
- **Graduate pathways and tracks reevaluated to provide ample opportunities**
  - Accelerated 11-month pathway provided in addition to the traditional thesis program
  - MS Engineering Management approved for an “evening” option
- **Grow graduate school admissions**
  - Restructured the credit hour waiver to create graduate program growth
  - Created Graduate admission committees with departmental admission standards
  - Program coordinator worked with admissions to develop workflows and guidelines, resulting in an incoming stream of both thesis-based and coursework-only students
  - Launched the 4+1 graduate program resulting in substantial interest



# Improve Operations

- **Make critical infrastructure investments to improve operations**
  - Made numerous improvements in automating Workday functions in spend categories, bank reconciliation, compensated absences, period close, error reporting, and grants management
  - Upgraded the cashiering system and implemented Campus Pay for mobile payments
  - Fully implemented WEX fuel program to provide a fleet gas card system that better manages fuel expenses for business vehicles
  - Created committee to monitor and oversee implementation of all (51) new regulations and policies; will integrate existing reporting requirements
  - Improve routing for contracts/agreements and improved trustee communications
- **Strengthen our Human Capital Management functions**
  - Completed project to provide recurring updates to the Affirmative Action Plan
  - Failed at having a consultant help define the organizational structure, making progress on doing this internally leading to a total compensation study this Fall
- **Fund Public Safety to ensure full 24/7 coverage with a minimum of two officers**
  - Used allocated funds for additional officer to instead refresh police vehicles
  - Police officers completed active assailant, ethics, and anti-bias refresher courses, conducted six crime prevention trainings, and eight student engagement activities



# Invest in our People

- **Provide mentorships and grant writing programs to help faculty grow their research portfolios**
  - Provided three mentorships through the Fulbright Scholar program (Environmental Engineering, Mechanical Engineering, and Computer Engineering)
  - Sent five faculty to the Proposal Writing Institute workshop that produced six federal proposals and identified a peer review group and workshop for this coming summer
- **Contract with an online learning platform (Coursera) that provides access to courses and degrees across leading universities**
  - Completed implementation of Coursera for employee professional development
- **Provide specialized Line Management training opportunities for our leadership**
  - Implemented a Line Management Training certificate (Northwestern University) program that helps our line managers improve operations
- **Key hires**
  - Hired three senior leadership (staff), five leadership (staff), and one leadership (faculty)
  - Hired 18 faculty across all ranks
  - Hired 29 professional staff, 4 support staff, and 7 administrative staff

# Advance the University

- **Funded a strategic marketing study to understand pathways for improving our branding with critical audiences**
  - Branding study focused on young adults (15-23 y/o), parents with at least one child ages 15-19 y/o, and general population 24 y/o and older
  - Conclusion was that we had low brand awareness, i.e., 67% of Florida residents are not familiar with the University and of the ones that are, only 35% know we are a STEM institution.
  - Only 14% of students contacted are considering applying to the University
  - Next phase is a marketing phase focused on students, parents, and industry
- **Centralize event management on campus to improve logistics, increase efficiency, and provide a more professional interaction**
  - Hired an events manager within the President's Office and put a process in place for better event management



# Advance the University

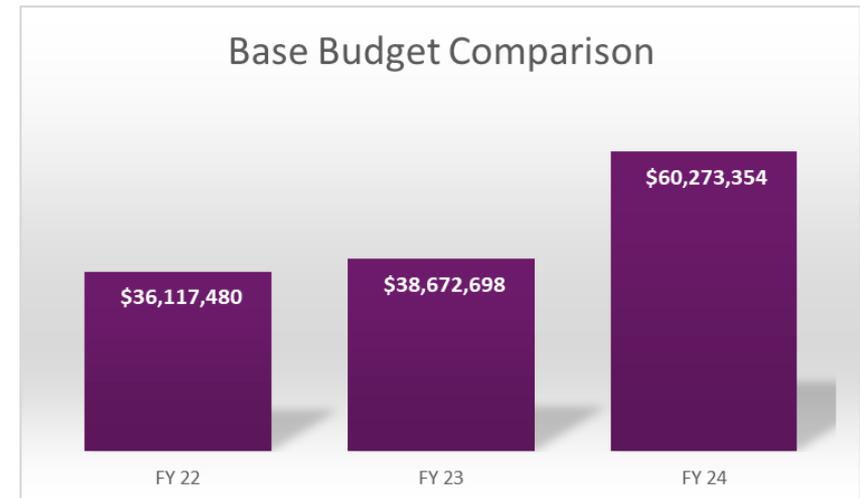
- **Grow strategic relationships with Chambers, Economic Development Councils, ... within and outside of Polk County**
  - Continue to partner with Winter Haven EDC, Lakeland EDC, Central Florida Development Council (CFDC), the Florida Chamber, and our local Chamber
- **Continue conducting key visits (legislative, BOT, BOG, Industry, ...) to advance the University mission and prestige**
  - BOG members (5); Representatives (20); Senators (6); Governor's Office (1)
- **Collaborative relationship with Williams Companies continues to grow regarding history projects and future land development**
- **Marketing/Branding/Creative services**
  - Increased media exposure by 5.7% (goal was 2%) through 115 web stories and 32 press releases
  - Increased advertising impressions to over 20M, an increase of 275%; website users increased 16.9% and pageviews increased by 10.3%; Facebook increased by 7.5%, Instagram by 6%, and LinkedIn by 20.5%

# State Funding Comparison

## Florida Poly - Base Budget Comparison

Funding	FY 22	FY 23	FY 24
General Revenue	\$ 31,617,480	\$ 31,524,966	\$ 36,973,354
Operational Enhancement	\$ -	\$ 5,000,000	\$ 5,000,000
PBF State <i>(Projected)</i>	\$ 4,500,000	\$ 2,147,732	\$ 5,800,000
Performance Based Recruitment and Retention <i>(Projected)</i>	\$ -	\$ -	\$ 12,500,000
<b>TOTAL</b>	<b>\$ 36,117,480</b>	<b>\$ 38,672,698</b>	<b>\$ 60,273,354</b>

- Florida Poly's FY 24 base budget received an increase of 56% from FY 23.



# Advance the University

- **Donor relations**

- Donor Retention Rate (50% goal): 48.9%
- Donor Acquisition Rate (8% goal): 14.6%
- Impact reports sent to all major donors and four major stewardship events were held on campus
- Parent network launched with Finals Survival Kits
- Corporate Impact Network increased by 90%; five major events this year

- **Giving programs**

- Alumni giving increased by 38%, employee giving by 13%
- Total gifts through Giving Day increased 208% (\$532,951)

- **Campaign**

- Goal is to raise \$20M beginning in FY21 and ending FY24; \$11.8M has been raised thus far (59%)

# Additional Accomplishments

- **Increased Auxiliary revenues**
  - Increased dining commission revenue by 38.5% through more efficient strategies, and increased parking revenue by 12.6%
- **Campus construction**
  - Completed notable minor projects including Central Chiller Expansion and Admissions Building Remodel
  - Closed out the Applied Research Center construction
  - Initiated construction activities and project start up for Residence Hall III
  - Negotiated design-build contract for Engineering Building 1
  - Began negotiations on the Campus Control Center remodel
- **Safety Services**
  - Maintained operational safety compliance with no infractions, led collaborative study between Academic Affairs and Environmental Health on improving laboratory safety and operations
  - Updated the Continuity of Operations and Campus Emergency Management plans