**AGENDA**

**Members in Attendance:** Paul McElroy (Chair), Sharon Wamble-King, Tom Bryan,

 Doug Burnett, Nik Patel, Jill Davis, Kevin Hyde (ex officio)

**Item 1 Call to Order**

Chair Paul McElroy recognized a quorum and called the committee to order at 9:30 a.m.

**Item 2 Public Comment**

Chair McElroy offered those in attendance the opportunity for public comment. There were no public comments.

**Item 3 Consent Agenda**

Chair McElroy asked for a motion to approve the consent agenda consisting of one item, the draft March 15, 2020 Audit and Compliance Committee meeting minutes.

Trustee Wamble-King made a MOTION to approve the minutes for the March 15, 2020 Audit and Compliance Committee meeting. The motion was SECONDED by Trustee Patel and APPROVED by the committee.

**Item 4 New Fraud Prevention and Detection Regulation 1.0110R**

Ms. Julia Hann presented the proposed new regulation – 1.0110R Fraud Prevention and Detection for the Committee’s consideration for approval. This was brought to the board and thoroughly reviewed at the April 15, 2021 meeting and across the campus. She thanked all parties for their input in the process. The proposed regulation would promote actions with the University Community that assist in the prevention and detection of fraud and related wrongful acts. It would also provide a mechanism for reporting and investigating such conduct. The proposed Regulation sets forth the University’s zero-tolerance approach to fraud and related misconduct and consequences whenever such conduct occurs.  The proposed new Regulation would complement the University’s Code of Conduct and Ethics (1.0020P) and is in alignment with the Florida Board of Governors Regulation 3.003, also titled *Fraud Prevention and Detection*.

Trustee Burnett made a MOTION to approve the New Fraud Prevention and Detection Regulation 1.0110R, as presented. Trustee Patel SECONDED the motion. The committee voted and APPROVED the new regulation.

**Item 5 Office of Internal Auditing Quarterly Update**

Ms. Hann presented the Office of Internal Auditing Quarterly Report. The office has completed two audits since the March committee meeting. P-Card reviews and audits by division are on-going and include a more in-depth review of the data analytics of the p-cards. The CCEC p-card audit has been completed with no outstanding issues. Departmental audits are also continuing. The CCB Dean’s Office review has been completed and several recommendations have been made. Ms. Hann noted issues with the Minors on Campus audit recommendations. The issues have taken longer to address due to the pandemic and no camps being permitted last year. There are currently five audit projects in progress over the summer which include University-Wide Scholarships, University Housing (will be completed this month), Security of Data Resources with ITS and Purchasing Card expenditures. Chair McElroy encouraged the management team to focus on those outstanding older than twelve months to get them completed by the departments.

**Item 6 Overview of Audit Schedule**

Ms. Hann presented an overview of the twelve-month audit schedule including all external, state and Board of Governors’ audits. This activity planner is a snapshot of the regular audits/activities the office expects each year and when they are due.

**Item 7 Compliance Office Quarterly Update**

Dr. Joann Campbell, Associate Vice President and Chief Compliance Officer, presented the Compliance Office’s Quarterly Report. The Compliance Program 5-year review measures the effectiveness of the Compliance Program. It is required by the BOG Regulation, 4.003 and must be initiated by November 2021. The review can be performed externally through a contracted entity or through a peer review committee (SUS compliance officers). It includes a self-assessment, interviews with key stakeholders including the president and the BOT chair. Dr. Campbell would like to have the review performed by a peer review committee which has the ability to establish benchmarks and share best practices. Chair McElroy agreed, noting the skills, knowledge and experience that comes with SUS peers. Next steps include identifying a peer review committee, engaging a professional services agreement with each review team member, initiating a self-assessment, gathering supporting documentation and establishing a tentative schedule for completing the review.

**Item 8 Adjournment**

Chair McElroy adjourned the committee meeting at 10:12 a.m.