STATE
UNIVERSITY
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of FLORIDA
Board of Governors

FAMU

SUS Compliance Program Status Checklist

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below.

Return completed checklists to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at joseph.maleszewski@flbog.edu or 850-245-9247.

Program Status Summary (January 2017)						
		Completed	In Process			Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	0	3	0	0	2
B – Program Plan	5	1	1	0	0	3
C – BOT Committee	4	0	2	0	0	2
D – Chief Compliance Officer	5	0	3	0	0	2
TOTAL	19	1	9	0	0	9

Legend:

✓   Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).

N/B   Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program		
Regulation Component	**Description**	**Progress Indicator**
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	**January 2017:** The provisions will be included in the audit committee's charter to be presented to the audit committee at its March 2017 meeting. The program will be developed and implemented to be consistent with the provisions of the Regulation. ●	✓ ● ● ● N/B
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	**January 2017:** This provision will be included in the Compliance charter which is expected to be presented to the audit committee at its March 28, 2017 meeting. ●	✓ ● ● ● N/B
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	**January 2017:** This provision will be included in the Compliance charter which is expected to be presented to the audit committee at its March 28, 2017 meeting. ●	✓ ● ● ● N/B
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	**January 2017:** The process will be included in the Program to be developed by December 2017. ● **(N/B)**	✓ ● ● ● N/B
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	**January 2017:** The University will consult with its Human Resources Office to establish a process to provide reasonable efforts to not include individuals who have engaged in conduct not consistent with an effective program. ● **(N/B)**	✓ ● ● ● N/B

Area B – Program Plan		
Regulation Component	**Description**	**Progress Indicator**
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	**January 2017:** The program will be presented to the BOT for approval when it is developed. The target date is December 2017. ● **(N/B)**	✓ ● ● ● N/B

Regulation Component	Description	Progress Indicator
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	**January 2017:** The program will be developed to include these provisions. The target date is December 2017. • **(N/B)**	✓ ● ● ● **N/B**
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	**January 2017:** Determination of reporting structures will be determined. The audit committee is to consider the reporting structure at its March 2017 meeting with approval at its June 2017 meeting. ●	✓ ● ● ● **N/B**
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	**January 2017:** The University has a hotline administered by a third-party. The third-party administrator forwards complaints to the Division of Audit & Compliance for review and handling. Complaints can be made anonymous. ✓	✓ ● ● ● **N/B**
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	**January 2017:** Incentives will be developed. The program is expected to be approved by December 2017. • **(N/B)**	✓ ● ● ● **N/B**

Area C – BOT Committee		
Regulation Component	**Description**	**Progress Indicator**
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	**January 2017:** The Audit & Compliance Committee established a compliance function to which it provides oversight. The Audit Committee's charter will be revised as necessary to conform with provisions of the new regulation. ●	✓ ● ● ● **N/B**
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	**January 2017:** This provision will be included in the Compliance charter which is expected to be presented to the audit committee at its March 28, 2017 meeting. The charter is expected to be approved at its June 2017 meeting. ●	✓ ● ● ● **N/B**
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings	**January 2017:** This will be determined in development of the program by December 2017. • **(N/B)**	✓ ● ●

(e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]		● N/B
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	**January 2017:** This will be determined in development of the program by December 2017. ● (N/B)	✓ ● ● ● N/B

Area D – Chief Compliance Officer		
Regulation Component	**Description**	**Progress Indicator**
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	**January 2017:** The University will immediately begin a search for a new compliance officer. The target date for hiring is June 2017. ●	✓ ● ● ● N/B
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	**January 2017:** This provision will be included in the Compliance charter which is expected to be presented to the audit committee at its March 28, 2017 meeting. ●	✓ ● ● ● N/B
D3 – Compliance Office Charter [4.003(6)]	**January 2017:** The charter is being developed and will be presented to the audit committee at its March 2017 meeting. ●	✓ ● ● ● N/B
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	**January 2017:** These provisions will be incorporated in development of the program by December 2017. ● (N/B)	✓ ● ● ● N/B
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	**January 2017:** Staffing and budget will be determined in development of the program by December 2017. ● (N/B)	✓ ● ● ● N/B

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date _2/21/17_
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date _2/20/17_
Board of Trustees Chair

STATE
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Board of Governors

SUS Compliance Program Status Checklist

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below.

Return completed checklists to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at joseph.maleszewski@flbog.edu or 850-245-9247.

Program Status Summary (January 2017)						
		Completed	In Process			Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	0	0	0	0	0
B – Program Plan	5	0	0	0	0	0
C – BOT Committee	4	0	0	0	0	0
D – Chief Compliance Officer	5	0	0	0	0	0
TOTAL	19	0	0	0	0	0

Legend:

✓ Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.

● Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.

● Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).

● Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).

N/B Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program		
Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	January 2017: FAU has begun working on developing an effective Compliance and Ethics program consistent with the Code of Ethics for Public Officers and Employees and the Federal Sentencing Guidelines and fully expects to meet the November 3, 2017 timeframe.	●
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	January 2017: CCO participates in BOT meetings; most recent BOT meeting occurred on 01/24/2017.	✓
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	January 2017: On track for an external review to take place before November 2021	●
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	January 2017: In addition to regular risk assessments and audits conducted by the OIG and other entities, FAU distributes annual stewardship documents where each operational area certifies that they are in compliance with their responsibilities and duties. Other processes will be explored, examined and integrated (as appropriate) in a finalized Compliance & Ethics Program	●
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	January 2017: FAU conducts background and financial checks to screen for those that have engaged in conduct inconsistent with an effective Compliance & Ethics Program	✓

Area B – Program Plan		
Regulation Component	Description	Progress Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	January 2017: FAU has begun working on developing an effective Compliance & Ethics program consistent with the Code of Ethics for Public Officers and Employees and the Federal Sentencing Guidelines and fully expects that the BOT approve the Plan by the November 3, 2017 timeframe.	●

Regulation Component	Description	Progress Indicator
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	January 2017: [BOT training under development; will be provided to BOT at September 2017 retreat]	●
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	January 2017: EIC reports to CCO (solid line). Working with various areas on campus.	●
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	January 2017: The FAU community has been able to report potential/actual violations through the OIG website and reporting individuals are provided protection from retaliation.	✓
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	January 2017: Through a close working relationship with the Office of Human Resources, Compliance has been able to promote and enforce incentives and disciplinary measures and expects to continue to do so in a more formalized manner once the Compliance & Ethics Program is fully implemented.	●

Area C – BOT Committee		
Regulation Component	Description	Progress Indicator
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	January 2017: It is intended that a newly formed Audit & Compliance Committee will provide oversight to the Compliance & Ethics Program.	●
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	January 2017: Draft charter will be submitted for review and will be finalized soon.	●
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	January 2017: Starting in 2017, the CCO will meet at least quarterly with the BOT Committee on establishing the Compliance & Ethics Program and discuss related issues.	●
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other	January 2017: CCO will meet quarterly with the President	●
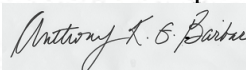
regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]		

<table>
<tr><td colspan="3">Area D – Chief Compliance Officer</td></tr>
<tr><td>Regulation Component</td><td>Description</td><td>Progress Indicator</td></tr>
<tr><td>D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]</td><td>January 2017:
CCO hired in August 2015</td><td>✓</td></tr>
<tr><td>D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]</td><td>January 2017:
President announced compliance reorganization/restructuring at 01/24/2017 BOT meeting. CCO will report functionally to the Board and administratively to the President effective 02/01/2017.</td><td>✓</td></tr>
<tr><td>D3 – Compliance Office Charter [4.003(6)]</td><td>January 2017:
Compliance Office Charter is in draft form, and it is expected to be presented after the Audit & Compliance Committee is formed and presented to them soon after their first meeting.</td><td>●</td></tr>
<tr><td>D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]</td><td>January 2017:
President notified BOT of administrative reorganization of compliance functions, CCO independence and access to information.</td><td>✓</td></tr>
<tr><td>D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]</td><td>January 2017:
CCO is a budget line through the Office of the President administered through the VP of Administrative Affairs</td><td>●</td></tr>
</table>

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date 4/23/17

    President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date 2/23/17

    Board of Trustees Chair

STATE UNIVERSITY SYSTEM of FLORIDA
Board of Governors

SUS Compliance Program Status Checklist

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below.

<mark>The completed program status checklist for the period ending January 31, 2017, is due to the BOG IG no later than February 17, 2017.</mark>

Return completed checklists to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at joseph.maleszewski@flbog.edu or 850-245-9247.

Program Status Summary (January 2017)		Completed	In Process			Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	0	2	2	1	0
B – Program Plan	5	1	3	1	0	0
C – BOT Committee	4	1	3	0	0	0
D – Chief Compliance Officer	5	3	2	0	0	0
TOTAL	**19**	**5**	**10**	**3**	**1**	**0**

Legend:

✓   Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).

N/B   Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program		
Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	**January 2017:** CCO hired October 2016; CCO in process of preparing Charter and Compliance Plan for Office and a Code of Conduct for the University, and assisting Director of Internal Audit with preparing a proposed Audit and Compliance Charter for the Audit and Compliance Committee of FGCU's BOT. Charters, Compliance Plan, and Code of Conduct will be prepared in accordance with best business practices, Code of Ethics for Public Officers and Employees as contained in Florida Statute, and the Federal Sentencing Guidelines Manual.	● ● Code
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	**January 2017:** CCO will prepare an annual report for the period October 24, 2016 to June 30, 2017 for submission to and approval by FGCU's BOT by September 30, 2017. Thereafter, the CCO will prepare an annual report of activities for the fiscal year ending June 30 by September 30 of each year. The annual report will be submitted to and approved by the FGCU BOT, and a copy of the approved report will be provided to the BOG.	●
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	**January 2017:** In accordance with BOG Regulation 4.003, the initial external review of FGCU's C&E program must be initiated by November 2021, with a subsequent review to occur every five years thereafter. To comply with this measure, FGCU will contract with either a peer institution or an external firm no later than January 2021 for an initial review of the program with anticipated completion by November 2021.	● N/B
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	**January 2017:** When noncompliance, unethical behavior, or criminal conduct has been detected, the CCO will ensure that the following corrective actions are taken: ■ Prompt restitution to FGCU, as necessary ■ Notification to an appropriate grantor agency, as necessary ■ Review of current FGCU policies and regulations to determine if clarification is needed ■ System modifications, as necessary ■ Staff training, as necessary ■ Referral to BOG IG, as necessary ■ Disciplinary action of involved employee(s), as necessary	● ✓ Hotline

	FGCU implemented a Hotline in September 2016 to provide university members and the public a mechanism to bring forward good-faith concerns of wrongdoing and to seek advice and assistance on any ethics-related matter. The CCO has met with the President, Cabinet, and compliance liaisons throughout FGCU and is in the process of establishing the following two committees: • Compliance Liaison Committee: This committee will meet on a quarterly basis and be comprised of FGCU employees with compliance responsibilities, such as employees responsible for: institutional equity and compliance, NCAA compliance, Clery Act, finance, procurement, financial aid, research misconduct, and academic integrity, for example. The Committee will proactively review compliance efforts to ensure that university practices reflect current requirements, to discuss pending legislation that may impact university policy/regulation, and to make adjustments to improve program operations, as necessary. The first meeting is tentatively scheduled for March or April 2017. • Investigations Working Group (IWG): The IWG will meet on a quarterly basis and be comprised of the Director of Internal Audit, Director of Institutional Equity and Compliance, Director of HR, FGCU Chief of Police and the CCO. The IWG will discuss Hotline concerns and matters brought forward directly to these individuals in order to establish a consistent and appropriate university response to substantiated concerns of wrongdoing. The first meeting is tentatively scheduled for April or May 2017. These matters will be included and discussed in further detail in the Compliance Plan (in process).
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	**January 2017:** In November 2016, the CCO met with the HR Director to discuss integrity continuity and other matters; the HR Director resigned from FGCU on February 3, 2017; the CCO will take up this matter when a new HR Director is hired. The CCO will encourage FGCU to incorporate integrity continuity into its strategic management process by: • Incorporating compliance with FGCU's Code of Conduct into position descriptions • Tying integrity conduct to performance evaluations • Demonstrating senior executive commitment to integrity

| | Ensuring supportive climate of ethical conduct
• Including questions about character and integrity in the interview reference check process
• Training employees to recognize and make ethical decisions
• Responding immediately to misconduct and ethical lapses in judgment
• Abiding by and enforcing disciplinary action for offenders
• Taking steps to strengthen employee performance when a deficiency is found | |

Area B – Program Plan		
Regulation Component	Description	Progress Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) **[4.003(7)(a)]**	**January 2017:** A draft Compliance Plan is in process and will include the following: • Code of Conduct - Implements written standards in the form of a Code of Conduct to promote FGCU's commitment to compliance with applicable laws and regulations. • Program Governance – Establishes an administrative governance framework for conducting an effective and diligent compliance program. • Education/Training - Outlines a commitment to educate university personnel regarding ethics initiatives and compliance requirements. • Communication and Anonymous Reporting – Develops effective lines of communication and explains FGCU's Hotline, including its anonymous reporting capability. • Auditing and Monitoring - Implements a review process to measure the effectiveness of the compliance program and to receive and address deficiencies and breaches in an efficient and timely manner. • Incentives, Enforcement, and Discipline - Outlines performance incentives and disciplinary measures to promote and enforce the compliance program. • Corrective Action Initiatives - Implements a risk assessment process to periodically assess the risk of improper conduct within the University and to take appropriate steps to reduce the risk of improper or unethical behavior. The CCO anticipates completing the Compliance Plan by November 2017 and the Code of Conduct by March 2018. A	● Plan ● Code

	large segment of university members will review and vet the Code. The BOT will not approve the Compliance Plan until completion of the Code of the Conduct; this action will occur no later than November 2018.	
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	January 2017: The Compliance Plan will outline an annual training requirement for the BOT, President, Cabinet, faculty, and staff. The Plan will also outline initial ethics training for new hires.	●
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	January 2017: FGCU compliance liaisons will have a dotted line reporting relationship with the CCO. The compliance liaisons will report matters of substantial import to the CCO and will participate in a quarterly Compliance Liaison Committee chaired by the CCO.	●
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	January 2017: In September 2016, FGCU implemented a Hotline through third party provider EthicsPoint. The Hotline allows for anonymous reporting. FGCU has a zero tolerance for retaliation policy for university members who bring forward good-faith allegations of wrongdoing. The CCO will incorporate into the Code of Conduct a process to review and discipline, as necessary, a university member who abuses the Hotline or any other reporting system to intentionally harm or impugn the character or integrity of another member.	✓
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	January 2017: The CCO will work with a new HR Director to verbalize FGCU's commitment to compliance. The CCO will provide education training to President and Cabinet on promoting incentives and enforcing discipline to positively impact culture at FGCU. Incentives • Incorporate compliance with the Code of Conduct into employee job descriptions • Inclusion of compliance and ethics in employee evaluations • Consider compliance and ethics behavior for promotions • Supervisors encourage subordinates to openly raise difficult questions • Recognize in the performance appraisal process, supervisors who use the Code of Conduct, complete ethics training, and ensure that subordinate staff complete ethics training • Recognize in the performance appraisal process, employees and managers who demonstrate compliance and ethics leadership	● N/B

	Discipline: ▪ Take appropriate action any time a deficiency is found and take steps to strengthen employee performance ▪ Avoid promoting an employee who has engaged in conduct inconsistent with an effective compliance and ethics program.	

Area C – BOT Committee		
Regulation Component	**Description**	**Progress Indicator**
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	**January 2017:** The Audit and Compliance Committee of the FGCU BOT will provide oversight to CCO. The CCO briefed the Chairperson of the FGCU BOT in February 2017 and will individually brief the other members of the BOT in March, and April 2017. The Audit and Compliance Committee of the FGCU BOT will: ▪ Approve the Compliance Charter ▪ Approve the Compliance Plan ▪ Ensure CCO is free from interference in determining work scope and communicating results	●
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	**January 2017:** The CCO will work with the Director of Internal Audit to draft the FGCU BOT Audit and Compliance Committee Charter.	● N/B
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	**January 2017:** The FGCU BOT operates as a committee of the whole and generally meets on a quarterly basis. CCO provides an individual briefing on compliance and ethics activities to each BOT member prior to a Board meeting. The CCO will inform the Chairperson of the FGCU BOT of any matters of substantial import and will inform the other members, as necessary.	●
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports	**January 2017:** The CCO meets on a bi-weekly basis with the President in order to provide status updates on Charter, Plan, Code of Conduct, Hotline, and other matters. The CCO participates in President Cabinet meetings, as appropriate.	✓

or leadership meetings [4.003(7)(a) & 7(g)(3)]		

Area D - Chief Compliance Officer

Regulation Component	Description	Progress Indicator
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	**January 2017:** FGCU hired a CCO effective October 24, 2016.	✓
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	**January 2017:** The CCO will discuss the reporting structure with the President, FGCU Board Chair, and the members of the FGCU BOT to achieve a common understanding.	●
D3 – Compliance Office Charter [4.003(6)]	**January 2017:** The CCO anticipates placing the Compliance Charter on the Agenda for the April 2017 FGCU BOT meeting.	●
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	**January 2017:** The CCO has experienced no impairments with respect to independence or objectivity, or access to records, personnel, or the Hotline. Since October 2016, the CCO has met with the President, Cabinet, FGCU compliance liaisons, and various groups within the university, such as Staff Advisory Counsel, Faculty Senate, and Student Government. The CCO is the chief administrator for the Hotline.	✓
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	**January 2017:** The CCO has appropriate authority to implement an effective compliance and ethics program at FGCU and has been provided adequate resources for the CCO and an administrative assistant position, equipment and supplies for the office, workspace, and continuing professional education.	✓

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _A. A. Brackham_____ Date _2/16/17_____
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date _2/16/17_____
Board of Trustees Chair

FIU

STATE UNIVERSITY SYSTEM of FLORIDA
Board of Governors

SUS Compliance Program Status Checklist

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below.

Return completed checklists to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at joseph.maleszewski@flbog.edu or 850-245-9247.

Program Status Summary (January 2017)						
		Completed	In Process			Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	3	1	1	0	1
B – Program Plan	5	2	3	0	0	0
C – BOT Committee	4	3	1	0	0	0
D – Chief Compliance Officer	5	3	2	0	0	0
TOTAL	19	11	7	1	0	1

Legend:

✓   Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).

N/B   Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program		
Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	January 2017: • The university-wide compliance and ethics program ("Program") provides strategic guidance and support for activities that promote ethical conduct and maximize compliance with applicable laws, regulations, rules and policies. • The Program is designed and implemented consistent with the Code of Ethics for Public Officers and Employees ("Code of Ethics") and the Federal Sentencing Guidelines Manual, Chapter 8, Part B ("FSG") and BOG Regulation 4.003(1) & (2)(b). • The Office of University Compliance and Integrity ("Compliance Office") manages the Program by supporting the dissemination and review of effective university-wide policies and procedures, education and training, monitoring, communication, risk assessment, and response to reported issues as required by the Code of Ethics, FSG and BOG Regulation 4.003.	✓
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	January 2017: • The FIU Board of Trustees ("Board") assigned responsibility for providing governance oversight of the Program to the Audit and Compliance Committee ("Committee"). • The Chief Compliance Officer provides a written quarterly update to the Board through the Committee. • Program effectiveness is reported to the Board annually. The 2016-2017 Annual Compliance Report will be presented to the Board during the September 2017 meeting.	✓
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	January 2017: An external review of the design and effectiveness of the Program is tentatively scheduled for 2018 – 2019. The Board will approve the assessment and a copy will be provided to the Board of Governors.	● N/B
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	January 2017: • Non-compliance, unethical behavior, or criminal conduct may be reported directly to a manager, to the Ethical Panther reporting line or various other mechanisms. • The Chief Compliance collaborates with Program partners to verify that reasonable steps have been	●

	taken to prevent further similar behavior; including developing compliance monitoring plans to improve detection efforts and monitoring efforts.	
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	**January 2017:** FIU has a background check policy and procedure that applies to the following faculty, staff and administrators: - New hires - rehired after *a break in service,* - volunteers, and; - current *administrative* or *staff* employee promoted or transferred into a position with required background checks, unless the employee has successfully passed the position-related background checks within the past five (5) years. At a minimum, new hires receive a level 1 criminal background investigation. Level II criminal background investigations and other due diligence steps may be conducted, depending on the position. Periodic re-screening may be conducted depending on whether the employee has access to minors, or has responsibility for a merchant account. The University also checks the "Excluded Individuals and Entities List" maintained by the Office of the Inspector General, and conducts motor vehicle record checks every two (2) years or when a report is made that an employee is not operating a university vehicle safely.	✓

Area B – Program Plan		
Regulation Component	Description	Progress Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	**January 2017:** - The President and the Board receive information about the Program and exercises oversight with respect to implementation and effectiveness. - The 2016-2017 Compliance Work Plan ("Program Plan") was approved by the FIU Board during the June 2016 Board meeting. - The 2017-2018 Program Plan is scheduled to be submitted for approval to the Board during the June 2017 Board meeting.	●
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	**January 2017:** University faculty, staff and administrators receive training regarding their responsibility and accountability for ethical conduct and compliance with	●

	applicable laws, regulations, rules policies and procedures. • The 2016-2017 Program Plan addressed the number of policies and relevant information regarding the distribution of compliance trainings. • During the new Board of Trustee orientation, the Chief Compliance Officer meets with new Board members to provide information regarding the Program and the oversight role of the Board. Compliance trainings were previously incorporated into compliance presentations presented to the Finance and Audit Committee.	
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	Compliance Officers and Compliance Liaisons provide support to the Chief Compliance Officer on university-wide compliance initiatives. The following is a list of designated Compliance Officers and Compliance Liaisons with a direct or dotted-line reporting relationship to the Chief Compliance Officer. The job description for each of the individuals listed, includes requirements regarding their role in supporting the Program. **Direct reporting relationships** • Jessica Reo - Sr. Associate Athletics Director/Compliance Officer/Special Projects • Nelson Perez - Compliance Specialist and Export Control Administrator • Mark Green - Compliance Manager **Dotted line reporting relationships** • Tonja Moore – Associate Vice President of Research and Economic Development • Alicia Robles De La Lama – Health Care Network Compliance and Privacy Officer • Helvtiella Longoria, Interim Chief Information Security Officer • Wilifredo Alvarez – Assistant Director of Environmental Health and Safety • Alexis Fernandez – Standard Compliance Coordinator • Shirlyon McWhorter – Director of Equal Opportunity Programs • Yolande Flores – Director of Finance and Administration, Advancement	✓
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	**January 2017:** • The Program maintains, promotes visibility and publicizes the Ethical Panther reporting hotline. The hotline is available for the anonymous reporting of potential or actual misconduct and violations of University policy, regulations or law. • Hotline complaint data is reviewed with Human	✓

	Resources staff, to look for signs that the reporter may have been retaliated against.	
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	January 2017: • The Program recently completed the first University ethics and compliance culture survey. The results of the survey will be used to develop a strategy that supports our culture of ethics and compliance. • The Chief Compliance Officer is currently working with the President to identify Program incentives and appropriate discipline; including a notification escalation plan that outlines how significant and material compliance failures are escalated and addressed.	●

Area C – BOT Committee		
Regulation Component	**Description**	**Progress Indicator**
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	January 2017: • The Board adopted an Audit and Compliance Committee Charter ("A&C Charter") in December 2016. • Responsibility for providing governance oversight of the Program was delegated by the Board to the Audit and Compliance Committee ("Committee") in the A&C Charter.	✓
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	January 2017: • The A&C Charter defines the role of the Committee to review the independence, qualifications, activities, resources and the Plan. • The A&C Charter specifies that the Compliance Officer is to provides regular updates to the Committee regarding monitoring of compliance with university policies, significant compliance findings that may have a material impact on the university's financial statements or compliance policies, recommendations implemented, program effectiveness, and training elements. • A copy of the approved A&C Charter will be provided to the Board of Governors on or	●

	before June 1, 2017.	
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	January 2017: • The Chief Compliance Officer provides a written quarterly compliance report to the Board, and meets quarterly with the Committee. • The Chief Compliance Officer participates in the Board of Trustee orientation for new Board members.	✓
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	January 2017: • The President and the Chief Compliance Officer meets monthly to discuss compliance matters. • The Chief Compliance Officer attends the monthly Deans Advisory Counsel and Operations team meetings. • The President receives a written compliance report from the Chief Compliance Officer on a monthly basis.	✓

Area D – Chief Compliance Officer		
Regulation Component	**Description**	**Progress Indicator**
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	January 2017: • The University has a senior-level administrator as the Chief Compliance Officer. The appointment is expressed in the Compliance Office Charter. • The Compliance Office Charter is scheduled to be submitted to the Board for approval in March 2017.	●
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	January 2017: The Chief Compliance Officer reports functionally to the Board and Administratively to the President of the University.	✓
D3 – Compliance Office Charter [4.003(6)]	January 2017: The Compliance Office Charter will be submitted to the Board for review and approval during the March 2017 Board meeting. The Compliance Charter will be reviewed at least every (3) years for consistency with applicable regulations, professional standards and best practices. The proposed Compliance Office Charter	●

	specifies that the Chief Compliance Officer is expected to: • Collaborate with senior leadership and compliance liaisons. • Have a functional reporting relationship to the Board and an administrative reporting relationship to the president. • Maintain appropriate resources to support compliance activities. • Coordinate efforts to create or verify that compliance policies are distributed and compliance trainings are conducted. • Provide compliance status updates and assessments regarding Program effectiveness. • Publicize and promote an anonymous hotline. • Enforce the Program through appropriate incentives and disciplinary measure to encourage a culture of compliance and ethics. • Provide assurances regarding the effectiveness of internal processes for determining risk exposure from non-compliance with laws and regulations.	
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	January 2017: • The Chief Compliance Officer has the independence and objectivity to perform the responsibilities of the Chief Compliance Officer function, conduct and report on compliance and ethics activities and inquires free of actual or perceived impairment to the independence of the Chief Compliance Officer. • The independence of the Chief Compliance Officer role is expressed in the Compliance Office Charter. There are no barriers to access and reporting.	✓

D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	January 2017:
	• The Chief Compliance Officer manages direct reports and maintains dotted line reporting relationships as set forth in regulation component B3.
	• Dotted line reporting relationship expectations are outlined in the job descriptions of each dotted line report. Responsibilities include:
	  o Attending monthly compliance liaison meetings
	  o Supporting Program communication and risk assessment efforts
	  o Providing compliance data, and participating in Compliance Week activities.
	• The 2016-2017 Compliance Office budget is
		✓

	approximately $70,000.00. A strategic investment request has been submitted. If approved, the funds will be used to support the Enterprise Risk Management program, distribution of a code of conduct, training and the external Program effectiveness review in accordance with 4.003(7)(c).	

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date 2-16-17 _____
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date 2/16/17 _____
Board Chair

STATE UNIVERSITY SYSTEM *of* FLORIDA
Board of Governors

SUS Compliance Program Status Checklist

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below.

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		Completed	In Process			Not Begun
Area	Regulation Components	☐	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	0	1	4	0	0
B – Program Plan	5	0	0	5	0	0
C – BOT Committee	4	0	0	4	0	0
D – Chief Compliance Officer	5	0	0	5	0	0
TOTAL	19	0	1	18	0	0

Legend:

☐   Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.

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Area A – University-wide Compliance Program		
Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	**January 2017:** Description in narrative format *The University currently has in effect an ethics policy and an Audit & Compliance Committee of the Board of Trustees. We have not yet hired a Chief Compliance Officer to implement the program and administer it. We need to review the existing ethics policy and Audit & Compliance Committee Charter to ensure that these documents comply and are consistent with Regulation 4.003(1) & (2)(b).* *We presently adhere to the following policies governing ethics:* • Board of Trustees Ethics Policy: https://floridapolytechnic.org/wp-content/uploads/Ethics-Policy-9.16.14.pdf • U regulation FPU-6.002 Personnel Code of Conduct and Ethics: https://floridapolytechnic.org/wp-content/uploads/FPU-6.002-Personnel-Code-of-Conduct-and-Ethics-12.11.14.pdf • U regulation 6.011 Employee Criminal Background Checks: https://floridapolytechnic.org/wp-content/uploads/FPU-6.011-Employee-Criminal-Background-Checks-5.15.14.pdf • U regulation FPU-6.008 Outside Employment and Outside Activities: https://floridapolytechnic.org/wp-content/uploads/FPU-6.008-Outside-Employment-Outside-Activity-Regulation-7.29.14.pdf • U regulation FPU-6.009 Employment of Relatives: https://floridapolytechnic.org/wp-content/uploads/FPU-6.009-Employment-of-Relatives-2.21.141.pdf • U policy FPU-1.0125P Fraud Prevention and Detection: https://floridapolytechnic.org/wp-content/uploads/FPU-1.0125P-Fraud-Prevention-and-Detection-9.22.14.pdf • U policy FPU-12.0014P Financial Conflict of Interest and Disclosure: https://floridapolytechnic.org/wp-content/uploads/FPU-12.0014AP-Financial-Conflict-of-Interest-and-Disclosure-2.13.17.pdf • [*NOTICED/PENDING*] U regulation FPU-1.015 Allegations of Waste, Fraud, Financial Mismanagement, Misconduct, and Other Abuses: https://floridapolytechnic.org/wp-content/uploads/FPU-1.015-Allegations-of-Waste-Fraud-Financial-and-Other-Abuses-NOTICE-2.14.17.pdf	●

A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	**January 2017:** Description in narrative format *We have not yet hired a CCO nor have we yet defined his/her roles and responsibilities. We plan to do so during 2017. We will also amend the Charter for the Audit & Compliance Committee of the Board of Trustees to comply with Regulation 4.003(7)(g)8. The proposed amendment will be presented to the Committee at it March 15, 2017 regular meeting.*	●
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	**January 2017:** Description in narrative format *We expect to design such a program when we hire a CCO in 2017 and we will amend the Charter for the Audit & Compliance Committee of the Board of Trustees to comply with Regulation 4.003(7)(c).*	●
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	**January 2017:** Description in narrative format *We expect to design such a program when we hire a CCO in 2017 and we will amend the Charter for the Audit & Compliance Committee of the Board of Trustees to comply with Regulation 4.003(7)(h)* *We presently adhere to the following policies:* • *Board of Trustees Ethics Policy: https://floridapolytechnic.org/wp-content/uploads/Ethics-Policy-9.16.14.pdf* • *U policy FPU-1.0125P Fraud Prevention and Detection: https://floridapolytechnic.org/wp-content/uploads/FPU-1.0125P-Fraud-Prevention-and-Detection-9.22.14.pdf* • *U regulation 6.011 Employee Criminal Background Checks: https://floridapolytechnic.org/wp-content/uploads/FPU-6.011-Employee-Criminal-Background-Checks-5.15.14.pdf* • *U regulation FPU-6.002 Personnel Code of Conduct and Ethics: https://floridapolytechnic.org/wp-content/uploads/FPU-6.002-Personnel-Code-of-Conduct-and-Ethics-12.11.14.pdf* • *U regulation FPU-6.008 Outside Employment and Outside Activities: https://floridapolytechnic.org/wp-content/uploads/FPU-6.008-Outside-Employment-Outside-Activity-Regulation-7.29.14.pdf* • *U policy FPU-12.0014P Financial Conflict of Interest and Disclosure: https://floridapolytechnic.org/wp-content/uploads/FPU-12.0014AP-Financial-Conflict-of-Interest-and-Disclosure-2.13.17.pdf* • *[NOTICED/PENDING] U regulation FPU-1.015 Allegations of Waste, Fraud, Financial Mismanagement, Misconduct, and Other Abuses: https://floridapolytechnic.org/wp-content/uploads/FPU-1.015-Allegations-of-Waste-Fraud-Financial-and-Other-Abuses-NOTICE-2.14.17.pdf*	●

| A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)] | **January 2017:** Description in narrative format

We currently perform reference checks and criminal background checks on all personnel employed by the University and its affiliates. We also perform due diligence on all vendors who supply goods and services to the University.

We presently adhere to the following policies:

• *U regulation 6.011 Employee Criminal Background Checks: https://floridapolytechnic.org/wp-content/uploads/FPU-6.011-Employee-Criminal-Background-Checks-5.15.14.pdf;*
• *U regulation 8.001 Purchasing: http://floridapolytechnic.org/wp-content/uploads/FPU-8.001-Purchasing-8.28.13.pdf*
• *U regulation 8.003 Authority to Suspend or Debar Contractor/Vendors: https://floridapolytechnic.org/wp-content/uploads/FPU-8.003-Authority-to-Suspend-or-Debar-Contractors-Vendors-1.14.141.pdf*
• *U policy FPU-8.0011P Purchasing Good or Services: https://floridapolytechnic.org/wp-content/uploads/FPU-8.0011P-Purchasing-of-Goods-and-Services-Policy-10.15.14-Date1.pdf* | ● |

Area B – Program Plan		
Regulation Component	**Description**	**Progress Indicator**
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	**January 2017:** Description in narrative format *We expect to design such a program when we hire a CCO in 2017 and we will amend the Charter for the Audit & Compliance Committee of the Board of Trustees to require and approve the Program prior to its submission to the BOG in order to comply with Regulation 4.003(7)(a)*	●
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	**January 2017:** Description in narrative format *We expect to design such a program when we hire a CCO during 2017.*	●

B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	**January 2017:** Description in narrative format *We will design the program during 2017 to designate certain compliance officers in accordance with 4.003(7)(d). We presently have a part-time Title IX coordinator and we are recruiting for a full time position. We also use outside counsel to assist with investigatory functions while we continue our search to recruit a full-time Title IX Coordinator. Once hired, the full time Title IX Coordinator will report directly to the president with a dotted line report to the CCO.*	●
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	**January 2017:** Description in narrative format *We will include reporting mechanisms in our planned program in accordance with 4.003(7)(e) & (f). We plan to have the Hotline mechanism in place by November 2017.*	●
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	**January 2017:** Description in narrative format *We will include incentives and disciplinary measures in our planned program in accordance with 4.003(7)(g)9*	●
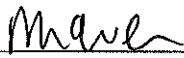
Area C – BOT Committee		
Regulation Component	**Description**	**Progress Indicator**
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	**January 2017:** Description in narrative format *Our BOT Audit & Compliance Committee presently provides oversight to Compliance and Ethics. We have met with the Committee and we have scheduled additional meeting with the Committee to review with them in detail the changes required by 4.003(3)*	●
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	**January 2017:** Description in narrative format *We will amend the current Charter for the Audit & Compliance Committee of the Board of Trustees to comply with Regulation 4.003. The proposed amendments will be presented to the Committee at the March 15, 2017 meeting*	●

C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	**January 2017:** Description in narrative format *The Committee meets quarterly; the planned amendments to its Charter will provide for inclusion of the CCO in those meetings.*	●
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	**January 2017:** Description in narrative format *Once a CCO is hired and a program is developed, the President will establish the nature and frequency of such meetings.*	●
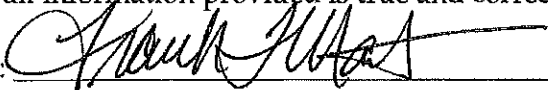
Area D – Chief Compliance Officer		
Regulation Component	**Description**	**Progress Indicator**
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	**January 2017:** Description in narrative format *We intend to recruit and hire and experienced CCO during 2017*	●
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	**January 2017:** Description in narrative format *We propose to amend the BOT Audit & Compliance Committee Charter to provide that the CCO report functionally to the Board and administratively to the President in accordance with 4.003(5)*	●
D3 – Compliance Office Charter [4.003(6)]	**January 2017:** Description in narrative format *We will propose a Compliance Officer Charter to the BOT Audit & Compliance Committee for their approval during 2017.*	●
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	**January 2017:** Description in narrative format *The proposed Compliance Officer Charter that will be presented for BOT Committee approval in 2017 will provide CCO independence, objectivity, and access in a accordance with 4.003(7)(g)5 & (7)(g)7*	●

D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	January 2017: Description in narrative format *The proposed Compliance Officer Charter that will be presented for BOT Committee approval in 2017 will provide that the CCO have adequate resources and appropriate authority;*	●

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____*Mhqule*_____ Date __2/16/17__
Randy Avent, President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date __2-16-2017__
Frank T, Martin, Board of Trustees Chair

STATE
UNIVERSITY
SYSTEM
of FLORIDA
Board of Governors

FSU

SUS Compliance Program Status Checklist

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B – Program Plan	5	0	0	0	0	0
C – BOT Committee	4	0	0	0	0	0
D – Chief Compliance Officer	5	0	0	0	0	0
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Legend:

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Area A – University-wide Compliance Program

Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	January 2017: Individual compliance programs currently exist and they are functioning in an acceptable manner. The University does not at this time have a coordinated University-wide compliance program as envisioned by BOG Regulation 4.003. The Chief Audit Officer (CAO) is designated by the President as the Ethics Officer for purposes of Federal Sentencing Guidelines.	Applicable Federal Sentencing Guideline responsibilities will transitioned from the CAO to the CCO.
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	January 2017: The University has not established the position of Chief Compliance Officer. When established, the CCO will follow BOG Regulation 4.003.	N/B
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	January 2017: The CCO position has not been established. Therefore, no effectiveness review has been performed. This is new regulation requirement and such review is to be performed within five years of the effective date of Regulation 4.003 (by November 3, 2021).	N/A – Not Applicable
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	January 2017: The CCO position has not been established. Note: The OIGS is required by audit standards to detect any fraud or abuse "material" to audit objectives. The OIGS and HR share a hotline (Ethics Point) that promotes the reporting of unethical or criminal conduct. The university also has excellent policies relating to fraud, abuse, and internal control.	Applicable responsibilities will transitioned from the CAO to the CCO when the position is established.
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	January 2017: The CCO position has not been established. The University has excellent policies on fraud, abuse, and internal control. In addition, the university conducts background checks on all new faculty and staff.	Applicable responsibilities will be transitioned from the CAO to the CCO when the position is established.

Area B – Program Plan		
Regulation Component	Description	Progress Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	January 2017: No University-wide compliance and ethics program plan currently exist for the BOT to approve.	N/B
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	January 2017: As there is no University CCO, no compliance training program managed by that Office currently exist. Note: the CAO currently provides at least four times per year a three-hour training program on fraud, abuse, and internal controls for university employees. Compliance with various laws and policies are discussed. The training also addresses ethics.	Applicable responsibilities will be transitioned from the CAO to the CCO when the position is established.
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	January 2017: No University-wide CCO position currently exist. When the office is established, a decision will be made on whether the CCO will be perform a directing (managing) versus coordinating role. Such decision will be affected by available funding.	N/B
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	January 2017: Currently, the OIGS and Human Resources cooperatively operate the Ethics Point Hotline. This Regulation requirement has potential for overlap. HR currently addresses employment issues and the OIGS addresses fraud and abuse issues. Neither would likely be in favor of transferring their responsibility and there would therefore need to be a process established (a protocol) on how to decide which entity will be the lead for each issue reported. Note: The CAO currently decides whether complaints meet the definition of a whistle-blower.	Applicable responsibilities will be decided when the position is established.
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	January 2017: A University-wide CCO position does not currently exist. Note: This requirement is consistent with current functions performed by the CAO and HR.	N/B Applicable responsibilities will be decided when the position is established.

Area C – BOT Committee		
Regulation Component	**Description**	**Progress Indicator**
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	January 2017: A University-wide CCO position does not currently exist.	N/B ●
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	January 2017: There currently exist a Finance, Business, and Audit Committee Charter. The current Charter does not address the CCO position as the position does not currently exist. Committee name and responsibilities will be addressed.	N/B ●
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	January 2017: A University-wide CCO position does not currently exist.	N/B ●
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	January 2017: A University-wide CCO position does not currently exist.	N/B ●
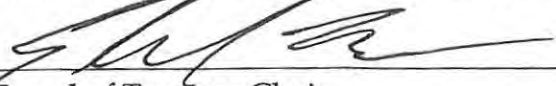
Area D – Chief Compliance Officer		
Regulation Component	**Description**	**Progress Indicator**
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	January 2017: A University-wide CCO position does not currently exist. There have been discussions among high level management about implementation of BOG Regulation 4.003.	N/B ●
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	January 2017: A University-wide CCO position does not currently exist.	N/B ●
D3 – Compliance Office Charter [4.003(6)]	January 2017: A University-wide CCO position does not currently exist.	N/B ●
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	January 2017: A University-wide CCO position does not currently exist.	N/B ●

D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	January 2017: A University-wide CCO position does not currently exist.	N/B •

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date____2/17/17____
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date____2/22/17____
Board of Trustees Chair

STATE
UNIVERSITY
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of FLORIDA
Board of Governors

SUS Compliance Program Status Checklist

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below.

Return completed checklists to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at joseph.maleszewski@flbog.edu or 850-245-9247.

Program Status Summary (January 2017)						
		Completed	In Process			Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	1	0	3	1	2
B – Program Plan	5	0	0	5	0	1
C – BOT Committee	4	0	2	2	0	2
D – Chief Compliance Officer	5	0	0	5	0	0
TOTAL	19	1	2	15	1	5

Legend:

✓   Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).

N/B   Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program		
Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	January 2017: At this time, New College has not consolidated Compliance and Ethics into one comprehensive program. Rather, the College has utilized a decentralized approach. The Office of the General Counsel provides guidance and education relating to Ethics for Public Employees under Florida Statute, while compliance efforts are driven by the heads of the divisions responsible for implementing specific laws, rules, and regulations. The General Counsel and Assistant VP of Finance and Administration are currently working to consolidate employee training, compliance reporting, and compliance and ethics investigations into a single program pursuant to BOG Regulation. As soon as the personnel requirements stated in other sections of the BOG Regulation are met, this process will near completion. New College will not have any foreseeable difficulty in meeting the November 3, 2018 implementation deadline.	
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	January 2017: At this time, compliance reports are made to the New College BOT as needed. Such reports are submitted through the Finance and Administration Committee, and are presented as issues arise. As such, official reports have not been presented to the BOT because the Program has not yet been finalized (as described above), and the committee structure has not yet been altered. The first report to the BOT will be made as soon as the Program and committee structure have been formalized.	N/B
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	January 2017: The Compliance and Ethics Program has not been reviewed by an external authority. While New College anticipates that the Program will be implemented by the November 3, 2018 deadline, the first external review will likely occur after that time. In making plans for the formal Program, the College may decide to engage in external review in the first year of the Program's implementation, but at this time, such review has not been scheduled.	N/B
A4 – Process established for	January 2017:	

		✓
detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	New College has adopted a mechanism for detecting and reporting alleged misconduct, noncompliance, and unethical behavior. The campus community has access to a central Compliance informational resource through the online faculty, staff, and student portal system. Additionally, New College has developed an online system for filing anonymous complaints and initiating whistle-blower actions through a centralized complaints page. These features will continue to be developed along with the Compliance Program Plan.	
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	**January 2017:** New College currently employs several due diligence measures to promote a safe and ethical community culture. As part of the hiring process, each employee submits to an extensive background check through the state's DCF database. Employees are also required to file Conflict of Interest and Outside Employment affirmations, allowing the College to detect possible compliance and ethics issues. Further, each member of the BOT submits annual certifications disclosing any possible conflict of interest, and the BOT by-laws require immediate disclosure of a conflict of interest when it becomes known or apparent. As the formal Compliance and Ethics Program is implemented, these due diligence practices will be consolidated and reviewed along with that Program. These measures will be implemented with the formal program by the November 3, 2018 deadline.	•

Area B – Program Plan		
Regulation Component	**Description**	**Progress Indicator**
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	**January 2017:** The Compliance and Ethics Program Plan is currently in draft form, allowing for continued development as the Program is finalized. The Plan will track directly with the requirements of the BOG Regulations and the Federal Sentencing Guidelines. The Plan will be submitted to the New College BOT in advance of the November 3, 2018 deadline, and then submitted to the BOG in final form by the November 3, 2018 deadline.	•
B2 – Plan provides for compliance training for	**January 2017:**	•

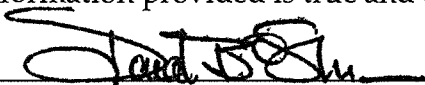| university employees and BOT members [4.003(7)(b)]	During the Fall 2016 semester, the New College divisions collaborated to formalize a schedule of required training modules for faculty, staff, and students. This training schedule is designed to address the requirements of federal and state law, as well as any audit findings, formal or informal, that have been submitted to the College. The final Program Plan will incorporate this schedule of training, and it will be submitted by the November 3, 2018 deadline.	
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	January 2017: Compliance officers are currently situated in several divisions, each reporting to an upper level administrator at the Dean or VP level. It is unlikely that the officers' positions will be reclassified and re-structured to report, directly or indirectly, to the CCO or CAE. However, the CCO will have independence and oversight of the Compliance Program, and will coordinate and communicate with compliance officers, pursuant to BOG Regulation 4.003(7)(d). This relationship will be outlined in the final Program Plan and will be implemented by the November 3, 2018 deadline.	⊛
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	January 2017: New College has developed a hotline and online complaint submittal forum. The process for submitting a complaint has been designed to ensure anonymity. Internal policies currently protect reporters from retaliation, but a formal statement of non-retaliation has not been published in regulation. A formal statement of non-retaliation will be included in the formal Program, as well as the BOT Regulations that are enacted to implement the Program. Such statements and regulations will be completed by the November 3, 2018 deadline.	⊛
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	January 2017: The Current schedule of compliance training requires participation by faculty, staff, and students. Penalties for non-completion exist, but are vested in the division heads and direct supervisors of the employees. A formal program of incentives and discipline has not been developed; rather, these measures are handled division by division. A more formal program will be developed along with the Program Plan, and will be submitted by the November 3, 2018 deadline.	⊛ N/B

Area C – BOT Committee		
Regulation Component	Description	Progress Indicator
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	January 2017: Oversight of compliance and ethics functions are currently managed by the Finance and Administration Committee and the Audit Committee of the BOT. By November 3, 2017, these functions will be centralized in the newly reorganized Audit and Compliance Committee, as outlined below.	●
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	January 2017: The New College Audit and Compliance Committee Charter is currently in draft form. The Assistant VP of Finance and Administration is working closely with senior leadership and BOT members to finalize the charter, and it is likely to be ratified this summer. We are reasonably certain that it will be submitted to the BOT for a vote by the November 3, 2017 deadline.	●
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	January 2017: As described in Area D below, New College senior leadership is working to define the role of the Chief Compliance Officer, and the structure of that office. As soon as personnel issues are finalized, regular reports to the BOT will be schedule. It is likely that in its final form, the Plan will require at least annual reports at the BOT annual meeting in June. However, based on a detailed review of the Program Plan, reports may be made more frequently. This plan of reporting will be finalized in the Program Plan and submitted by the November 3, 2018 deadline.	● N/B
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	January 2017: The newly appointed CCO will report directly to the President, and will regularly meet with the President one-on-one, as outlined in the New College Audit and Compliance charter. The details of such meetings are still in draft form, but will be finalized and submitted by the November 3, 2018 deadline. As a note, the President currently meets with his Direct Reports on a weekly basis. This group meeting consists of senior leadership at the Dean and VP level, as well as the General Counsel. However, it is unlikely that the CCO will participate in these meetings in order to	● N/B

	maintain the independence of the office.	

Area D – Chief Compliance Officer		
Regulation Component	**Description**	**Progress Indicator**
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	**January 2017:** In response to the draft BOG Regulations in early 2016, the New College General Counsel was appointed as the CCO in June 2016. However, since that time, additional guidance has been provided from the BOG and other SUS institutions. The conflict of interest presented by this dual role would be difficult to mitigate. Senior leadership is currently finalizing a personnel adjustment that would create a combined office, consisting of the CAE and the CCO. This combined position is mentioned and allowed in BOG Regulation 4.003(4). The personnel issues will likely be finalized this year, and will be submitted with the Regulation, Charter, and Program Plan by the November 3, 2018 deadline.	
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	**January 2017:** The CCO, it its dual capacity as General Counsel, currently reports functionally to the Board and administratively to the President. As stated in D1 above, changes will be made to consolidate the office of the CAE and the CCO. When this change is made, the reporting function will transfer to that new office. This structure will be finalized by the November 3, 2018 deadline.	
D3 – Compliance Office Charter [4.003(6)]	**January 2017:** The Audit and Compliance charter is currently in draft form and will be submitted to the BOT upon completion of the Program description and the Program Plan. The charter will be submitted by the November 3, 2018 deadline.	
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	**January 2017:** The current CCO has broad access to documents and information relating to College operations, including instances of noncompliance, unethical behavior, and misconduct. The CCO also has access to all complaints that are filed through the online submittal forum.	

	The newly appointed CCO will work closely with the compliance officers in each division. With full support from senior leadership, the CCO will have access to all documents and information required for effective discharge of duties. This includes access to information required for internal audit purposes. Additionally, any reports of noncompliance, unethical behavior, and misconduct that is reported through the internal complaints will be sent directly to the CCO. This structure will be finalized in the Program Plan and submitted by the November 3, 2018 deadline.	
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	January 2017: The newly appointed CCO will be a member of senior leadership and will directly report to the President. Upon appointment, the College community will be notified of the CCO's role, duties, and responsibilities. Senior leadership will convey their full support in campus communications. Given budget constraints and limited staffing, it is likely that the CCO will not have any direct reports or support staff. However, the employees currently serving as compliance officers in the several divisions will assist in Program implementation. Additionally, the General Counsel will serve as a resource, especially as it relates to ethical conduct, statutory interpretation, and conflict mitigation. It is likely that the Compliance Program will be funded through the VP of Finance and Administration's budget. The details of resources and budget will be finalized in the Program Plan and submitted by the November 3, 2018 deadline.	

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date___2-25-17___

      President

I certify that all information provided is true and correct to the best of my knowledge.

February 25, 2017

Certification: _____ Date_____

      Board of Trustees Chair

SUS Compliance Program Status Checklist

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below.

Return completed checklists to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at joseph.maleszewski@flbog.edu or 850-245-9247.

Program Status Summary (January 2017)						
		Completed	In Process			Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	4	1	0	0	0
B – Program Plan	5	3	2	0	0	0
C – BOT Committee	4	4	0	0	0	0
D – Chief Compliance Officer	5	5	0	0	0	0
TOTAL	19	16	3	0	0	0

Legend:

✓   Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).

N/B   Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program		
Regulation Component	**Description**	**Progress Indicator**
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	January 2017: Description in narrative format The University Compliance, Ethics, and Risk program (Program) is fully implemented and based on Chapter 8 of the Federal Sentencing Guidelines and includes a focus on compliance and ethics. The elements for an effective program are used in the Compliance, Ethics, and Risk Office's (Office) charter, annual work plan, and annual compliance partner reporting. Additionally, the Chief Compliance Officer (CCO) has oversight for ethics programs at the university and for compliance with the state's Code of Ethics for Public Officers and Employees.	✓
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	January 2017: Description in narrative format The Office annually requires reporting from compliance partners based on the elements for an effective program. This data is reviewed and compiled with the Office's data and provided in a report to the president and BOT Audit and Compliance Committee (Committee). In addition, the Committee receives an update on the status of the annual work plan and compliance partner updates at each meeting during the year. Data on the effectiveness of the Program is also collected through a culture survey performed every two years and through an assessment of statistics from the anonymous reporting hotline performed annually. These reports are provided to the Committee. The annual report will be provided to the BOG for FY 17 as required by the new regulation.	✓
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	January 2017: Description in narrative format We are currently evaluating the timing of the first Program review and understand we have five years from the effective date of the regulation to complete. An updated charter for the Office was approved on January 13, 2017. The revised charter includes a requirement for the CCO to obtain a review of the Program's design and effectiveness at least every five years, to make any appropriate changes to the Program plan, and to provide the report to the president, BOT, and the BOG.	●
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	January 2017: Description in narrative format The Program includes a university policy for reporting misconduct and protection from retaliation that provides for local and central office reporting options, as well as an anonymous hotline. The Office conducts ongoing monitoring and trend analysis of the anonymous hotline,	✓

	the university-wide conflict of interest and commitment processes, and the issues and requests made to the Office. The Office conducts investigations, recommends appropriate corrective actions, internal controls, and disciplinary action. Additionally, compliance partner programs include monitoring for noncompliance.	
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	January 2017: Description in narrative format Background checks are required for all new employees and for certain employees promoted or transferred into sensitive positions. The Office reviews award and promotion requests for faculty members, and provides recommendations for appropriate disciplinary action up to and including termination for faculty and staff members following substantiated cases of employee misconduct or noncompliance. Supervisors and compliance partners are educated on hiring and promoting individuals who uphold the university's value of integrity.	✓

Area B – Program Plan		
Regulation Component	Description	Progress Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	January 2017: Description in narrative format The Program plan is under development and will be based on the Federal Sentencing Guidelines' elements of an effective program. The Program plan is scheduled for submission to the Committee in April 2017 and to the BOT in May 2017.	●
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	January 2017: Description in narrative format The Program plan will provide expectations for training university employees and BOT members.	●
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	January 2017: Description in narrative format The Athletics Compliance Office reports directly to the CCO. Other compliance partners identified through the Program's compliance accountability matrix, are dotted-line reports and are included on the Office's organizational chart.	✓
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	January 2017: Description in narrative format The university's anonymous hotline known as the UCF IntegrityLine was launched in September 2015 and is administered by the CCO. In addition, the CCO administers UCF Policy 2-700 Reporting Misconduct and Protection from Retaliation.	✓

B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	January 2017: Description in narrative format The Program includes multiple incentives for compliant and ethical conduct including recognizing employees in the *IntegrityStar* newsletter and incentives provided during the annual celebration of Compliance and Ethics Week. The Office provides guidance on appropriate disciplinary action following misconduct or investigations and assists compliance partners on appropriate corrective actions, education, and training to enforce compliance requirements.	✓

Area C – BOT Committee		
Regulation Component	Description	Progress Indicator
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	January 2017: Description in narrative format The Committee is assigned oversight of the university's Program. This requirement is set forth in the Committee's charter.	✓
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	January 2017: Description in narrative format The Committee charter was updated to reflect the requirements of the new BOG Regulation 4.003 and was approved by the BOT at the January 2017 meeting. The approved charter was provided to the BOG Inspector General as required.	✓
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	January 2017: Description in narrative format The CCO meets monthly with the Committee's chairwoman and as required by the Committee's charter, meets at a minimum of three times per year with the full Committee. The CCO also attends BOT meetings and provides guidance or support on compliance or ethics related matters as requested by the BOT chairman or members.	✓
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	January 2017: Description in narrative format The CCO meets quarterly with the president and as needed to update the president on sensitive issues or risks to the university. The CCO is provided unfettered access to the president. Additionally, the CCO serves as a member of the President's Advisory Staff that meets monthly. The staff meetings are chaired by the president and includes the vice presidents and select other university senior leadership.	✓

Area D – Chief Compliance Officer

Regulation Component	Description	
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	January 2017: Description in narrative format The CCO was appointed in May 2011.	✓
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	January 2017: Description in narrative format The CCO reports functionally to the BOT and administratively to the president. This reporting relationship is included in the Office's charter and reflected on the Office's organizational chart.	✓
D3 – Compliance Office Charter [4.003(6)]	January 2017: Description in narrative format The Office's charter was updated to reflect all requirements of the new BOG Regulation 4.003 and approved by the BOT on January 13, 2017, and submitted to the BOG Inspector General as required.	✓
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	January 2017: Description in narrative format Requirements for the CCO's independence, objectivity, and access is contained in the Committee's charter and in the Program's charter.	✓
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	January 2017: Description in narrative format The CCO has oversight for all compliance and ethics related programs and activities at the university. The Office is staffed with three full time employees and one full time support person. The annual budget for the compliance program, excluding the athletics compliance program, is $642,000.	✓

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____John C. Hitt_____ Date 2/9/17 _____
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date 2/13/17 _____
Board of Trustees Chair

STATE
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of FLORIDA
Board of Governors

UF

SUS Compliance Program Status Checklist

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below.

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For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at joseph.maleszewski@flbog.edu or 850-245-9247.

Program Status Summary (January 2017)						
		Completed	In Process			Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	0	0	0	0	0
B – Program Plan	5	0	0	0	0	0
C – BOT Committee	4	0	0	0	0	0
D – Chief Compliance Officer	5	0	0	0	0	0
TOTAL	19	0	0	0	0	0

Legend:

✓ Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.

● Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.

● Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).

● Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).

N/B Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program

Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	January 2017: The University of Florida (UF) currently has a decentralized compliance function comprised of personnel in various offices. The newly appointed Chief Compliance Officer (CCO) will be working with these individuals to document the compliance programs and compliance plan at UF. We believe this will be done by November 2017, but will update our projection at the next reporting time if additional assessment indicates that any aspect of the University-wide plan may require some work in 2018.	●
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	January 2017: The CCO was introduced at the December 2016 Audit and Operations Review Committee of the Board of Trustees meeting and will participate and present at this committee in 2017.	●
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	January 2017: UF will begin assessing the available review entities in 2017, and will be making its selection in early 2018.	●
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	January 2017: As noted above, UF currently has a decentralized compliance function with multiple parties/offices participating in continuous process improvement activity geared toward detecting and preventing non-compliance, unethical and/or criminal behavior. As concerns arise, corrective action is undertaken to not only address the concern, but to also redesign any program deficiencies.	●
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	January 2017: UF and its affiliates engage in robust screening of employees, screens for "excluded" individuals and vendors, and appropriate oversight over faculty, students, staff, etc. UF will continue its review of the current processes and make adjustments as necessary.	●

Area B – Program Plan

Regulation Component	Description	Progress Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	January 2017: The UF CCO will present the UF Compliance and Ethics plan to the UF Board prior to November 2017 (or at the Board's end of year meeting in late November or early December). The UF CCO is currently conducting a risk assessment and confers with UF leadership on an on-going basis to validate	●

	the suggested approach/plan. The UF CCO will work with the UF Vice President and General Counsel, who is UF's Chief Ethics Officer, on components of the plan covering UF ethics regulations and State ethics law requirements. The UF Board approved an updated Ethics Policy including process requirements in December 2016 and will adopt it as a regulation at the March 2017 Board meeting.	
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	**January 2017:** UF and its affiliates have multiple subject matter specific training modules that employees are required to complete periodically. UF provides all Trustees upon appointment with a resource book and in-person orientation, both of which include training in important compliance obligations. UF's Ethics Policy requires Trustees to consult with the UF General Counsel/Chief Ethics Officer if any ethics compliance question arises. UF continues to enhance the functionality and expand the scope of its electronic training system to improve training content and tracking/reporting of completed training. Training modules will be revised, enhanced and expanded to emphasize compliance risk areas, to include any priority content needed, and to provide Trustee-specific training.	●
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	**January 2017:** UF intends to continue its current model which is comprised of a decentralized compliance program; as such, dotted-line reports will be established for each program area by November 2017. The CCO will coordinate among the heads of the various programs.	●
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	**January 2017:** UF and its affiliates have multiple hotlines available for intake of confidential reports of concerns. All reported calls are reviewed, investigated and appropriate action is taken in response to concerns raised by the caller.	✓
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	**January 2017:** UF has multiple offices that promote and enforce compliance activity in a variety of manners. Moreover, incentives for ensuring compliant activity are provided for some areas; and, counseling or disciplinary action (as appropriate) is taken against individuals when non-compliant, unethical or illegal activities are identified. UF will continue its review of incentives, counseling, and disciplinary measure and if appropriate, make recommendations for adjustments by November 2017.	●

Area C – BOT Committee		
Regulation Component	Description	Progress Indicator

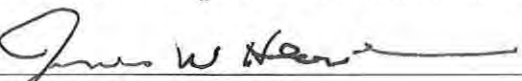| Regulation Component	Description	Progress Indicator
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	**January 2017:** The BOT Audit and Operations Review Committee Charter will be revised to more robustly include the compliance function. This committee already addresses many compliance areas and is the appropriate committee to provide board-level oversight to the Compliance and Ethics program.	●
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	**January 2017:** Revisions to the Audit and Operations Review Committee Charter are in the process of being drafted. The Audit and Operations Review Committee and the Governance Committee, which must approve all committee charter changes, will review and (UF anticipates) approve the revised Charter by the Board's end-of-year meeting in late November or early December, 2017.	●
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	**January 2017:** The UF CCO will meet with the Audit (and Compliance) Committee at the regularly scheduled meetings at least three times a year, and will meet with its Chair at that time as well. The CCO was introduced to the Audit and Operations Review Committee in December of 2016. The COO will communicate whenever needed with the Chair of the Committee and can meet with the Committee at a specially scheduled time if warranted.	●
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	**January 2017:** The CCO has met with the President to review and discuss the Privacy function at UF. The CCO will meet with the President at least twice a year for overall updates and assessments, as well as when needed for particular purposes. Bi-weekly (generally two per month) meetings are currently held with the SVP & COO, Dr. Lane. Also, the CCO participates in Dr. Lane's executive staff meeting on a monthly basis. The CCO meets quarterly with the Vice President and General Counsel as well. Additional meetings with leadership will be scheduled.	●

Area D – Chief Compliance Officer		
Regulation Component	Description	Progress Indicator
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	**January 2017:** The CCO was introduced to the Audit and Operations	●

	Review Committee of the BOT in December of 2017. The CCO's current job description will be revised to more clearly reflect the CCO role/function, although it presently includes a compliance coordination function.	
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	**January 2017:** The CCO's current job description will be revised to more clearly reflect the CCO role/function and reporting structure.	•
D3 – Compliance Office Charter [4.003(6)]	**January 2017:** The Compliance Office Charter is in draft form and will be finalized by November 2017 (and adopted by the Board's end-of-year meeting in late November 2017 or early December 2017).	•
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	**January 2017:** The CCO's current job description will be revised to more clearly reflect the CCO role/function, reporting structure, etc. Verbiage related to resolution of barriers will be incorporated into appropriate documents that will be presented for approval by the UF Board and/or the Audit and Compliance Committee by the Board's end-of-year meeting in late November or early December, 2017.	•
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	**January 2017:** The CCO's authority will be established in charters, job descriptions, etc., by November 2017. Resources, staffing, and budget needs will be assessed and will be funded during established budget cycles.	•

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date 2/17/17 _____
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date 2/17/17 _____
Board of Trustees Chair

STATE
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Board of Governors

SUS Compliance Program Status Checklist

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below.

Return completed checklists to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at joseph.maleszewski@flbog.edu or 850-245-9247.

Program Status Summary (January 2017)						
		Completed		In Process		Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ◌	Poor Progress ●	N/B
A – University-wide Compliance Program	5	2	2	0	0	1
B – Program Plan	5	0	3	0	0	2
C – BOT Committee	4	4	0	0	0	0
D – Chief Compliance Officer	5	3	2	0	0	0
TOTAL	19	9	7	0	0	3

Legend:

✓   Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.

◌   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).

N/B   Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program		
Regulation Component	**Description**	**Progress Indicator**
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	**January 2017:** Good Progress - The UNF Compliance and Ethics Program (C&EP) is currently being drafted. Members of the BOT Governance and Audit and Compliance Committees discussed the BOG requirements at their January meetings and are enthusiastic to move the Program forward. Tentative plans are to present the C&EP plan, and other related documents, for example, the Compliance Office Charter, to the BOT for discussion and approval at its first meeting in the Fall.	✓ ● ◔ ● N/B
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	**January 2017:** Completed – Since the Spring of 2015, the Chief Compliance Officer has provided regular quarterly updates on compliance issues and initiatives to the BOT Audit and Finance Committee, now the Audit and Compliance Committee. With the adoption of the BOG regulation, these updates now include a status report on the progress in meeting BOG requirements.	✓ ● ◔ ● N/B
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	**January 2017:** Not Begun, but expect Good Progress – the draft C&EP will address the requirement for an external program review. This review will be completed no later than 5 year after adoption of the CPP by the BOT.	✓ ● ◔ ● N/B
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	**January 2017:** Good Progress – There are multiple policies, procedures, and processes in place to encourage faculty, staff, and students to bring issues of perceived illegal, unethical or inappropriate behavior/actions to the attention of management, for example the Fraud and Other Wrongful Acts policy and the Non-discrimination policy. The Chief Compliance Officer, in collaboration with the Director of Internal Audits, attorneys in the Office of the General Counsel, the Director of Employee Labor Relations, and others, are in the process of identifying current policies and procedures (P&P) which provide guidance on how and to whom to raise these concerns. Recommendations for changes to and/or new policies are part of the University's efforts at continuous improvement. Additionally, the UNF Hotline allows faculty, staff and others to raise concerns about any issue anonymously. Finally, compliance audits	✓ ● ◔ ● N/B

	completed by the Office of Internal Audits also advise management of areas of lax or non-compliance.	
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	**January 2017:** Completed – The University has a rigorous search and screen process which includes level 2 (fingerprint) background checks and reference checks for all candidates for vacant positions. A level 2 background check is also required for all positions of trust, including internal promotional opportunities. Candidates for positions of trust also undergo a credit check. Additionally, UNF rules and policies, for example the Fraud and Other Wrongful Acts policy, address disciplinary	✓ ● ◉ ● N/B

Area B – Program Plan		
Regulation Component	**Description**	**Progress Indicator**
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	**January 2017:** Good Progress – as noted above, the UNF Compliance Program is currently being drafted. Tentative plans are to engage the BOT in discussion and approval of the plan at their first meeting in the Fall.	✓ ● ◉ ● N/B
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	**January 2017:** Good Progress – At the January meeting of the BOT, both the Audit and Compliance Committee and the Governance Committee discussed the requirements and options for BOT compliance and ethics training. The Chief Compliance Officer and the VP/General Counsel are coordinating on gathering information on training options, with tentative plans to engage the Board in such training annually beginning this Fall. Additionally, the Chief Compliance Officer, the VP for Human Resources and her staff, and the Senior Counsel in the Office of the General Counsel have begun discussions on enhancing the current compliance and ethics training for faculty and staff. Training requirements and issues will be addressed in the C&EP.	✓ ● ◉ ● N/B
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	**January 2017:** Not Begun, but expect Good Progress over the coming months. Initial efforts to meet BOG requirements have focused on other requirements, specifically those related to the BOT governance. Discussions regarding the appropriate reporting structure for the UNF departmental/designated compliance officers vis-à-vis the Chief Compliance Officer	✓ ● ◉ ● N/B

	will be held in the coming months. The reporting structure, direct reports or dotted-line reports, will be addressed in the C&EP.	
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	**January 2017:** Good Progress – a contract has been signed with Lighthouse, our vendor for the UNF Hotline, and funds have been allocated to market the Hotline through a variety of means. Additional reporting mechanisms, for example, a compliance e-mail address, are also under consideration. All such mechanisms will be addressed in the C&EP.	✓ ● ● N/B
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	**January 2017:** Not Begun but expect Good Progress over the coming months. Initial efforts to meet BOG requirements focused on other requirements, specifically those related to BOT governance. The Compliance Officer will engage colleagues in the Office of Human Resources, the Office of the General Counsel, and others to identify appropriate incentives and disciplinary measures and will address those measures in the C&EP.	✓ ● ● N/B

Area C – BOT Committee		
Regulation Component	**Description**	**Progress Indicator**
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	**January 2017:** Completed – the Audit and Finance Committee of the BOT transitioned to the Audit and Compliance Committee effective October 2016.	✓ ● ● ● N/B
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	**January 2017:** Completed – the Audit and Compliance Committee charter was approved at the October 2016 BOT meeting.	✓ ● ● ● N/B
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	**January 2017:** Completed – The Chief Compliance Officer has a regular place on BOT Audit and Compliance Committee meeting agendas to update members on compliance issues and initiatives and specifically, to provide a status report on the progress in meeting BOG requirements.	✓ ● ● ● N/B
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly,	**January 2017:** Completed – The Chief Compliance Officer meets monthly with the President to review compliance issues and initiatives and our progress in meeting BOG requirements. Ad hoc meetings are also held to address	✓ ● ● ● N/B

monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	pressing compliance matters. Additionally, the Chief Compliance Officer meets regularly with the VP, Administration and Finance, to keep her abreast of these issues. Finally, the opportunity to bring issues to President's staff meetings is available to the Chief Compliance Officer should the need arise.	

Area D – Chief Compliance Officer		
Regulation Component	Description	Progress Indicator
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	January 2017: Completed – the Chief Compliance Officer has been appointed.	✓ ● ◎ ● N/B
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	January 2017: Completed – the Chief Compliance Officer's position description and organizational charts have been updated to reflect the required reporting relationships.	✓ ● ◎ ● N/B
D3 – Compliance Office Charter [4.003(6)]	January 2017: Good Progress – The Compliance Office Charter is being drafted and tentative plans are to submit the Charter along with C&EP plan to the BOT at their first meeting in the Fall.	✓ ● ◎ ● N/B
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	January 2017: Completed – The CCO has the support of the BOT and the President to engage in her duties and responsibilities with independence and objectivity. The BOT and President have also affirmed the requirement for full access to them by the CCO. No barriers to engaging compliance issues in meaningful and effective ways exist.	✓ ● ◎ ● N/B
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	January 2017: Good Progress - The Compliance Office is staffed by a Chief Compliance Officer with secretarial/ administrative support provided through the Office of the Vice President of Administration and Finance. The Compliance Office expense budget is $6,000, which is used to support general operating expenses including phone, office supplies, professional development opportunities, and travel. As the C&EP evolves it is	✓ ● ◎ ● N/B

	likely that additional funds for Program marketing, education/training programs, and other special initiatives will be required. Requests for additional funding will be submitted through the established budget request process.	

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date_____
President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date_____
Board of Trustees Chair

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SUS Compliance Program Status Checklist

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Program Status Summary (January 2017)						
		Completed		In Process		Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	4	1	0	0	0
B – Program Plan	5	2	3	0	0	0
C – BOT Committee	4	2	2	0	0	0
D – Chief Compliance Officer	5	3	2	0	0	0
TOTAL	19	11	8	0	0	0

Legend:

✓   Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).
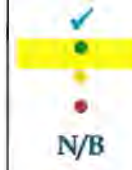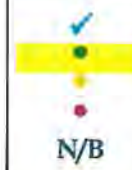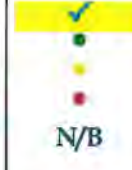
N/B   Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

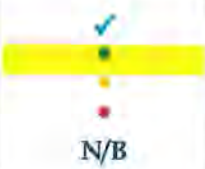|	January 2017	
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	**January 2017:** The USF System implemented a Compliance & Ethics Program (CEP) in 2007 that is consistent with the Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)].	✓ • • • N/B
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	**January 2017:** Since the inception of the USF System Compliance & Ethics Program in 2007, the Chief Compliance Officer has reported at least annually on program effectiveness to the Board of Trustees (BOT) as part of its annual report. A provision for an annual report will also be included in the Program Charter, expected to be approved by the BOT at its June 2017 meeting	✓ • • • N/B
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	**January 2017:** A provision for an external review within 5 years will be included in the Program Charter, expected to be approved by the BOT at its June 2017 meeting	✓ • • • N/B
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	**January 2017:** The USF System has established processes for detecting and preventing noncompliance, unethical behavior, and criminal conduct via the following: • USF System Policy 0-024: Fraud Prevention & Detection • EthicsPoint, our anonymous reporting hotline • *eDisclose*, our web-based training and disclosure system for employee Florida Code of Ethics (FCOE) nepotism, and outside activity disclosure and review.	✓ • • • N/B

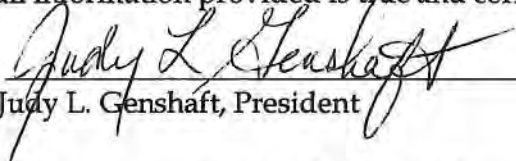|		
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	January 2017: Criminal history background checks are conducted upon prospective and current employees pursuant to USF System Policy 0-615. The USF System has an anonymous reporting hotline, EthicsPoint, for reporting allegations of fraud, abuse, and other violations of law, regulation, and policy.	✓ • • • N/B

Area B – Program Plan		
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	January 2017: A provision for a CEP Program Plan will be included in the CEP Charter, expected to be approved by the BOT at its June 2017 meeting. It is also expected that the Program Plan will be completed and approved at that time.	✓ • • • N/B
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	January 2017: USF System employees and BOT members currently receive compliance training, and the approved CEP Program Plan will include this requirement.	✓ • • • N/B
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-line reports (specify which) [4.003(7)(d)]	January 2017: The President, in consultation with the BOT, is currently revising the organizational structure of the CEP. This reorganization will delineate which compliance officers are designated and their reporting relationship to the CCO.	✓ • • • N/B
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	January 2017: The USF System has established a mechanism for anonymous reporting of potential or actual violations of USF System Policy via the EthicsPoint hotline. Reporting individuals are protected from retaliation, retribution, or reprisals under USF System Policy 0-020.	✓ • • • N/B
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	January 2017: The USF System may take just cause disciplinary action against faculty members and any other USF System employee for incompetence or misconduct under USF System Regulation 10.112 and USF System Regulation 10.212, respectively.	✓ • • • N/B

Area C – BOT Committee		
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	January 2017: The USF System Board of Trustees has assigned responsibility for providing governance oversight of the Compliance & Ethics Program to the Board of Trustees (BOT) Audit & Compliance Committee.	✓ • • • N/B
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	January 2017: The BOT Audit & Compliance Committee is currently developing its charter. The revised charter will address governance oversight of the CEP. The BOT Audit & Compliance Committee anticipates their revised charter to be approved by June 2017.	✓ • • • N/B
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	January 2017: The BOT Audit & Compliance Committee meets monthly or in accordance with the USF System Board of Trustees meeting schedule. The CCO meets with the BOT Audit & Compliance Committee during these meetings to keep the committee apprised of Program activities.	✓ • • • N/B
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	January 2017: Once the CEP Charter has been approved by the BOT, details such as frequency of scheduled meetings with the President will be determined. The CCO has met recently with the President on two occasions to discuss compliance-related issues.	✓ • • • N/B

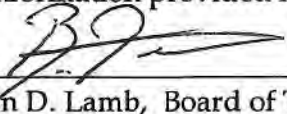| Area D – Chief Compliance Officer		
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	January 2017: The USF System designated a senior-level administrator to serve as Chief Compliance Officer in June 2007.	✓ • • • N/B

D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	January 2017: Upon completion of the CEP Charter and the revisions to the BOT Audit & Compliance Committee Charter, the job description of the CCO will be updated to reflect reporting of the CCO to the Board of Trustees and administratively to the USF System President.	✓ ● ● ● N/B
D3 – Compliance Office Charter [4.003(6)]	January 2017: Anticipated date of approval and implementation of the CEP Charter is June 2017.	✓ ● ● ● N/B
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	January 2017: These program requirements are provided for in the current USF System Audit & Compliance Charter. The new CEP Charter will also address CCO independence, objectivity, and access. Anticipated date of approval and implementation of the CEP Charter is June 2017.	✓ ● ● ● N/B
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	January 2017: CCO authority is addressed in the current USF System Audit & Compliance Charter. CCO authority and resources will also be addressed in the new CEP Charter. Current CEP staffing is two full-time professional positions (CCO and Associate Compliance Officer) and a shared staff assistant position. The program budget is approximately $350,000 per year.	✓ ● ● ● N/B

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _Judy L. Genshaft_____ Date_1|30|17_____

Judy L. Genshaft, President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _____ Date__1/31/17_____

Brian D. Lamb, Board of Trustees Chair

STATE
UNIVERSITY
SYSTEM
of FLORIDA
Board of Governors

UWF

SUS Compliance Program Status Checklist—UWF Response

Instructions: For the four area tables below, please complete the Description and Progress Indicator columns for each Regulation Component, which align with Board of Governors Regulation 4.003 (effective November 3, 2016). Then complete the Program Status Summary table immediately below.

Return completed checklists to BOGInspectorGeneral@flbog.edu.

For assistance, please contact the Board of Governors Office of Inspector General and Director of Compliance at joseph.maleszewski@flbog.edu or 850-245-9247.

Program Status Summary (January 2017)						
		Completed	In Process			Not Begun
Area	Regulation Components	✓	Good Progress ●	Slow Progress ●	Poor Progress ●	N/B
A – University-wide Compliance Program	5	2	2	0	0	1
B – Program Plan	5	0	5	0	0	0
C – BOT Committee	4	3	1	0	0	0
D – Chief Compliance Officer	5	1	3	1	0	0
TOTAL	19	6	11	1	0	1

Legend:

✓   Indicates that the university president and board chair assert that the regulation components making up this area are fully implemented in accordance with Board of Governors Regulation 4.003.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2017.

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by November 3, 2018 (completion of items beyond this date constitute non-compliance with Board of Governors Regulation 4.003).

●   Indicates that the university president and board chair anticipate regulation components making up this area to be completed by May 3, 2019 (six months beyond the period established in Board of Governors Regulation 4.003).

N/B   Indicates that the university president and board chair acknowledge that the university has not begun implementing the regulation components making up this area. The "N/B" indicator should be used in conjunction with one of the green/amber/red light indicators to communicate anticipated completion periods for items not yet begun.

Area A – University-wide Compliance Program		
Regulation Component	Description	Progress Indicator
A1 – University-wide Compliance Program implemented consistent with Code of Ethics for Public Officers and Employees (Part III, Chapter 112, F.S.) and the Federal Sentencing Guidelines Manual, Chapter 8, Part B [4.003(1) & (2)(b)]	**January 2017:** In March 2016 UWF formally created a Compliance Office as part of the Internal Auditing & Compliance function. A compliance database has been created and is being deployed across campus to key compliance partners in FY 2016/17. UWF has in place key policies related to compliance, ethics and code of conduct as follows: • AC 11.02 Conflicts of Interest • BOT 06.02-08/14 Conflict of Interest • BOT 07.01-03/08 Code of Conduct • BOT 13.01-09/15 Identity Theft Prevention • EO-03.00-12/01 Consensual Relations • FP-01.03-05/14 Professional Services Selection Process • HR 15.02-05/16 Employee Code of Conduct • HR 22.00-2004/07 Standards of Conduct • IT-04.01-03/16 UWF Information Security and Privacy • P-04.03-11/15 Authority to Sign Contracts and Other Documents • P-10.00-10/04 Policy Against Fraudulent or Wrongful Acts *(being updated to reflect BOG regulation terminology)* • P-13.07-06/16 Prohibition of Discrimination, Harassment and Retaliation • P-14.02-02/15 Sexual Misconduct, Sexual Violence, Gender-Based Discrimination and Retaliation • P-16.03-12/16 Lobbying Policy • SA-33.02-08/13 Review and Reporting of NCAA Violations • SR-01.02-01/15 Misconduct in Research The United Faculty of Florida Collective Bargaining Agreement outlines specific responsibilities related to faculty as follow: • Article 6 Nondiscrimination • Article 17 Disciplinary Action • Article 18 Job Abandonment • Article 21 Conflict of Interest/Outside Activity • Article 22 Grievance Procedure and Arbitration	•
A2 – CCO reports to the BOT at least annually on Program effectiveness (copy to BOG) [4.003(7)(g) 8.]	**January 2017:** Quarterly updates are provided to the UWF BOT Audit & Compliance Committee.	•
A3 – External Program design and effectiveness review every 5-years (copy to BOG) [4.003(7)(c)]	**January 2017:** The UWF Compliance Office is less than one year old; the external program review will occur in 2021 (5 years out).	N/B

Area A – University-wide Compliance Program		
Regulation Component	Description	Progress Indicator
A4 – Process established for detecting and preventing non-compliance, unethical behavior, or criminal conduct [4.003(7)(h)]	January 2017: UWF has in place several mechanisms. Employee background screening occurs prior to hiring. Level 2 background checks are performed on individuals placed in sensitive or special trust positions. Training occurs bringing awareness to the campus regarding identity theft, red flags of fraud, PCI compliance and new employee orientation. Additionally, UWF Campus Police have the Silent Witness program on their webpage to permit anonymous reporting. UWF is in the process of implementing a third party hotline which is expected to be deployed April 2017. (See more on question B4).	✓
A5 – Due diligence steps for not including individuals who have engaged in conduct not consistent with an effective Program [4.003(8)]	January 2017: UWF performs background screening prior to hiring employees. For those in positions of sensitive or special trust, level 2 background checks (more thorough) are conducted.	✓

Area B – Program Plan		
Regulation Component	Description	Progress Indicator
B1 – Compliance and Ethics Program Plan approved by BOT (copy to BOG) [4.003(7)(a)]	January 2017: A *Compliance Plan* has been prepared and is to be presented to the UWF BOT Audit & Compliance Committee meeting in February 2017.	●
B2 – Plan provides for compliance training for university employees and BOT members [4.003(7)(b)]	January 2017: Training has been developed for online instruction and in-person training. Courses include: • Tools for and Ethical Workplace • Clery Act Basics • Red Flags of Identity Theft • Building a Supportive Community (Title IX/Campus SAVE Act) • Data Security and Privacy • PCI DSS: Payment Card Industry Data Security Standard • FERPA Basics • Harassment Prevention Training Furthermore, the Compliance Officer is working with the Office of Human Resources (OHR) to incorporate compliance and ethics training as part of the New Employee Orientation and stand-alone courses. OHR maintains individual training records which readily show the courses employees have completed. BOT orientation includes an overview of the Compliance function and the Trustee's responsibilities. Enhancements will be made to the Compliance facet going forward.	●
B3 – Designated compliance officers (e.g., Title IX, Athletics, Research, etc.) as either direct reports or dotted-	January 2017: Compliance partners have been identified and the Compliance Officer is working with each to ensure ongoing communication, enhancements to the compliance database and any external	●

Area B – Program Plan		
Regulation Component	Description	Progress Indicator
line reports (specify which) [4.003(7)(d)]	reporting required of the various compliance partners. The compliance partners identified to date are as follow: • Athletic Compliance Officer • Enrollment Services Registrar • Environmental Health & Safety Director • Financial Aid Director • Financial Services Associate Controller • General Counsel • Human Resources Associate Director • IT Security Officer • Research Director • Title IX Coordinator • University Police Chief • Executive Director, WUWF • Dean of Libraries • ADA Coordinator • SUS Data Administrator • Interim Vice Provost, Academic Affairs • Sr. Associate Vice President, Student Affairs • Associate Vice President of Advancement/CFO Job descriptions for these compliance partners will need to be updated to reflect a dotted line relationship to the Compliance Officer.	
B4 – Reporting mechanism (e.g., Hotline) for potential/actual violations and provides protection for reporting individuals from retaliation [4.003(7)(e) & (f)]	January 2017: UWF recently entered into a contract with a third party hotline provider, Navex Global. Configuration and implementation of the hotline, named *UWF Integrity Helpline*, is expected to be launched by April 2017. {See answer A-4 for additional information.]	●
B5 – Promoting and enforcing the Program through incentives and disciplinary measures [4.003(7)(g)9.]	January 2017: UWF has a progressive discipline program for employees. UWF key policies related to dealing with non-compliance, ethical issues are: • BOT 07.01-03/08 Code of Conduct • HR-13.00-2004/07 Changes in Duties, Reassignment, Demotion, and Transfer • HR 15.02-05/16 Employee Code of Conduct • HR-21.00-2004/07 Separations from Employment • HR 22.00-2004/07 Standards of Conduct United Faculty of Florida Collective Bargaining Agreement includes specific provisions related to faculty issues as follow • Article 1 Recognition • Article 17 Disciplinary Action • Article 21 Conflict of Interest/Outside Activity • Article 22 Grievance Procedure and Arbitration Other than the Employee Recognition Program (HR-16.00-2004/07) and UFF Article 1 Recognition, specific incentives for reporting unethical behavior have not been introduced as of this time. We anticipate the UWF Integrity Helpline will be a positive venue for reporting concerns.	●

	Area C – BOT Committee		
Regulation Component	Description	Progress Indicator
C1 – BOT Committee provides oversight to Compliance and Ethics Program [4.003(3)]	January 2017: At the March 2016 meeting the BOT Audit & Compliance Committee adopted its charter which outlines its responsibilities for providing oversight to the Compliance/Ethics program. Also at this meeting, the departmental charter for the Office of Internal Auditing & Compliance was approved. As the Compliance Office is less than one year old, plans to separate Compliance from Audit will occur within the 5-year timeframe as outlined by the BOG Audit Committee at the June 2016 meeting in Orlando.	✓
C2 – BOT Audit and Compliance Committee Charter [4.003(3)]	January 2017: At the March 2016 meeting the BOT Audit & Compliance Committee adopted its charter which outlines its responsibilities for providing oversight to the Compliance/Ethics program. Also at this meeting, the departmental charter for the Office of Internal Auditing & Compliance was approved.	✓
C3 – Routine CCO meetings with BOT Committee – please describe the nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) [4.003(7)(a) & 7(g)(3)]	January 2017: Quarterly meetings are held with the UWF BOT Audit & Compliance Committee where updates regarding the Compliance function is shared with the Committee.	✓
C4 – Routine CCO meetings with President – please describe nature and frequency of meetings (e.g., semi-annually, quarterly, monthly, etc.) or whether the CCO participates in other regularly held direct reports or leadership meetings [4.003(7)(a) & 7(g)(3)]	January 2017: Presently the Associate Vice President, Internal Auditing & Compliance meets monthly with the President. During these meetings updates regarding auditing and compliance are discussed. These meetings will continue to occur and the Compliance Officer will be taken at least quarterly to meet with the President. When the Compliance Office is separated from Internal Auditing (within the next 4 years), one-on-one meetings will be scheduled between the President and the Compliance Officer. The Compliance Officer will be added to the Extended Cabinet, which meets quarterly with the President and senior leadership. This will occur prior to June 30, 2017.	●

	Area D – Chief Compliance Officer	
Regulation Component	Description	Progress Indicator
D1 – Appointed Chief Compliance Officer (CCO) [4.003(4)]	January 2017: Until the Compliance Office is separated from the Internal Auditing function, the AVP serves as the Chief Compliance Officer. However, UWF will name the Compliance Officer as the Chief Compliance Officer when the Compliance function separates from the internal auditing function. At the present time and since the Compliance function is less than one year old, the AVP for Internal Auditing & Compliance is mentoring the Compliance Officer and helping groom this individual to become the CCO to lead the Compliance department.	●
D2 – CCO reports functionally to the Board and administratively to the President [4.003(5)]	January 2017: This will occur formally when the Compliance function is separated from Internal Auditing. Until then, the AVP for Internal Auditing & Compliance is serving as CCO and does have this reporting relationship (functionally to BOT and administratively to the President).	●
D3 – Compliance Office Charter [4.003(6)]	January 2017: At the March 2016 meeting the BOT Audit & Compliance Committee adopted its charter which outlines its responsibilities for providing oversight to the Compliance/Ethics program. Also at this meeting, the departmental charter for the Office of Internal Auditing & Compliance was approved. When Compliance breaks apart from Internal Auditing, a separate charter will be developed and presented to the BOT Audit & Compliance Committee.	✓
D4 – CCO independence, objectivity, and access, (provide details of resolution of barriers [4.003(7)(g)5 & (7)(g)7]	January 2017: The present Internal Auditing & Compliance charter outlines direct and unrestricted access to the University personnel, documents and records. When Compliance breaks apart from Internal Auditing, a separate charter will be developed which will include the facets of independence, objectivity and access. This new charter will be presented to the BOT Audit & Compliance Committee for approval.	●

Regulation Component	Description	Progress Indicator
D5- CCO authority and resources (provide details of both staffing and budget) [4.003(7)(g)(2)]	**January 2017:** The present Internal Auditing & Compliance charter outlines authority and resources. When Compliance breaks apart from Internal Auditing, a separate charter will be developed which will include the facets authority. This new charter will be presented to the BOT Audit & Compliance Committee for approval. There is a separate budget for the Compliance function at UWF. Index 1270, has a total budget of $100,000 and is as follows: • Salary $ 45,000 • Salary Fringes 14,546 • Expense (includes travel and CPE) 40,454 $100,000	•

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _Martha Saunders_____ Date _1-27-17_____
           President

I certify that all information provided is true and correct to the best of my knowledge.

Certification: _Mort O'Sullivan III_____ Date _1-27-17_____
           Board of Trustees Chair