



Board of Trustees

UNIVERSITY of WEST FLORIDA

Audit and Compliance Committee Meeting Thursday, February 12, 2026 Zoom Webinar

[Zoom Webinar](#) | Passcode: 047421

Members: Chair Chris Young, Janice Gilley, Kishane Patel

Agenda

- I. Call to Order**
- II. Roll Call**
- III. Greeting**
- IV. Public Comment**
- V. Approval of Minutes**
 - a. [November 13, 2025](#): Committee Meeting Minutes
- VI. New Business**
 - a. Action Items
 - i. [AUD-1](#): Internal Audit Report: PBF Data Integrity Audit 2025
 - ii. [AUD-2](#): External Audit Report: UWF Athletics – Agreed-Upon Procedures Report
 - b. Information Items
 - i. [INFO-1](#): IAMC Department Update
- VII. Good of the Order**
- VIII. Adjournment**

**Audit and Compliance Committee
November 13, 2025
Zoom
DRAFT Minutes**

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Committee Meeting

9:17 a.m.CST (10:17EST)

The public was provided with information on the UWF Board of Trustees website to attend this public meeting virtually through Zoom Webinar.

I. Call to Order

- A. The meeting of the UWF Board of Trustees Audit and Compliance Committee was called to order at 9:17 a.m CST (10:17 am EST). by Committee Chair Chris Young.

II. Roll Call

- A. Chair Young asked Anna Lochas to conduct roll call. Trustees Chris Young, Dick Baker, and Rebecca Matthews were in attendance virtually. Trustee Paul Hsu was absent.
- B. Other Trustees in attendance included:
 1. Paul Bailey, Trista Bennett, Adam Kissel, Heather Riddell, Ashley Ross, Alonzie Scott, and Zack Smith were in attendance in person. Edward Fleming and Rachel Moya were in attendance virtually.
- C. Others in attendance included:
 1. Manny Diaz, Jr., Interim President; Jaromy Kuhl, Senior Vice President and Provost; Clifford Humphrey, Chief of Staff and Vice President of Strategic Initiatives; Tori Bennett, Interim Vice President of University Advancement; Betsy Bowers, Vice President of Finance and Administration; Dan Lucas, Interim Vice President of Finance and Administration; Mary Anderson, Interim Vice President and Dean of Students for Academic Engagement and Student Affairs; Dave Scott, Associate Vice President for Athletics; Jamie Sprague, Senior Associate VP, Human Resources; Julie Sheppard, Interim General Counsel; Cass Boatwright, Assistant Vice President and Chief Operating Officer; Anamarie Mixson, Assistant Vice President for the Office of the President; Alex Smith, Director of External Affairs; David Bryant, Chief Audit Executive; Matt Packard, Chief Compliance Officer; Dallas Snider, Vice Provost; Jeffrey Djerlek, Senior Associate Vice President and Controller; James Adams, Executive Director, Business & Auxiliary Services; Patrice Moorer, Assistant Vice President, Office of Academic Advocacy and Graduation Success; Angela Bryan, Director of Institutional Effectiveness; Katie Condon, Assistant Vice President, Enrollment Affairs; Mohamed Khabou, Dean of Hal Marcus College of Science and Engineering; Anna Lochas, Director of Events; and Kristie Johnson, Board of Trustees Liaison.

III. Greeting

- A. Chair Young welcomed everyone to the meeting and noted that there were six action items and one information item on the Audit and Compliance

Committee agenda.

IV. Public Comment

- A. Chair Young opened the floor for public comment. There was none.

V. Approval of Minutes

- A. Chair Young reminded the committee members that they had been given the opportunity ahead of time to review the minutes of the August 14, 2025, Audit and Compliance Committee meeting. Chair Young asked for a motion to approve the minutes as presented if there were no changes or corrections.
 1. Motion by: Trustee Baker
 2. Seconded by: Trustee Matthews
 3. Motion passed unanimously.

VI. New Business

A. Action Items

1. AUD-1: Internal Audit Report: Athletics Budget Review and Athlete Degree Progress.
 - a. Chief Audit Executive, David Bryant, presented the first action item on: Athletics Budget Review and Athlete Degree Progress.
 - b. Chair Young asked for a motion to accept the internal audit report issued on the Athletics Budget and Athlete Degree Progress as presented.
 - i. Motion by: Trustee Baker
 - ii. Seconded by: Trustee Matthews
 - iii. Motion passed unanimously.
2. AUD-2: Internal Audit Report: Purchasing Card Audit (Q4 2024-25)
 - a. David Bryant presented the second action item on the Internal Audit Report: Purchasing Card Audit (Q4 2024-25).
 - b. Chair Young asked for a motion to accept the internal audit report issued on the Purchasing Card Audit (Q4 2024-25) as presented.
 - i. Motion by: Trustee Baker
 - ii. Seconded by: Trustee Matthews
 - iii. Motion passed unanimously.
3. AUD-3: Auditor General Audit Report: Operational Audit (Report No. 2026-18)

- a. David Bryant presented the third action item on the Auditor General Audit Report: Operational Audit (Report No. 2026-18).
 - b. Chair Young asked for a motion to accept the Auditor General report issued on the Operational Audit as presented.
 - i. Motion by: Trustee Baker
 - ii. Seconded by: Trustee Matthews
 - iii. Motion passed unanimously.
4. AUD-4: UWF Business Enterprises, Inc. - Audited Financial Statements 2025
- a. David Bryant asked the Chair to consider AUD 4, AUD-5, and AUD-6 together for motion purposes.
 - b. Mr. Bryant presented the fourth action item on the UWF Business Enterprises, Inc. - Audited Financial Statements 2025
5. AUD-5: West Florida Historic Preservation, Inc. - Audited Financial Statements June 30, 2025
- a. David Bryant presented the fifth action item on the West Florida Historic Preservation, Inc. - Audited Financial Statements June 30, 2025.
6. AUD-6 UWF Foundation, Inc. Audited Financial Statements June 30, 2025
- a. David Bryant presented the six action item on the UWF Foundation, Inc. Audited Financial Statements June 30, 2025
 - b. Chair Young asked for a motion to accept the Audited Financial Statements June 30, 2025 of UWF Business Enterprises, Inc.; West Florida Historic Preservation, Inc.; UWF Foundation, Inc. as presented.
 - i. Motion by: Trustee Baker
 - ii. Seconded by: Trustee Matthews
 - iii. Motion passed unanimously.

B. Information Items

- 1. INFO-1: IAMC Department Update
 - a. David Bryant presented upcoming audit projects, findings report, completed external audits, audits in progress, staffing

department update, community project, and recognition of Trustee Baker's and Betsy Bower's last meeting.

VII. Good of the Order

- A. Chair Young identified that all agenda items had been discussed. Chair Young asked if the committee members had any additional business to discuss.

VIII. Adjournment

10:37a.m. EST/9:37 a.m. CST

- A. Chair Young thanked those in attendance for their participation. With no other business to discuss, Chair Young adjourned the meeting at 10:37a.m. EST/9:37 a.m. CST.

**Board of Trustees
Audit and Compliance Committee
February 12, 2026**

Internal Audit Report – Performance-Based Funding – Data Integrity Audit 2025

Recommended Action:

Acceptance of internal audit report issued.

Background Information:

Florida Board of Governors (BOG) Regulations require university chief audit executives to conduct an annual audit to verify the integrity of the data submitted to BOG for implementing the Performance-based Funding (PBF) Model. Internal Auditing & Management Consulting (IAMC) conducted our audit for the data submitted for the 2024/25 year. Based on our risks assessments and those conducted by BOG, we selected Metrics 4, 6, and 8 for detailed audit testing. In addition, we tested the timeliness of data submissions.

Our specific objectives were to:

- Evaluate internal controls designed to ensure the timeliness, accuracy, and completeness of data submissions to the Board of Governors, and
- Provide an objective basis of support for the President and Chair of the Board of Trustees to sign the representations included in the *Performance Based Funding – Data Integrity Certification*, to be filed with the Board of Governors by March 1, 2026.

Results

The results of our testing indicated internal controls over the related processes appear to be strong. Data submissions were timely, accurate, complete, and complied with the data definitions established by BOG.

Recommendations

No recommendations were offered.

Implementation Plan:

N/A

Fiscal Implications:

Fiscal oversight by the Board of Trustees

Relevant Authority:

BOG Regulation 4.002, BOG Regulation 5.001, Florida Statute 1001.92, Florida Statute 1011.905

Supports Strategic Direction(s):

6: Operational Excellence

Supporting Documents:

1. Internal Audit Report – PBF – Data Integrity Audit 2025

Prepared by:

David J. Bryant, Chief Audit Executive, IAMC, President's Division, DBryant1@uwf.edu

Presenter:

David J. Bryant



Performance-Based Funding Data Integrity 2025

Audit Report # 25-26_007

**Internal Auditing & Management Consulting
January 16, 2026**

**David Bryant, CIA, CFE, CPA, CGFM, CGAP, CRMA
Chief Audit Executive**

EXECUTIVE SUMMARY

Florida Board of Governors (BOG) Regulations require university chief audit executives to conduct an annual audit to verify the integrity of the data submitted to BOG for implementing the Performance-based Funding (PBF) Model. Internal Auditing & Management Consulting (IAMC) conducted our audit for the data submitted for the 2024/25 year. Based on our risks assessments and those conducted by BOG, we selected Metrics 4, 6, and 8 for detailed audit testing. In addition, we tested the timeliness of data submissions.

The results of our testing indicated internal controls over the related processes appear to be strong. Data submissions were timely, accurate, complete, and complied with the data definitions established by BOG. No recommendations were offered.

Our audit provides an objective basis for the President and Board of Trustees (BOT) Chair to sign the representations included in the required *Performance Based Funding – Data Integrity Certification*.

SCOPE AND OBJECTIVES

We audited Performance Based Funding Data Integrity as of September 30, 2025. This audit was included as part of our 2025/26 audit work plan, conducted in accordance with a Board of Governors directive to State universities. Our specific objectives were to:

- Evaluate internal controls designed to ensure the timeliness, accuracy, and completeness of data submissions to the Board of Governors, and
- Provide an objective basis of support for the President and Chair of the Board of Trustees to sign the representations included in the *Performance Based Funding – Data Integrity Certification*, to be filed with the Board of Governors by March 1, 2026.

The scope of the audit included a review of data files submitted to BOG for the 2024/25 year, for the following metrics, unless otherwise noted:

- **Metric 4: Four Year Graduation Rate (FTIC)**
Degrees Awarded for the 2021 cohort
- **Cohort Adjustments**
For the 2021 cohort and cohort adjustments made since Fall 2024
- **Metric 6: Bachelor’s Degrees Awarded in Programs of Strategic Emphasis**
Degrees Awarded for the 202405, 202408, and 202501 semesters
- **Metric 8: Graduate Degrees Awarded in Programs of Strategic Emphasis**
Degrees Awarded for the 202405, 202408, and 202501 semesters

The audit scope and objectives were approved by the UWF President on September 18, 2025 and the UWF BOT Chair on September 23, 2025.

Audit fieldwork began on September 12, 2025 and ended on January 15, 2026. Our audit conforms to the Institute of Internal Auditors Global Internal Audit Standards and generally accepted auditing standards.

BACKGROUND

The Board of Governors serves as the governing body for the State University System of Florida. BOG has broad governance responsibilities affecting administrative and budgetary matters for Florida's 12 public universities. Beginning in fiscal year 2013/14, BOG implemented a performance-based funding model to evaluate Florida's 12 public universities on a range of issues. The model is based on ten metrics and incentivizes universities to improve on key metrics. Required data integrity audits have been performed annually since 2014. The culmination of these audits is the execution of the Data Integrity Certification document by the President and the Chair of the Board of Trustees. The submission of this Certification to BOG confirms our compliance with BOG Regulation 5.001(8).

Currently, the metrics that generally apply to all institutions are:

Metric 01	Percent of Bachelor's Graduates Employed (Earning \$40,000+) or Continuing their Education
Metric 02	Median Wages of Bachelor's Graduates Employed Full-time
Metric 03	Average Cost to the Student (Net Tuition and Fees per 120 Credit Hours for Resident Undergraduates)
Metric 04	Four Year Graduation Rate (Full-time FTIC)
Metric 05	Academic Progress Rate (Second Fall Retention Rate with at Least a 2.0 GPA for Full-time FTIC students)
Metric 06	Bachelor's Degrees Awarded within Programs of Strategic Emphasis
Metric 07	University Access Rate (Percent of Undergraduates with a Pell Grant)
Metric 08	Graduate Degrees Awarded within Programs of Strategic Emphasis
Metric 09a	Two-Year Graduation Rate for Florida College System Associate in Arts Transfer Students
Metric 09b	Six-Year Graduation Rate for Students Who are Awarded a Pell Grant in Their First Year

Metrics 1–9 Methodology

Much of the data that is used by BOG in their calculations of Metrics 1 through 9 is compiled into six data files that are submitted periodically by each of the universities. These files include:

- Admissions File
- Degrees Awarded File
- Hours to Degree File
- Retention File
- Student Financial Aid File
- Student Instruction File

Data that is ultimately provided to BOG through these electronic submissions is initially entered through the Admissions, Graduate Admissions, Registrar, Financial Aid, and Controller's departments into Banner (the University's Student Information and ERP system). The Office of Institutional Research (IR) has been delegated responsibility for compiling the data into tables

according to BOG’s data definitions and specifications, conducting quality reviews of the data prior to submission to BOG, and timely submission of data files.

Metric 10 Methodology

Each university is offered a “Board of Trustees Choice Metric,” which allows the institution to select a metric based on their university’s unique strengths. Since 2019/20, UWF has selected the following as its choice metric:

Metric 10 Percent of Baccalaureate Graduates Completing 2+ Types of High-Impact Practices (HIP)

UWF has accepted the following classification of High-Impact Practices established by the Association of American Colleges and Universities:

- First-Year Seminars and Experiences (includes Learning Communities)
- Common Intellectual Experience
- Writing-Intensive Courses
- Collaborative Assignments and Projects
- Research with Faculty
- Diversity/Global Learning
- ePortfolios
- Service Learning, Community-Based Learning
- Internships
- Capstone Courses and Projects

The data reported for Metric 10 is collected from Banner, as well as various functional offices. Metric 10 data collected from Banner is done so through the use of Banner Course Attributes. Each HIP is assigned a coordinating Banner Course Attribute, which is then used to ensure appropriate tracking, assessment, and reporting. Metric 10 data obtained directly from functional offices is done so through submission of student rosters. At this time, rosters of students participating in Research with Faculty, Study Abroad, and Living Learning communities are provided to IR by the respective areas.

Future Metric Changes

During its November 2025 meeting, BOG approved updates to the Performance-based Funding Model (referred to as Model 2.0), as well as new metrics. The changes are intended to reset the model and align with the updates to the State University System of Florida Strategic Plan, SUS 30. These changes will go into effect in 2026, but funding allocations will not be impacted by Model 2.0 until 2027. BOG will use the current model to allocate 2026-27 funding, with new benchmarks for metrics 6 and 8. BOG will simultaneously run Model 2.0 for comparison, but funding will not be allocated based on these scores. Model 2.0 is expected to be implemented in June 2027 for 2027-28 allocation. Changes will be seen across multiple metrics, including those that generally apply to all institutions as well as to metric 10, the institutions’ “Board of Trustees Choice Metric.”

Appointment of the Data Administrator

In accordance with BOG Regulation 3.007 “State University System (SUS) Management Information Systems,” the President has formally appointed the Assistant Vice President (AVP) of

IR as the University's Institutional Data Administrator. The AVP has frequent contact with the BOG Office of Data and Analytics staff, strengthening his understanding of their complex requirements for the data in the files.

AUDIT METHODOLOGY

This year's Performance-based Funding audit represents the University's twelfth required data integrity audit. As the University's data integrity processes and procedures have evolved, so too has IAMC's approach to assessing related risks. Using a risk-based approach, we considered the overall audit risk of each metric (including BOG's risk assessment of each metric), any changes to metric definitions or methodology, significant changes to University policies or procedures impacting data-related processes, as well as turnover of key personnel. Audit testing focused on the higher risk activities.

Audit testing was conducted on data submitted to BOG to evaluate its timeliness, accuracy, and completeness. We used data based on academic years or semesters, according to the time periods identified as part of the UWF Accountability Plan for 2025; if this information was not yet available, data in the last file submitted was used for testing purposes.

Detailed audit testing for specific metrics focused on data underlying the following:

Metric 4: Four Year Graduation Rate (FTIC)

- **Cohort Reconciliation**

To test the accuracy of the 2021 cohort as reported by IR, we obtained source data and compared it to the data provided by IR. Discrepancies within this reconciliation, if any, were investigated and resolved.

- **Cohort Degree Reconciliation**

To test the accuracy of the graduation (degree) data reported by IR for the 2021 cohort, we obtained source data and compared it to the data provided by IR. Discrepancies within this reconciliation, if any, were investigated and resolved.

- **Cohort Adjustments**

To test the accuracy of cohort adjustments made by IR, and to ensure their compliance with allowable exclusions per BOG methodology, we first obtained IR's lists of cohort adjustments made within the respective time frames (cohort adjustments made to the 2021 cohort and cohort adjustments made since Fall 2024). We requested the associated source documentation to verify the exclusions were allowable according to BOG methodology. Discrepancies, if any, were investigated and resolved.

Metric 6: Bachelor's Degrees Awarded in Programs of Strategic Emphasis

- **Classification of Bachelor's Degrees as Programs of Strategic Emphasis (PSE)**

To test the accuracy of IR's classification of bachelor's degrees as PSE or non-PSE, we obtained IR's list of PSE and non-PSE degrees. BOG determines if a degree is a Program of Strategic Emphasis based on the program's national Classification of Instructional Program

(CIP) code. We compared IR's classifications to BOG's listing of PSE and non-PSE bachelor's degrees to determine if IR's classifications were accurate. Discrepancies, if any, were investigated and resolved.

- **Total Number of Bachelor's Degrees Reported to BOG**

IR determined the total number of individual bachelor's degrees awarded during the 2024/25 year.

Reconciliation of Total Bachelor's Degrees to Source Data (both PSE and non-PSE)

To test the accuracy of the total number of bachelor's degrees awarded, we reconciled the total number of bachelor's degrees determined by IR to the total number of bachelor's degrees awarded per the Banner source data. Discrepancies within this reconciliation, if any, were investigated and resolved.

Total Bachelor's Degrees Reported to BOG

Once we verified the accuracy of the total number of bachelor's degrees determined by IR, we reconciled this information to the total number of bachelor's degrees reported to BOG in the Degrees Awarded file for each semester (202405, 202408, and 202501). Discrepancies within this reconciliation, if any, were investigated and resolved.

- **Individual Bachelor's Degrees Awarded**

IR determined the individual bachelor's degrees awarded during the 2024/25 year.

Reconciliation of Individual Bachelor's Degrees to Source Data (both PSE and non-PSE)

To test the accuracy of the individual bachelor's degrees awarded details (both PSE and non-PSE) determined by IR, we selected a sample of individual bachelor's degrees and verified the individual degree information agrees to Banner source data. Discrepancies within this reconciliation, if any, were investigated and resolved.

Individual Bachelor's Degrees Reported to BOG

To test the accuracy of individual bachelor's degrees awarded determined by IR (both PSE and non-PSE) was accurately reported to BOG, we selected a sample of individual degrees awarded as determined by IR and confirmed that the degrees were accurately reported to BOG. Discrepancies, if any, were investigated and resolved.

Metric 8: Graduate Degrees Awarded in Programs of Strategic Emphasis

- **Classification of Graduate Degrees as Programs of Strategic Emphasis**

To test the accuracy of IR's classification of graduate degrees as PSE or non-PSE, we obtained IR's list of PSE and non-PSE degrees. BOG determines if a degree is a Program of Strategic Emphasis based on the program's national Classification of Instructional Program (CIP) code. We compared IR's classifications to BOG's listing of PSE and non-PSE graduate degrees to determine if IR's classifications were accurate. Discrepancies, if any, were investigated and resolved.

- **Total Number of Graduate Degrees Reported to BOG**

IR determined a total number of individual graduate degrees awarded during the 2024/25 year.

Reconciliation of Total Graduate Degrees to Source Data (both PSE and non-PSE)

To test the accuracy of the total number of graduate degrees awarded, we reconciled the total number of graduate degrees determined by IR to the total number of degrees awarded per Banner source data. Discrepancies within this reconciliation, if any, were investigated and resolved.

Total Graduate Degrees Reported to BOG

Once we verified the accuracy of the total number of graduate degrees determined by IR, we reconciled this information to the total number of graduate degrees reported to BOG in the Degrees Awarded file for each semester (202405, 202408, 202501). Discrepancies within this reconciliation, if any, were investigated and resolved.

- **Individual Degrees Reported to BOG**

IR determined the individual graduate degrees awarded during the 2024/25 year.

Reconciliation of Individual Graduate Degrees to Source Data (both PSE and non-PSE)

To test the accuracy of the individual graduate degrees awarded details (both PSE and non-PSE) determined by IR, we selected a sample of individual graduate degrees and verified the individual degree information agrees to Banner source data. Discrepancies within this reconciliation, if any, were investigated and resolved.

Individual Graduate Degrees Reported to BOG

To test the accuracy of individual graduate degrees awarded determined by IR (both PSE and non-PSE) was accurately reported to BOG, we selected a sample of individual graduate degrees awarded as determined by IR and confirmed that the degrees were accurately reported to BOG. Discrepancies, if any, were investigated and resolved.

In addition, we reviewed the specified schedule for submission of data files to BOG via the State University Database System (SUDS) and determined the timeliness of the University's data submissions.

CONCLUSION ON GOVERNANCE, RISK MANAGEMENT, AND CONTROLS

In our opinion, governance over the University's Performance-based Funding data, processes, and activities were adequate to ensure compliance with applicable Florida Statutes, BOG regulations, and University policies. Institutional Research, as well as the multiple functional user areas, have retained key personnel, providing critical experience and continuity to ensure the integrity of the University's data and processes. Controls had been established in each area that were sufficient to ensure the integrity of the data and risks were being adequately managed.

KEY OBSERVATIONS

Metric 4: Four Year Graduation Rate (FTIC)

- **Cohort Reconciliation**

IR determined a total of 1,037 students comprised the 2021 cohort. We reconciled IR's 2021 cohort with Banner source data and determined IR's cohort was accurate. **This information agrees with the 2021 cohort data reported to BOG.**

- **Cohort Adjustments**

We obtained a list of IR's cohort adjustments for the 2021 cohort. We reviewed source documentation for these cohort adjustments and determined their appropriateness and compliance with allowable exclusions according to BOG methodology. We also performed this same set of procedures on cohort adjustments made since Fall 2024. **No discrepancies were noted.**

- **Cohort Degree Reconciliation**

IR determined a total of 558 degrees were awarded for students in the 2021 cohort. We reconciled IR's total number of degrees for the 2021 cohort to Banner source data and determined IR's total number of degrees for the 2021 cohort was accurate. **This information agrees with the cohort degrees awarded reported to BOG.**

- **Graduation Rate**

IR determined the 4-year graduation rate of the 2021 cohort to be 53.8% (558 degrees awarded to students in the 2021 cohort divided by 1,037 students in the 2021 cohort). **Based on our testing of the cohort and degrees awarded to students in the cohort, IR's graduation rate appears to be accurate.**

Metric 6: Bachelor's Degrees Awarded in Programs of Strategic Emphasis

- **Classification of Bachelor's Degrees as PSE or Non-PSE**

IR internally tracks CIP codes and the University's degree programs that correspond with each of the respective codes. IR assigns each bachelor's degree as a PSE or non-PSE degree, based on the degree's CIP code. BOG determines if a degree is a Program of Strategic Emphasis based on the program's national Classification of Instructional Program (CIP) code. We compared IR's classifications to BOG's listing of PSE and non-PSE bachelor's degrees to determine if IR's classifications were accurate. During our testing of PSE classifications, **we noted one instance where a bachelor's degree program had been misclassified for PSE purposes.** This classification is internal and no degrees were awarded within the program, so there was no impact on the University's metrics. **During fieldwork and prior to the issuance of this report, IR corrected the misclassification.**

- **Total Number of Bachelor's Degrees Reported to BOG**

IR determined a total number of 2,257 bachelor's degrees were awarded for the 202405, 202408, and 202501 semesters. We reconciled IR's total number of bachelor's degrees awarded to Banner source data and determined IR's total number of bachelor's degrees was accurate. **This information agrees with the total number of bachelor's degrees**

reported to BOG in the Degrees Awarded files for the 202405, 202408, and 202501 semesters.

- **Individual Bachelor's Degrees Awarded**

IR determined a total number of 2,257 individual bachelor's degrees were awarded for the 202405, 202408, and 202501 semesters. We selected a sample of individual bachelor's degrees and verified the degree information agrees to Banner source data. Using that same sample, we verified the bachelor's degrees were accurately reported to BOG. **No discrepancies were noted.**

Metric 8: Graduate Degrees Awarded in Programs of Strategic Emphasis

- **Classification of Graduate Degrees as PSE or Non-PSE**

IR internally tracks CIP codes and the University's degree programs that correspond with each of the respective codes. IR assigns each graduate degree as a PSE or non-PSE degree, based on the degree's CIP code. BOG determines if a degree is a Program of Strategic Emphasis based on the program's national Classification of Instructional Program (CIP) code. We compared IR's classifications to BOG's listing of PSE and non-PSE graduate degrees to determine if IR's classifications were accurate. **No discrepancies were noted.**

- **Total Number of Graduate Degrees Reported to BOG**

IR determined a total number of 1,616 graduate degrees were awarded for the 202405, 202408, and 202501 semesters. We reconciled IR's total number of graduate degrees awarded to Banner source data and determined IR's total number of graduate degrees was accurate. **This information agrees with the total number of graduate degrees reported to BOG in the Degrees Awarded files for the 202405, 202408, and 202501 semesters.**

- **Individual Graduate Degrees Awarded**

IR determined a total number of 1,616 individual graduate degrees were awarded for the 202405, 202408, and 202501 semesters. We selected a sample of individual graduate degrees and verified the degree information agrees to Banner source data. Using that same sample, we verified the graduate degrees were accurately reported to BOG. **No discrepancies were noted.**

Timeliness

We reviewed the SUDS Master Calendar for required data submissions related to PBF. All files were noted as submitted and accepted in the SUDS system. A review of SUDS and discussions with the Institutional Data Administrator indicated that submissions were generally timely.

OVERALL CONCLUSION

We noted that the submissions during the current period were generally timely. Based on the results of our audit procedures, we conclude that controls over the University's data submission process for the period under review are adequate to provide reasonable assurance that the data submitted pursuant to Florida Statute 1001.92 are timely, accurate, complete, and comply with the data definitions established by BOG.

RECOMMENDATIONS

No deficiencies or findings were noted during our audit. As such, we offer no recommendations or proposed corrective action plans.

We appreciate the cooperation, professionalism, and responsiveness of the employees who participated in the audit.

Respectfully submitted,

A handwritten signature in black ink that reads "David J. Bryant". The signature is written in a cursive style with a prominent horizontal line extending from the end of the name.

David J. Bryant, CIA, CFE, CPA, CGFM, CGAP, CRMA
Chief Audit Executive

REPORT DISTRIBUTION

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APPENDIX A – RISK RATING FRAMEWORK

Risk Rating	Criteria
High	Significant internal control or risk management concern that if not corrected or mitigated could lead to serious consequences. Immediate attention from University personnel required.
Moderate	Minor procedural lapses, internal control gaps, and/or failure of defined controls which could lead adverse impacts. Timely attention from University personnel is warranted.
Low	Recommendation may lead to improvement in the quality and/or efficiency of the process or area audited, or conformance to best practices. Routine attention from University personnel is warranted.



Data Integrity Certification

March 2026

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

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

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

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

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

University Name: University of West Florida

Data Integrity Certification Representations:

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

Data Integrity Certification, March 2026

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

Exceptions to Note: None

Data Integrity Certification, March 2026

Data Integrity Certification Representations, Signatures:

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

Certification: _____
University President

Date: _____

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

Certification: _____
University Board of Trustees Chair

Date: _____

Board of Trustees
Audit and Compliance Committee
February 12, 2026

UWF Intercollegiate Athletics Program – NCAA Agreed-Upon Procedures Report

Recommended Action:

Acceptance of the agreed-upon procedures report.

Background Information:

Once every three years the National Collegiate Athletic Association (NCAA) Bylaws require institutions to have an independent accountant perform certain Agreed-Upon Procedures (AUP) related to the Statement of Revenues and Expenses. The Bylaws state:

“At least once every three years, all expenses and revenues for or on behalf of a Division II member institution's intercollegiate athletics programs, including those by any affiliated or outside organization, agency or group of individuals (two or more), shall be subject to agreed-on procedures approved by the Division II membership (in addition to any regular financial reporting policies and procedures of the institution) conducted for the institution by a qualified independent accountant who is not a staff member of the institution and who is selected either by the institution's chancellor or president or by an institutional administrator from outside the athletics department designated by the chancellor or president. If, within the last three years, the institution has conducted an overall institutional audit that includes a financial audit of all athletics department funds using the agreed upon procedures, then the institution is not required to perform a separate financial audit of all athletics department expenditures. An institution is not required to use the agreed upon procedures in years outside the once in every three-year cycle. The report created pursuant to the approved procedures shall be completed and presented to the chancellor or president on or before January 15 after the end of the institution's fiscal year.”

Independent accounting firm James Moore & Co. performed the engagement and issued the attached Independent Accountants' Report on the Application of Agreed-Upon Procedures for the Year Ended June 30, 2025 on January 12, 2026.

Results

No findings or exceptions were noted.

Recommendations

No recommendations were offered.

Implementation Plan:

N/A

Fiscal Implications:

Fiscal oversight by the Board of Trustees.

Relevant Authority:

BOG Regulation 4.002

NCAA 2024-2025 Division II Manual

Supports Strategic Direction(s):

6: Operational Excellence

Supporting Documents:

1. UWF Intercollegiate Athletics Program – NCAA AUP Report

Prepared by:

David J. Bryant, Chief Audit Executive, IAMC, President's Division, DBryant1@uwf.edu

Presenter:

David J. Bryant

**UNIVERSITY OF WEST FLORIDA ATHLETICS
INTERCOLLEGIATE ATHLETICS PROGRAM**

**INDEPENDENT ACCOUNTANTS' REPORT ON THE
APPLICATION OF AGREED-UPON PROCEDURES**

FOR THE YEAR ENDED JUNE 30, 2025

**UNIVERSITY OF WEST FLORIDA ATHLETICS
INTERCOLLEGIATE ATHLETICS PROGRAM
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JUNE 30, 2025**

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**INDEPENDENT ACCOUNTANTS' REPORT ON THE
APPLICATION OF AGREED-UPON PROCEDURES**

The Board of Trustees,
University of West Florida Athletics:

We have performed the procedures enumerated below on the accompanying Statement of Revenues and Expenses (the Statement, see Exhibit I) of the University of West Florida (the University) Intercollegiate Athletics Program (the Program) in compliance with the National Collegiate Athletic Association's (NCAA) Bylaw 7.3.1.5.22.1 for the year ended June 30, 2025. The University's management is responsible for the accompanying Statement and the Statement's compliance with those requirements for the year ended June 30, 2025.

The University has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of evaluating whether the accompanying Statement is in compliance with the NCAA's Bylaw 7.3.1.5.22.1 for the year ended June 30, 2025. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not meet the needs of all users of this report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes.

Exceptions totaling the lesser of \$100,000 or 10% of the line item total to which an agreed-upon procedure has been applied to, other than exceptions related to internal control procedures of the Program, for which there are no thresholds, have been reported. The procedures and the associated findings are as follows:

Agreed-Upon Procedures Related to the Statement of Revenues and Expenses

Procedure	Finding
All Revenue Categories	
<ul style="list-style-type: none">• Compare and agree each operating revenue category reported in the statement during the reporting period to supporting schedules provided by the Program. If a specific reporting category is less than 4% of the total revenues, no procedures are required for that specific category.	No exceptions noted.
<ul style="list-style-type: none">• Compare and agree a sample of operating revenue receipts obtained from the above operating revenue supporting schedules to adequate supporting documentation.	No exceptions noted.
<ul style="list-style-type: none">• Compare each major revenue account over 10% of the total revenues to prior period amounts and budget estimates. Obtain and document an explanation of any variations greater than 10%. Report the analysis as a supplement to the final Agreed-Upon procedures report.	No exceptions noted and amounts and explanations for variations from the prior period are included in the supplement on page 18

Procedure	Finding
1. Ticket Sales	
<p>a. Compare tickets sold during the reporting period, complimentary tickets provided during the reporting period and unsold tickets to the related revenue reported by the Program in the statement and the related attendance figures and recalculate totals.</p>	<p>As ticket sales represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.</p>
2. Direct State or Other Governmental Support	
<p>a. Compare direct state or other governmental support recorded by the Program during the reporting period with state appropriations, institutional authorizations and/or other corroborative supporting documentation and recalculate totals.</p>	<p>As there were no direct state or other governmental support for the year ended June 30, 2025, this procedure was not performed.</p>
3. Student Fees	
<p>a. Compare and agree student fees reported by the Program in the statement for the reporting to student enrollments during the same reporting period and recalculate totals.</p>	<p>No exceptions noted.</p>
<p>b. Obtain documentation of Institute's methodology for allocating student fees to intercollegiate athletics programs.</p>	<p>An understanding of the University's methodology was gained, and we noted the allocation was in accordance with the University's methodology.</p>
<p>c. If the Program is reporting that an allocation of student fees should be countable as generated revenue, recalculate the totals of their methodology for supporting that they are able to count each sport. Tie the calculation to supporting documents such as seat manifests, ticket sales reports and student fee totals.</p>	<p>No exceptions noted.</p>
4. Direct Institutional Support	
<p>a. Compare the direct institutional support recorded by the Program during the reporting period with the institutional supporting budget transfers documentation and other corroborative supporting documentation and recalculate totals.</p>	<p>No exceptions noted.</p>
5. Less - Transfers to Institution	
<p>a. Compare the transfers back to the institution with permanent transfers back to the institution from the Program and recalculate totals.</p>	<p>As transfers back to institution represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.</p>

Procedure

Finding

6. Indirect Institutional Support (6 and 6A)

- a. Compare the indirect institutional support recorded by the institution during the reporting period with expense payments, cost allocation detail and other corroborative supporting documentation and recalculate totals.

As there was no indirect institutional support for the year ended June 30, 2025, this procedure was not performed.

7. Guarantees

- a. Select a sample of settlement reports for away games during the reporting period and agree each selection to the Program's general ledger and/or the statement and recalculate totals.
- b. Select a sample of contractual agreements pertaining to revenues derived from guaranteed contests during the reporting period and compare and agree each selection to the Program's general ledger and/or the statement and recalculate totals.

As guarantees represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.

As guarantees represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.

8. Contributions

- a. Any contributions of moneys, goods or services received directly by an intercollegiate athletics program from any affiliated or outside organization, agency or group of individuals (two or more) not included above (e.g., contributions by corporate sponsors) that constitutes 10 percent or more in aggregate for the reporting year of all contributions received for intercollegiate athletics during the reporting periods shall obtain and review supporting documentation for each contribution and recalculate totals.

No exceptions noted.

9. In-Kind

- a. Compare the in-kind recorded by the Program during the reporting period with a schedule of in-kind donations and recalculate totals.

As there were no in-kind revenues for the year ended June 30, 2025, this procedure was not performed.

10. Compensation and Benefits Provided by a Third-Party

- a. Obtain the summary of revenues from affiliated and outside organizations (the "Summary") as of the end of the reporting period from the Program and select a sample of funds from the Summary and compare and agree each selection to supporting documentation, the Program's general ledger and/or the Summary and recalculate totals.

As there was no compensation and benefits provided by a third-party for the year ended June 30, 2025, this procedure was not performed.

Procedure	Finding
11. Media Rights	
a. Obtain and inspect agreements to understand the institution's total media (broadcast, television, radio) rights received by the Program or through their conference offices as reported in the statement.	As media rights represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.
b. Compare and agree the media right revenues to a summary statement of all media rights identified, if applicable, and the Program's general ledger and recalculate totals. Ledger totals may be different for total conference distributions if media rights are not broken out separately.	As media rights represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.
12. NCAA Distributions and NCAA Host Revenue Settlements (12A-12C)	
a. Compare the amounts recorded in the revenue and expense reporting to general ledger detail for NCAA distributions and other corroborative supporting documents and recalculate totals.	As NCAA distributions represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.
13. Conference Distributions and Conference Distributions of Post Season Generated Revenue (13 and 13A)	
a. Obtain and inspect agreements related to the Program's conference distributions and participation in revenues from tournaments during the reporting period for relevant terms and conditions.	As conference distributions represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.
b. Compare and agree the related revenues to the Program's general ledger, and/or the statement and recalculate totals.	As conference distributions represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.
14. Program Sales, Concessions, Novelty Sales and Parking	
a. Compare the amount recorded in the revenue reporting category to a general ledger detail of program sales, concessions, novelty sales and parking as well as any other corroborative supporting documents and recalculate totals.	As program sales, concessions, novelty sales and parking represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.
15. Royalties, Licensing, Advertisements and Sponsorships	
a. Obtain and inspect agreements related to the Program's participation in revenues from royalties, licensing, advertisements and sponsorships during the reporting period for relevant terms and conditions.	As royalties, licensing, advertisements and sponsorships represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.

Procedure	Finding
<ul style="list-style-type: none"> b. Compare and agree the related revenues to the Program's general ledger, and/or the statement and recalculate totals. 	<p>As royalties, licensing, advertisements and sponsorships represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.</p>
16. Sports Camp Revenues	
<ul style="list-style-type: none"> a. Inspect sports camp contract(s) between the institution and person(s) conducting institutional sports-camps or clinics during the reporting period to obtain documentation of the Program's methodology for recording revenues from sports- camps. 	<p>As sport camp revenues represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.</p>
<ul style="list-style-type: none"> b. Obtain schedules of camp participants and select a sample of individual camp participant cash receipts from the schedule of sports- camp participants and agree each selection to the Program's general ledger, and/or the statement and recalculate totals. 	<p>As sport camp revenues represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.</p>
17. Athletics Restricted Endowment and Investment Income	
<ul style="list-style-type: none"> a. Obtain and inspect endowment agreements (if any) for relevant terms and conditions. 	<p>As athletics restricted endowment and investment income represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.</p>
<ul style="list-style-type: none"> b. Compare and agree the classification and use of endowment and investment income reported in the statement during the reporting period to the uses of income deferred within the related endowment agreement and recalculate totals. 	<p>As athletics restricted endowment and investment income represent less than 4% of total revenues for the year ended June 30, 2025, this procedure was not performed.</p>
18. Other Operating Revenue	
<ul style="list-style-type: none"> a. Perform minimum agreed-upon procedures referenced for all revenue categories and recalculate totals. 	<p>No exceptions noted.</p>
19. Football Bowl Revenues	
<ul style="list-style-type: none"> a. Obtain and inspect agreements related to the Program's revenues from post-season football bowl participation during the reporting period to gain an understanding of the relevant term and conditions. 	<p>As there were no football bowl revenues for the year ended June 30, 2025, this procedure was not performed.</p>
<ul style="list-style-type: none"> b. Compare and agree the related revenues to the Program's general ledger, and or the statement and recalculate totals. 	<p>As there were no football bowl revenues for the year ended June 30, 2025, this procedure was not performed.</p>

MINIMUM AGREED UPON PROCEDURES PROGRAM FOR EXPENSES

- | | |
|---|--|
| <ul style="list-style-type: none"> • Compare and agree each expense category reported in the statement during the reporting period to supporting schedules provided by the institution. If a specific reporting category is less than 4% of the total expenses, no procedures are required for that specific category. | <p>No exceptions noted.</p> |
| <ul style="list-style-type: none"> • Compare and agree a sample of expenses obtained from the above operating expense supporting schedules to adequate supporting documentation. | <p>No exceptions noted.</p> |
| <ul style="list-style-type: none"> • Compare each major expense account over 10% of the total expenses to prior period amounts and budget estimates. Obtain and document an explanation of any variations greater than 10%. Report the analysis as a supplement to the final Agreed-Up on procedures report. | <p>No exceptions noted and amounts and explanations for variations from the prior period are included in the supplement on page 18</p> |

20. Athletic Student Aid

- | | |
|--|--|
| <p>a. Select a sample of students (10% of the total student-athletes for institutions who have used NCAA's Compliance Assistant (CA) software to prepare athletic aid detail, with a maximum sample size of 40, and 20% of total student-athletes for institutions who have not, with a maximum sample size of 60) from the listing of institutional student aid recipients during the reporting period.</p> | <p>A sample of 40 student aid recipients was selected.</p> |
| <p>b. Obtain individual student account detail for each selection and compare total aid in the institution's student system to the student's detail in CA or the institution report that ties directly to the NCAA Membership Financial Reporting System.</p> | <p>No exceptions noted.</p> |
| <p>c. Recalculate totals for each sport and overall.</p> | <p>No exceptions noted.</p> |

21. Guarantees

- | | |
|--|---|
| <p>a. Obtain and inspect visiting institution's away-game settlement reports received by the institution during the reporting period and agree related expenses to the Program's general ledger and/or the statement and recalculate totals.</p> | <p>As guarantees represent less than 4% of total expenses for the year ended June 30, 2025, this procedure was not performed.</p> |
| <p>b. Obtain and inspect contractual agreements pertaining to expenses recorded by the Program from guaranteed contests during the reporting period. Compare and agree related amounts expensed by the institution during to the Program's general ledger and/or the statement and recalculate totals.</p> | <p>As guarantees represent less than 4% of total expenses for the year ended June 30, 2025, this procedure was not performed.</p> |

Procedure

Finding

22. Coaching Salaries, Benefits, and Bonuses Paid by the University and Related Entities

- a. Obtain and inspect a listing of coaches employed by the Program and related entities during the reporting period. Select a sample of coaches' contracts that must include football, and men's and women's basketball from the listing.
- b. Compare and agree the financial terms and conditions of each selection to the related coaching salaries, benefits, and bonuses recorded by the Program and related entities in the statement during the reporting period.
- c. Obtain and inspect payroll summary registers for the reporting year for each selection. Compare and agree payroll summary registers from the reporting period to the related coaching salaries, benefits and bonuses paid by the Program and related entities expense recorded by the Program in the statement during the reporting period.
- d. Compare and agree the totals recorded to any employment contracts executed for the sample selected and recalculate totals.

A listing of all coaches employed by the Program was obtained. A sample of five coaches for two pay periods each was selected, including the men's and women's basketball head coach and the men's football head coach.

No exceptions noted.

No exceptions noted.

No exceptions noted.

23. Coaching Salaries, Benefits and Bonuses Paid by a Third-Party

- a. Obtain and inspect a listing of coaches employed by third parties during the reporting period. Select a sample of coaches' contracts that must include football, and men's and women's basketball from the listing.
- b. Compare and agree the financial terms and conditions of each selection to the related coaching other compensation and benefits paid by a third party and recorded by the Program in the statement during the reporting period.
- c. Obtain and inspect reporting period payroll summary registers for each selection. Compare and agree related payroll summary register to the coaching other compensation and benefits paid by a third-party expenses recorded by the institution in the statement during the reporting period and recalculate totals.

As there were no coaching other compensation and benefits paid by a third-party for the year ended June 30, 2025, this procedure was not performed.

As there were no coaching other compensation and benefits paid by a third-party for the year ended June 30, 2025, this procedure was not performed.

As there were no coaching other compensation and benefits paid by a third-party for the year ended June 30, 2025, this procedure was not performed.

Procedure	Finding
<p>24. Support Staff/Administrative Compensation, Benefits and Bonuses Paid by the University and Related Entities</p> <p>a. Select a sample of support staff/administrative personnel employed by the Program and related entities during the reporting period.</p> <p>b. Obtain and inspect reporting period summary payroll register for each selection. Compare and agree related summary payroll register to the related support staff administrative salaries, benefits and bonuses paid by the Program and related entities expense recorded by the Program in the statement during the reporting period and recalculate totals.</p>	<p>A sample of five support staff/administrative personnel for two pay periods each was selected.</p> <p>No exceptions noted.</p>
<p>25. Support Staff/Administrative Other Compensation and Benefits Paid by a Third-Party</p> <p>a. Select a sample of support staff/administrative personnel employed by the third parties during the reporting period.</p> <p>b. Obtain and inspect reporting period payroll summary registers for each selection. Compare and agree related payroll summary registers to the related support staff administrative other compensation and benefits expense recorded by the Program in the statement during the reporting period and recalculate totals.</p>	<p>As there were no support staff/administrative other compensation and benefits paid by a third-party for the year ended June 30, 2025, this procedure was not performed.</p> <p>As there were no support staff/administrative other compensation and benefits paid by a third-party for the year ended June 30, 2025, this procedure was not performed.</p>
<p>26. Severance Payments</p> <p>a. Select a sample of employees receiving severance payments by the institution during the reporting period and agree each severance payment to the related termination letter or employment contract and recalculate totals.</p>	<p>As there were no severance payments for the year ended June 30, 2025, this procedure was not performed.</p>
<p>27. Recruiting</p> <p>a. Obtain documentation of the Program's recruiting expense policies.</p> <p>b. Compare and agree to existing institutional- and NCAA-related policies.</p>	<p>As recruiting expenses represent less than 4% of total expenses for the year ended June 30, 2025, this procedure was not performed.</p> <p>As recruiting expenses represent less than 4% of total expenses for the year ended June 30, 2025, this procedure was not performed.</p>

Procedure	Finding
<ul style="list-style-type: none"> c. Obtain general ledger detail and compare to the total expenses reported and recalculate totals. 	As recruiting expenses represent less than 4% of total expenses for the year ended June 30, 2025, this procedure was not performed.
28. Team Travel	
<ul style="list-style-type: none"> a. Obtain documentation of the Program’s team travel policies. 	We obtained and documented an understanding of the Program’s team travel policies.
<ul style="list-style-type: none"> b. Compare and agree to existing institutional- and NCAA-related policies. 	No exceptions noted and policies are consistent with institutional and NCAA-related policies.
<ul style="list-style-type: none"> c. Obtain general ledger detail and compare to the total expenses reported and recalculate totals. 	No exceptions noted.
29. Sports Equipment, Uniforms and Supplies	
<ul style="list-style-type: none"> a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals. 	As equipment, uniforms and supplies represent less than 4% of total expenses for the year ended June 30, 2025, this procedure was not performed.
30. Game Expenses	
<ul style="list-style-type: none"> a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals. 	As game expenses represent less than 4% of total expenses for the year ended June 30, 2025, this procedure was not performed.
31. Fund Raising, Marketing and Promotion	
<ul style="list-style-type: none"> a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals. 	As fund raising, marketing, and promotion represents less than 4% of total expenses for the year ended June 30, 2025, this procedure was not performed.
32. Sports Camp Expenses	
<ul style="list-style-type: none"> a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals. 	As sports camp expenses represents less than 4% of total expenses for the year ended June 30, 2025, this procedure was not performed.
33. Spirit Groups	
<ul style="list-style-type: none"> a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals. 	As spirit groups represent less than 4% of the total expenses for the year ended June 30, 2025, this procedure was not performed.

Procedure	Finding
34. Athletic Facility Debt Service, Leases and Rental Fees	
a. Obtain a listing of debt service schedules, lease payments and rental fees for athletics facilities for the reporting year. Compare a sample of facility payments including the top two highest facility payments to additional supporting documentation (e.g. debt financing agreements, leases, rental agreements).	As athletic facility debt service, leases and rental fees represent less than 4% of the total expenses for the year ended June 30, 2025, this procedure was not performed.
b. Compare amounts recorded to amounts listed in the general ledger detail and recalculate totals.	As athletic facility debt service, leases and rental fees represent less than 4% of the total expenses for the year ended June 30, 2025, this procedure was not performed.
35. Direct Overhead and Administrative Expenses Facilities Maintenance and Operations (35 and 35A)	
a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals.	No exceptions noted.
36. Indirect Institutional Support	
a. Tested with revenue section- Indirect Institutional Support.	As there was no indirect institutional support for the year ended June 30, 2025, this procedure was not performed.
37. Medical Expenses and Insurance	
a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals.	No exceptions noted.
38. Memberships and Dues	
a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals.	As memberships and dues represent less than 4% of total expenses for the year ended June 30, 2025, this procedure was not performed.
39. Student-Athlete Meals (non-travel)	
a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals.	As student-athlete meals (non-travel) represent less than 4% of total expenses for the year ended June 30, 2025, this procedure was not performed.

Procedure	Finding
40. Other Operating Expenses	
<ul style="list-style-type: none"> a. Obtain general ledger detail and compare to the total expenses report. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals. 	No exceptions noted.
41. Post-season Football Expenses (41, 41A and 41B)	
<ul style="list-style-type: none"> a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals. 	As there were no football bowl expenses for the year ended June 30, 2025, this procedure was not performed.
42. Post-season Non-Football Expenses (42, 42A and 42B)	
<ul style="list-style-type: none"> a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals. 	As post-season non-football expenses represent less than 4% of total expenses for the year ended June 30, 2025, this procedure was not performed.
43. Enhanced Educational Expenses (Alston or other)	
<ul style="list-style-type: none"> a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals. 	As there were no enhanced educational expenses for the year ended June 30, 2025, this procedure was not performed.
44. Institutional NIL Revenue Share	
<ul style="list-style-type: none"> a. Obtain general ledger detail and compare to the total settlement-related cash benefit expenses reported for student-athletes and/or student-athletes' families. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals. However, do not include additional scholarships or enhanced educational benefits 	As there were no institutional NIL revenue share expenses for the year ended June 30, 2025, this procedure was not performed.

Minimum Agreed-Upon Procedures For Other Reporting Items

The following is a complete listing of the minimum agreed-upon procedures for other reporting items, by category, to be performed to the statement by the independent accountant. Before the commencement of fieldwork, the independent accountant should ensure that the amounts reported on the statement agree to the institution's general ledger.

50. Excess Transfers to Institution

- | | |
|--|--|
| <ul style="list-style-type: none"> a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals. | As there were no excess transfers to institution expenses for the year ended June 30, 2025, this procedure was not performed |
|--|--|

Procedure	Finding
51. Conference Realignment Expenses	
<ul style="list-style-type: none"> a. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and recalculate totals. 	As there were no conference realignment expenses for the year ended June 30, 2025, this procedure was not performed
52. Total Athletics Related Debt	
<ul style="list-style-type: none"> a. Obtain repayment schedules for all outstanding intercollegiate athletics debt during the reporting period. Recalculate annual maturities (consisting of principal and interest) provided in the schedules obtained. b. Agree the total annual maturities and total outstanding athletic related to supporting documentation and the institution's general ledger, if applicable. 	<p>As there were no athletics related debt expenses for the year ended June 30, 2025, this procedure was not performed</p> <p>As there were no athletics related debt expenses for the year ended June 30, 2025, this procedure was not performed</p>
53. Total Institutional Debt	
<ul style="list-style-type: none"> a. Agree the total outstanding institutional debt to supporting documentation and the institution's audited financial statements, if available, or the institution's general ledger. 	No exceptions noted.
54. Value of Athletics Dedicated Endowments	
<ul style="list-style-type: none"> a. Obtain a schedule of all athletics dedicated endowments maintained by the Program, the institution, and affiliated organizations. Agree the fair market value in the schedule(s) to supporting documentations, the general ledger(s) and audited financial statements, if available. 	No exceptions noted.
55. Value of Institutional Endowments	
<ul style="list-style-type: none"> a. Agree the total fair market value of institutional endowments to supporting documentation, the institution's general ledger and/or audited financial statements, if available. 	No exceptions noted.
56. Total Athletics Related Capital Expenditures	
<ul style="list-style-type: none"> a. Obtain a schedule of athletics related capital expenditures made by the Program, the institution, and affiliated organizations during the reporting period. b. Obtain general ledger detail and compare to the total expenses reported. Select a sample of transactions to validate existence of transaction and accuracy of recording and validate totals. 	<p>No exceptions noted.</p> <p>No exceptions noted.</p>

Agreed-Upon Procedures Related to Affiliated and Outside Organizations

Procedure

1. The Program shall identify all intercollegiate athletics-related affiliated and outside organizations and obtain those organizations' statements for the reporting period. Once the Program has made these statements available, the independent accountant shall agree the amounts reported in the statement to the organization's general ledger or, alternatively, confirm revenues and expenses directly with a responsible official of the organization. In addition, the Program shall prepare a summary of revenues and expenses for or on behalf of intercollegiate athletics programs affiliated and outside organizations to be included with the agreed-upon procedures report.

Results

The Department identified the University of West Florida Foundation, Inc. (the Foundation) as the only outside organization acting on behalf of the Department. The Foundation serves as official legal conduits for the acceptance, investment, and distribution of private gifts in support of the activities and programs of the Department. Included in the Department's Foundation accounts are the endowments of the Department.

We obtained the statement of changes in net assets of the Foundation accounts held for the Department for the year ended June 30, 2025, which represents revenues and expenditures on behalf of the Department.

Total revenues	\$ 4,077,299
Total expenses	\$ (4,077,299)

Finding

No exceptions noted.

Procedure

The independent accountant shall obtain and review the audited financial statements of the organization and any additional reports regarding internal control matters if the organization is audited independent of the agreed-upon procedures required by NCAA legislation. The Program's independent accountant shall also inquire of institutional and outside organization management as to corrective action taken in response to comments concerning internal control structure (if any).

Results

We obtained and read the audited financial statements of the Foundation for the year ended June 30, 2025, and the related reports on compliance and on internal control. The results of this procedure disclosed that the independent auditors expressed an unmodified opinion on the financial statements of the Foundation. In addition, the independent auditors noted no matters involving internal control over financial reporting and its operation that were considered material weaknesses for the Foundation.

Finding

No exceptions noted.

We were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on the compliance of the accompanying statement of revenues and expenses (Exhibit I) and the accompanying notes to the statement of revenues and expenses (Exhibit II). Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the management University of West Florida Intercollegiate Athletics Program, the University of West Florida Board of Trustees, the Florida Board of Governors for the State University System, and the National Collegiate Athletic Association, and is not intended to be and should not be used by anyone other than these specified parties.

James Moore & Co., P.L.

Tallahassee, Florida
January 12, 2026

**UNIVERSITY OF WEST FLORIDA
INTERCOLLEGIATE ATHLETICS PROGRAM
STATEMENT OF REVENUES AND EXPENSES
FOR THE YEAR ENDED JUNE 30, 2025
(UNAUDITED - SEE ACCOMPANYING INDEPENDENT ACCOUNTANTS'
REPORT ON APPLYING AGREED-UPON PROCEDURES)**

Revenues	
1 Ticket sales	\$ 280,675
2 Direct state or other government support	-
3 Student fees	6,036,275
4 Direct institutional support	4,975,427
5 Less - transfers to institution	-
6 Indirect institutional support	-
6A Indirect institutional support - Athletic facilities debt service, lease and rental fees	-
7 Guarantees	63,000
8 Contributions	4,116,083
9 In-kind	-
10 Compensations and benefits provided by a third party	-
11 Media rights	30,300
12A NCAA distributions	-
12B NCAA host revenue settlements	-
12C Post-season non-football NCAA expense reimbursements	165,969
13 Conference distributions (non media and non post-season)	2,500
13A Conference distributions of post-season generated revenue	1,800
14 Program, novelty, parking, and concession sales	25,393
15 Royalties, advertisements and sponsorships	305,724
16 Sports camp revenues	10,251
17 Athletics restricted endowment and investment income	76,919
18 Other operating revenue	55,405
19 Football bowl revenues	-
Total operating revenues	16,145,721
Expenses	
20 Athletics student aid	3,173,360
21 Guarantees	80,980
22 Coaching salaries, benefits and bonuses paid by the University and related entities	2,766,359
23 Coaching salaries, benefits and bonuses paid by a third party	-
24 Support staff and administrative salaries, benefits and bonuses paid by the University and related entities	2,107,845
25 Support staff and administrative salaries, benefits and bonuses paid by a third party	-
26 Severance payments	-
27 Recruiting	84,063
28 Team travel	1,179,343
29 Equipment, uniforms, and supplies	480,939
30 Game expenses	475,235
31 Fund raising, marketing and promotion	110,366
32 Sport camp expenses	78
33 Spirit groups	72,473
34 Athletic facilities debt service, leases, and rental fees	-
35 Direct overhead and administrative expenses	757,046
35A Facilities maintenance and operations	228,662
36 Indirect institutional support	-
37 Medical expenses and medical insurance	798,053
38 Memberships and dues	51,500
39 Student-athlete meals (non-travel)	189,945
40 Other operating expenses	3,193,442
41 Post-season football expenses	-
41A Post-season football expenses - coaching compensation/bonuses	-
41B NCAA football host expense settlements	-
42 NCAA post season non-football expenses	199,465
42A NCAA post-season non-football expenses - coaching compensation/bonuses	-
42B NCAA non-football host expense settlements	4,768
43 Enhance educational benefites (Alston or other)	-
44 Institutional NIL revenue share	-
Total operating expenses	15,953,922
50 Excess transfers to institution	-
Excess of revenues over expenses	\$ 191,799
51 Conference realignment expenses	\$ -
52 Total athletics related debt	\$ -
53 Total institutional debt	\$ 25,790,082
54 Value of athletics dedicated endowments	\$ 2,441,146
55 Value of institutional endowments	\$ 117,676,044
56 Total athletic capital expenditures	\$ 371,447

See notes to statement of revenues and expenses.

**UNIVERSITY OF WEST FLORIDA
INTERCOLLEGIATE ATHLETICS PROGRAM
NOTES TO STATEMENT OF REVENUES AND EXPENSES
FOR THE YEAR ENDED JUNE 30, 2025
(UNAUDITED – SEE ACCOMPANYING INDEPENDENT ACCOUNTANTS’
REPORT ON APPLYING AGREED-UPON PROCEDURES)**

(1) **Basis of Accounting:**

The statement of revenues and expenses of the University of West Florida Intercollegiate Athletics Program (the Program) has been prepared using the accrual basis of accounting. Under this method, revenues are recorded when earned and expenses are recognized when they are incurred.

(2) **Capital Assets:**

Capital assets of the Department consist of building structures, furniture, equipment, and computer software. These assets are capitalized and recorded at cost at the date of acquisition or at estimated fair value at the date received in the case of gifts and purchases of State surplus property. Additions, improvements, and other outlays that significantly extend the useful life of an asset are capitalized. Costs to maintain or repair these assets are expensed as incurred. The University has a capitalization threshold of \$5,000 for tangible personal property and \$100,000 for new buildings, and building improvements. Depreciation is computed on the straight-line basis over the following estimated useful lives of the assets.

- Building Structures – 10 to 50 years
- Furniture and Equipment – 5 to 20 years
- Computer Software – 5 years

Capital asset activity for the year ended June 30, 2025, was as follows:

	Beginning Balance July 1, 2024	Additions	Decreases	Ending Balance June 30, 2025
Capital assets being depreciated:				
Building structures	\$ 2,709,081	\$ -	\$ -	\$2,709,081
Furniture and fixtures	62,861	310,203	-	373,064
Equipment	876,461	61,244	-	937,705
Total capital assets being depreciated	<u>3,648,403</u>	<u>371,447</u>	-	<u>\$4,019,850</u>
Less: accumulated depreciation	1,144,239	254,835	-	1,399,074
Total capital assets, net	<u>\$ 2,504,164</u>	<u>\$ 116,612</u>	<u>\$ -</u>	<u>\$2,620,776</u>

**UNIVERSITY OF WEST FLORIDA
INTERCOLLEGIATE ATHLETICS PROGRAM
NOTES TO STATEMENT OF REVENUES AND EXPENSES
FOR THE YEAR ENDED JUNE 30, 2025
(UNAUDITED – SEE ACCOMPANYING INDEPENDENT ACCOUNTANTS’
REPORT ON APPLYING AGREED-UPON PROCEDURES)**

(3) **Contributions:**

The Foundation serves as the official legal conduit for the acceptance, investment, and distribution of private gifts in support of the activities and programs of the Program. Contributions of \$4,116,083 were recognized from the Foundation for the year ended June 30, 2025, and have been included in the accompanying statement of revenues and expenses. Contributions received from the Foundation were the only contributions exceeding 10% of total contributions, as reported in the statement of revenues and expenses for the year ended June 30, 2025.

(4) **Debt:**

As of June 30, 2025, there was no outstanding debt related to the University of West Florida Intercollegiate Athletics Program.

UNIVERSITY OF WEST FLORIDA
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
SUPPLEMENT TO STATEMENT OF REVENUES AND EXPENSES
VARIATION ANALYSIS OF THE TOTAL REVENUE AND EXPENSES
TO THE PRIOR PERIOD AMOUNTS AND BUDGET ESTIMATES
FOR THE YEAR ENDED JUNE 30, 2025
(UNAUDITED - SEE ACCOMPANYING INDEPENDENT ACCOUNTANTS'
REPORT ON APPLYING AGREED-UPON PROCEDURES)

		2025	2024	\$ Variance	% Variance	Variation Explanation
Revenues						
4	Direct institutional support	\$ 4,975,427	\$ 6,466,140	\$ (1,490,713)	-23%	Direct institutional support decreased due to UWF releasing Athletics from a \$1.990M internal loan related to the Penn Air Field bleachers, eliminating the requirement for repayment to the University.
8	Contributions	\$ 4,116,083	\$ 2,640,495	\$ 1,475,588	56%	Contributions increased as Athletics received \$1.2M to fund a portion of the costs for the Sandy Sansing Sports Medicine Center. The project includes dedicated areas for student-athletes to warm up and cool down before and after practice, receive innovative physical therapy and restorative treatments, expanded offices for athletic training and football staff, and new team meeting spaces for UWF Athletics.
Expenses						
28	Team travel	\$ 1,179,343	\$ 1,310,587	\$ (131,244)	-10%	Team travel decreased due to post-season play expenses being reclassified to the new NCAA Category #42, resulting in a reduction of approximately \$199K.
35	Direct overhead and administrative expenses	\$ 757,046	\$ 940,920	\$ (183,874)	-20%	Direct overhead and administrative expenses decreased due to Repairs & Maintenance expenses being reclassified to the new NCAA Category #35A, resulting in a reduction of approximately \$162K.
37	Medical expenses and insurance	\$ 798,053	\$ 562,054	\$ 235,999	42%	Medical expenses and insurance increased because prior-year costs fell below the funding threshold, resulting in a \$100K funding invoice, along with an increase in student-athlete medical claims during the year.
40	Other operating expenses	\$ 3,193,442	\$ 1,705,497	\$ 1,487,945	87%	As Athletics received \$1.2M to fund a portion of the Sandy Sansing Sports Medicine Center. This funding also resulted in an increase in other operating expenses related to the project.

Note 1

The budget estimates for the Department are not prepared in a format consistent with the revenue and expense categories specified by the NCAA. Thus, the variance analysis of total revenues and expenses to the budget estimates for the year ended June 30, 2025, could not be performed.

**Board of Trustees
Audit and Compliance Committee
February 12, 2026**

IAMC Department Update

Recommended Action:

None – Informational Items Only

Background Information:

The purpose of this Information Item is to provide the Committee with an overview of activities within Internal Auditing & Management Consulting, as required by the department Charter.

1. Management Advisory Services reports issued
 - Endpoint Protection
 - IAMC Quality Assurance – Annual Self-Assessment
2. Internal audits and management advisory services in progress
 - Student Hazing Prevention Audit
 - Purchasing Card Audit (Q1 2025/26)
 - Purchasing Card Audit (Q2 2025/26)
 - Driver and Vehicle Information Database (DAVID) Internal Control & Data Security Audit
 - Cybersecurity Review (Compliance with IIA Standards)
3. Audit follow up activities
4. External audits in progress
5. Miscellaneous items
 - Annual Work Plan Status (as of 01/19/26)

Implementation Plan:

None

Fiscal Implications:

None

Relevant Authority:

BOG Regulation 4.002

IAMC Charter

Supports Strategic Direction(s):

6: Operational Excellence

Supporting Documents:

1. Endpoint Protection
2. IAMC Quality Assurance – Annual Self-Assessment
3. Audit Findings Status – January 19, 2026

4. Annual Work Plan Status – January 19, 2026

Prepared by:

David J. Bryant, Chief Audit Executive, IAMC, President's Division, x2638, DBryant1@uwf.edu

Presenter:

David J. Bryant



Endpoint Protection
Management Advisory Service # MAS25-26_002

Internal Auditing & Management Consulting
January 12, 2026

David J. Bryant, CIA, CFE, CPA, CGFM, CGAP, CRMA
Chief Audit Executive

SCOPE AND OBJECTIVES

We performed a Management Advisory Service (MAS) related to endpoint protection compliance for university-issued computing devices identified as noncompliant with University Policy IT-06.02-05/23, Endpoint Computing Workstations. This engagement was conducted in response to a request from Information Technology Services (ITS) management and represents a follow-up to a prior advisory review performed by Internal Auditing & Management Consulting (IAMC).

The objective of this MAS was to follow up on devices identified by ITS as noncompliant with the Endpoint Computing Workstation Policy and to assist ITS in coordinating remediation efforts with the responsible Local Support Providers (LSPs).

Fieldwork for this engagement began in October 2025 and concluded in December 2025. Our engagement conforms to the Institute of Internal Auditors *Global Internal Audit Standards* and generally accepted auditing standards.

BACKGROUND

The University adopted the Endpoint Computing Workstations Policy in April 2020, with revisions implemented in May 2023. The policy establishes standards designed to promote the safety and security of endpoint computing workstations and to reduce risks associated with cybersecurity threats, data loss, and business disruption.

ITS primarily manages, secures, and monitors all endpoint computing workstations/devices through two cloud-based service providers: Microsoft Intune and Jamf Pro.

In October 2023, ITS assumed responsibility for the majority of college LSPs. Under this operating model, ITS provides field support personnel stationed within each college to assist with college-related information technology needs.

In October 2024, the Chief Technology Officer and Director of Infrastructure Services & Security contacted IAMC regarding ongoing challenges associated with the management of endpoint workstations operating on unsupported operating systems. Devices with unsupported operating systems present increased risks related to cybersecurity vulnerabilities and operational disruption.

ITS management indicated that multiple attempts had been made to communicate with LSPs to address the identified devices and restore compliance with University policy. To assist in expediting remediation efforts, ITS engaged IAMC to follow up with the LSPs responsible for the identified devices.

In September 2025, ITS once again contacted IAMC for assistance. This MAS represents the second review IAMC has performed related to this matter.

METHODOLOGY

We requested and reviewed a listing of endpoint devices identified by ITS as noncompliant with the Endpoint Computing Workstation Policy. **The initial listing provided by ITS included 21 devices.**

We contacted the assigned LSPs to request status updates and remediation plans for the identified devices. For devices that remained out of compliance following initial outreach, we conducted follow-up communications with the appropriate LSP supervisors. We reviewed documentation and updates provided by ITS and LSPs to determine whether remediation actions had been completed.

RESULTS

On October 20, 2025, we contacted the assigned LSPs for the 21 devices listed as noncompliant by ITS. By November 19, 2025, responses had been received from all assigned LSPs.

Several devices had been brought into compliance. Several devices initially listed were no longer listed as noncompliant, as the devices were indicated as being sent to surplus, however, their surplus status had not been sufficiently documented within ITS records. Once documentation was provided, device records were updated accordingly. **Six devices remained identified as noncompliant.**

On November 21, 2025, we contacted the direct supervisors of the LSPs responsible for the remaining devices and requested follow-up responses by December 5, 2025. All but one supervisor responded by the requested deadline and provided updates regarding the status of the remaining devices.

As of December 11, 2025, ITS management reported that four of the six remaining devices had been brought into compliance. **Two devices continued to operate on unsupported operating systems.**

Final updates were received on December 18, 2025 for the remaining devices:

- One device was removed from the management tenant and disabled within the Jamf Pro system and delivered to Surplus for appropriate disposition.
- One device was removed from the management tenant and disabled within Microsoft Intune system and returned by the user.

These remaining noncompliant devices were to be reported to ITS and the appropriate LSP supervisor for final resolution.

CONCLUSION

All devices listed on the “End of Life OS (As of October 14, 2025) IT-06.02-05/23” tracking document provided by ITS have been appropriately remediated. Remediation efforts primarily involved updating devices to supported operating systems or completing appropriate disposition and documentation processes for devices no longer in service.

ITS administration has expressed interest in continuing this effort on an ongoing basis. IAMC will review the need for any future management advisory requests related to endpoint compliance.

Respectfully submitted,

A handwritten signature in black ink that reads "David G. Bryant". The signature is written in a cursive style with a large, prominent initial "D".

David Bryant, CIA, CFE, CPA, CGFM, CGAP, CRMA
Chief Audit Executive

REPORT DISTRIBUTION

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Justin Andrews, Director of Infrastructure Services and CTO

Jaime Hoelscher, Manager, FL Auditor General

Ken Danley, Supervisor, FL Auditor General

Julie Leftheris, BOG Inspector General

Kristie Johnson, BOT Coordinator



Quality Assurance – Annual Self-Assessment
Audit Report # MAS25-26_004

Internal Auditing and Management Consulting
December 18, 2025

David Bryant, CIA, CFE, CPA, CGFM, CGAP, CRMA
Chief Audit Executive

EXECUTIVE SUMMARY

Florida Board of Governors regulations require SUS internal auditing functions to adhere to the Global Internal Audit Standards (the “Standards”) issued by the Institute of Internal Auditors (the “IIA”). The IIA has issued 52 Global Internal Audit Standards, organized under 5 Domains and 15 Principles. The Standards require the chief audit executive to develop, implement, and maintain a quality improvement program which includes annual internal quality assessments.

The purpose of the annual internal “self” assessment is to demonstrate UWF Internal Auditing and Management Consulting’s (IAMC) ongoing commitment to quality improvement and document compliance with a sample of the Standards.

The results of our self-assessment indicated conformance to all Standards tested. No deficiencies were noted. As such, no recommendations or action plans were deemed necessary.

SCOPE AND OBJECTIVES

This engagement was included in the 2025/26 approved work plan. Our objectives were to document conformance with a selection of the Standards, determine compliance with any applicable laws/regulations relevant to internal auditing, and develop plans to address any deficiencies and/or opportunities for improvement.

Fieldwork began on October 28, 2025 and ended on December 11, 2025.

BACKGROUND

The applicable laws, regulations, and standards are as follows:

Florida Board of Governor’s Regulation 4.002 – State University System Chief Audit Executives

University audit engagements shall be performed in accordance with the IIA International Professional Practices Framework, which includes the Global Internal Audit Standards. The chief audit executive must develop and maintain a quality assurance and improvement program in accordance with professional audit standards.

Global IIA Standard 8.3 – Quality

The chief audit executive must develop, implement, and maintain a quality assurance and improvement program that covers all aspects of the internal audit function. The program includes two types of assessments: External Assessments and Internal Assessments. At least annually, the chief audit executive must communicate the results of the internal quality assessment to the board and senior management. The results of the external quality assessments must be reported when completed. In both cases, such communications should include:

- *The internal audit function’s conformance with the Standards and achievement of performance objectives.*
- *If applicable, compliance with laws and/or regulations relevant to internal auditing.*

- *If applicable, plans to address the internal audit function's deficiencies and opportunities for improvement.*

Global IIA Standard 12.1 – Internal Quality Assessment

The chief audit executive must develop and conduct internal assessments of the internal audit function's conformance with the Global Internal Audit Standards and progress toward performance objectives. The chief audit executive must establish a methodology for internal assessments, as described in Standard 8.3 Quality, that includes:

- *Ongoing monitoring of the internal audit function's conformance with the Standards and progress toward performance objectives.*
- *Periodic self-assessments or assessments by other persons within the organization with sufficient knowledge of internal audit practices to evaluate conformance with the Standards.*
- *Communication with the board and senior management about the results of internal assessments.*

Based on the results of periodic self-assessments, the chief audit executive must develop action plans to address instances of nonconformance with the Standards and opportunities for improvement, including a proposed timeline for actions. The chief audit executive must communicate the results of periodic self-assessments and action plans to the board and senior management.

In 2024, the IIA revised and updated its Standards. These revisions included a restructuring of the Standards and additional requirements. The revised Standards were effective for quality assessments beginning January 9, 2025.

In addition, the IIA recently issued its Topical Requirement related to Cybersecurity, which becomes effective February 5, 2026. IIA Topical Requirements are in addition to the IIA Standards and are mandatory. The Cybersecurity Topical Requirement provides a consistent, comprehensive approach to assessing the design and implementation of cybersecurity governance, risk management, and control processes. The requirements represent a minimum baseline for assessing cybersecurity in an organization.

METHODOLOGY

For completing this engagement, we selected IIA Standards that lent themselves to verification, and those for which current year performance was applicable. In addition, we selected various IIA Standards for verification which were added or significantly revised in the IIA's 2024 update.

This report has been prepared to demonstrate compliance with BOG Regulation 4.002, IIA Standards 8.3, and IIA Standard 12.1.

DETAILED RESULTS – VERIFICATION OF COMPLIANCE

The IIA Standards are categorized by “Domains,” with each Domain containing “Principles.” The IIA Principles are:

Domain I – Purpose of Internal Auditing

The purpose statement is intended to assist internal auditors and internal audit stakeholders in understanding and articulating the value of internal auditing.

Domain II – Ethics and Professionalism

- Principle 01 – Demonstrate Integrity
- Principle 02 – Maintain Objectivity
- Principle 03 – Demonstrate Competency
- Principle 04 – Exercise Due Professional Care
- Principle 05 – Maintain Confidentiality

Domain III – Governing the Internal Audit Function

- Principle 06 – Authorized by the Board
- Principle 07 – Positioned Independently
- Principle 08 – Overseen by the Board

Domain IV – Managing the Internal Audit Function

- Principle 09 – Plan Strategically
- Principle 10 – Manage Resources
- Principle 11 – Communicate Effectively
- Principle 12 – Enhance Quality

Domain V – Performing Internal Audit Services

- Principle 13 – Plan Engagement Effectively
- Principle 14 – Conduct Engagement Work
- Principle 15 – Communication Engagement Results and Monitor Action Plans

Each Principle contains multiple Standards. We selected at least one Standard from each Principle to verify compliance. We determined compliance with the following IIA Standards:

Principle 01 – Global IIA Standard 1.2 – Organization’s Ethical Expectations

Internal auditors must understand, respect, meet, and contribute to the legitimate and ethical expectations of the organization and must be able to recognize conduct that is contrary to those expectations.

IAMC has developed an Affirmation of the Code of Ethics and Professionalism document which all IAMC staff must read and sign annually. Copies of the signed affirmations were found on file for all IAMC staff members. In addition, all IAMC staff members received ethics training during the fiscal year, as shown on the training certificates from the providers.

The evidence supports compliance with this Standard.

Principle 02 – Global IIA Standard 2.1 – Individual Objectivity

Internal auditors must maintain professional objectivity when performing all aspects of internal audit services. Professional objectivity requires internal auditors to apply an impartial and unbiased mindset and make judgments based on balanced assessments of all relevant circumstances.

IAMC has developed the standard workpaper Statement of Independence on which each IAMC staff member participating in the engagement documents that they are free from any personal and external impairments to their independence. The IAMC staff members attest that they are free of conflicts of interest and bias and will maintain objectivity and independence. Copies of the completed statements were found on file for all engagements performed during the 2024/25 fiscal year. In addition, all IAMC staff members submitted a University of West Florida Outside Activity and Conflict of Interest Reporting Form for the 2024/25 fiscal year.

The evidence supports compliance with this Standard.

Principle 03 – Global IIA Standard 3.2 – Continuing Professional Development

Internal auditors must maintain and continually develop their competencies to improve the effectiveness and quality of internal audit services. Internal auditors must pursue continuing professional development including education and training. Practicing internal auditors who have attained professional internal audit certifications must follow the continuing professional education policies and fulfill the requirements applicable to their certifications.

The IAMC Office Procedure Manual states, “IAMC personnel are required to meet the continuing education requirements of the Institute of Internal Auditors and/or the Governmental Auditing Standards (Yellow Book). Further, if an employee has other professional certifications (e.g., Certified Internal Auditor, Certified Public Accountant, Certified Fraud Examiner, Certified Information Systems Auditor, Certified Compliance and Ethics Professional, etc.), they must meet the requirements of those certifications. Current departmental standard is 40 hours of education per full-time equivalency.”

IAMC has developed a Continuing Professional Education and Training Tracker spreadsheet for all IAMC staff, where the details of these activities are documented each year. The fiscal year 2024/25 spreadsheets indicated that all IAMC staff received at least 40 hours of training, with an average of 57 hours of training per staff member for the fiscal year.

The evidence supports compliance with this Standard.

Principle 04 – Global IIA Standard 4.2 – Due Professional Care

Internal auditors must exercise due professional care by assessing the nature, circumstances, and requirements of the services to be provided.

The considerations in due professional care comprise the circumstances and aspects of risk that the chief audit executive must consider when performing the risk assessment on which the internal audit plan is based. Additionally, internal auditors consider these circumstances relative to an activity under review during engagement planning. Due professional care also requires weighing the costs (such as resource requirements) of the internal audit services against the benefits that may result. Proper engagement supervision and a quality assurance and improvement program promote due professional care.

IAMC has developed a comprehensive risk assessment process, which culminates in multi-year work plans approved by the UWF Board of Trustees Audit and Compliance Committee. This risk assessment process involved input from key personnel, senior management, the President's Cabinet members, the UWF President, and the Board of Trustees Audit and Compliance Committee members. The key risks considered included: strategic risks, financial risks, operational risks, compliance risks, and reputational risks.

In addition, for each audit engagement IAMC staff developed the following standards documentation:

- Planning Workpaper – documents planning for the scope and objectives and overall strategy for each engagement.
- Key Controls Matrix Workpaper – documents the highest risks for the area, assessment of likelihood and impact of risks, consideration of fraud, current internal controls, best practice internal controls, and verification/testing of internal controls.
- Review Notes Workpaper – documents review of audit file by supervisor and records IAMC staff response and actions taken to resolve review notes.
- Management Discussion Workpaper – documents minor concerns noted by IAMC staff during fieldwork which will be discussed with management but not included in the final engagement report.
- Field Exit Conference Workpaper – documents the discussions occurring during the exit conference, including management's feedback on the proposed findings.
- Client Satisfaction Survey – solicits feedback from those involved in the engagement, with the goal of improving future engagement performance.
- Performance Evaluations – establishes professional objectives for IAMC staff with the goal of encouraging growth and documenting performance.

Copies of these documents were included for all engagements performed during the 2024/25 fiscal year. In addition, 2024/25 IAMC staff performance evaluations were conducted by the previous chief audit executive. The current chief audit executive has established IAMC staff performance objectives for the 2025/26 fiscal year. The prior University President performed the 2024/25 performance evaluation and established the 2025/26 performance objectives for the current chief audit executive.

The evidence supports compliance with this Standard.

Principle 05 – Global IIA Standard 5.2 – Protection of Information

Internal auditors must be aware of their responsibilities for protecting information and demonstrate respect for the confidentiality, privacy, and ownership of information acquired when performing internal audit services or as the result of professional relationships.

All engagement documentation is saved in a drive to which access is limited to the IAMC staff and the DISRep¹, confirmed in writing by the ITS Help Desk. In addition, all IAMC staff complete a Confidentiality and Independence Statement when hired. This document attests that IAMC staff recognize the confidentiality of the information utilized by IAMC staff and that they agree to maintain and protect their confidentiality, both during their employment and after terminating employment.

Copies of these statements were included in the personnel records maintained by the IAMC office.

The evidence supports compliance with this Standard.

Principle 06 – Global IIA Standard 6.2 – Internal Audit Charter

The chief audit executive must develop and maintain an internal audit charter that specifies, at a minimum, the internal audit function's:

- *Purpose of Internal Auditing.*
- *Commitment to adhering to the Global Internal Audit Standards.*
- *Mandate, including scope and types of services to be provided, and the board's responsibilities and expectations regarding management's support of the internal audit function.*
- *Organizational position and reporting relationships.*

The IAMC Charter, which was first approved on June 19, 2003, states, "This Charter is required to be reviewed every three years for consistency with applicable Board of Governors and University regulations, professional standards, and best practices. A copy of the approved Charter and any subsequent changes will be provided to the Board of Governors through the OIGC. The IAMC Charter was most recently reviewed and subsequently submitted to and approved by the Board of Trustees Audit and Compliance Committee on May 16, 2024.

Section I of the IAMC Charter indicates that the purpose of the IAMC department is to serve as "an independent, objective assurance and advisory service designed to add value and to improve the operations of the University. It assists the University in accomplishing its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of the organization's governance, risk management, and internal control."²

¹ Department Information Security Representative, currently Chief Compliance Officer Matt Packard.

² The Purpose Statement included in Domain I of the Global IIA Standards states, "Internal Auditing strengthens the organization's ability to create, protect, and sustain value by providing the board and management with independent, risk-based, and objective assurance, advice, insight, and foresight."

Section V of the IAMC Charter states, “Audit engagements shall be performed in accordance with the Global Internal Audit Standards, published by the Institute of Internal Auditors, Inc.; the Government Auditing Standards, published by the United States Government Accountability Office; and/or the Information Systems Auditing Standards published by ISACA (Information Systems Audit and Control Association). All reports shall describe the extent to which standards were followed.”

Section VI of the IAMC Charter states, “The scope of the work performed is designed to determine whether the University’s risk management, internal controls, and governance processes, as developed and represented by management, are adequate and functioning.”

Section VII of the IAMC Charter states that the chief audit executive shall, “Provide direction for, supervise, and coordinate audits and investigations that promote economy, efficiency, and effectiveness in the administration of University programs and operations including, but not limited to, auxiliary facilities and services, direct support organizations, and other component units.”

Section IV of the IAMC Charter states, “To ensure that IAMC has sufficient authority to fulfill its duties, the Board of Trustees will approve the IAMC Charter and the annual, risk-based internal audit work plan. IAMC is authorized full and unrestricted access to all functions, activities, records, property, information systems, and personnel, including those records or activities exempt from the Public Record laws, as needed to fulfill its responsibilities.”

Section II of the IAMC Charter states, “The Board of Trustees Audit and Compliance Committee and the President approve the appointment, reassignment, replacement, or dismissal of the Chief Audit Executive (CAE). The CAE reports functionally to the Audit and Compliance Committee and administratively to the President. The CAE shall have unrestricted access to the Board of Trustees.”

The evidence supports compliance with this Standard.

Principle 07 – Global IIA Standard 7.1 – Organizational Independence

The chief audit executive must confirm to the board the organizational independence of the internal audit function at least annually. Internal auditing is most effective when the internal audit function is directly accountable to the board (also known as “functionally reporting to the board”), rather than directly accountable to management for the activities over which it provides assurance and advice. While the chief audit executive reports functionally to the board, the administrative reporting relationship is often to a member of management.

BOG Regulation 4.002 – State University System Chief Audit Executives establishes the organizations independence of the chief audit executive. Section 5 of the Regulation states, “Each board of trustees shall ensure that the university chief audit executive is organizationally independent and objective to perform the responsibilities of the position. The

chief audit executive shall report functionally to the board of trustees and administratively to the president.”

The 2024/25 IAMC Annual Report, which was presented to the Board of Trustees Audit and Compliance Committee on August 14, 2025 and to the full Board of Trustees on September 18, 2025, confirmed the reporting structure for the chief audit executive.

The evidence supports compliance with this Standard.

Principle 08 – Global IIA Standard 8.3 – Quality

The chief audit executive must develop, implement, and maintain a quality assurance and improvement program that covers all aspects of the internal audit function. The program includes two types of assessments: External Assessments and Internal Assessments. At least annually, the chief audit executive must communicate the results of the internal quality assessment to the board and senior management. The results of the external quality assessments must be reported when completed.

The Quality Assurance and Improvement section of the IAMC Audit Manual states, “The Standards of the Institute of Internal Auditors require that there be internal assessments of quality of the internal audit activity. This includes ongoing monitoring of performance and periodic self-assessments. The scope of the QAIP is all IAMC activities that are reported as in compliance with IIA Standards (generally speaking, audit activities). The objectives of the QAIP are to evaluate compliance with the IIA Standards. The IIA Standards also require external assessments of the quality of the internal audit activity. This must be done a minimum of once every five years by independent peer reviewers. This review evaluates whether or not IAMC activities are aligned with the IIA Standards.”

Prior to this report, the most recent internal assessment was conducted for the 2023/24 fiscal year and was presented to the Board of Trustees Audit and Compliance Committee on November 14, 2024 and the full Board of Trustees on December 5, 2024. The policies, procedures, and processes included in the IAMC Audit Manual, IAMC Management Advisory Services Manual, IAMC Investigations Manual, and IAMC Office Procedures Manual, along with this and the prior self-assessments document IAMC’s ongoing commitment to quality assurance.

The most recent IAMC external quality assurance review was conducted in the fall of 2021 and presented to the Board of Trustees Audit and Compliance Committee on February 17, 2022 and the full Board of Trustees on March 17, 2022. The assessment report stated, “Overall, UWF Internal Audit and Management Consulting was judged to Generally Conform to IIA Standards, the highest rating available.” The next external assessment is scheduled for the fall of 2026. Pursuant to the revised Standard, the chief audit executive will ensure at least one member of the assessment team holds an active Certified Internal Auditor designation.

The evidence supports compliance with this Standard.

Principle 9 – Global IIA Standard 9.4 – Internal Audit Plan

The chief audit executive must create an internal audit plan that supports the achievement of the organization’s objectives. The chief audit executive must base the internal audit plan on a documented assessment of the organization’s strategies, objectives, and risks. This assessment must be informed by input from the board and senior management as well as the chief audit executive’s understanding of the organization’s governance, risk management, and control processes.

IAMC has developed a comprehensive risk assessment process, which culminates in multi-year work plans approved by the UWF Board of Trustees Audit and Compliance Committee. This risk assessment process involved input from key personnel, senior management, the President’s Cabinet members, the UWF President, and the Board of Trustees Audit and Compliance Committee members. The key risks considered included: strategic risks, financial risks, operational risks, compliance risks, and reputational risks.

The IAMC 2024/25 annual work plan was approved by the Board of Trustees Audit and Compliance Committee on May 16, 2024 and the full Board of Trustees on June 20, 2024.

The evidence supports compliance with this Standard.

Principle 10 – Global IIA Standard 10.2 – Human Resources Management

The chief audit executive must establish an approach to recruit, develop, and retain internal auditors who are qualified to successfully implement the internal audit strategy and achieve the internal audit plan. The chief audit executive must strive to ensure that human resources are appropriate, sufficient, and effectively deployed to achieve the approved internal audit plan. Appropriate refers to the mix of knowledge, skills, and abilities; sufficient refers to the quantity of resources; and effective deployment refers to assigning resources in a way that optimizes the achievement of the internal audit plan.

Section VI of the Charter for the Board of Trustees Audit and Compliance Committee states that the Committee shall, “annually review Internal Auditing staffing levels, the adequacy of staff qualifications and training, and the departmental budget to evaluate whether proper resources have been provided for Internal Auditing to fulfill its mission.”

The chief audit executive provides a staffing update to the Board of Trustees Audit and Compliance Committee and each quarterly meeting. Prior to filling any vacant IAMC position, including the chief audit executive, job descriptions are reviewed and updated to ensure qualifications to ensure that human resources are appropriate, sufficient, and effectively deployed to achieve the approved internal audit plan.

The job description for the chief audit executive position was reviewed and updated November 2024. In June 2025, the University President conducted the 2024/25 performance evaluation and established the 2025/26 performance objectives. The job description for the Auditor I position was last reviewed and updated May 2025. The job description for the Auditor II

position was last reviewed and updated in June 2025. The 2024/25 performance evaluations for all IAMC staff were completed. The chief audit executive developed the 2025/26 performance objectives for all IAMC staff in August 2025.

Upon hiring in May 2025, the chief audit executive reviewed the human resources of the IAMC office in relation to the proposed annual work plan for 2024/25 and 2025/26. The chief audit executive sought and received approval to fill a long-vacant Internal Auditor II position. The position was filled in August 2025. The current makeup of the IAMC staff includes: the chief audit executive, two Auditor II positions, and one Auditor I position.

The education qualifications of the current IAMC staff include two Master of Accountancy degrees, two Bachelor of Accounting degrees, one Bachelor of Business Administration degree, and one Bachelor of Science in Career and Technical Studies. In addition, various IAMC staff hold Associate Degrees in Business, Paralegal Studies, and English. The IAMC staff possess a significant amount of accounting and internal auditing experience ranging from 10 to 25 years. In addition, the chief audit executive possesses multiple professional certifications, including a Certified Public Accountant, Certified Internal Auditor, and Certified Fraud Examiner. The current IAMC human resources are appropriate, sufficient, and effectively deployed to achieve the approved internal audit plan.

The evidence supports compliance with this Standard.

Principle 11 – Global IIA Standard 11.3 – Communicating Results

The chief audit executive must communicate the results of internal audit services to the board and senior management periodically and for each engagement as appropriate. The chief audit executive must understand the expectations of the board and senior management regarding the nature and timing of communications.

BOG Regulation 4.002 State University System Chief Audit Executives states, “At the conclusion of each audit engagement, the chief audit executive shall prepare a report to communicate the audit results and action plans to the board of trustees and university management.”

The IAMC Audit Manual states, “The audit report draft should be emailed out by the CAE at least two days prior to the exit conference. The audit report is finalized after a management response has been received (if necessary) and any revisions proposed by the auditee have been considered and/or made. Management’s response is included as part of the audit report. The CAE emails out the finalized audit report.” The IAMC Audit Manual includes a listing of recipients to which the CAE emails the final report, which includes members of the Board of Trustees Audit and Compliance Committee. Once finalized, the report is then submitted to the Board of Trustees Audit and Compliance Committee for review and approval at their quarterly meetings and then the reports are sent to the full Board of Trustees.

During the 2024/25 fiscal year, IAMC submitted completed reports to the Audit and Compliance Committee on August 15, 2024, November 14, 2024, February 13, 2025, and May 8, 2025.

The evidence supports compliance with this Standard.

Principle 12 – Global IIA Standard 12.3 – Oversee and Improve Engagement Performance

The chief audit executive must establish and implement methodologies for engagement supervision, quality assurance, and the development of competencies. The chief audit executive must ensure that evidence of supervision is documented and retained, according to the internal audit function’s established methodologies.

IAMC has developed the IAMC Audit Manual and standard workpapers for all engagements. This standardization ensures consistency quality. The IAMC Audit Manual states, “An important part of the department's quality control program is a timely and thorough review of workpapers. The objectives of audit workpaper review are to ensure that the audit is properly planned, to evaluate the adequacy of audit work performed, to ensure that all documentation of work performed is complete, and to ascertain whether the predetermined audit objectives have been met. Audit workpapers must be a set of stand-alone documents from which the reader will be able to identify the actions taken by the auditor to satisfy the objectives of the detailed audit program and prepare the final audit report. After review, the Chief Audit Executive may require corrections or further work to be performed or documented. Comments are documented on the workpaper entitled “Review Notes.” The second form of review performed by the Reviewer is on the Audit Program. When you have finalized your audit workpapers, request that the Reviewer show approval on the McAudit Audit Program, indicating that each audit step has been completed.”

All engagements completed in the 2024/25 fiscal year included supervisory review of all workpapers, including the audit program. The Review Notes workpapers indicated review of the engagements and the clearing of all review notes.

The evidence supports compliance with this Standard.

Principle 13 – Global IIA Standard 13.2 – Engagement Risk Assessment

Internal auditors must develop an understanding of the activity under review to assess the relevant risks. To develop an adequate understanding, internal auditors must identify and gather reliable, relevant, and sufficient information. Internal auditors must review the gathered information to understand how processes are intended to operate.

IAMC has developed the IAMC Audit Manual and standard workpapers for all engagements. This standardization ensures consistency quality. These workpapers document the gathering of the following information to develop an adequate understanding of the area audited:

- Organizational chart(s)
- Job Descriptions
- Written policies and procedures
- Applicable laws, rules, and regulations

- Analysis of financial activities
- Review of prior audits
- Interviews with key personnel
- Review of website content
- Evaluation of risks and controls

All engagements completed in the 2024/25 fiscal year included the aforementioned workpapers, which were gathered by auditors to gain an understanding of the activities under review.

The evidence supports compliance with this Standard.

Principle 14 – Global IIA Standard 14.4 – Recommendations and Action Plans

Internal auditors must determine whether to develop recommendations, request action plans from management, or collaborate with management to agree on actions. When developing recommendations, internal auditors must discuss the recommendations with the management of the activity under review. If the internal auditor and the management of the activity under review disagree about the engagement results, the chief audit executive should work with senior management to facilitate a resolution.

The IAMC Audit Manual guides the auditor through workpaper documentation in developing recommendations and securing action plans from management. The “Items to Discuss with Management Workpaper” states, “Throughout the audit workpapers, as Conclusions are reached, the auditor will have recommendations with varying degrees of significance. Some of these recommendations reach a level of criticality that require a formal finding in the audit report. Others relate to issues that need to be addressed in a letter and followed up, but not necessarily in such a public and widespread forum as an audit report. Finally, some recommendations relate to minor issues that the auditee can address at their leisure. All three levels of findings/recommendations that are documented throughout the workpapers should be carried forward to “Items to Discuss with Management.” This is the centralized location to see all issues that were noted during the course of the audit work.”

After fieldwork is complete, the auditor holds a discussion with the auditee, which is documented “Field Exit Discussion” workpaper. The IAMC Audit Manual states, “After the fieldwork is complete, schedule an informal meeting with the auditee. You should meet separately with auditees that have findings that only relate to their area; thus, there could be numerous field exit conferences. Without giving anything in writing to the auditee, discuss the findings and obtain some final feedback from them. Modify your findings if necessary. Document the discussion.”

After the auditor has considered feedback from the auditee and any audit findings have been fully developed and reviewed, a formal exit conference is conducted with the auditee. The exit conference is documented in the “Exit Conference Minutes” workpaper. The IAMC Audit Manual states, “Plan the exit conference with the CAE. The audit report draft should be emailed out by the CAE at least two days prior to the exit conference. Department administrators should be invited, at times up to a Vice President or Dean. The auditor and the

CAE collaborate on a list of invitees. The auditor should be prepared at the exit conference to fully describe audit findings and recommendations. Print copies of the audit report draft to distribute (unless it is a virtual meeting). Fully document the discussion, including any points of disagreement.”

The final engagement report includes a statement indicating if management agrees with any findings contained in the report.

All engagements completed in the 2024/25 fiscal year included the aforementioned workpapers, or explanation or documentation in cases where a specific workpaper was not necessary.

The evidence supports compliance with this Standard.

Principle 15 – Global IIA Standard 15.1 – Final Engagement Communication

For each engagement, internal auditors must develop a final communication that includes the engagement’s objectives, scope, recommendations and/or action plans if applicable, and conclusions. The final communication must specify the individuals responsible for addressing the findings and the planned date by which the actions should be completed.

IAMC has developed a standard report template for engagements. This template includes various sections of the report, including: Scope and Objectives, Background, Audit Methodology, Conclusion of Governance, Risk Management, and Controls, Key Observations, Recommended Management Actions, Report Distribution, and Management Responses to Recommendations. For each Recommendation, the following is included: Management Response, Responsible Party, Targeted Implementation Date, Risk Prioritization, and Risk Rating. In addition, IAMC has developed a Risk Rating Framework which is included as an appendix to each report. The Risk Rating Framework assists the auditor in rating the risk/severity of findings based on established criteria.

All audit reports completed in the 2024/25 fiscal year included the aforementioned report sections and Risk Rating Framework.

The evidence supports compliance with this Standard.

IIA Topical Requirement – Cybersecurity

According to the IIA, Topical Requirements provide clear expectations for internal auditors by setting a minimum baseline for auditing specified risk topics. The Topical Requirement is applicable when the topic is one of the following:

- The subject of an engagement in the internal audit plan.
- Identified while performing an engagement.
- The subject of an engagement request not on the original internal audit plan

Evidence that each requirement in the Topical Requirement was assessed for applicability must be documented and retained. Not all individual requirements may apply in every engagement; if requirements are excluded, a rationale must be documented and retained. Conformance with the Topical Requirement is mandatory and will be evaluated during quality assessments.

Although the Cybersecurity Topical is not effective until February 5, 2026, IAMC has included Cybersecurity as a stand-alone engagement in both its 2025/26 and 2026/27 annual work plans, which were approved by the Board of Trustees Audit and Compliance Committee on May 8, 2025 and the full Board of Trustees on June 12, 2025.

In addition, IAMC has developed a standard workpaper for assessing the applicability of the Cybersecurity Topical when performing individual IAMC engagements.

CONCLUSION

The evidence verified conformance with the requirements of the Global IIA Standards. As our self-assessment verified that IAMC conforms with the Global IIA Standards tested, with no noted deficiencies, we offer no recommendations or action plans.

Respectfully submitted,

A handwritten signature in black ink that reads "David G. Bryant". The signature is written in a cursive, flowing style.

David Bryant, CIA, CFE, CPA, CGFM, CGAP, CRMA
Chief Audit Executive

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UWF IAMC
Audit Findings Follow-Up Status Report
January 19, 2026

	Audit ID	Finding #	FindingTitle	Report Issued	Initial Implementation Date	Revised Implementation Date
	Current Follow-Ups					
1	23-24_008 Procurement Competitive Negotiations	3	Provide for Staffing	06/26/24	11/30/24	03/31/26
2	2026-018 - AG - Operational Audit	3b	Historical Treasures (Updates to Holdings Nature and Scope)	09/03/25	03/31/26	
3	25-26_001 Athletics Budget Review and Athlete Degree Progress	1	Retain Intervention Documentation	10/05/25	05/15/26	
4	24-25_005 Third Party Risk Management	1	Lack of a TPRM Policy and Procedure Framework	06/02/25	05/31/26	
5	24-25_005 Third Party Risk Management	2	Lack of a Third Party Vendor Risk Assessments	06/02/25	05/31/26	
6	24-25_005 Third Party Risk Management	3	Failure to Validate Vendor Taxpayer Identification Numbers (TINS)	06/02/25	05/31/26	
7	24-25_005 Third Party Risk Management	4	Lack of Internal Controls to Validate Changes to a Vendor's File	06/02/25	05/31/26	

	Implemented since 7/1/25 (for reporting purposes)					
	23-24_008 Procurement Competitive Negotiations	1	Update SOPs Related to Solicitations	06/26/24	Implemented	
	23-24_008 Procurement Competitive Negotiations	2	Standardize Team Folders	06/26/24	Implemented	
	24-25_006 Foreign Travel & Screening of Foreign Researchers	2	Submission of INTTRAV Requests	06/24/25	Implemented	
	2026-018 - AG - Operational Audit	1	Background Screenings	09/03/25	Implemented	
	2026-018 - AG - Operational Audit	2	Tangible Personal Property	09/03/25	Implemented	
	2026-018 - AG - Operational Audit	3a	Historical Treasures (Financial Statement Value)	09/03/25	Implemented	
	2026-018 - AG - Operational Audit	4	Purchasing Card Cancellations	09/03/25	Implemented	
	25-26_002 International Affairs	1	Recruitment Program Profit/Loss	06/11/25	Implemented	

UWF Internal Auditing & Management Consulting
2025/26 Work Plan
Status as of 01/19/26

	2025/26	Project #
COMPLETED		
Q4 2024/25 PCard Audit		P24-25_003
Endpoint Protection		MAS25-26_002
Annual Quality Assurance Self-Assessment	X	MAS25-26_004
Performance-Based Funding - Data Integrity Audit	X	25-26_007
Q1 2025/26 PCard Audit	X	P25-26_001
IN PROGRESS		
Student Hazing Prevention	X	25-26_006
Cybersecurity - Compliance with IIA Standards	X	25-26_008
Driver and Vehicle Information Database Review	X	MAS25-26_003
Q2 2025/26 PCard Audit	X	P25-26_002
OUTSTANDING		
Construction Expenses - Darrell Gooden Center, Main Entrance	X	25-26_003
Florida Small Business Development Center	X	25-26_004
University Commons and Events Services - Revenue Controls	X	25-26_005
Lab Safety Training Review	X	MAS25-26_001
Clery Act Compliance - Training of Campus Security Authorities	X	MAS25-26_005
Q3 2025/26 PCard Audit	X	P25-26_003
COMPLETED	5	33.33%
IN PROGRESS	4	26.67%
OUTSTANDING	6	40.00%
TOTAL	15	100.00%