The Audit Committee of the UNT System Board of Regents will meet from 8:00 am to approximately 9:30 am on Thursday, April 17, 2014. Agenda items are scheduled to follow each other consecutively and the meeting may end earlier or later than the posted time depending on the length of the discussions.

The Audit Committee is posted as an individual meeting of a Board committee; however, any members of the Board may attend committee meetings. Because some Board members who are not committee members may attend committee meetings and thereby create a quorum of the full Board, the meeting of the Audit Committee is also being posted as a meeting of the full Board.

1. CALL TO ORDER

   Approval of February 20, 2014 Audit Committee Minutes

2. BRIEFINGS

   Internal Audit Quarterly Report
   • Michelle Finley, UNT System Chief Internal Auditor

   Financial Transformation Project Underway
   • Allen Clemson, Interim Vice Chancellor for Finance

   Consolidated Compliance Report
   • Steve Hill, UNT System Compliance Officer
   • Anne Long, UNTHSC Compliance Officer
3. ACTION ITEM

2014-27 UNTS FY2014 Revised Annual Internal Audit Plan

4. BACKGROUND REPORTS

A. UNTS UNT System Internal Audit Quarterly Report

B. UNTS UNT System 2nd Quarter FY 2014 Consolidated Compliance Report

Adjournment
Title: FY2014 Revised Annual Internal Audit Plan

Background:
The Board of Regents approved the annual Internal Audit Plan in accordance with Texas Government Code Chapter 2102, on August 16, 2013. The Chief Internal Auditor is proposing revisions to the current fiscal year audit plan to realign audit resources with emerging risks and audit projects. The attached revised Audit Plan includes the revised Schedule of Audits and Detail of Direct Audit Hours for the remainder of FY 2014.

Financial Analysis/History:
Preparation of the revised Internal Audit Plan, and approval by the Board of Regents, is critical to the overall Internal Audit process; however, there is no direct fiscal impact.

Legal Review:
This item has been reviewed by General Counsel.

Schedule: The Revised Annual Internal Audit Plan will be adopted immediately upon approval by the Board.
Recommendation:

It is recommended that the Board of Regents approve the attached revised Internal Audit Plan.

Recommended By:  

Michelle Finley, CIA  
Chief Internal Auditor

Attachments Filed Electronically (List each item):

- FY 2014 Revised Annual Internal Audit Plan
Title: FY2014 Revised Annual Internal Audit Plan

Board of Regents Order 2014-27

At an official meeting of the Board of Regents of the University of North Texas System properly posted and held on April 17, 2014, pursuant to a motion made by Regent and seconded by Regent , the Board approved the motion presented below:

Whereas, Regent Rule 4.501 requires the Board of Regents to approve any deviation of the approved Annual Internal Audit Plan, and

Whereas, the Chief Internal Auditor proposed revisions to the FY 2014 Annual Internal Audit Plan to realign audit resources with emerging risks and audit projects.

Whereas, the Board of Regents has reviewed the revised Schedule of Audits and other Detail of Direct Audit Hours for the remainder of FY 2014,

Now, Therefore, The Board of Regents authorizes and approves the following:

1. FY 2014 Revised Annual Internal Audit Plan

VOTE: ____ ayes  ____ nays  ____ abstentions

BOARD ACTION:

Attested By:  Approved By:

_________________________________________  ______________________________________
Julia A. Boyce, Secretary                  Don Potts, Vice Chairman
Board of Regents                           Board of Regents
### University of North Texas System
#### Internal Audit
#### Schedule of Planned Audits and Detail of Direct Audit Hours - REVISED
#### Fiscal Year 2014

<table>
<thead>
<tr>
<th>Audits Completed</th>
<th>YTD Direct Audit Hours (as of 2/28/2014)</th>
<th>Direct Audit Hours Remaining FY14 *</th>
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<td></td>
<td>314</td>
<td>756</td>
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**Total Audit Hours** 8,504 8,744 ** 17,249

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**Legend**
- * Calculated estimate of available hours for the remainder of FY14
- ** Remaining hours estimate does not include the current open positions within the Internal Audit Department (i.e. IT Director, and Director)
- Additional Audit Projects included in revised Annual Audit Plan
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<tr>
<th>Audit Projects Removed from original Annual Internal Audit Plan</th>
<th>Budget Hours</th>
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<td>UNT Signature Delegation Review</td>
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<td>UNT Gift Card Purchasing Review</td>
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<td>UNT Telecommuting Review</td>
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<td>UNT Risk Management and Environmental Services Review</td>
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<td>HSC Facilities Certification Audit</td>
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<td>SYS EPAR Implementation Review</td>
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Subtotal 9,470
Background:
Internal Audit reports quarterly to the Board of Regents on the activities of the department. This report highlights the activities of the department for the period of February 8, 2014 through April 4, 2014.

Financial Analysis/History:
This is a report item only.

Legal Review:
This item has been reviewed by General Counsel.

Schedule: N/A
No action required. Information only. Submitted by:

Attachments:
- [UNT System Internal Audit Quarterly Report]
Internal Audit
Quarterly Report
April 2014

Michelle Finley, Chief Internal Auditor
Internal Audit Quarterly Reports

UNT
• 14-003 UNT – UNT President’s Expenditure Review
• 14-023 UNT – Adjusting Journal Entry Investigation
• 14-024 UNT – Advancement Investigation

HSC
• 14-003 HSC – UNTHSC President’s Expenditure Review
• 14-004 HSC – Anatomical Lab Review
• 13-011 HSC – UNT Health NextGen EPM Post Implementation Review
• 13-011 HSC – Approval of Incidental Fees Review

SYS
• 14-001 SYS – Chancellor’s Expenditure Review
• 14-010 SYS – Bank Account Authorization Review

DAL
• 14-001 DAL – UNT Dallas President’s Expenditure Review

Note: Project listing represents reports issued during the time period of February 8, 2014 through April 4, 2014.
External Review Quarterly Reports

State Auditor’s Office


Richard Tarr, Consultant
• Internal Audit Quality Assurance Review – Fiscal Years 2011 through 2013

Note: Project listing represents reports issued during the time period of February 8, 2014 through April 4, 2014.
Projects Completed Versus Planned
FY 2012 – FY 2014

Note: The number of projects planned for FY 2014 is based on the Revised Audit Plan.
Other Activities/Initiatives

• Completing Risk Assessment
• Revised FY2014 Audit Plan
• Developing an Internal Audit Charter
• Assessing Hotline Systems
  • Coordinating Evaluation with Compliance Officers
  • Reviewing System Functionality
• Implementing Follow-up Process on 3rd Party Audit Recommendations
UNT Recommendations Status

- Recommendations Completed this Quarter
- Recommendations Not Yet or Currently Due
- Recommendations Past Due

- High Risk
- Moderate Risk
- Low Risk
## UNT Recommendations Completed this Quarter

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<th>Report No.</th>
<th>Report Name</th>
<th>Number of Recommendations</th>
<th>Number of Months Since Report Date</th>
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UNT HSC Recommendations Status

UNT HSC

Recommendations
Completed this Quarter

Recommendations Not
Yet or Currently Due

Recommendations Past
Due

High Risk
Moderate Risk
Low Risk
## UNTHSC Recommendations Completed this Quarter

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<tr>
<td></td>
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<tr>
<td>14-002</td>
<td>Fiscal Year 2013 Investments Review</td>
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<tr>
<td>13-005</td>
<td>UNT Health Revenue Cycle Back Office Review</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Report No.</td>
<td>Report Name</td>
<td>Number of Recommendations</td>
<td>Number of Months Since Report Date</td>
</tr>
<tr>
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<tr>
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<tr>
<td>14-002</td>
<td>Fiscal Year 2013 Investments Review</td>
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</table>
# UNT HSC Recommendations Past Due

<table>
<thead>
<tr>
<th>Report No.</th>
<th>Report Name</th>
<th>Recommendations Past Due</th>
<th>Number of Months Past Due</th>
<th>Revised Expected Implementation Date</th>
</tr>
</thead>
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<tr>
<td><strong>High</strong></td>
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</tr>
<tr>
<td>13-005</td>
<td>UNT Health Revenue Cycle Back Office Review</td>
<td>4</td>
<td>4</td>
<td>April 30, 2014</td>
</tr>
<tr>
<td><strong>Moderate</strong></td>
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</tr>
<tr>
<td>11-011</td>
<td>Sub-Recipient Follow-Up</td>
<td>2</td>
<td>22</td>
<td>August 31, 2014</td>
</tr>
<tr>
<td>10-010</td>
<td>Time and Effort Reporting System Review</td>
<td>5</td>
<td>20</td>
<td>August 31, 2014</td>
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<tr>
<td><strong>Low</strong></td>
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<tr>
<td>12-001</td>
<td>Advanced Research – Advanced Technology Programs Review</td>
<td>1</td>
<td>23</td>
<td>May 31, 2014</td>
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<tr>
<td>10-010</td>
<td>Time and Effort Reporting System Review</td>
<td>1</td>
<td>20</td>
<td>August 31, 2014</td>
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<tr>
<td>09-011</td>
<td>Advancement Office Follow-Up Review</td>
<td>1</td>
<td>17</td>
<td>April 2014</td>
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<tr>
<td>14-002</td>
<td>Fiscal Year 2013 Investments Review</td>
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</tr>
</tbody>
</table>
UNT at Dallas Recommendations Status

UNT at Dallas

Recommendations Completed this Quarter
Recommendations Not Yet or Currently Due
Recommendations Past Due

High Risk
Moderate Risk
Low Risk
## UNT Dallas Recommendations Past Due

<table>
<thead>
<tr>
<th>Report No.</th>
<th>Report Name</th>
<th>Recommendations Past Due</th>
<th>Number of Months Past Due</th>
<th>Revised Expected Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
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<tr>
<td>12-027</td>
<td>UNT Dallas Gift Review</td>
<td>3</td>
<td>13</td>
<td>May 31, 2014</td>
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<tr>
<td>13-003</td>
<td>UNT Dallas Purchasing Card Review</td>
<td>1</td>
<td>7</td>
<td>April 2014</td>
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<tr>
<td>Low</td>
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<tr>
<td>12-027</td>
<td>UNT Dallas Gift Review</td>
<td>2</td>
<td>13</td>
<td>May 31, 2014</td>
</tr>
</tbody>
</table>
System Administration Recommendations Status

System Administration

- Recommendations Completed this Quarter
- Recommendations Not Yet or Currently Due
- Recommendations Past Due

- High Risk
- Moderate Risk
- Low Risk
# System Administration Recommendations Completed this Quarter

<table>
<thead>
<tr>
<th>Report No.</th>
<th>Report Name</th>
<th>Number of Recommendations</th>
<th>Number of Months Since Report Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
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</tr>
<tr>
<td>12-003</td>
<td>Construction Close-Out Process Review</td>
<td>1</td>
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</table>
## System Administration Recommendations Not Yet or Currently Due

<table>
<thead>
<tr>
<th>Report No.</th>
<th>Report Name</th>
<th>Number of Recommendations</th>
<th>Number of Months Since Report Date</th>
<th>Expected Implementation Date</th>
</tr>
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<tbody>
<tr>
<td><strong>High</strong></td>
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</tr>
<tr>
<td>14-002</td>
<td>FY 2013 Investments Review</td>
<td>1</td>
<td>2</td>
<td>April 1, 2014</td>
</tr>
<tr>
<td><strong>Moderate</strong></td>
<td></td>
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<td></td>
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<tr>
<td>14-002</td>
<td>FY 2013 Investments Review</td>
<td>1</td>
<td>2</td>
<td>November 30, 2014</td>
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<tr>
<td><strong>Low</strong></td>
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<tr>
<td>14-002</td>
<td>FY 2013 Investments Review</td>
<td>1</td>
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<td>May 20, 2014</td>
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<tr>
<td>14-002</td>
<td>FY 2013 Investments Review</td>
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<td>September 25, 2014</td>
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# System Administration Recommendations Past Due

<table>
<thead>
<tr>
<th>Report No.</th>
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<th>Number of Months Past Due</th>
<th>Revised Expected Implementation Date</th>
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<tbody>
<tr>
<td>Moderate</td>
<td>Task Payment Review</td>
<td>6</td>
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<td>May 31, 2014</td>
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<tr>
<td>Low</td>
<td>Task Payment Review</td>
<td>5</td>
<td>33</td>
<td>May 31, 2014</td>
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</tbody>
</table>
## Third Party Audit Recommendations

<table>
<thead>
<tr>
<th>University of North Texas</th>
<th>Report Name</th>
<th>Number of Recommendations</th>
<th>Report Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Statewide Single Audit Report for the Year Ended August 31, 2013</td>
<td>1</td>
<td>February 2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>UNT Health Science Center</strong></th>
<th>Report Name</th>
<th>Number of Recommendations</th>
<th>Report Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experis Finance</strong></td>
<td>UNT Health Science Center Change Management Assessment</td>
<td>12</td>
<td>August 31, 2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>UNT Dallas</strong></th>
<th>Report Name</th>
<th>Number of Recommendations</th>
<th>Report Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grant Thornton, LLP</strong></td>
<td>Auditor Communications regarding Internal Controls FY 11</td>
<td>4</td>
<td>April 27, 2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>System Administration</strong></th>
<th>Report Name</th>
<th>Number of Recommendations</th>
<th>Report Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experis Finance</strong></td>
<td>Business Continuity Plan and Disaster Recovery Plan Assessment Report</td>
<td>12</td>
<td>March 1, 2011</td>
</tr>
</tbody>
</table>
University of North Texas
Post Audit Review Status Summary
The Office of Research Services mobilized a task force to address suggested management actions as outlined in the Internal Audit Observations Report. According to the task force, the following actions will be taken by the stated dates to address Internal Audit’s suggested management actions.

1. Identify the facilities that should be covered by continuity plans (whether such facilities be individual rooms, sets of rooms, organized centers, or even entire buildings or departments) – December 31, 2012 – Complete
2. Identify the appropriate administrative level from which the continuity planning should be coordinated for each identified facility – December 31, 2012 – Complete
3. Set a timeframe for the charged administrators to develop continuity plans appropriate to the particular facilities and to specify how the plans would be tested and monitored/adjusted over time. – May 31, 2013

Expected implementation date: December 31, 2014

Implementation will ensure that UNT research dollars are adequately protected, research accomplishments are appropriately safeguarded, the interests of granting entities are secured, and Tier 1 status is not adversely impacted.

The Office of Research and Economic Development is partnering with the Office of the Provost and Vice President for Academic Affairs to develop a coordinated set of procedures to (1) identify the facilities that should be covered by such plans (whether such facilities be individual rooms, sets of rooms, organized centers, or even entire buildings or departments); (2) identify the appropriate administrative level from which the continuity planning should be coordinated for each identified facility; (3) set a timeframe for the charged administrators to develop continuity plans appropriate to the particular facilities and to specify how the plans would be tested and monitored/adjusted over time.

Expected Implementation Date: The task force has already begun meeting. Within the month of March, 2012, we expect the task force will work with deans to design a method of identifying relevant facilities (task #1 from above). Within 30-60 days of having developed a finalized list of identified facilities, the administrator charged to develop and maintain the continuity plan for each facility will be identified (task #2 from above). Depending upon the experience of each of the administrators with continuity planning, training may be required. Thus, the duration between charging the administrators and the completion of all plans (task #3 from above) cannot be projected at this time; however, we anticipate it will be a matter of several months.

Person responsible for implementation: Geoff Gamble, Vice President for Research and Economic Development

Planned Implementation Date: September 2012
14-001  1/15/2014  NCAA Agreed Upon Procedures

High Level Objective: Perform Agreed Upon Procedures review in accordance with NCAA Bylaws.

Observations and Recommendations:
Coaches Salaries, Benefits and Bonuses Paid by the University - Tax Treatment for Cell Phone Allowances and Cell Purchase Reimbursements
Non-cash benefits for Athletic Department Employees - When recalculating a sample of the calendar year 2012 W-2s and reviewing other supporting documentation, temporary housing benefits for several of the recently hired coaches should be evaluated for inclusion on the employees’ W-2s as taxable income.

We recommend that any necessary corrections be made to prior year W-2’s

Implementation will assist in assuring compliance with IRS regulations.
The UNT System BSC agrees and will review the documentation provided by Internal Audit.

Person responsible for implementation: Carol McFarland, BSC Tax Accountant
Planned Implementation Date: March 31, 2014

BSC has consulted with the Office of General Counsel. The Office of General Counsel is consulting with Tax Counsel to determine if the benefits should be included as taxable income.
Expected Implementation Date:

Risk Level: High
Months Past Due: 1

13-027  2/4/2014  UNT Kristin Farmer Autism Audit

High Level Objective: The objectives of the UNT Kristin Farmer Autism Center (KFAC) audit were as follows:
• Determine the success of the KFAC in achieving its goals and/or purpose for existence; and
• Review the major business processes, and perform limited testing to verify controls are operating as intended.

Observations and Recommendations:
The UNT Kristin Farmer Autism Center’s (KFAC) Business Plan does not appear to be achievable.
1. Establish a team with the knowledge and expertise to evaluate the KFAC’s Business Plan;
2. Assure that all sources of revenue have been identified and validated;
3. Perform a cost/benefit analysis of the KFAC

Implementation will provide assurance that a thorough evaluation of future Centers and Institutes will be performed. Additionally, a cost/benefit analysis of the KFAC will be performed.

The Vice Provost for Academic Resources agrees with all the recommendations.
1. The Vice Provost for Academic Resources with the Dean of the College of Education to compose an evaluation team with the knowledge and expertise to evaluate the KFAC’s Business Plan. This team will consist of members of UNT and the community who can help to advise on individual components of the plan.

Person responsible for implementation: Dr. Allen Clark, Vice Provost for Academic Resources
Planned Implementation Date: April 1, 2014

Implementation Delayed until April 25th.
Follow-up scheduled for April 2014.

Risk Level: High
Months Past Due: 0

The UNT System BSC agrees and will review the documentation provided by Internal Audit.

Person responsible for implementation: Carol McFarland, BSC Tax Accountant
Planned Implementation Date: March 31, 2014
**High Level Objective:** Perform Agreed Upon Procedures review in accordance with NCAA Bylaws.

**Follow-up scheduled for June 2014.**

### Other Findings - Journal Template Entries

It was noted during the course of the review that all journal template entries booked by the any UNT department, including the Athletic Department, are booked on the general ledger without inclusion and review of supporting documentation by Financial Reporting. The current process of booking journal entries is for an employee to submit a journal template to Financial Reporting for review that consists of an account type match and a budget check. It is expected that the department has and maintains the supporting documentation for every journal template entry submitted. Lack of review of supporting documentation can result in inappropriate, inaccurate journal entries and/or errors and discrepancies going undetected.

We recommend that Financial Reporting develop a written standard for journal entry documentation and review the supporting documentation for journal entries.

<table>
<thead>
<tr>
<th>Observations and Recommendations:</th>
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<tbody>
<tr>
<td>Implementation will assist in assuring journal entries are accurate appropriate, and adequately supported.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Response</th>
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<tbody>
<tr>
<td>The Controller’s Office and Financial Reporting are developing a written standard for journal entry documentation that will require all submitted journals with line item amounts $5K and above to include appropriate supporting documentation that fully explains the journal being booked to the system. Supporting documentation for journals with line item amounts less than $5,000 will continue to be retained within the originating department in accordance with UNT’s Records Management and Retention policy 10.10. This will require a culture change throughout campus and numerous training sessions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementation</th>
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<tbody>
<tr>
<td>Follow-up scheduled for June 2014.</td>
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</tbody>
</table>

**Person responsible for implementation:** Lee Miara, Associate Vice President for Finance and Controller

**Planned Implementation Date:** June 1, 2014
<table>
<thead>
<tr>
<th>Observations and Recommendations</th>
<th>Impact</th>
<th>Response</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coaches Salaries, Benefits and Bonuses Paid by the University - Tax Treatment for Cell Phone Allowances and Cell Purchase Reimbursements</td>
<td>Implementation will assist in assuring compliance with IRS regulations.</td>
<td>The Vice Provost for Information Technology and CIO, in conjunction with the Business Service Center and IT Shared Services, will review the current tax treatment practice for cell phone allowances and cell phone purchase reimbursements and update the cell phone policy accordingly. Further, appropriate policy training for cell phone allowance recipients will be developed to ensure compliance with policy requirements.</td>
<td>Follow-up scheduled for September 2014.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Person responsible for implementation: John Hooper, UNT Vice Provost for Information Technology and CIO</td>
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<tr>
<td></td>
<td></td>
<td>Planned Implementation Date: September 1, 2014</td>
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</table>

**Risk Level:** High

**Months Past Due:** 0

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<table>
<thead>
<tr>
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<th>Response</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is not sufficient, independent review and approval of Employment Waivers prior to processing.</td>
<td>Implementation will provide assurance that Employment Waivers receive proper review, are awarded in accordance with TEC 54.212.</td>
<td>Change wording of the Section 2.2.10 of the UNT Policy Manual to reflect the Employment Waiver must be signed by dean of the graduate school or &quot;her or his designee.&quot; Change Employment Waiver form to include three questions to help programs determine eligibility. Change Employment Waiver form to include graduate dean’s signature. Change processing procedure to require graduate dean’s signature prior to final approval by Student Accounting.</td>
<td>The policy is currently in the process of being revised. Anticipated implementation date is July 31, 2014.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Person responsible for implementation: Mark Wardell, Dean, The Toulouse Graduate School</td>
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<tr>
<td></td>
<td></td>
<td>Planned Implementation Date: August 1, 2013</td>
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</tr>
</tbody>
</table>

**Risk Level:** Moderate

**Months Past Due:** 8
### 13-005 7/1/2013 Student-Managed Investment Fund

**High Level Objective:** The objective was to evaluate compliance with the donor agreement. This review was part of the approved annual audit plan for 2013.

<table>
<thead>
<tr>
<th>Observations and Recommendations:</th>
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<th>Response</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Student Investment Group did not ensure that an annual audit was performed by UNT accounting majors as required by the donor agreement. 1. Establish an audit committee and ensure an annual audit is performed.</td>
<td>Implementation will provide assurance that the annual audit will be performed and achieve compliance with the donor agreement.</td>
<td>Chair of FIREL will meet with the chair of the Department of Accounting to discuss means of encouraging participation in SIG and the audit function by accounting majors. Implementation and compliance rests ultimately with the members of the SIG. Person responsible for implementation: Marcia Staff, Chair of Finance, Insurance, Real Estate and Law. Planned Implementation Date: August 2013</td>
<td>A new faculty member has been appointed to the SIG Advisory Council and will be charged with establishing an audit committee. Additionally, the students from Accounting 5450, Seminar in Internal Auditing, will perform the annual audit in the spring 2014 semester. Expected Implementation Date: May 31, 2014</td>
</tr>
</tbody>
</table>

**Risk Level:** Moderate

### 13-017 7/30/2013 Parking Services Review

**High Level Objective:** The objective was to review UNT parking operations with an emphasis on the Highland Street Garage. The period reviewed was fiscal year 2012.

<table>
<thead>
<tr>
<th>Observations and Recommendations:</th>
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<th>Response</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parking Office credit card receipts are not being reconciled to source transaction activity recorded in the T-2 and Scan-Net systems. 8. Reconcile Parking Office credit card receipts to original source transaction activity.</td>
<td>Implementation will ensure that credit card revenues are recorded and reconciled to transaction source documentation.</td>
<td>8. Agreed. PTS will reconcile Parking Office credit card receipts to original source transaction activity. Person responsible for implementation: Geary L. Robinson, Ph.D., CAPP, Director, Parking and Transportation Services Planned Implementation Date: October 31, 2013</td>
<td>Partially Implemented. Additional steps are still needed to finalize a working reconciliation process. Expected Implementation date: April 30, 2014. Follow-up scheduled for May 2014.</td>
</tr>
</tbody>
</table>

**Risk Level:** Moderate

### 14-001 1/15/2014 NCAA Agreed Upon Procedures

**High Level Objective:** Perform Agreed Upon Procedures review in accordance with NCAA Bylaws.

<table>
<thead>
<tr>
<th>Observations and Recommendations:</th>
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<th>Response</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Game Guarantees Expenses - Payables for Game Guarantees Future game guarantees are not recorded when contracts are executed. We recommend that game guarantees be recorded when the contracts are executed. We recommend that game guarantees be accrued in the financial reporting period when the contracts are executed.</td>
<td>Implementation will assure compliance with Generally Accepted Accounting Principles.</td>
<td>We will consult with Financial Reporting to record existing and future contracts using GAAP as a guideline for recording these amounts. The athletic department notes that in most cases the guaranteed amount in the event a scheduled contest is not played is not the same as the face value of the contract when the game is played. Again we will consult with Financial Reporting to determine the amount to be recorded. Person responsible for implementation: Mike Ashbaugh Planned Implementation Date: Immediately</td>
<td>Athletics is working with Financial Reporting to record the game guarantees. Expected Implementation Date: April 4, 2014</td>
</tr>
</tbody>
</table>

**Risk Level:** Moderate

**Observations and Recommendations:**

**Impact**

**Response**

**Implementation**

**Risk Level:** Moderate

**Months Past Due:** 8

**Planed Implementation Date:** August 2013

**Implementation Impact**

**Moderate**

**Implementation**

**Moderate**

**Risk Level:** 6

**Expected Implementation Date:** May 31, 2014

**Follow-up scheduled for May 2014.**

**Implementation Impact**

**Moderate**

**Risk Level:** 2

**Expected Implementation Date:** April 4, 2014

**Follow-up scheduled for May 2014.**
Ticket Sales - Control Deficiencies Related to Comp Tickets

We performed a limited review of the control environment related to football ticket sales. We noted weaknesses related to complimentary and student tickets. These weaknesses included a lack of procedures for complimentary tickets and no reconciliations of complimentary tickets or unsold student tickets.

We recommend that the Athletics department strengthen the controls related to complimentary tickets (including student tickets), develop procedures relating to complimentary tickets which should include documentation of each complimentary ticket recipient, and perform reconciliations of complimentary and student tickets.

Observations and Recommendations:

Implementation will improve control related to tickets to better allow for detection of excessive complimentary tickets.

The athletic department agrees with a recommendation that additional steps can be taken to further assure reconciliation/security of comp/students tickets. The athletic department will:
1. On a weekly basis reconcile
   a. Student tickets
   b. Student athlete tickets
2. Work with Ticketmaster to assure that all protocols are in place to link personnel who can print or distribute comp tickets.
3. On a monthly basis, spot check and report on comp ticket distributions to assure proper approvals are in place.

Person responsible for implementation: Mike Ashbaugh, Troy Taylor

Planned Implementation Date: Immediately with basketball tickets

Risk Level: Moderate

Months Past Due: 2

Implementation Impact

Implementation will assist in assuring compliance with NCAA Bylaws.

The athletic department has always collected all forms in a timely manner through the Compliance Office. This year due to a change in the Compliance Officer, all forms were not collected. To alleviate this from happening again the athletic department will:
1. Reinforce the responsibility of the Compliance Officer to create a list of staff required to submit forms.
2. Meet with staff and department personnel to get each form signed and recorded on an Excel spreadsheet.
3. Athletic Director and Senior Associate Athletic Director for Business Affairs will set calendar reminders to meet with Compliance Officer and complete certification two weeks prior to required submission date.

Athletics notes that forms for 2011 and 2012 were requested after the review and all forms were provided immediately. This is reinforcement that our procedures under normal circumstances have been followed.

Person responsible for implementation: Rick Villarreal, Mike Ashbaugh, Scott Hobbs

Planned Implementation Date: Immediately

Risk Level: Moderate

Implementation

Athletics has all forms for fiscal year 2013 on file. The process takes place on an annual basis. Athletics has established due dates and reminders for FY 2014. However, the process will not be complete until August 31, 2014.

Expected Implementation Date: August 31, 2014

Game Guarantees Revenue - Receivables for Game Guarantees

Future game guarantees are not accrued when contracts are executed.

We recommend that game guarantees be accrued in the financial reporting period when the contracts are

Observations and Recommendations:

Implementation will assure compliance with Generally Accepted Accounting Principles.

The athletic department agrees to create accounts receivable for game contracts. We will consult with Financial Reporting to record existing and future contracts using GAAP as a guideline for recording these amounts. The athletic department notes that in most cases the guaranteed amount in the event a scheduled contest is not played is not the same as the face value of the contract when the game is played. Again we will consult with Financial Reporting to determine the amount to be recorded.

Athletics is working with Financial Reporting to record the game guarantees.

Expected Implementation Date: April 4, 2014

Risk Level: Moderate

Monthly Past Due: 2

Implementation Impact

Implementation

Athletics is working with Ticketmaster to change controls.

Expected Implementation Date: June 1, 2014
### 14-001  
**1/15/2014  NCAA Agreed Upon Procedures**

**High Level Objective:** Perform Agreed Upon Procedures review in accordance with NCAA Bylaws.

<table>
<thead>
<tr>
<th>Observations and Recommendations</th>
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<th>Response</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Staff/Administrative Salaries, Benefits and Bonuses Paid by the University - W-2c Correction</td>
<td>Implementation will assist in assuring compliance with IRS regulations.</td>
<td>The UNT System BSC agrees.</td>
<td>The W-2 has been corrected.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Person responsible for implementation: Carol McFarland, BSC Tax Accountant</td>
<td>The BSC has indicated that they have improved the tracking of items that need to be reported on employee W-2's. However, documentation related to the process still needs to be updated.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Planned Implementation Date: March 31, 2014</td>
<td>Expected Implementation Date: April 30, 2014.</td>
</tr>
</tbody>
</table>

**Risk Level:** Moderate  
**Months Past Due:** 2
**NCAA Agreed Upon Procedures**

**High Level Objective:** Perform Agreed Upon Procedures review in accordance with NCAA Bylaws.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Other Expenses - Unsupported amount paid to vendor.</td>
<td>Implementation will assure any valid expenses are paid.</td>
<td>The supporting documentation reviewed was only the partial items available at the time of the filing of the expense report. The balance of the documentation was available during the next month’s expense statements. In addition, this particular bill was problematic due to a breach in normal hotel billing policies; the proper receipts and accounting were not available from the hotel. Documentation of these irregularities, including e-mails from hotel management, was attached to the expense report. Concerning the travel voucher, housing was supplied and required by the Athletic Department during the recruiting period. The reclassification of expenses is a necessary process due to a number of factors both in athletics and other departments. The athletic department will conduct a review of why reclassifications were required. The athletic department will continue to reduce the number of reclassifications by: 1. Performing monthly reviews of accounts and account numbers to insure better accuracy. 2. Review changes of account numbers made once transactions leave the athletic department.</td>
<td>Follow-up scheduled for June 2014.</td>
</tr>
</tbody>
</table>

**Risk Level:** Moderate

**Implementation Impact:** Moderate

**Risk Level:** 0

---

**Student Worker Review**

**High Level Objective:** The objectives were to: 1. Review positions which require student enrollment and test positions held in Fall 2011 to ensure that employees were enrolled in classes, and 2. Review student’s class and work schedules in the Federal Work Study (FWS) program to determine if students worked during scheduled class times which is prohibited by FWS guidelines.

<table>
<thead>
<tr>
<th>Observations and Recommendations</th>
<th>Impact</th>
<th>Response</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal Audit identified five UNT policies related to student employment that require enrollment; however, not all policies contain the same enrollment requirements.</strong></td>
<td>Maintaining the least and most consistent policies related to student employment could reduce the confusion for individuals processing payroll documents and subsequently lead to fewer errors in processing and employment.</td>
<td><strong>Write a new overarching policy for student employment positions, as well as, develop operational procedures for the various job codes connected to the new overarching policy.</strong></td>
<td><strong>Policy changes are currently in process.</strong> Estimated implementation date is May 31, 2014.</td>
</tr>
</tbody>
</table>

**Person responsible for implementation:** Yolanda Niemann, Senior Vice Provost  
Dan Naegeli, Executive Director, Career & Leadership Development  
Valarie (Robertson) Hodges, Assistant Director, Finance & Administration  
Marci Bailey, Director, UNT Human Resources

**Planned Implementation Date:** September 1, 2013

**Risk Level:** Low

**Implementation Impact:** Low

**Risk Level:** 7

**Months Past Due:** 7
Space Planning Review

High Level Objective: The objective was to review processes and controls related to the assignment of physical space, in particular to review the information contained within the database.

<table>
<thead>
<tr>
<th>Observations and Recommendations:</th>
<th>Impact</th>
<th>Response</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSMP does not have detailed operational written procedures addressing the assignment and re-assignment of University space.</td>
<td>Implementation will ensure that OSMP processes and controls are in compliance with established departmental written procedures.</td>
<td>Agreed at time of observation however certain written procedures have since been written. 1. OSMP now has written procedures for communications and processes concerning the Space Assessment Committee and Administration approval/non-approval of such requests. 2. Detailed written procedures have been completed for the Space Inventory Survey process and were published online in April, 2013. Additional written OSMP operational procedures have been identified and are being developed at this time.</td>
<td>Partially Implemented. All procedures have not been documented. Management has indicated that written procedures are currently being developed. Additionally, management has updated UNT Policy 10.16, Space Assignment and Management, which is currently pending review by the Office of General Counsel. Written procedures will be finalized and implemented once the policy is approved.</td>
</tr>
<tr>
<td>3. Develop detailed written departmental procedures, outlining the OSMP operational processes and controls.</td>
<td></td>
<td>Person responsible for implementation: Jessica Shumate, Office Manager</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Planned Implementation Date: December 2013</td>
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</tbody>
</table>

Risk Level: **Low**

NCAA Agreed Upon Procedures

High Level Objective: Perform Agreed Upon Procedures review in accordance with NCAA Bylaws.

<table>
<thead>
<tr>
<th>Observations and Recommendations:</th>
<th>Impact</th>
<th>Response</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment Uniforms &amp; Supplies - Supporting Documentation for Journal Entries</td>
<td>Implementation will assist in assuring journal entries are accurately appropriate, and adequately supported.</td>
<td>It is not the practice of the Athletic Department to process journal entries without proper backup documentation. To ensure in the future there are no journal entries without documentation the Athletic Department agrees to do the following: 1. Require documentation review on all transactions with spot department checks. 2. The Athletic Department will follow the policy set by Financial Reporting for journal entry documentation.</td>
<td>Partially Implemented. Athletics is now retaining additional supporting documentation for journal entries. However, Financial Reporting has not provided a policy related to documentation requirements.</td>
</tr>
<tr>
<td>During the course of the review, we noted that detailed supporting documentation for two transactions was not available. These transactions were journal entries prepared by Athletics Department staff to move an expense into one account from another. We recommend that Athletics retain detailed supporting documentation for all journal entries. We recommend that Athletics retain detailed supporting documentation for all journal entries.</td>
<td></td>
<td>Person responsible for implementation: Mike Ashbaugh, Troy Taylor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Planned Implementation Date: Immediately</td>
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</table>

Risk Level: **Low**

<table>
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<tr>
<th>Months Past Due</th>
<th>4</th>
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</table>

Expected Implementation Date: June 1, 2014
### Non-Compliance with Memorandum of Understanding (MOU) Requirements of the Texas Apartment Association Professorship in Residential Property Management Endowment

1. Establish procedures to work in conjunction with the TAA to identify recipients of scholarships, ascertain the amount of each scholarship awarded, and direct scholarship payments to the Office of Student Financial Aid for coordination and processing; or consult with the donor, Office of General Counsel, and SFAS to amend the MOU so that the requirements conform to current practice.

**Implementation**

Implementation will provide assurance that scholarships awarded by the Texas Apartment Association will be coordinated and processed through the Office of Student Financial Aid and Scholarships; compliance with Federal Regulations, University policy, SFAS guidelines, and MOU requirements will be achieved; and the overall control environment will be strengthened.

**Response**

1: Management agrees that the following portion of the MOU has not been implemented: “The University agrees to establish a RPM Program scholarship to be funded by the Donor, and to work in conjunction with the Donor to identify candidates and recipients for the scholarship.” Since the donor chose to not fund the program, the University could not establish the program scholarship as described in the MOU. Since the program was never created, no scholarships were ever awarded as UNT RPM program scholarships.

Management agrees to consult with the donor and the Office of General Counsel to amend the MOU to delete the reference in the statement quoted above.

**Person responsible for implementation:** Michael Braswell, TAA Professor and Marcia J. Staff, Chair, FIREL

**Planned Implementation Date:** March 2014

**Implementation Impact**

Low

Implementation will provide assurance that scholarships awarded by the Texas Apartment Association will be coordinated and processed through the Office of Student Financial Aid and Scholarships; compliance with Federal Regulations, University policy, SFAS guidelines, and MOU requirements will be achieved; and the overall control environment will be strengthened.

**Risk Level:** 1

**Follow-up scheduled for September 2014.**

### Recruitment - Recruiting Manual

During the review of recruiting policies, it was noted that no policy manual exists, just a collection of documents. These documents did not address recruiting expenses. We recommend that policies be developed specific to recruiting expenses to assist in assuring compliance with all NCAA regulations. We recommend that the policies be reviewed and updated to assure all significant team travel NCAA regulations are addressed.

**Implementation**

Implementation will assist in assuring compliance with NCAA Bylaws.

**Response**

The Athletic Department currently has documented procedures given to every new coach upon arrival at the University. The department currently:

1. Has a training session with each coach or staff as hired to cover policies
2. Gives each coach a NCAA Rule Book which lists all applicable rules and bylaws
3. Provides a hardcopy and online file of department policies on travel and credit card use
4. Annually test coaches on rules

The athletic department agrees to review other university policy manuals to strengthen our existing policies and manuals.

**Person responsible for implementation:** Rick Villarreal, Mike Ashbaugh, Patty Wells, Becky Hall, Scott Hobbs

**Planned Implementation Date:** Using due diligence, at earliest possibility but no later than August 1, 2014

**Implementation Impact**

Low

Implementation will assist in assuring compliance with NCAA Bylaws.

**Risk Level:** 0

**Follow-up scheduled for September 2014.**
Team Travel - Team Travel Manual

During the review of team travel policies, it was noted that the policies specific to team travel do not address all relevant NCAA Bylaws. We recommend that the policies be reviewed and updated to assure all significant team travel NCAA regulations are addressed.

The Athletic Department currently has documented procedures given to every new coach upon arrival at the University. The department currently:

1. Has a training session with each coach or staff as hired to cover policies
2. Gives each coach a NCAA Rule Book which lists all applicable rules and bylaws
3. Provides a hardcopy and online file of department policies on travel and credit card use
4. Annually test coaches on rules

The athletic department agrees to review other university policy manuals to strengthen our existing policies and manuals.

Person responsible for implementation: Rick Villarreal, Mike Ashbaugh, Patty Wells, Becky Hall, Scott Hobbs

Planned Implementation Date: Using due diligence, at earliest possibility but no later than August 1, 2014

<table>
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<th>Months Past Due</th>
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13-010 11/5/2013 UNT Dining Services A/P Audit

High Level Objective: The objective was to review the accounts payable process for compliance with UNT System policies, and evaluate transactions for compliance with Texas Government Code 2251 related to prompt payment.

Observations and Recommendations:

UNT Dining Services is not scanning its Retail Dining Service invoices and supporting documentation as required by the Delegated Voucher Payable Agreement with the UNT System Business Service Center.

2. Develop a procedure to scan Retail Dining Service invoices.

Implementation will provide assurance that UNT Dining Services is in compliance with the Delegated Voucher Payable Agreement.

Implementation will assist in assuring compliance with NCAA Bylaws.

We are committed to completing the suggested electronic/scan Retail invoices as requested. We will be contacting our Retail Vendors and discussing the changes that are required by the University with regards to electronic/scanned invoicing and how we can streamline a process that will work for both parties.

Person responsible for implementation: Susan Cruz, Business Manager

Planned Implementation Date: September 1, 2014

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<th>Risk Level:</th>
<th>Low</th>
<th>Months Past Due</th>
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</table>
Health Science Center
Post Audit Review Status Summary
## Observations and Recommendations:

**UNT Health has $1.2 million of unapplied payments: 88% of these payments are over one year old.**

1. Develop and implement a plan for reviewing and disposing of all unapplied payments including when a payment should be returned to payer.

2. Establish a policy regarding unapplied payments including a timeline for when payments should be resolved or returned to payer.

3. Nextgen Credit Balance reports will be developed to detail the payer, credit balances in addition to the Business Office Account and insurance adjudication complete.

4. New Assistant Director, Patient Accounts, position has been created for monitoring reports will be completed and implemented by November 30, 2013. Prepayments in the Signature system will be completely resolved and filled to ensure that the unapplied payments are monitored through Nextgen reporting capabilities and to ensure that all are resolved or refunded within guidelines of revised Refund Policy.

5. Monthly Nextgen Reports will be developed to detail all unapplied payments over 60 days from date of payment. Payments over 60 days will be explained and monitored for resolution as soon as treatment and insurance adjudication complete.

**Risk Level:** High

**Expected Implementation Date:** Policy to be revised and additional monitoring reports will be completed and implemented by November 30, 2013. Prepayments in the Signature system will be completely resolved by Dec 31, 2013.

**Implementation**

- Cleanup of unapplied payments is still underway. As of March 24, 2014, Signature prepayments and credits combined have been worked and reduced to $79,000 (a 95.4% reduction). Internal Audit met with UNT Health management on April 3, 2014 and confirmed that they are currently working with the BSC to process the remaining refunds.

  - The Refund policy has been updated and approved by the Policy Committee to clearly define time frames for resolving and refunding unapplied payments. Internal Audit met with UNT Health management on April 3, 2014, and confirmed that the draft policy is currently being reviewed with the Office of Legal Counsel for final changes before submission for Board approval.

  - Revised implementation date for both recommendations is April 30, 2014.

---

**UNT Health has credit balances totaling $480,322: 68% of the balances are more than one year old.**

5. Develop and implement a plan for reviewing and disposing of all credit balances, including when a balance should be returned to payer.

6. Establish a policy regarding credit balances, including a timeline for when balances should be resolved or returned to payer.

**Observations and Recommendations:**

**Impact**

- Implementation will provide assurance that overpayments are identified and refunded in a timely manner.

**Response**

- **Management agrees and will implement the following:**
  1. Revise Refund Policy to establish clearly defined time frames for resolving and refunding unapplied payments. The policy will consider types of deposits, for example co-pays pending insurance adjudication, payments for OB delivery, payments for long term treatments and will set deadlines based on insurance adjudication.
  2. An additional Business Office Account Representative has been dedicated to resolution of unapplied payments on a permanent basis. Nextgen EPM provides daily reports of unapplied payments for monitoring.
  3. Monthly Nextgen Reports will be developed to detail all unapplied payments over 60 days from date of payment. Payments over 60 days will be explained and monitored for resolution as soon as treatment and insurance adjudication complete.
  4. New Assistant Director, Patient Accounts, position has been created and filled to ensure that the unapplied payments are monitored through Nextgen reporting capabilities and to ensure that all are resolved or refunded within guidelines of revised Refund Policy.
  5. Monthly Nextgen Reports will be developed to detail all unapplied payments over 60 days from date of payment. Payments over 60 days will be explained and monitored for resolution as soon as treatment and insurance adjudication complete.

**Individual Responsible for Implementation:** Karen Cruz, Controller and Executive Director of Financial Reporting

**Management:** Barbara Tucker, Director, Patient Accounts

**Implementation**

- Cleanup of unapplied payments is still underway. As of March 24, 2014, Signature prepayments and credits combined have been worked and reduced to $79,000 (a 95.4% reduction). Internal Audit met with UNT Health management on April 3, 2014 and confirmed that they are currently working with the BSC to process the remaining refunds.

- The Refund policy has been updated and approved by the Policy Committee to clearly define time frames for resolving and refunding unapplied payments. Internal Audit met with UNT Health management on April 3, 2014, and confirmed that the draft policy is currently being reviewed with the Office of Legal Counsel for final changes before submission for Board approval.

- Revised implementation date for both recommendations is April 30, 2014.
5. A new process for handling unclaimed money has been developed with the assistance of UNTHSC Accounting. UNTHealth will transfer the unclaimed money to an account held by the UNTHSC Accounting Department. The money will be held in that account for the required three years which will relieve the UNTHealth Business Office of the required holding period.

Individual Responsible for Implementation: Karen Cruz, Controller and Executive Director of Financial Reporting
Barbara Tucker, Director, Patient Accounts

Expected Implementation Date: Credits balances will be completely resolved in Signature system by December 31, 2013. Refund policy will be revised and monitoring reports developed and implemented by November 30, 2013.

Individual Responsible for Implementation: Karen Cruz, Controller and Executive Director of Financial Reporting
Barbara Tucker, Director, Patient Accounts

Expected Implementation Date: April 30, 2014.

Revised implementation date for both recommendations is April 30, 2014.
We performed a follow-up review on audit report #09-017 issued September 29, 2009, Sub-Recipient Review, during the period of June 2011 through August 2011.

The original objectives were to:
1. evaluate the control environment over subrecipient monitoring;
2. determine whether the subrecipient was informed of Federal award data and compliances, and only allowed activities were approved in the award documents;
3. determine whether the subrecipient’s activities were monitored for Federal compliance;
4. determine whether required audits were performed and audit findings addressed;
5. determine whether appropriate sanctions were taken if subrecipients were unwilling or unable to have required audits, meet other Federal compliances or not meet award requirements; and
6. determine whether the impact of subrecipient activities on the Center was evaluated.

### Observations and Recommendations:

**A comprehensive program of sub-recipient monitoring to ensure compliance with Federal guidelines has not been implemented.**

1. Document policies for key sub-recipient monitoring activities and implement required monitoring activities and best practices as indicated in prior Sub-Recipient Report (09-017 Issued September 29, 2009).

**Implementation**

Implementation will provide assurance that Federal audit requirements are met, sub-recipient monitoring plans are documented, and plans are a result of risk based analyses.

**Response**

Agree. Finalize policies and document responsibilities for monitoring sub-recipient by Spring 2012. Responsible party is LeJuan Byford.

**Person Responsible for Implementation:** LeAnn Forsberg, Executive Director, Office of Grants and Contract Management

**Planned Implementation Date:** June 2012

**Implementation Impact**

Moderate

**Implementation Risk Level:**

In Process.

LeAnn Forsberg states that due to the hiring freeze on new staff positions the development of the final training has been delayed. The department plans to hire a new compliance position over this area. Once the hiring freeze has been lifted the implementation will be completed. Expected completion is August 31, 2014.

**Risk Level:** Moderate

**Months Past Due:** 22

---

**A training program has not been implemented for principal investigators on the processing and approval of sub-recipient invoices.**

2. Provide training to Principal Investigators as indicated in prior Sub-Recipient Report (09-017 Issued September 29, 2009).

**Implementation**

Implementation will provide assurance that sub-recipient invoices are processed according to grant policies.

**Response**

Agree. Provide sub-recipient monitoring training to Principal Investigators by Spring 2012. Responsible party is LeJuan Byford.

**Person Responsible for Implementation:** LeAnn Forsberg, Executive Director, Office of Grants and Contract Management

**Planned Implementation Date:** June 2012

**Implementation Impact**

Moderate

**Implementation Risk Level:**

In Process.

LeAnn Forsberg states that due to the hiring freeze on new staff positions the development of the final training has been delayed. The department plans to hire a new compliance position over this area. Once the hiring freeze has been lifted the implementation will be completed. Expected completion is August 31, 2014.

**Risk Level:** Moderate

**Months Past Due:** 22
The objectives of the review were to evaluate the actions taken in response to the previous report and to determine whether additional actions are necessary to address the observations noted.

**Key time and effort terms, such as full workload and institutional base salary, have not been fully defined, documented, and communicated.**

3. Define, document, and communicate key effort reporting terms, including but not limited to:
   - full workload and institutional base salary;
   - specific activities to be included or excluded from full workload and base salary; and
   - significant changes in expected effort.

**Implementation will provide assurance that key effort terms are defined and consistently applied.**

**Response**

Management agrees with the suggested action. The policy regarding workload, institutional base salary and specific activities has been drafted and is currently being reviewed by management. We anticipate an approved policy by September 1, 2010. OCGM will incorporate significant changes in effort into our over all policies and/or procedures. We anticipate completion by December 2010.

**Person Responsible for Implementation:** LeAnn Forsberg, Executive Director, Office of Grants and Contract Management

**Planned Implementation Date:** August 31, 2012 *Revised

**Implementation Impact**

Moderate

**Risk Level:**

**Months Past Due:**

20

**In Process.** OGCM will obtain management input during policy development and rollout out by August 2014.

**Written policies and procedures were not documented for all key time and effort activities.**

4. Define, document, and communicate:
   - Policies and procedures for effort reporting activities;
   - Location where procedures may be accessed; and
   - Continuous monitoring processes to ensure compliance with policies and procedures.

**Implementation will provide assurance that expectations are documented and consistently applied.**

**Response**

Management agrees with the suggested action. The Director and Compliance Manager of the OCGM will review current policies and procedures as described above to ensure they are current, accessible and monitored. This will be completed by December 2010.

**Person Responsible for Implementation:** LeAnn Forsberg, Executive Director, Office of Grants and Contract Management

**Planned Implementation Date:** August 31, 2012 *Revised

**Implementation Impact**

Moderate

**Risk Level:**

**Months Past Due:**

20

**In Process.** Once Phase II is completed then policies and procedures for the new effort reporting process can be finalized. Expected completion August 2014.

**The Center has not established time frames for certifying personnel activity reports, and sanction policies for noncompliance.**

6. Establish written deadlines for completion of activity reports and sanction policies for noncompliance with policy.

**Implementation will provide assurance that effort is certified prior to submitting final project reports, and specific time frames exist to for sanction policies.**

**Response**

Management agrees with the suggested action. The Director and Compliance Manager of the OCGM will include the process for dealing with past due effort activity reports as part of the various policies and procedures related to time and effort reporting. We anticipate having all of the associated policies completed by December, 2010.

**Person Responsible for Implementation:** LeAnn Forsberg, Executive Director, Office of Grants and Contract Management

**Planned Implementation Date:** August 31, 2012 *Revised

**Implementation Impact**

Moderate

**Risk Level:**

**Months Past Due:**

20

**In Process.** Once Phase II is completed and full workload defined then periodic reviews of significant effort can begin. Expected completion August 2014.

**Compliance assessments were not performed for faculty with significant effort and salary distribution from federal funds.**

8. Establish periodic reviews of significant effort (80%, 90%, 100%, etc.) charged to federal projects.

**Implementation will provide assurance that nonfederal duties are considered in determining federal effort.**

**Response**

Management agrees with the suggested action. The Compliance Manager for OCGM will develop a step in the PAR review procedure to cover this aspect. We estimate the revised procedure will be implemented by December 2010.

**Person Responsible for Implementation:** LeAnn Forsberg, Executive Director, Office of Grants and Contract Management

**Planned Implementation Date:** August 31, 2012 *Revised

**Implementation Impact**

Moderate

**Risk Level:**

**Months Past Due:**

20

**In Process.** Once Phase II is completed and full workload defined then periodic reviews of significant effort can begin. Expected completion August 2014.
<table>
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<tr>
<th>Risk Level: Moderate</th>
<th>Months Past Due: 20</th>
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**Observations and Recommendations:**
An independent internal evaluation process to ensure effort system effectiveness has not been documented and implemented.

9. Document and implement an independent internal evaluation process including, but not limited to:
   - The procedures to be performed;
   - The frequency of the activities to be performed;
   - The process for reporting and resolving deficiencies.

**Response:**
Implementation will provide assurance that an independent internal evaluation process is in place to meet federal requirements.

**Person Responsible for Implementation:** LeAnn Forsberg, Executive Director, Office of Grants and Contract Management

**Planned Implementation Date:** August 31, 2012

**Implementation Impact:**
Moderate

**Observations and Recommendations:**
Spending in excess of approved budgets and unallowable charges for two of four grants resulted in the return of funds to the THECB.

3. Train PIs to periodically monitor the financial status of grants as required by policy.

**Response:**
Implementation will provide assurance that PIs are aware of their responsibilities for financial oversight.

**Person Responsible for Implementation:** LeAnn Forsberg, Executive Director, Grant & Contract Management

**Planned Implementation Date:** May 1, 2012

**Implementation Impact:**
Low

**Observations and Recommendations:**
Compliance assessments were not performed for faculty with significant effort and salary distribution from federal funds.

7. Provide mandatory training on time and effort requirements to new principal investigators and those submitting first time proposals.

**Response:**
Implementation will provide assurance that nonfederal duties are considered in determining federal effort.

**Person Responsible for Implementation:** LeAnn Forsberg, Executive Director, Office of Grants and Contract Management

**Planned Implementation Date:** August 31, 2012

**Implementation Impact:**
Low

---

**High Level Objective:**
The objectives of the review were to determine whether NHARP awards were administered in accordance with THECB guidelines and UNTHSC policies. The period reviewed was January 2010 through January 2011 for personnel costs, and July 2010 through January 2011 for all other expenditures. Grant expenditures prior to the extension were reviewed in Audit Report #10-015 dated July 19, 2010.

**Implementation:**
In Process. The Office of Grants and Contract management is completing the Primary Investigator (PI) Manual and will train PIs upon completion of the manual. Completion of the PI manual and training will be completed by May 31, 2014.

**Person Responsible for Implementation:** LeAnn Forsberg, Executive Director, Grant & Contract Management

**Planned Implementation Date:** May 1, 2012

---

**High Level Objective:**
The objectives of the review were to evaluate the actions taken in response to the previous report and to determine whether additional actions are necessary to address the observations noted.

**Implementation:**
In Process. Once Phase II is completed then training for the new effort reporting process can be finalized and rolled out to principal investigators. Expected completion August 2014.

**Person Responsible for Implementation:** LeAnn Forsberg, Executive Director, Office of Grants and Contract Management

**Planned Implementation Date:** August 31, 2012

---

**High Level Objective:**
The objectives of the review were to evaluate the actions taken in response to the previous report and to determine whether additional actions are necessary to address the observations noted.

**Implementation:**
In Process. Once Phase II is completed then training for the new effort reporting process can be finalized and rolled out to principal investigators. Expected completion August 2014.

**Person Responsible for Implementation:** LeAnn Forsberg, Executive Director, Office of Grants and Contract Management

**Planned Implementation Date:** August 31, 2012

---
**High Level Objective:**

Objectives of the review were to evaluate the actions taken in response to recommendations reported in Audit No. 07-012, Advancement Office Review.

### Observations and Recommendations:

The written agreement between the Center and the UNTHSC Foundation has not been revised or reaffirmed since September 1994.

6. Review and update the agreement between the Center and the Foundation including a “right to audit clause.” Refer to Legal Counsel and the AGB-CASE model agreement for guidance.

7. Distribute or make available the reaffirmed agreement to stakeholders including Center administrators, Advancement Office employees, and the Foundation Board of Directors.

**Implementation**

Management agrees. In process. The Vice President for Development will raise this topic at the April 2009 Foundation Board meeting and complete by the June meeting. The updated agreement will be distributed upon approval of appropriate Center and Foundation administrators.

**Person Responsible for Implementation:** Doug White, Vice President of Development

**Planned Implementation Date:** November 30, 2012 (Revised)

---

**High Level Objective:**

To accomplish the objectives, Internal Audit performed the following procedures:

- Determined whether investment transactions were compliant with UNT System Regulation 08.2000, Regents Rule 10.100, the PFIA, and with SAO Article III, Rider 5, Reporting Requirements;
- Verified that investments were adequately and appropriately inventoried and safeguarded; and
- Reviewed the recording and reporting of investment transactions for accuracy and general compliance of investment reports submitted to the UNT System Board of Regents.

### Observations and Recommendations:

Signatory authority for the former UNTHSC Vice President of Finance and CFO was not removed from the bank account until ten months after he left his position.

6. Develop a process to ensure that banking signatory authority cards are updated immediately to accurately reflect changes to personnel and only individuals with proper authority are active.

**Implementation**

Implementation has scheduled additional follow-up for May 2014.

**Individual Responsible for Implementation:** Geoffrey Scarpelli, Comptroller and Chief Budget Officer

**Expected Implementation Date:** March 1, 2014

---

**High Level Objective:**

**Fiscal Year 2013 Investments Review**

**To accomplish the objectives, Internal Audit performed the following procedures:**

- Determined whether investment transactions were compliant with UNT System Regulation 08.2000, Regents Rule 10.100, the PFIA, and with SAO Article III, Rider 5, Reporting Requirements;
- Verified that investments were adequately and appropriately inventoried and safeguarded; and
- Reviewed the recording and reporting of investment transactions for accuracy and general compliance of investment reports submitted to the UNT System Board of Regents.

**Implementation**

Partially Implemented. The Accounting Department has a draft procedure in place. They are working with the BSC and Internal Audit on one aspect of the procedure. The implementation date is now May 31, 2014.

**Internal Audit has scheduled additional follow-up for May 2014.**
UNT at Dallas

Post Audit Review Status Summary
High Level Objective:

The objectives was to review the gifts received by UNT Dallas Advancement personnel and assess the adequacy of controls and monitoring around them.

Observations and Recommendations:

University gifts and grants are being inconsistently managed and monitored.

2. Coordinate with the UNT Dallas CFO and the ORS to update the intra-system cooperation agreement between UNT Dallas and ORS for services to support grant management. The updates should state the role of Advancement personnel in the grant management process.

4. Update all management reporting to the Board of Regents, where applicable, regarding UNT Dallas gifts to clearly delineate between gifts and grants as defined by ORS UNT.

5. Update UNT Dallas policies and procedures where applicable based on the updated agreement. Coordinate training for Advancement and faculty personnel from ORS to detail roles and responsibilities regarding grant management.

Performing the above action items will help ensure gifts and grants are managed and monitored appropriately.

Response

University Advancement commits to contact ORS and work through the roles and definitions of gifts and grants, as well as work with ORS and the UNT Dallas CFO regarding the contract modification to reflect the agreed upon roles and definitions.

University Advancement commits to review current gifts and grants based on agreed-upon definitions and to delineate management/ tracking roles after the meeting with ORS has concluded to ensure proper monitoring and management are in place.

University Advancement agrees to update reporting methods for the Board of Regents based upon the agreed-upon definitions of gifts and grants after the meeting with ORS has concluded.

University Advancement agrees to update department policies and procedures after the meeting with ORS has concluded.

University Advancement will work with ORS to clearly define roles, definitions, and contract updating by February 1, 2013.

If necessary after the meeting with ORS, University Advancement will modify the Board of Regents reporting on the first possible report subsequent to the meeting and agreement with ORS.

University Advancement will update department policies and procedures within 30 days of agreement of roles and definitions with ORS.

Person responsible for Implementation: Vice President for University Advancement and Manager of Advancement Services

Planned Implementation Date: February 1, 2013

Implementation

Based on discussions with the VP for University Advancement, the items are still partially implemented. He and his department are in the final stages of hiring a Sponsored Gifts Coordinator to manage gifts from both private foundations and public grants. In addition to procedural compliance responsibilities this person will partner with ORS, Faculty, the Provost Office, and University Advancement to ensure all parties are on the same page and coordinating with each other. Once the Sponsored Gifts Coordinator is in place, University Advancement will coordinate with ORS to clarify responsibilities and roles and put in to place policy, procedures, an update to the cooperation agreement accordingly.

Partially Implemented, Additional follow-up is scheduled for May 31, 2014.
High Level Objective: The objective was to determine compliance with the Business Service Center (BSC) Purchasing Card Program Guide, UNT Dallas policies, and state regulations.

Based on procedures performed, areas were identified that were not consistently in compliance with elements of the BSC Purchasing Card Program Guide. Nearly ten percent (107) of all transactions reviewed reflected instances of non-compliance with the BSC program guidelines as follows:

- 18 instances where the “Food & Beverage Purchase Justification” form to support food purchases was not on file or was completed incorrectly.
- 44 instances where a vendor standing check with the Texas Comptroller’s Office was not made for purchases of $500.00 or more.
- 33 instances where a “Missing Receipt Affidavit” form was not on file to support purchases for which invoices were missing.
- 5 instances where sales tax totaling $310.91 was paid on various purchase transactions.
- 4 instances where an “Exception Request Form” was not obtained when restricted purchases were made.
- 2 instances where split purchases were made.
- 1 instance where credit card information was maintained in an unsecure place.
- 1 instance where the “Food & Beverage Purchase Justification” form was not completed correctly.

1. Require purchasing cardholders, reconcilers and approvers to attend BSC-provided PCard training; and emphasize the importance of complying with purchasing guidelines, University policy, and state regulations.

Implementation will assure compliance with purchasing card guidelines, University policies, and state regulations, use of the PCard for department purchases is continued, and the overall control environment is strengthened.

We concur, cardholder and reconciler will be required to complete BSC PCard training.

Person responsible for implementation: Vice President for Finance and Administration/CFO

Planned Implementation Date: August 2013

Internal Audit discussed the status of the suggested actions with the Vice President for Finance and Administration/CFO as part of the post audit review process. He indicated he will coordinate with the Business Services Center for a campus-wide training for all PCard holders, reconcilers, and approvers by March 31, 2014.

Additional Follow-up scheduled for April 2014.
High Level Objective: The objectives were to review the gifts received by UNT Dallas Advancement personnel and assess the adequacy of controls and monitoring around them.

| Procedures for managing, tracking, monitoring and reporting gifts are currently being developed in conjunction with the implementation of the Raisers Edge software system. |
| 6. Update and reconcile current gift processing procedures with UNT policies and procedures already established. Ensure UNT policies and procedures are followed and referenced where required in relation to any and all intra-system cooperation agreement and accreditation requirements. |
| 7. Update and document controls and processing procedures for gifts in the new Raiser’s Edge fundraising and donor management system. Work with UNT Advancement personnel to implement the new system and coordinate user access and data entry procedures and controls. |

Impact

Properly documented policies and procedures around the gift processing will help ensure they are managed appropriately.

Response

University Advancement continues to assess gift processing procedures to ensure they meet the highest industry standards that ensure safety, privacy and documentation. University Advancement will update and document controls and processing procedures that reflect Raisers Edge implementation.

University Advancement commits to update and document controls and processing procedures that reflect Raisers Edge implementation, the new relationship with UNT Dallas Foundation, and staffing resources. University Advancement commits to assess and continually update gift processing procedures.

Person responsible for implementation: Vice President for University Advancement and Manager of Advancement Services.

Planned Implementation Date: February 1, 2013

Implementation

Based on discussions with the VP for University Advancement, the items are still partially implemented. He stated that Gift Processing guidelines have been established in conjunction with the Raisers Edge Implementation. He stated they are being adhered to; however, he is currently exploring the possibility of refining the existing process in conjunction with the UNT Dallas CFO office to become more efficient.

Partially Implemented. Additional follow-up is scheduled for May 31, 2014.

| Risk Level: | Low |
| Months Past Due: | 13 |
System Administration
Post Audit Review Status Summary
## FY 2013 Investments Review

**High Level Objective:**
The objective was to perform a compliance review of management controls over investing activities as well as adherence with System Regulation 08.2000, UNT System Board of Regents Rule 10.100, and Public Funds Investment Act (PFIA) including State Auditor’s Office (SAO) Article III, Rider 5 reporting requirements.

### Observations and Recommendations:

<table>
<thead>
<tr>
<th>UNT System, UNT, and UNT Dallas do not have fully executed bank depository agreements with Wells Fargo.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation will help ensure that Board of Regents expectations are met, bank deposits are safeguarded, and any favorable terms are in force.</td>
</tr>
</tbody>
</table>

#### UNT Response:
Although the written agreement between Wells Fargo bank and UNT expired in 2013, the parties have continued to operate under the existing agreement with the same terms until the new contract can be finalized. Management will continue to work with the Office of the General Counsel to finalize the written agreement and expects to have a newly executed agreement by April 1, 2014.

**Person responsible for implementation:** Allen Clemson, Vice Chancellor for Administration

**Planned Implementation Date:** April 1, 2014

**Implementation Impact:** High

**Risk Level:** High

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<table>
<thead>
<tr>
<th>UNT Dallas Response: Agree. Management will continue to work with the Office of the General Counsel to finalize the written agreement and expects to have a newly executed agreement by April 1, 2014.</th>
</tr>
</thead>
</table>
| Person responsible for implementation: Vice President for Finance and Administration/CFO – UNTD

**Planned Implementation Date:** April 1, 2014

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<table>
<thead>
<tr>
<th>UNT System Response: Agree. Bring closure to all unresolved issues and finalize depository agreements.</th>
</tr>
</thead>
</table>
| Person responsible for implementation: Alan Stucky, Senior Associate, General Counsel

**Planned Implementation Date:** April 1, 2014

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**Implementation**

<table>
<thead>
<tr>
<th>Months Past Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>
### High Level Objective:

The objective of the review was to evaluate task payments for compliance with UNT Policy 1.6.5, Supplemental Compensation, and applicable state and federal law.

### Observations and Recommendations:

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Impact</th>
<th>Response</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Observations and Recommendations:

**Current practice in processing task payments appears to exclude Human Resources from the "appropriate administrative authorities" group that provides advanced approval for task payments.**

1. Include Human Resources in the "appropriate administrative authorities" group prior to commencement of a task.
2. Inform and educate University units engaged in providing tasks that HRM-11 forms should be reviewed and approved by HR prior to commencement of a task.

**Implementation will provide assurance that Human Resources is appropriately positioned to offer advice and recommendation prior to commencement of a task, payment is neither delayed or denied, and compliance with policy and applicable state and federal law is achieved.**

**Management concurs with these recommendations, however a UNT System-wide approach is being recommended versus an independent campus approach.**

It is a recommendation of UNT management that all of the campuses HR Departments, UNT Provost Office and UNT System work collaboratively on reviewing and revising their supplemental compensation policy to more strategically address the items identified in the UNT System Internal Audit Task Payment Review, Audit #11-012. This approach will help to better ensure that the critical issues have been addressed system-wide and that the proper controls when moved to the BSC effective June 1, 2011 will be in place prospectively. UNT HR is volunteering to coordinate and facilitate a meeting with all of the campuses HR Departments, UNT Provost Office and UNT System (BSC Team) no later than June 30, 2011. Action items identified as an outcome from that meeting will have a time table of deliverables and will subsequently be submitted to IA as an update to supplement the management action items.

**Person responsible for implementation:** Allen Clemson, Vice Chancellor for Administration and Chief of Staff

**Planned Implementation Date:** June 2011

**Risk Level:** Moderate

**Months Past Due:** 33

**Implementation:** Partially Implemented. Additional follow-up scheduled for June 2014.

Based on post audit review work, the policy remains under review. Once it is approved, it will be rolled-out to each campus.

Expected implementation date: May 31, 2014
**14-002**  2/7/2014  FY 2013 Investments Review

**High Level Objective:** The objective was to perform a compliance review of management controls over investing activities as well as adherence with System Regulation 08.2000, UNT System Board of Regents Rule 10.100, and Public Funds Investment Act (PFIA) including State Auditor’s Office (SAO) Article III, Rider 5 reporting requirements.

**Observations and Recommendations:**

<table>
<thead>
<tr>
<th>Impact</th>
<th>Response</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement a plan to assure compliance with UNT System Regulation, 08.2000.</td>
<td>UNT System Response: Agree. Submit a report of investment performance at the Board of Regents first regularly scheduled board meeting following the end of the fiscal year.</td>
<td>Not due yet.</td>
</tr>
</tbody>
</table>

**Person responsible for implementation:** Carolyn Whitlock, Manager of Treasury Services

**Planned Implementation Date:** November 30, 2014

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**11-012**  4/29/2011  Task Payment Review

**High Level Objective:** The objective of the review was to evaluate task payments for compliance with UNT Policy 1.6.5, Supplemental Compensation, and applicable state and federal law.

**Observations and Recommendations:**

<table>
<thead>
<tr>
<th>Impact</th>
<th>Response</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two employees earned regular salaries while simultaneously earning income from tasks.</td>
<td>Management concurs with these recommendations, however a UNT System-wide approach is being recommended versus an independent campus approach.</td>
<td>Partially Implemented. Additional follow-up scheduled for June 2014.</td>
</tr>
</tbody>
</table>

It is a recommendation of UNT management that all of the campuses HR Departments, UNT Provost Office and UNT System work collaboratively on reviewing and revising their supplemental compensation policy to more strategically address the items identified in the UNT system Internal Audit Task Payment Review, Audit # 11-012. This approach will help to better ensure that the critical issues have been addressed system-wide and that the proper controls when moved to the BSC effective June 1, 2011 will be in place prospectively. UNT HR is volunteering to coordinate and facilitate a meeting with all of the campuses HR Departments, UNT Provost Office and UNT System (BSC Team) no later than June 30, 2011. Action items identified as an outcome from that meeting will have a time table of deliverables and will subsequently be submitted to IA as an update to supplement the management action items.

**Person responsible for implementation:** Allen Clemson, Vice Chancellor for Administration and Chief of Staff.

**Planned Implementation Date:** June 2011

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**Risk Level:** Moderate

**Risk Level:** Low

**Months Past Due:** 0

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**Months Past Due:** 33

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The shared roles and responsibilities provided in UNT Policy 1.6.5 appear to weaken accountability in the task payment process.

8. Evaluate the task payment policy and determine the benefits derived by requiring multiple task approvers versus the risks assumed by requiring fewer approvers.

9. Clearly define the roles and responsibilities of each participant in the process and eliminate roles that may overlap, duplicate, or otherwise be unclear.

10. Specify the unit or individual(s) responsible for policy enforcement, compliance, interpretation, clarification, and dispute resolution.

Implementation will provide assurance that the roles and responsibilities of task participants are clear, the University’s expectations of compliance are certain, the consequences of non-compliance are unambiguous, and accountability in the task payment process is strengthened.

Management concurs with these recommendations, however a UNT System-wide approach is being recommended versus an independent campus approach. It is a recommendation of UNT management that all of the campuses HR Departments, UNT Provost Office and UNT System work collaboratively on reviewing and revising their supplemental compensation policy to more strategically address the items identified in the UNT system Internal Audit Task Payment Review, Audit #11-012. This approach will help to better ensure that the critical issues have been addressed system-wide and that the proper controls when moved to the BSC effective June 1, 2011 will be in place prospectively. UNT HR is volunteering to coordinate and facilitate a meeting with all of the campuses HR Departments, UNT Provost Office and UNT System (BSC Team) no later than June 30, 2011. Action items identified as an outcome from that meeting will have a time table of deliverables and will subsequently be submitted to IA as an update to supplement the management action items.

Person responsible for implementation: Allen Clemson, Vice Chancellor for Administration and Chief of Staff

Planned Implementation Date: June 2011

Impact
Low

Risk Level: Low

Observations and Recommendations:

The Investment Portfolio Summary graph reported in the UNT Quarterly Investment Report for the period ending May 31, 2013 was not accurate. Additionally the earned income figure should have been $148,566.64 versus the $304,933.53 reported.

3. Review the UNT Quarterly Investment Report to assure the accuracy of information prior to the issuance of the quarterly report to the Board of Regents and posting of the report on the institution’s investment disclosure website.

Implementation will ensure that the information reported on a Quarterly Investment Reports is complete and accurate.

Agree. A correction to the May 31, 2013 quarterly investment report will be included with the next presentation of quarterly investment reports for the Board of Regents.

Person responsible for implementation: Sr. Associate VP for Finance

Planned Implementation Date: May 20, 2014

Impact
Low

Risk Level: Low

Implementation
Not due yet.
**High Level Objective:** The objective was to perform a compliance review of management controls over investing activities as well as adherence with System Regulation 08.2000, UNT System Board of Regents Rule 10.100, and Public Funds Investment Act (PFIA) including State Auditor’s Office (SAO) Article III, Rider 5 reporting requirements.

### Observations and Recommendations:

<table>
<thead>
<tr>
<th>Compliance with UNT System Regulation 08.2000, Investment of System Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assure all investments are authorized by current policy.</td>
</tr>
</tbody>
</table>

**Implementation:** Implementation will ensure that all investments are supported by a Board approved regulation.

**Response:** Agree. The SBA investment will mature 9/25/2014. UNT will reinvest in compliance with the current investment regulations.

**Person responsible for implementation:** Sr. Associate VP for Finance

**Planned Implementation Date:** September 25, 2014

- **Risk Level:** Low
- **Implementation:** Not due yet.
- **Months Past Due:** 0
Third Party Audit Recommendations
Observations and Recommendations

Activities Allowed or Unallowed

Allowable Costs/Cost Principles

One (1 percent) of 70 direct cost transactions tested at the University of North Texas (University) was unallowable. The University reimbursed $19 in gratuity charges as part of a travel reimbursement. When the University reviewed and approved that travel reimbursement request, it charged the total amount of the travel expenses, including the gratuity, to the federal award. However, the gratuity portion of the expenses should have been charged to an institutional account. At the time of the audit, the University transferred the cost of the gratuity to an institutional account and reduced a subsequent federal reimbursement request by the amount of the gratuity.

For 1 (1 percent) of 70 direct cost transactions tested, the University incorrectly calculated the amount of the federal expenditure. The University miscalculated a partial month’s salary payment, resulting in an underpayment to an employee of $32. At the time the University incurred that expenditure, its payroll office manually calculated the partial payment amount with no separate review of that process. After auditors identified this error, the University corrected the error and paid the employee the correct amount.

The University should establish and implement procedures to ensure that it does not charge unallowable or incorrect costs to federal awards.

Response

Implementation Date: 12/5/2013
Responsible Persons: Britt Krhovjak and Debbie Reynolds

Management Response and Corrective Action Plan 2012:
The UNT Business Service Center (BSC) agrees. The BSC has corrected the travel reimbursement and the payroll underpayment. The BSC has established business practices to address the recommendation, which include:

▪ Provided additional training to Travel staff regarding unallowable expenses on federal funds.
▪ Will participate in ongoing collaboration with the UNT Office of Research Services to enhance the audit process of travel expenditures to avoid unallowable charges to federal funds.
▪ ERP (PeopleSoft) system now calculates partial months using an annualized hourly rate of pay (2,080 hours). The manual calculation is no longer necessary.

2013 Update:
The University has implemented a process to calculate partial month salary payments. Auditors tested a sample of payroll transactions and determined that each transaction was allowable and calculated correctly. However, 1 of 15 travel expenditures tested was unallowable. The University reimbursed gratuity charges as part of a travel reimbursement.

Management Response and Corrective Action Plan 2013:
The UNT Office of Research Services has a written procedure and training in place covering unallowable expenditures on federal awards, including tips. The employee that approved the travel reimbursement that included the $19 was already aware of the procedure, but didn’t detect the unallowable charge during his regular review. The issue has been discussed with the employee, and will be reinforced further with all employees.

Also, effective immediately, the UNT System Business Service Center (central accounts payable are for all UNT agencies) will begin a 100% pre-payment audit on all federal grant travel vouchers, to help ensure that unallowable charges, including tips, are detected prior to payment.

At the time the error was detected, the UNT Office of Research Services transferred the cost of the $19 tip to an institutional account and reduced a subsequent federal reimbursement request by the amount of the tip.
Observations and Recommendations

Procurement and Suspension and Debarment

The University of North Texas (University) did not ensure that vendors associated with 4 (40 percent) of 10 procurements tested that exceeded $25,000 were not suspended or debarred. For limited competition procurements, the University’s process is to verify that vendors are not suspended or debarred by checking the EPLS. However, for those four limited competition procurements, the University did not maintain evidence that it verified that the vendors were not suspended or debarred. Auditors reviewed the EPLS and verified that the vendors were not suspended or debarred.

The University should document its vendor suspension and debarment verifications for all procurements of at least $25,000.

Response

Management Response and Corrective Action Plan 2012:
The UNT System Business Service Center (BSC) agrees. The BSC has established business practices to address the recommendation, which include:

- Added a clause/condition to the UNT System Purchase Order Terms and Conditions on 10/26/12.
- Provided additional training to Purchasing staff on EPLS Search and documentation requirements on 1/16/13.
- Created a procedure to ensure all procurements of at least $25,000 are documented appropriately and are audited by management daily on 1/22/13.

Management Response and Corrective Action Plan 2013:
All Business Service Center Purchasing staff will be re-educated on the EPLS requirements and the need to maintain verification documentation. Purchasing Director/Manager will continue to audit for compliance on a daily basis.

Implementation Date: 12/16/2013
Responsible Persons: Debbie Reynolds, Carolyn Cross, and Tina Koenig

Observations and Recommendations

Special Tests and Provisions – R3 – Subrecipient Monitoring

The University of North Texas (University) did not send the required notification of Recovery Act information at the time of disbursement of funds to its one Recovery Act subrecipient. The University did not have a process to ensure that it sent that notification at the time of disbursement. Without receiving a notification at the proper time, subrecipients could report inaccurate Recovery Act expenditures.

The University has fully expended all subawards made under Recovery Act funding; therefore, this finding is no longer valid.

Response

The University has fully expended all subawards made under Recovery Act funding; therefore, this finding is no longer valid.
Observations and Recommendations

For 5 (8 percent) of 60 students tested, the University of North Texas (University) did not submit corrections for changes in education credit amounts to the U.S. Department of Education as required; however, the University accurately verified all required information. As a result, the University underawarded 3 of those 5 students a total of $1,225 in federal Pell Grants associated with award number P063P122293. Those errors occurred because of a batch processing error in the University’s financial aid system, which caused the University not to report any changes in education credit amounts. The University asserted that the batch processing error affected an additional 528 students.

The University should correct the batch process in its financial aid system so that it submits changes in education credit amounts to the U.S. Department of Education and adjusts applicants’ financial aid packages accordingly.

Response

Implementation Date: July 2013
Responsible Persons: Dena Guzman-Torres and Lacey Thompson

Management made changes to the batch process in EIS which allow education credit changes to be reported. All students affected were corrected.

Observations and Recommendations

For 13 (22 percent) of 60 students tested, the University did not accurately report the students’ enrollment status to NSLDS. Specifically:

- Four of those students unofficially withdrew during the Fall semester, but the University reported to NSLDS that those students were enrolled full or half-time for the entire semester.
- For nine of those students, the University correctly reported them as withdrawn, but it did not report the correct effective dates of the status changes to NSLDS. The University reported the effective withdrawal dates as either the first or last day of the semester, instead of the last recorded date of attendance or the midpoint of the semester.

All 13 students unofficially withdrew from the University in the Fall semester and did not return for the Spring semester. The errors occurred because the University does not have a formal process to ensure that it properly reports to NSLDS status changes and effective dates of withdrawal for unofficially withdrawn students who do not return the following semester. After the University became aware of those errors, it reported the correct status changes and effective dates to NSLDS. However, not reporting student status changes and effective dates accurately to NSLDS could affect determinations that guarantors, lenders, and servicers of student loans make related to in-school status, deferments, grace periods, repayment schedules, and the federal government’s payment of interest subsidies.

The University should implement a formal process to accurately report status changes and effective dates for unofficially withdrawn students to NSLDS.

Response

Implementation Date: June 2013
Responsible Person: Bryan Heard

Management is attentive to the U.S. Department of Education requirements associated with Student Status Changes resulting from unofficial withdrawals.

Management has implemented business controls to ensure accurate and timely reporting to the National Student Clearinghouse and the National Student Loan Data System for this population of students.
Observations and Recommendations

On its SEFA, the University of North Texas (UNT):
§ Incorrectly reported expenditures for four CFDAs in the Student Financial Assistance Cluster of federal programs using award year instead of fiscal year. As a result, UNT (1) incorrectly included $6,257,520 and (2) incorrectly excluded $278,738 in expenditures on its SEFA. UNT also incorrectly included $6,255,520 of those expenditures in the notes to its SEFA and understated federal revenue by $276,738 in the notes to its SEFA.
§ Could not provide adequate support for excluding $361,374 in expenditures from its SEFA. UNT asserted that it excluded those expenditures because it had a vendor relationship with other state entities; however, UNT could not provide support for that assertion.

Response

Management indicated corrective action was taken.
Observations and Recommendations


Observations:
Based on the documentation provided (e.g., documents listed in Appendix A, email, etc…), it was determined that for the ten applications/services that meet the criteria of being both high risk and institutional in scope (impact), a population of changes could not be evidenced and that Change Management practices were found to be minimal, general in nature and less than expected.

Change Management procedures do not include the following:
- Standardized procedures to handle requests (including maintenance and patches) for changes to applications, procedures, processes, system and service parameters, and the underlying platforms
- Structured way to determine the impact on the operational system (and overall infrastructure) and its functionality for each request for change
- Process to ensure changes are categorized, prioritized, assigned, and authorized
- Process for pre-implementation and post-implementation testing protocols/requirements
- Process for defining, raising, testing, documenting, assessing and authorizing emergency changes (outside of the ‘normal’ change process)
- Tracking and reporting systems to document and communicate rejected changes, communicate the status of approved and in-process changes, and completion of approved changes (e.g. a spreadsheet)
- Procedures to update associated system and user documentation and procedures whenever changes are implemented (e.g. configuration documentation)

Criticality: High

2. Documented Change Management Policies, Standards & Procedures

- Change Management documentation is out dated and general in nature (see Appendix A).
- Per senior UNTHSC management, reliance for tracking changes is placed on the HSC Policy Template, which addresses Project Management
- Per the HSC Policy Template, efforts less than 40 hours are exempt from the Project Management procedures. Change Management procedures for efforts that are less than 40 hours are not defined.
- A list of changes and the approval by the appropriate parties for changes was not maintained and as such, could not be evidenced

Criticality: High

3. Change Request Classifications

Project classifications are defined in the HSC Policy Template document, however classifications for change requests, tasks requiring less than 40 hours of effort or non-projects are not defined.

Criticality: High

4. Change Request Approval Process

A list of changes and the approval of changes by the stewards/data owners for applications/services that meet the criteria of being both high risk and institutional in scope (impact) could not be evidenced.

Criticality: High

Recommendations/Activities to Consider for Observations 1 through 4:
Please note: The following are considered suggests and not mandates for the applications/services that meet the criteria of being both high risk and institutional in scope (impact):
- Establish a tracking and reporting system (e.g. spreadsheet) to document approved/rejected changes, communicate the status of requests (e.g. in-process, in testing, approved, completed). Make certain that approved changes are implemented as planned (or document explanations where changes deviate from original plan).
- Establish formal, standardized, Change Management procedures to administer all change requests for those applications/services that are both high risk and institutional in scope/impact (e.g. maintenance and patches, changes to hardware, networks, applications, procedures, processes, system and service parameters, and the underlying platforms)
- Assess all requests for those applications/services that are both high-risk and institutional in scope/impact, in a structured way to determine the impact on the operational system, overall infrastructure, and functionality. Ensure that changes are categorized, prioritized and authorized and supporting evidentiary documentation is archived
- Establish a process for defining, initiating, testing, documenting, assessing and authorizing emergency changes that do not follow the established change process

- Define and document approval procedures, as well as those individuals that are authorized to act as approvers for each system.
Experis Finance

UNT Health Science Center Change Management Assessment

- Formally establish a regularly scheduled checkpoint/change control meeting to review the tested, and approved changes prior to implementation; evidentiary documentation should include, but is not limited to, meeting minutes (e.g. decisions made during the meeting).
- Upon the implementation of changes, update the associated Change Management tracking tool, the system and user documentation and procedures accordingly.
- Where support responsibilities are shared with other organizations (e.g. ITSS, vendors, other departments), document the roles and responsibilities for each and capture how all stakeholders and support teams are kept updated.
- Include a method to periodically review, update (including appropriate version control), and disseminate Change Management practices (e.g. at least annually).
- Ensure the user community agrees with the Risk and Scope assigned to each application/service.

Response

Individual Responsible: ITS management team - Lynley Dungan, Executive Director of Information Technology Services, Anthony Tissera, Director of Infrastructure and Security, Woody Hagar, Director of Information Services, and Renee Drabier, Vice Provost for Academic Affairs and Development/CIO.

Estimated Completion Date: August 31, 2014

ITS management agrees with these best practice recommendations and will complete the steps listed below to ensure that all changes to IT systems at UNTHSC are assessed, categorized, comply with TAC guidelines, and as appropriate, follow a formal change process. Formal change processes will be applied to systems or applications that have been classified as high risk (contains or processes private and/or regulated data), and high impact (institutional wide use).

- Classification and evaluation of high risk/high impact systems and applications will be conducted and reviewed by ITS management, CIO, and stakeholders annually.
- ITS has begun a pilot of Microsoft System Center Service Manager (SCSM), a tool for IT service and change management that will hold system and application information, and allow for the tracking and reporting of changes made to those systems and applications identified as high risk/high impact. Estimated completion date for pilot is within the next 6 months.
- Change management procedures will be formalized at the completion of the pilot, and with adoption of SCSM or similar tool. Procedures will include approval processes, pre and post testing, and emergency change protocols, and will be reviewed annually by ITS management.

- ITS is currently in the process of updating our institutional and internal policies, including Systems Change Control.
Observations and Recommendations

Audit Trails

TAC Requirement: 202.75(5)(B) Appropriate audit trails shall be maintained to provide accountability for updates to mission critical information, hardware and software and for all changes to automated security or access rules.

Observations:
Per the 3.09 Router Security Procedures document, “Changes in programming are logged by our routing and switching components on the SYSLOG server. The network analyst tasked with the primary responsibility for network infrastructure reviews the change logs daily for indications of unauthorized modifications.” That being the case, the following was requested:
- Evidence of the log review for twenty-five randomly selected dates
- The list of authorized changes the logs were compared to

Evidence of the review and supporting documentation for the sampled dates could not be evidenced. Per senior IT management “Other than the dates referenced on these samples, evidence is not tied to the specific dates listed.”

As such, it was determined that a process is not in place that defines the procedures in use to ensure appropriate audit trails are maintained to provide accountability for updates to mission critical information, hardware, and software as well as all changes to automated security or access rules.

At a minimum, Audit trail data should include, but is not limited to:
- A check list of audit trail activities
- The evidence required for each task on the check list
- Listing of authorized changes used for comparing against the logs for each day’s review
- Providing the completed check list and supporting documentation to senior IT management for review, approval and archiving
- A tracking/approval/audit trail mechanism for changes that are made directly to application databases that are both high risk and institutional in scope/impact (e.g. client/patient complaint information that is entered into a system via the backend database and not the front-end application where data validation functionality is performed)

Criticality: High

Recommendations/Activities to Consider for Observations 5:
Please note: The following are considered suggests and not mandates for the applications/services that meet the criteria of being both high risk and institutional in scope (impact):
- Define and document the procedures to ensure appropriate audit trails are maintained to provide accountability for updates to mission critical information, hardware and software and for all changes to automated security or access rules.
- Archive evidence of the review and approval by both the analyst and senior IT management.

Response

Individual Responsible: ITS management team - Lynley Dungan, Executive Director of Information Technology Services, Anthony Tissera, Director of Infrastructure and Security, Woody Hagar, Director of Information Services, and Renee Drabier, Vice Provost for Academic Affairs and Development/CIO
Estimated Completion Date: August 31, 2014

Management agrees with this best practice recommendation. Where audit trails are required due to the nature of the system and/or application (i.e. government or other regulated systems and information), random samples will be captured and reviewed for compliance with change management procedures and policies. Audit reviews will be documented in our IT service management tool.
Grant Thornton, LLP
Auditor Communications regarding Internal Controls FY 11

Observations and Recommendations

Approval of Journal Entries

During our audit, we discovered that users of the financial reporting system who have authority to approve and post journal entries also have the ability to approve and post entries that they themselves have initiated. While the University's policy is for a different user to approve an entry, there is no mechanism in place to ensure this occurs. Employees are on their honor to not approve entries they initiate. Because of this, combined with the hindered ability of University financial reporting personnel to understand the transactions (see description under Insufficient Close, Reconciliation, and Analysis Process below), there is possibility of a material misstatement due to lack of independent review of the entry for appropriate accounting treatment.

We recommend that accounting system access be modified so approvers cannot post their own entries. Realizing limitations with certain systems, an alternative could be a periodic review of those entries posted by the same person who initiated.

Response

UNT Dallas management agrees with all recommendations made. In 2010 and 2011, UNT Dallas contracted with UNT to receive accounting and financial reporting services. During 2011, UNT Dallas, in conjunction with UNT, developed the framework for a transitional plan that would transfer all accounting and financial reporting functions to UNT Dallas from UNT. In 2012, the transitional framework will become an operational plan that will be implemented over the next fiscal year. Certain processes, such as the approval journal entries have transitioned to UNT Dallas. UNT Dallas management will also create a review process for journal entries to ensure that there is a segregation of duties between data entry and the journal entry approval.
Observations and Recommendations

Insufficient Close, Reconciliation, and Analysis Processes

In addition to the adjustments from not separately identifying the University's transactions, a number of other adjustments occurred from improper accounting for the transactions. This does not allow the University to produce accurate financial reports. We understand the University has historically relied on the accounting personnel at UNT, but is in the process of building its own accounting department. While the University has made progress in this area, there are still deficiencies related to the close, reconciliation, and analysis processes.

- Analysis of transactions and year-end close process
  - Many of the journal entries are recorded by accountants at UNT. This, combined with physical distance and mediocre communication, hinders the ability of the accounting staff at the University to understand the nature of recorded transactions and assess the appropriate accounting treatment.
  - State-funded employee benefits expense could not be reconciled to related reimbursement revenue.
  - An unknown transaction was recorded to interest expense and required reversal.
  - Necessary reversal of revenue related to interest expense reimbursed by the state was initially not recorded.
  - Certain reclassifications had to be made between presentation used for consolidation in the State of Texas financial statements and the stand alone financial statements of the University.
- Year-end close process did not identify the above issues.
- Close process does not include review of grants for proper accounting treatment, including adjusting for any receivables or deferred revenue.
- Result of calculation of the reclassification from scholarship expense to tuition discount was not reviewed for reasonableness
- Operating expense matrix should be reviewed for reasonableness and consistency with NACUBO functional expense guidelines.

- Bank reconciliations
  - Reconciliations of bank accounts, particularly the payroll account, are not done timely. Additionally, reconciling items of journal entries made to the general ledger account are not reviewed for reasonableness and potential correction.

- Lease classification
  - Processes are not in place to evaluate new leases for proper treatment as either a capital or operating lease.

- Accrued compensable absences
  - An adjustment was required to correct accrued compensable absences as of August 31, 2011 as the original calculation was not reviewed for use of supportable data.

The following matters were recommended in the prior year letter:

- Regular (monthly and/or quarterly) close processes to include:
  - Reconciliations of all significant accounts, including cash, investments, capital assets, debt, tuition revenue and receivables, grant revenue and expenditures
  - True-up of any estimates
  - Preparation of financial statements (statement of net assets and statement of changes in revenues, expenses, and net assets)
  - Analytical review of the financial information for that period and year-to-date
- Year-end close process to include:
  - Continuing to monitor activity (revenue and expense) subsequent to year-end for accrual

While the University has made progress, these recommendations remain in place in order to continue to improve the process, as described above.

Response

UNT Dallas management agrees with all recommendations made. In fiscal year 2012, certain accounting and reporting tasks were transitioned to UNT Dallas from UNT; such as the process for completing bank reconciliations, the aforementioned journal entry approval process as well as the responsibility of the audit. In addition to the transition of these specific tasks, UNT Dallas management has created individual management reports, such as the monthly cash forecast that will become a part of our monthly executive reporting package. UNT Dallas management has made progress in our initiative to establish an independent accounting and financial reporting department and we will continue into the next fiscal year until the accounting transition from UNT is complete, with all recommended improvements adopted and implemented to ensure the most accurate accounting records for the University.
Observations and Recommendations

Separate Accounting for the University's Transactions

Prior to September 1, 2010, the financial activity of the University was recorded on the books of either the University of North Texas System or the University of North Texas ("UNT"), depending on the transaction. Some of these transactions were identified within the general ledger system as attributable to the University; many were not. This required significant effort by system management to disaggregate the financial activity of the University. Additional material adjustments were identified through the audit of the year ended August 31, 2010 that had not been properly attributed to the University.

While the University has had its own general ledger since September 1, 2010, there are still challenges related to identification of its transactions. For example, certain amounts are still allocated based on formulas and a certain pledge was not identified as a receivable for the University. Significant adjustments were made from the amounts on the general ledger to the financial statements because of the prior year activity recorded in the current year. Additionally, transactions between the University and UNT (reflected as "transfers" and "due to other component" in the financial statements) were not resolved timely.

Because of the past oversight in not setting up the University separately within the general ledger system to identify all of the University's transactions, the true financial status of the University cannot be determined without substantial effort. This hinders management's ability to effectively manage the finances of the University. We recommend that the University continue to implement processes to ensure that all transactions are fully recorded on the University's books.

Response

UNT Dallas management agrees with all recommendations made. UNT Dallas is in the process of defining and establishing our organizational design (hiring of employees, establish periodic reporting, etc.) that will enable us to fully assume all accounting and financial reporting responsibilities. In conjunction with the establishment of the UNT Dallas accounting department, UNT Dallas management will implement the necessary processes and related controls to ensure accurate accounting and financial reporting. These processes will be both institution specific as well as part of an overall UNT System initiative to improve financial reporting.
Observations and Recommendations

Business Impact Analysis (BIA) Observations and Recommendations

Observation E: Geographical Diversity
The DR BCP Overview document does not address the concern that the GAB data center and the Discovery Park data center are not geographically diverse. The data centers have the same providers for water and electrical power and are approximately five miles apart (TAC Req. 202.74(a) (1) (C)).

Recommendation E: Geographical Diversity
Consider utilizing another campus location as failover, a third party data center or cloud solution to ensure geographical diversity (TAC Req. 202.74(a) (1) (©).

Individual Responsible: John Hooper, Acting Vice President for Information Technology and CIO
Estimated Completion Date: March 31, 2012

Observations A through D address perceived gaps in the business impact analysis (BIA) section of the business continuity plan (BCP). Recommendations generally suggest adding more detail (or “component level information”) to the business impact analysis. The BIA section of the BCP is currently a high level document, not an operational document. Operational details such as resource identification, external points of contact, internal points of contact, disruption impacts, and outage times can be found in a variety of documents including disaster recovery plans for individual systems (IT Ready), service level agreements, vendor contact lists, communication plans, and operations manuals. As an organization, we are maintaining the information necessary to address these issues. The gap is primarily in the way our operation organizes and manages information rather than a lack of information. Going forward, we will ensure that information is appropriately referenced, backed-up and made available in our off site data storage location.
Experis Finance

Business Continuity Plan and Disaster Recovery Plan
Assessment Report

Observations and Recommendations

Business Impact Analysis (BIA) Observations and Recommendations

Observation B: External Points of Contact
External points of contact (e.g., utilities, software vendors, hardware vendors, business partners) and their contact information are not identified in the Business Impact Analysis section of the DR BCP, or other sections of the DR BCP Overview document (or referenced to any other hard copy and/or intranet location where that information may be available). Additionally, individual Service Area BCPs do not consistently identify external points of contact (TAC Req. 202.74(a) (1) (A) (i)).

Recommendation B: External Points of Contact
Consider either updating the BIA to reference where external points of contact information is stored or updating the BIA so that it identifies detailed/specific external points of contact for service providers of utilities, software and hardware vendors, as well as business partners (e.g. City of Denton, or Colleges that have received endowments or have research obligation) (TAC Req. 202.74(a) (1) (A) (i)).

Response
Individual Responsible: John Hooper, Acting Vice President for Information Technology and CIO
Estimated Completion Date: March 31, 2012

Observations A through D address perceived gaps in the business impact analysis (BIA) section of the business continuity plan (BCP). Recommendations generally suggest adding more detail (or “component level information”) to the business impact analysis. The BIA section of the BCP is currently a high level document, not an operational document. Operational details such as resource identification, external points of contact, internal points of contact, disruption impacts, and outage times can be found in a variety of documents including disaster recovery plans for individual systems (IT Ready), service level agreements, vendor contact lists, communication plans, and operations manuals. As an organization, we are maintaining the information necessary to address these issues. The gap is primarily in the way our operation organizes and manages information rather than a lack of information. Going forward, we will ensure that information is appropriately referenced, backed-up and made available in our off site data storage location.

Observations and Recommendations

Business Impact Analysis (BIA) Observations and Recommendations

Observation D: Maximum Allowable Outage Time
The assessment of the maximum allowable outage time for a resource did not include the effects of an outage over time (TAC Req. 202.74(a) (1) (B) (i)).

Recommendation D: Maximum Allowable Outage Time
Consider updating the BIA so that it captures detailed component level1 information so that it includes the allowable outage time for each resource and the effects of an outage over time for each resource (TAC Req. 202.74(a)(1)(B)(ii)).

Response
Individual Responsible: John Hooper, Acting Vice President for Information Technology and CIO
Estimated Completion Date: March 31, 2012

Observations A through D address perceived gaps in the business impact analysis (BIA) section of the business continuity plan (BCP). Recommendations generally suggest adding more detail (or “component level information”) to the business impact analysis. The BIA section of the BCP is currently a high level document, not an operational document. Operational details such as resource identification, external points of contact, internal points of contact, disruption impacts, and outage times can be found in a variety of documents including disaster recovery plans for individual systems (IT Ready), service level agreements, vendor contact lists, communication plans, and operations manuals. As an organization, we are maintaining the information necessary to address these issues. The gap is primarily in the way our operation organizes and manages information rather than a lack of information. Going forward, we will ensure that information is appropriately referenced, backed-up and made available in our off site data storage location.
### Observations and Recommendations

#### Disaster Recovery Plan (DRP) Observations and Recommendations

**Observation F: Updating DRP with Lessons Learned from DRP Testing**

DRP testing occurs, however, it could not be evidenced that the information learned from tests conducted was used to update the DRPs (TAC Req. 202.74(a) (4)).

**Recommendation F: Updating DRP with Lessons Learned from DRP Testing**

To evidence that information learned from DRP testing is used to update the BCP and DRPs, consider leveraging the use of the current change management processes and/or tools already in place or utilizing an issues log that tracks details such as the: Issue description, Possible Solutions, Management Response, Issue Owner, Remediation Date, Re-test Date, and names of the documents that have been updated (TAC Req. 202.74(a) (4)).

**Response**

Individual Responsible: John Hooper, Acting Vice President for Information Technology and CIO  
Estimated Completion Date: March 31, 2012

**Observation F** acknowledges that disaster recovery plan testing occurs; however, questions whether information gathered as a result of the exercises is used to update the disaster recovery plans. Exercise write ups including lessons learned and action items are included in the BCP/DR document collection. We will implement a change log as recommended to summarize changes to the BCP/DR document collection.

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**Observation G and H** appear to address detail issues within the BIA. The current BIA does include information that addresses the impact and magnitude of loss for critical resources. The information includes the following: recovery time objectives for critical systems, common threats that could cause disruptions to services, an impact analysis and dependency chart of critical services, facilities, and communications hubs. Recovery resources for critical resources are identified in individual plans and also in operational manuals. We will develop a standard way of describing impact both within the BIA and individual disaster recovery plans; review individual disaster recovery plans to ensure they meet the standard; remediate the disaster recovery plans as necessary; and ensure that impact measures from individual disaster recovery plans are reflected in the overall BIA.

**Response**

Individual Responsible: John Hooper, Acting Vice President for Information Technology and CIO  
Estimated Completion Date: March 31, 2012

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**Observations and Recommendations**

**Disaster Recovery Plan (DRP) Observations and Recommendations**

**Observation H: Recovery Resources:**
The BIA did not identify recovery resources for all mission critical resources. The ITReady Plans (DRPs) for each Service Area were reviewed and one of the nineteen Service Area ITReady Plans (DRPs) identified recovery resources. However the documents that identified the recovery resources are dated January 2009 (TAC Req. 202.74(a) (4) (B)).

**Recommendation H: Recovery Resources:**
Consider updating the BIA so that it captures detailed component level information regarding specific recovery resources and a source for each (TAC Req. 202.74(a) (4) (B)).

**Response**

Individual Responsible: John Hooper, Acting Vice President for Information Technology and CIO  
Estimated Completion Date: March 31, 2012

**Observations G and H** appear to address detail issues within the BIA. The current BIA does include information that addresses the impact and magnitude of loss for critical resources. The information includes the following: recovery time objectives for critical systems, common threats that could cause disruptions to services, an impact analysis and dependency chart of critical services, facilities, and communications hubs.

Recovery resources for critical resources are identified in individual plans and also in operational manuals. We will develop a standard way of describing impact both within the BIA and individual disaster recovery plans; review individual disaster recovery plans to ensure they meet the standard; remediate the disaster recovery plans as necessary; and ensure that impact measures from individual disaster recovery plans are reflected in the overall BIA.

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**Observations and Recommendations**

**Disaster Recovery Plan (DRP) Observations and Recommendations**

**Observation I: Step-by-Step Implementation Instructions:**
The ITReady Plans (DRPs) for each Service Area were reviewed and step-by-step implementation instructions were found to exist at a high-level for three of the nineteen Service Areas (TAC Req. 202.74(a)(4)(C)).

**Recommendation I: Step-by-Step Implementation Instructions:**
Step-by-step implementation instructions can contain sensitive information. As such, consider updating the DRP documents to include an appendix that identifies procedural documents that contain the step-by-step instructions. Also consider leveraging the use of version management tools already in place to store the sensitive documents and control access. (TAC Req. 202.74(a) (4) (©)

**Response**

Individual Responsible: John Hooper, Acting Vice President for Information Technology and CIO  
Estimated Completion Date: March 31, 2012

**Observation I** notes that step-by-step restoration procedures were not present in all reviewed disaster recovery plans. Step-by-step restoration procedures are maintained by the individuals who manage individual systems. Going forward, we will ensure that information is appropriately referenced, backed-up and made available in our off site data storage location.
Observations and Recommendations

Disaster Recovery Plan (DRP) Observations and Recommendations

Observation J: Provisions for Annual DRP Testing
The documentation does not explicitly include provisions for annual DRP testing. However documentation was provided that demonstrated DRP testing has occurred twice in the audit period (TAC Req. 202.74(a) (4) (D)).
Recommendation J: Provisions for Annual DRP Testing
Consider updating the Overview section of the Computing and Information Technology Center Business Continuity Plan to include the frequency that DRP testing is to occur (TAC Req. 202.74(a) (4) (D)).

Response
Individual Responsible: John Hooper, Acting Vice President for Information Technology and CIO
Estimated Completion Date: March 31, 2012

Observation K states that “the documentation does not explicitly include provisions for annual DRP testing.” Provisions for testing the DR/BCP are included in the UNT Information Resources Security Policy 3.6. The current policy requires periodic testing. This can be explicitly stated in the policy revision to match the specific TAC requirement for annual testing rather than periodic testing. We will update the policy and include a summary of the procedures in the BCP.

Observations and Recommendations

Business Continuity Plan (BCP) Observations and Recommendations

Observation K: Minimum BCP Approval Requirements:
Minimum approval requirements are not defined and formal approval of the current BCP and supporting service area documents was not evidenced (TAC Req. 202.74(a)).
Recommendation K: Minimum BCP Approval Requirements:
To address approval requirements, consider updating the DR BCP Overview document to address the BCP plan approval process and address who should provide approval (e.g. CIO, CITC department heads, and other stakeholders) (TAC Req. 202.74(a)).

Response
Individual Responsible: John Hooper, Acting Vice President for Information Technology and CIO
Estimated Completion Date: March 31, 2012

Observation K states that “[minimum approval requirements are not defined and formal approval of the current BCP and supporting service area documents was not evidenced.” TAC 202.74(a) does not require an approval plan process as noted in observation K; however approval requirements are addressed in UNT Information Resources Security Policy (3.6). The Acting Vice President for Information Technology and Chief Information Officer is responsible for approving the plan. The current policy does not have the correct title since the University organizational structure has changed since the last policy revision. The UNT Information Resources Security Policy (3.6) is currently under revision. We will change the policy to reflect the proper title for the Acting Vice President for Information Technology and Chief Information Officer. We will include explicit approval from the Acting Vice President for Information Technology and Chief Information Officer in the BCP/DR plan on an annual basis, or as prescribed in TAC 202.74, and document the process.
Observations and Recommendations

Business Continuity Plan (BCP) Observations and Recommendations

Observation L: BCP & DRP Testing and Maintenance Activities
BCP and DRP testing procedures and maintenance activities exist but are undocumented. The documentation should not only include specific testing completed but also prioritization, assignment of accountability, and closure of action items stemming from such testing (TAC Req. 202.74(a)(3)).

Recommendation L: BCP & DRP Testing and Maintenance Activities
Consider updating the Overview section of the DR BCP Overview document to address the BCP testing requirements, and maintenance activities (TAC Req. 202.74(a)(3)).

Response
Individual Responsible: John Hooper, Acting Vice President for Information Technology and CIO
Estimated Completion Date: March 31, 2012

Observations A through D address perceived gaps in the business impact analysis (BIA) section of the business continuity plan (BCP). Recommendations generally suggest adding more detail (or “component level information”) to the business impact analysis. The BIA section of the BCP is currently a high level document, not an operational document. Operational details such as resource identification, external points of contact, internal points of contact, disruption impacts, and outage times can be found in a variety of documents including disaster recovery plans for individual systems (IT Ready), service level agreements, vendor contact lists, communication plans, and operations manuals. As an organization, we are maintaining the information necessary to address these issues. The gap is primarily in the way our operation organizes and manages information rather than a lack of information. Going forward, we will ensure that information is appropriately referenced, backed-up and made available in our off site data storage location.
Observations and Recommendations

Observation B: TAC 202.78 Removal of Data from Data Processing Equipment (b) (1)

The Asset Management documentation reviewed did not:
- Provide Instructions to assess what information is stored on equipment to be disposed of, and to verify compliance with the retention schedule.
- Provide procedures instructing the appropriate personnel to retain a hard copy or other electronic copy of a record if the electronic state record has not expired at the time the record is removed from the equipment.
- Capture all TAC 202.78(c) required fields on the certificate of destruction form.

Note: The creation and maintenance of the Asset Management documentation is not the responsibility of CITC; that responsibility falls to the Asset Management Department.

Criticality: Low

Recommendation B: TAC 202.78 Removal of Data from Data Processing Equipment (b) (1)

Consider requesting Asset Management to update the following:
- The appropriate procedural documentation to address verification with compliance procedures For example, procedures instructing the appropriate personnel to retain a hard copy or other electronic copy of a record if the electronic state record has not expired at the time the record is removed from the equipment.
- The CITC disposal and destruction forms to include the following TAC 202.78(c) required fields:
  (1) date;
  (2) description of the item(s) and serial number(s);
  (3) inventory number(s);
  (4) the process and sanitization tools used to remove the data or method of destruction;
  (5) the name and address of the organization the equipment was transferred to

Response

CITC has reviewed these recommendations and conferred with representatives of the Asset Management department to discuss a potential plan of action regarding procedural documentation. In regard to updating procedural documentation, Asset Management has assigned this responsibility to UNT departments and designated asset users, as noted in UNT Asset Management policy 4.3. It is also the recommendation of the Asset Department for departments to utilize the asset management module found within EIS to record disposal and destruction information about associated assets.

CITC has added language to the draft Information Resources Security Policy and will also update the Information Security Handbook for Faculty, Staff, and Students to address the destruction, retention, and documentation of state records as required by rule 202.78(b)(1). The draft of the policy will be submitted for review and approval to university constituent groups and management. Final adoption of the policy will be contingent upon completion of the UNT administrative review and approval process.
Observations and Recommendations

Policies Standards & Procedures Gap Analysis (PSP) Observations and Recommendations

Observation A: TAC 202.73 Managing Physical Security (e)
TAC Requirement Description - (e) Institutions of higher education will refer to the State Office of Risk Management for applicable rules and guidelines.
Observation:
A direct or specific reference to the State of Office of Risk Management could not be identified in the documentation.
Criticality: Low
Recommendation A: TAC 202.73 Managing Physical Security (e)
Consider updating the appropriate document to:
- Refer to the State Office of Risk Management and indicate the applicable rules and guidelines.
- Indicate that the State Office of Risk Management rules and guidelines are not applicable. If rules and guidelines are not applicable, consider indicating why.

Response

The UNT Information Security Officer (ISO) contacted the State Office of Risk Management (SORM) to seek guidance regarding requirement 202.73(e). SORM indicated that they were unsure of DIR’s intent regarding rule 202.73(e) and stated that they have little experience in this area. The UNT ISO, or designee, will regularly communicate with SORM and DIR to obtain information that becomes available regarding physical security rules or guidelines. The information will be reviewed and considered for implementation. In addition, language will be added to the UNT Information Security Handbook for Faculty, Staff, and Students that will reflect these rules or guidelines.
Title: UNT System Consolidated Quarterly Compliance Report December 2013 through February 2014

Background:
This report represents the quarterly compliance actions for the University of North Texas System, University of North Texas, University of North Texas Health Science Center and the University of North Texas at Dallas from September 1, 2013 through November 30, 2013. Regular reporting of compliance actions to the UNT System Board of Regents is required by the United States Sentencing Commission’s Federal Guidelines §8B2.1(b)(2)(A).

This quarterly report has been consolidated to reflect the compliance actions for all UNT System components. This report reflects the actions that management and each compliance function has taken to manage their highest risks.

Financial Analysis/History:
This is a report item only.

Legal Review:
This item has been reviewed by General Counsel.

Schedule: N/A
No action required. Information only. Submitted by:  

Steven A. Hill  
UNT System Compliance Officer  

Chief Internal Auditor  

Chancellor  

Attachments Filed Electronically:  

- UNT System Consolidated Quarterly Compliance Report  
  December 2013 through February 2014
Section I. Organizational Actions

This section reflects organizational actions for this reporting period:

The actions taken by UNT System Executive Management to address the UNT System Management Risks identified during the Fiscal Year (FY) 2014 risk assessment are reported below.

Management Risk #1: Finalizing the transition of UNT Dallas as an independent institution

Action Taken by Executive Management:

A Post-Accreditation Transition Task Force consisting of relevant administrators and functional team members from UNT, UNT Dallas, and facilitated by UNT System Academic Affairs defined working groups that are identifying and addressing the remaining issues to be addressed in the separation of UNT Dallas from UNT. The Task Force is meeting monthly to monitor progress.

Management Risk #2: Law School start-up not meeting milestones for funding and operations

Action Taken by Executive Management:

- Rebecca Garza Greenan was named the Assistant Dean of Students and began her position in January 2014.

- David Epstein, Tom Perkins, Cheryl Wattley and Eric Porterfield were named the inaugural faculty of the UNT Dallas College of Law. Professor Wattley came on board in January 2014. The others will join the UNT Dallas College of Law in June 2014.

Management Risk #3: Ineffective implementation of shared services strategy for Information Technology Shared Services (ITSS) and Business Services Center (BSC)

Action Taken by Executive Management:

- PeopleSoft Upgrade Project: Oracle sent out an update to version 9.2 that is four times as large as expected (containing far more fixes and changes than usual). The project team must check work to date and retest that work to ensure that it still functions as planned with this update in place. The project schedule is yellow instead of green while the implementation team works to catch up and maintain the planned implementation schedule.

- UNT is pursuing, in conjunction with ITSS, selection of a new Constituent Relationship Management (CRM) system. The selection process will take until fiscal year end to complete.

- The BSC continues to identify efficiency opportunities for business process standardizations and improvements.
The BSC is assisting in effectively leveraging System-wide purchasing power by making scientific equipment maintenance discounts (of up to 15%) available to System components, which serve to reduce the cost of preserving the life of applicable equipment.

The BSC is assisting in effectively leveraging System-wide purchasing power by making general office supply contractor discounts (of up to 25%) available to System components.

The BSC is trying to identify any barriers that may prevent System components from taking advantage of the scientific equipment maintenance and general office supply contractor discounts.

Management Risk #4: Ineffective implementation of Human Resources (HR) services

**Action Taken by Executive Management:**

- A quarterly meeting was established for all System HR staff; first meeting was held on December 19th at the UNTHSC campus.
- The System HR mission statement was defined: Provide Support, Inspire Growth, Empower Success.
- Initiated a system-wide review of HR policies.
- First System HR survey was distributed to all employees to create a baseline measurement of recognition and satisfaction for the most commonly understood functions of System HR.
- Established a weekly presence of recruiters on each campus on a rotating basis to support hiring managers and campus leadership.
- Began design and configuration of the Front Range Help Desk Expert Automation Tool (HEAT) – which will provide an opportunity for tracking and monitoring HR service response.
- Global Grading project for the Health Science Center’s compensation and classification program was completed; new pay structure was adopted with market adjustments.

Management Risk #5: Having policies, procedures, and/or practices in place that may not provide protection of minors participating in UNT System related activities

**Action Taken by Executive Management:**

- The policy on reporting suspected wrongdoing was approved by the System. This policy was modified by each System institution and is being adopted via each institution’s policy approving process. Each institution also developed a separate policy for the reporting of suspected child abuse and neglect, which is being approved via each institution’s policy approving process.
- Any UNT System personnel required to take the state required training will continue to complete the third party sexual abuse and child molestation awareness training (by Abuse Prevention Systems) until the state approved training developed by UNT is ready to replace this training.
Section II. Compliance Risks

High-Risk #1: Electronic Information Handling (Information Technology Shared Services - ITSS)

**Action Taken by Management:**

- The ITSS information security office submits security reports each month to the Texas Department of Information Resources (DIR) in fulfillment of Texas Administrative Code (TAC) 202.76. Reports include instances of security violations involving UNT System component resources. Three required monthly reports were submitted to DIR this quarter.

- Texas Administrative Code 202.77e requires institutions of higher education to use new employee orientation to introduce information security awareness and inform new employees of information security policies and procedures. This material is presented to new employees as part of the online onboarding process. Security awareness training was provided to nineteen (19) new employees as part of onboarding via the online security awareness training course.

- IT support is provided to UNT System through Information Technology Shared Services.

**Action Taken by System and/or Institutional Compliance:**

- System and Institutional Compliance continues to partner with ITSS to identify opportunities to enhance the processes and procedures associated with information security and Electronic Information Handling.

Section III. Compliance Training

- UNT System and Institutional Compliance reviewed the new UNTHSC’s general compliance/ethics awareness training, which will assist in completing the final editing of training being designed for UNT System, UNT, and UNT Dallas employees.

Section IV. Confidential and Other Complaint Reporting for UNT System

- UNT System maintains a web-based Compliance Hotline that allows anonymous or confidential reporting as required by the U.S. Federal Sentencing Guidelines.

- There were no reports received during this quarter by the UNT System hotline.
Section I. Organizational Actions

This section reflects organizational actions for this reporting period:

The actions taken by UNT Executive Management to address the UNT Management Risks identified during the Fiscal Year (FY) 2014 risk assessment are reported below.

Management Risk #1: Pace of progress towards Tier 1, and its associated funding, is tied directly to Bold Goal Two

Action Taken by Executive Management:

- Continuing to acquire and retain highly accomplished and experienced faculty who can enhance our external reputation in key areas of research and student instruction.
- Continuing to monitor program mix by eliminating or adding programs as warranted, especially at graduate level.
- Continuing to develop an Opportunities hire program that identifies and recruits faculty who will enhance our diversity and/or external funding reputation, and assists in progression towards Tier 1.
- Continuing to broaden the research portfolio of UNT in terms of diversifying the federal grant agencies the university is submitting proposals to in order to increase funding and broaden research initiatives.
- Continuing to enhance international research initiatives for which Memorandum of Agreements are being established with international research foundations and organizations.
- Continuing to develop procedures and processes for university-wide access to high-end instruments and implementation of a transparent process for accessing university user facilities.
- Pursuing the goals of targeting large multi-investigator interdisciplinary federal funding opportunities.

Management Risk #2: The transition to shared services is still underway and the impact/benefit to the campus is still developing

Action Taken by Executive Management:

- UNT is pursuing, in conjunction with ITSS, selection of a new Constituent Relationship Management (CRM) system. This selection process will take until fiscal year end to complete.
- UNT continues to participate in the IT Governance Council (ITGC).
- The BSC continues to identify efficiency opportunities for business process standardizations and improvements.
The BSC is assisting in effectively leveraging System-wide purchasing power by making scientific equipment maintenance discounts (of up to 15%) available to System components, which serve to reduce the cost of preserving the life of applicable equipment.

The BSC is assisting in effectively leveraging System-wide purchasing power by making general office supply contractor discounts (of up to 25%) available to System components.

The BSC is trying to identify any barriers that may prevent System components from taking advantage of the scientific equipment maintenance and general office supply contractor discounts.

System Human Resources (HR) initiated a system-wide review of HR policies.

System HR established a weekly presence of recruiters on each campus on a rotating basis to support hiring managers and campus leadership.

System HR began the design and configuration of the Front Range Help Desk Expert Automation Tool (HEAT) – which will provide the opportunity to track, monitor, and enhance HR service response.

**Management Risk #3: Continuing to refine our enrollment modeling and predictability to manage changes in enrollment numbers and student quality**

*Action Taken by Executive Management:*

- State-of-the-art modeling and predicting continues.

- Continuing to validate the accuracy of our models by comparing prediction to actual performance.

- Hiring in the near future a Vice President for Enrollment, to coordinate and facilitate existing activities, and ensure state-of-the-art practices are in place.

**Management Risk #4: Having policies, procedures, and/or practices in place that may not provide protection of minors participating in UNT related activities**

*Action Taken by Executive Management:*

- The policy on reporting suspected wrongdoing was approved by the System. This policy was modified by UNT and is being adopted via its policy advisory group. UNT also developed a separate policy for the reporting of suspected child abuse and neglect, which is also being approved via its policy advisory group.

- System and Institutional Compliance continue to update the inventory list of camps, programs, and activities that involve minors on and off the UNT campus, so as to start a process of recommending enhancements that continue to ensure that all applicable personnel involved in these activities complete the training required by the state, demonstrate proof of insurability, and appropriate criminal history background checks are completed.

- Any UNT personnel required to take the state required training will continue to complete the third party sexual abuse and child molestation awareness training (by Abuse Prevention Systems) until the state approved training developed by UNT is ready to replace this training.
Section II. Compliance Risks

High-Risk #1: Fire and Life Safety (Risk Management Services - RMS and Facilities)

**Action Taken by Management:**

- The State Fire Marshal’s Office (SFMO) completed a fire safety inspection of UNT’s residential buildings on December 17, 2013. On January 15, 2014, RMS received the fire safety inspection report and began coordinating with Facilities to review and respond to the findings listed in the report. RMS submitted a comprehensive follow-up report to the SFMO on February 13, 2014. Repairs, installations, and other activities relating to the responses in the report will be ongoing during FY 2014.

- Risk Management Services reported conducting a total of thirty-two (32) semi-annual life safety code inspections of all Education and General Buildings (E&G) and applicable Residence Halls, to include buildings at UNT Dallas and UNT System offices on Main Street in Dallas, with no significant impairments reported. Risk Management Services reported conducting two (2) monthly Child Development Center life safety inspections with no significant impairments reported.

- UNT Facilities reported that all fire alarms, wet based systems, fire extinguishers, and fire suppression systems were inspected or tested, and all impairments were resolved except for two sprinkler heads (with the wet based systems), which needed to be added for proper sprinkler coverage and will be added during spring break.

**Action Taken by Institutional Compliance:**

- Institutional Compliance is available to Risk Management Services and UNT Facilities to assist in resolving any findings or impairments identified during inspections or tests as quickly as possible and identifying opportunities to enhance Fire and Life Safety processes and procedures.

High-Risk #2: Laboratory Inspections and Follow-up (Risk Management Services - RMS)

**Action Taken by Management:**

- The University responded to the Texas Department of State Health Services notice of compliance violations and has been informed by the agency that no fine will be assessed. Risk Management Services is working with a radiation environmental consulting firm and coordinating with appropriate University and System officials to revise the radiation safety program to ensure compliance with state radiation safety regulations.

- Of the 219 laboratories inspected this quarter, three (3) laboratories required re-inspection to address significant findings.

- Within RMS, Environmental Services continues to monitor the seventeen (17) Resource Conservation and Recovery Act (RCRA) metals that have very low Environmental Protection Agency established threshold limits. UNT passed all testing completed by the City of Denton and will be retested again next quarter. Continual monitoring of all laboratory waste water is necessary to assure UNT is not fined for exceeding the thresholds.

- RMS has reduced an initial five (5) year plan to a three (3) year laboratory safety program improvement plan. Obtaining software to properly document all environmental health and safety issues is the next step on the schedule of improvements to implement.
**Action Taken by Institutional Compliance:**

- System Compliance is finalizing an internal investigation concerning the radiation safety program and continuing to coordinate with Risk Management Services and other University and System officials to ensure the program is in compliance with state radiation safety regulations.

- Institutional Compliance continues to partner with Risk Management Services and other applicable UNT units to assist in resolving any findings and/or impairments identified during inspections as quickly as possible and identifying opportunities to enhance laboratory inspections and follow-up processes and procedures.

- Institutional Compliance continues to partner with Risk Management Services and other applicable UNT units to assist as applicable in preventing exceeding RCRA metal thresholds.

- Institutional Compliance and RMS will review its laboratory inspection and follow-up operations. This review will be completed with feedback provided to the RMS Director and Environmental Services as soon as possible.

**High-Risk #3: Chemicals of Interest (Risk Management Services - RMS)**

**Action Taken by Management:**

- RMS continued to closely monitor purchase and inventory levels of forty (40) specific chemicals on the Department of Homeland Security (DHS) Chemicals of Interest (COI) list to ensure that none of the inventory quantities exceed the maximum threshold limits set by DHS.

**Action Taken by Institutional Compliance:**

- Institutional Compliance continues to partner with Risk Management Services to identify opportunities to enhance Chemicals of Interest processes and procedures.

**High-Risk #4: Emergency Planning & Preparedness and Business Continuity (Risk Management Services - RMS)**

**Action Taken by Management:**

**Emergency Planning & Preparedness and Business Continuity**

- RMS and Facilities was directed to conduct an after action review of the December 2013 ice storm and prepare a brief (next quarter) for the President’s Cabinet on new state agency business continuity requirements for the university. All state agencies are required to have plans in place by October 31, 2014. Once the President’s Cabinet is briefed, planning will continue and reflect the Cabinet’s guidance.

- The Department of Education (DOE) conducted a Title IV Compliance Assistance Visit (CAV) that was requested by Financial Aid. This visit addressed emergency notification, evacuation, fire safety reporting, and fire log documents, policies, procedures, and reports generated by RMS and emergency management personnel. In the official CAV response letter, as a result of the visit, there were no significant issues identified that required a response to the DOE.

- RMS Emergency Management is continuing to partner with the City of Denton in preparing for the FY 2014 full scale active shooter exercise. The exercise is scheduled to
take place in May and the primary location will be Discovery Park. The President’s Cabinet will be briefed on this exercise next quarter.

- RMS Emergency Management continues to work with UNTPD, Facilities Management, and the Office of the Provost in conducting a campus-wide building safety assessment. The assessment is scheduled to be completed in the early fall of 2014 and will provide a basis for mitigation and planning efforts. To date, 43 of approximately 100 buildings have been assessed.

**International Risk Management**

- UNT International (UNT-I) and RMS Emergency Management continue to address risk management oversight for international travel. International travel includes study abroad programs, faculty led programs, and individual faculty and staff travel.

- The primary concerns are the ability to track all travelers, providing increased levels of safety, health, and security for personnel traveling abroad, and ensuring plans are in place in the event of a crisis or emergency situation. Other than study abroad and faculty led programs, there is no mechanism in place that requires individual faculty and staff to notify the university of proposed international travel.

- UNT-I and RMS’ Emergency Management are developing a draft policy that will standardize how international travel is tracked and implement safety measures to maintain an acceptable level of risk. Additional support, insight, and guidance may be required to accomplish an effective UNT-I Risk Management plan.

**Safety Coordinator Program**

- Following the February 2014 brush fire at Discovery Park (DP), and the subsequent evacuation, UNT emergency management personnel have met with those involved in responding to these types of events. The plan is to identify strengths, weaknesses, so as to develop enhancements in responding to these events ongoing. In order to enhance DP personnel’s ability to respond and protect themselves and others, UNT Emergency Management has started the process of improving the Safety Coordinator Program at DP.

*Action Taken by Institutional Compliance:*

- Institutional Compliance continues to partner with Risk Management Services and other applicable UNT units to identify opportunities to enhance Emergency Planning & Preparedness and Business Continuity processes and procedures.

**High-Risk #5: Research Conflict of Interest (Office of Research Integrity & Compliance – ORI&C)**

*Action Taken by Management:*

- Research Integrity & Compliance continued the process of requesting FY 2014 financial conflict of interest disclosures from Principal Investigators, Co-Investigators, and others classified as “Investigators” with proposed or awarded external funding for research projects at both UNT and UNT Dallas.

- The online questionnaire directs a different set of questions to Investigators depending on whether or not funding from the U.S. Public Health Service (PHS) is involved, due to extensive changes to the PHS conflict of interest regulations.
**Action Taken by Institutional Compliance:**

- Institutional Compliance continues to partner with the Office of Research Integrity & Compliance and the Office of Research Services to identify opportunities to enhance Research Conflict of Interest processes and procedures.

**High-Risk #6: Time and Effort Reporting (Office of Research Services - ORS)**

**Action Taken by Management:**

- The Effort Certification Reporting System (ECRS) phase 2B completed user acceptance testing. UNT and UNTHSC authorized ITSS to begin the process of transferring the ECRS from questions and answers to production on February 6, 2014. Campus-wide training started on February 7, 2014, at UNT and UNTHSC and will continue through March 20, 2014. An online training guide is currently under development with ITSS and should be available to the research community by the end of March 2014. Plans are to distribute the fall effort reports using the new ECRS by the end of March 2014.

**Action Taken by Institutional Compliance:**

- Institutional Compliance plans to attend the ECRS training and continues to partner with the Office of Research Services to identify opportunities to enhance UNT’s Time and Effort processes and procedures and assist in any way with the ongoing use of this system in reporting sponsored project time and effort.

**High-Risk #7: Export Controls (Office of Research Integrity & Compliance – ORI&C)**

**Action Taken by Management:**

- During this reporting period, at the request of UNT-International, the Director of Research Integrity & Compliance conducted three (3) reviews of visa petitions for proposed H-1B beneficiaries to determine whether or not an export control license would be needed for the release of any controlled technology or technical data by UNT to each H-1B beneficiary. The review procedure includes obtaining a completed checklist from each beneficiary as well as a statement from the department Chair. No licenses were needed as a result of these reviews and no issues related to this review process were noted.

- On February 18, 2014, the Director of Research Integrity & Compliance presented an Export Controls Basics workshop to faculty members and graduate students.

**Action Taken by Institutional Compliance:**

- Institutional Compliance continues to partner with the Office of Research Integrity & Compliance to identify opportunities to enhance UNT’s Export Control processes and procedures and comply with applicable Export Control regulatory requirements.

**High-Risk #8: Electronic Information Handling (University Information Technology and Information Technology Shared Services - ITSS)**

**Action Taken by Management:**

- The ITSS information security office submits security reports each month to the Texas Department of Information Resources in fulfillment of Texas Administrative Code (TAC) 202.76. Reports include instances of security violations involving UNT System component resources. Three required monthly reports were submitted to DIR this quarter.
Texas Administrative Code 202.77e requires institutions of higher education to use new employee orientation to introduce information security awareness and inform new employees of information security policies and procedures. This material is presented to new employees as part of the online onboarding process. Security awareness training was provided to six hundred seventy-four (674) new employees as part of onboarding via the online security awareness training course.

IT support is provided to UNT through University Information Technology.

**Action Taken by System and/or Institutional Compliance:**

- System and Institutional Compliance continues to partner with University Information Technology and ITSS to identify opportunities to enhance the processes and procedures associated with information security and Electronic Information Handling.

**High-Risk #9: Health Insurance Portability and Accountability Act (HIPAA) Compliance (Office of Institutional Compliance)**

**Action Taken by Management:**

- Institutional Compliance partnered with the UNT System Office of General Counsel to revise UNT’s HIPAA policy to ensure that university practices and processes are in compliance with the modified HIPAA Rules.

- Institutional Compliance partnered with the UNT System Office of General Counsel to follow-up with UNT personnel that completed the survey that was designed to identify which UNT units should be designated as a health care provider or employ other privacy protections in accordance with applicable HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) Act requirements.

**Action Taken by Institutional Compliance:**

- Institutional Compliance and the UNT System Office of General Counsel have used survey results to identify some units that will be designated as a health care provider. Institutional Compliance is meeting with some personnel that completed the survey but were unsure as to the status of their handling of medical related information in order to determine if they should comply with the HIPAA Rules or the HITECH Act requirements.

**High-Risk #10: Individual Conflict of Interest (Office of Institutional Compliance)**

**Action Taken by Management:**

- Institutional Compliance (IC) has identified key elements of other higher education non-research conflict of interests programs. IC also met with the UNTHSC’s Institutional Compliance Office to discuss their plan for implementing a non-research related conflict of interest program.

**Action Taken by Institutional Compliance:**

- Institutional Compliance will meet further with HSC Institutional Compliance to discuss their plan for implementing their non-research related conflict of interest program. UNT IC still plans to have discussions with the Office of General Counsel and then UNT executive management to establish an ongoing priority for this risk.
High-Risk #11: Records Management and Retention (Office of Institutional Compliance)

**Action Taken by Management:**

- The UNT Compliance Officer (and Chief Records Management Officer) and Institutional Compliance Office Manager (and Chief Records Management Representative) coordinated with the Texas State Library and Archives Commission and received approval of the UNT System consolidated records retention schedule. This approved schedule will not be due for recertification until February 2017.

- The implementation of steps three and four of the six step records management process (establishing records management plans for each UNT System, UNT, and UNT Dallas unit) continues.

**Action Taken by Institutional Compliance:**

- The UNT Compliance Officer (and Chief Records Management Officer) and Institutional Compliance Office Manager (and Chief Records Management Representative) continue to coordinate with the Texas State Library and Archives Commission in order to direct the day to day duties, responsibilities, and operations associated with the Institutional Records Management program.

**Section III. Compliance Training**

- UNT System and Institutional Compliance reviewed the new UNTHSC’s general compliance/ethics awareness training, which will assist in completing the final editing of training being designed for UNT System, UNT, and UNT Dallas employees.

**Section IV. Confidential and Other Complaint Reporting for UNT**

- UNT maintains a web-based Compliance Hotline that allows anonymous or confidential reporting as required by the U.S. Federal Sentencing Guidelines.

- An analysis of the **three (3) reports (2-hotline and 1 report via walk-in)** received by UNT Institutional Compliance (IC) during this quarter reveals the following breakdown of complaints:
  - **One hotline complaint was received pertaining to an allegation of possibly using university resources for personal gain.** This report is being handled by Internal Audit via the Fraud Response Team.
  - **One hotline complaint was received pertaining to an allegation of inappropriate computer use.** This report is being handled by a Division Vice President.
  - **One complaint was received pertaining to an allegation of an inappropriate workplace issue.** This report is being handled by Human Resources. *(Walk-in)*
Section I. Organizational Actions

This section reflects organizational actions for this reporting period:

The actions taken by the UNT Health Science Center (UNTHSC) Executive Management to address the UNTHSC Management Risks identified during the Fiscal Year (FY) 2014 risk assessment are reported below.

Management Risk #1: Reduction in state funding from lack of support for tuition revenue bonds (“TRB”) for a new building to support labs and other necessary space requirements

*Action Taken by Executive Management:*

- (a) Reviewed program prioritization, including the financial impact of dollars invested, and made recommendations that improved efficiency and effectiveness for mission-centric areas; 
- (b) Set revenue expectations for clinical practice and extramural research; 
- (c) Set enrollment expectations for student enrollment for the five schools; and 
- (d) Due to lack of TRB funding, reserve funds were invested in select capital projects related to research space renovation/expansion.

Management Risk #2: Reduction in research funding from: (i) Loss/inability to reach institutional goal for extramural research funding; (ii) Minimal current clinical and translational research capability

*Action Taken by Executive Management:*

- (a) Reviewed current portfolio, evaluated opportunities for expanding external funding and developed a strategic plan to place more emphasis on private sector and philanthropic funding sources; 
- (b) Recruited an expert in scientific business development with extensive private sector experience; 
- (c) Established a new position for Research Development Specialist to assist faculty in identifying atypical funding sources and to coordinate grantsmanship training for faculty; 
- (d) Prioritized philanthropic fund raising for endowed professorships and seed/bridge funding; 
- (e) Discussed new federal funding strategies with the UNT System representative in Washington D.C.; 
- (f) Continued to recruit faculty to increase our translational and clinical capacity; and 
- (g) Translational/clinical research activity initiated in the Institute for Aging and Alzheimer’s Disease and TCOM. The unique human subject cohort originally established for brain aging studies is also being used for other translational/clinical projects and to strengthen our competitiveness for external funding.

Management Risk #3: Reduction in clinical revenues from: (i) Reduction in rate of clinical reimbursement from Center for Medicare and Medicaid Services (CMS) and other insurance providers or clinical contracts; (ii) Reduction in clinical volume

*Action Taken by Executive Management:*

- (a) Monitored developments in Congress and developed financial models that outline impact of potential reimbursement reductions; 
- (b) Reviewed marketing plans and physician metrics; 
- (c) Reviewed faculty clinical performance to budget with Department Chairs to reinforce performance expectations; and 
- (d) Reviewed Patient Revenue Cycle functions to improve efficiencies, reduce costs and evaluate opportunities for
improvement relative to charge capture, claims submission and follow-up; (e) Identified practices with shortage of clinical support staff impacting provider productivity and patient satisfaction and added staff where indicated; and (f) Participated in Meaningful Use and the Physician Quality Reporting System (PQRS) programs to receive eligible Medicare/Medicaid incentive payments.

Management Risk #4: Clinical education: (i) Increased costs of supporting student clinical rotations; (ii) Inadequate funding of residency positions (GME) may limit growth of medical school positions (seats)

Action Taken by Executive Management:
- (a) Planned growth through secured contracts for near term; (b) Planned for FY 2014 budget to account for increased clinical rotation costs; and (c) Monitored residency position developments at federal and state levels.

Management Risk #5: Failure to reach shared services agreements to define and implement: (i) service goals of reducing administrative costs and addressing utilization of resources; and (ii) service goals of maintaining or improving service quality and complying with state and federal regulations

Action Taken by Executive Management:
- (a) Continued collaboration with all UNT System Shared Services functions including the Business Services Center, IT Shared Services, and UNT System HR through active participation in the development of Service Level Agreements. A similar approach is in place and will continue with the development of a unified controller function at the System level in conjunction with campus Financial Accounting Services, excluding UNT Health.

Management Risk #6: Failure to follow the compliance program including: (i) Non-compliance with significant state and federal regulations with an emphasis on health care and grant recipient regulations; (ii) Non-compliance with accrediting requirements (including failure to maintain regional and program-specific accreditation); (iii) Inadequate accountability for non-compliance; (iv) Inadequate compliance training

Action Taken by Executive Management:
- (a) Continued the development of robust institutional and clinical compliance programs; (b) Provided specific compliance training to UNTHSC employees; (c) Drafted a Reporting Suspected Wrongdoing policy in compliance with Regents Rule 4.1100; (d) Complied with SACS substantive change reporting and approval and submitted the annual Institutional Profile to SACS on schedule; the Academic Program Assessment Review Team (APART) completed review of all existing program outcomes for academic programs (FY 2013 assessment reports and FY 2014 assessment plans); and (e) Developed an online database to track Institutional conflict of interest attestations.

Management Risk #7: Threats to health and safety of faculty, staff, students and general public

Action Taken by Executive Management:
- (a) Supported safety programs, policies, procedures, educational programs, inventories and inspections; (b) The Emergency Operations Committee (EOC) refined communication protocols that are implemented during severe weather situations; and (c) The EOC received training in accordance with the National Incident Management System.

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Management Risk #8: Inability to obtain accurate and reliable data and information to support optimal decision-making and reporting requirements

Action Taken by Executive Management:

- (a) Supported multiple approaches to ensure accuracy and reliability of data received from academic and non-academic units, which included ongoing communication with Cabinet and Executive Team members; and (b) Continued utilizing secured data storage online with secured tape backups.

Management Risk #9: Reputational risk: (i) From not obtaining MD Program approval including risk from solicitation burnout and failure to maintain excitement about institutional vision

Action Taken by Executive Management:

- (a) Continued to make improvements in database management; (b) Continued discussions with key legislators of the Tarrant County Delegation and legislative leadership; and (c) Revisited all donors and listed supporters concerning their continued support of the MD Program.

Management Risk #10: Having policies, procedures, and/or practices in place that may not provide protection of minors participating in UNT Health Science Center related activities

Action Taken by Executive Management:

- (a) Reviewed programs to identify individuals who routinely worked with visiting minors; (b) Finalized a policy on minors on campus.

Management Risk #11: Failure of 1115 waiver projects to meet required CMS milestone targets to receive CMS matching funds, and meet other CMS program requirements; and optimize institutional funds cash flow

Action Taken by Executive Management:

- (a) The Steering Committee and the Cabinet have been kept informed about the implementation and progress of the 1115 Waiver projects; (b) Office of Strategy and Measurement (OSM) staff meet on a bi-weekly basis with project PIs and their teams to ensure appropriate progress towards milestones and operational issues such as contract negotiations with partners. This approach has resulted in all milestones being met for all reporting periods during the first two fiscal years (10/1/11-9/30/13); and (c) Received payments for the first fiscal year and second fiscal year milestones.

Section II. Risk Assessment Monitoring Activities Conducted by Individual Compliance Divisions

High-Risk #1: Physicians at Teaching Hospitals (PATH) (Clinical Division)

Definition: Review of sample medical records of Medicare and Medicaid patients to confirm that the attending physician has documented his/her presence and participation when a resident is involved in the care of a patient.

Action Taken by Management:

- The following clinical departments were audited for PATH compliance:
Community Medicine:
- Evaluation and Management Services: 100% Compliance
- Procedures: 100% Compliance

Ob/Gyn:
- Evaluation and Management Services: 1% occurrence rate
- Procedures: 4% occurrence rate

Surgery:
- Evaluation and Management Services: 8% occurrence rate
- Procedures: 5% occurrence rate

- Annual training is required for all providers. Targeted education is required for any provider who does not achieve 100% compliance on a PATH audit.

(Refunds are processed when overpayments are identified.)

Action Taken by Compliance:
- The Clinical Division Compliance Officer reports to the Chief Compliance and Enterprise Risk Management Officer.

High-Risk #2: Procedures – for inpatient and outpatient (Clinical Division)

Definition: Review of sample medical records of Medicare and Medicaid patients to confirm that the physician’s documentation supports the procedures performed and billing requirements.

Action Taken by Management:
- The following clinical departments were audited for inpatient and outpatient procedures:
  - Community Medicine:
    - Missed Billed procedures: 1% occurrence rate
  - Ob/Gyn:
    - Missed Billed Procedures: 1% occurrence rate
    - No Documentation: 4% occurrence rate
  - Surgery:
    - No Documentation: 1% occurrence rate

- Annual training is required for all providers. Targeted education is required for any provider who does not achieve 95% compliance on a procedures audit.

(Refunds are processed when overpayments are identified.)
Action Taken by Compliance:

- The Clinical Division Compliance Officer reports to the Chief Compliance and Enterprise Risk Management Officer.

High-Risk #3: Evaluation and Management Codes (E&M): inpatient and outpatient (Clinical Division)

Definition: Review of sample medical records of Medicare and Medicaid patients to confirm that the physician’s documentation supports the E&M code(s) billed.

Action Taken by Management:

- The following clinical departments were audited for E&M Codes:
  - Community Medicine:
    - Over-coded two or more levels: 1% occurrence rate
    - No Documentation: 1% occurrence rate
    - Unbundling: 3% occurrence rate
  - Ob/Gyn:
    - Over-coded two or more levels: 4% occurrence rate
    - Incorrect EM Category: 4% occurrence rate
    - No Documentation: 2% occurrence rate
    - Unbundling: 2% occurrence rate
  - Surgery:
    - Over-coded two or more levels: 3% occurrence rate
    - Incorrect EM Category: 3% occurrence rate

- Annual training is required for all providers. Targeted education is required for any provider who over codes an E&M code by 2 or more levels, and for any provider who does not achieve 95% on an E&M Codes audit.

(Refunds are processed when overpayments are identified.)

Action Taken by Compliance:

- The Clinical Division Compliance Officer reports to the Chief Compliance and Enterprise Risk Management Officer.

High-Risk #4: Billing versus Performing Provider (Clinical Division)

Definition: Review of sample billed claims and medical records of Medicare and Medicaid patients to confirm that the physician who billed for the service is the same physician who actually performed the billed service.

Action Taken by Management:

- Paid claims and medical records from all clinical departments were audited.
- 100% compliance: No errors noted
Action Taken by Compliance:

- The Clinical Division Compliance Officer reports to the Chief Compliance and Enterprise Risk Management Officer.

High-Risk #5: Notice of Privacy Practices (Clinical Division)

Definition: The Notice of Privacy Practices (“NPP”) is a document outlining UNTHSC’s use of protected health information and the patient’s rights pertaining to his/her protected health information. A review of sample UNTHealth medical records of Medicare and Medicaid patients is completed to assess if an NPP document was signed by the patient, witnessed and placed within the medical record.

Action Taken by Management:

- Patients’ medical records from UNTHealth Ob/Gyn and Surgery clinical departments were audited. The common findings across both departments were as follows:
  - No signature from the patient
  - No witness signature by clinical staff
  - Not found in the medical record

- Clinical supervisors are required to provide training to staff on the NPP process of obtaining patient signature, signing as a witness to patient signature and placement of NPP within the medical record.

Action Taken by Compliance:

- The Clinical Division Compliance Officer reports to the Chief Compliance and Enterprise Risk Management Officer. Beginning in Quarter 3, written documentation of required training will be sent to the Compliance Office by the clinical directors.

High Risk #6: Risk Management Program for Texas State Agencies – Life Safety, Workers Compensation (Safety Division)

Action Taken By Management:

- Conducted a monthly safety briefing to the Facilities Maintenance personnel.

- Consulted with Risk Management Services regarding implementing a return to work program for employees on leave with injuries.

- Developed a Business Continuity Plan framework in conjunction with UNT and UNT System.

Action Taken by Compliance:

- The Institutional Compliance Office works closely with the Safety Officer to confirm that all risk management guidelines are being met for UNTHSC. The Chief Compliance Officer and other members of the President’s cabinet are involved in reviewing and approving the Business Continuity Plan.
Section III. Compliance Training

- Code of Ethics/Standard of Conduct Training was given to sixty (60) new employees.
- Code of Ethics training is conducted, monitored, and maintained by the Institutional Compliance Office.

Section IV. Compliance Reports

UNTHSC maintains a Compliance Hotline system with a third party vendor that allows a person to report a compliance matter or file a complaint anonymously and confidentially. The Compliance Hotline is managed by the Institutional Compliance Office. In addition, the Institutional Compliance Office receives complaints or becomes aware of compliance matters through email, by telephone or in person.

- UNTHSC received the following nineteen (19) reports during this quarter:
  - **One** Research matter (1- In Person)
    - Expired animals in lab/fabricated data - **In Process**
  - **One** Student Affairs matter (1-Email)
    - Title IV funding reimbursement delay – **Resolved, with merit**
  - **Two** Human Resources complaints (2-Hotline)
    - Alleged discrimination, retaliation, nepotism - **In Process**
  - **Eight** Clinical matters/complaints- **Five resolved and three in process.** (1–Hotline, 5-email, 2- In Person)
    - Four alleged HIPAA privacy violations – **Resolved - 2 without merit, 2 with merit** (inappropriate access to medical records) but not reportable breaches – **termination of employment for 2 employees**
    - Two UNTHealth lease agreement matters – **1 Resolved, 1 In Process**
    - One UNTHealth medical director agreement matter – **In Process**
    - One patient complaint related to appt. scheduling – **Resolved, with merit**
  - **One** complaint was investigated by the Institutional Compliance Office. (1-Email)
    - Alleged research consent violation – **Resolved, no merit**
  - **Six** Internal Audit results with action plans – monitoring responses
Section I. Organizational Actions

This section reflects organizational actions for this reporting period:

The actions taken by UNT Dallas Executive Management to address the UNT Dallas Management Risks identified during the Fiscal Year (FY) 2014 risk assessment are reported below.

Management Risk #1: Inadequate budget resources to balance enrollment growth, ensure student success, and achieve the goals of the University’s Strategic Plan

Action Taken by Executive Management:

- Continues to identify additional opportunities to reallocate resources by streamlining support services and reducing their related cost.
- Continues to proactively monitor revenue and expense budgetary goals to allow for timely adjustments as needed.
- Developed 17 online courses that are offered for spring 2014 and increase the number planned for summer. Development of full major courses in Psychology and Childhood Development program, to begin in fall 2014. Seeking approvals from the Southern Association of Colleges and Schools (SACS) and State of Texas.
- Sent out letters to Dallas area public and private high schools introducing UNT Dallas (UNTD) and requesting meetings to explore collaborations. Have met with Cedar Hill Collegiate Academy to set up an early college program.
- Working with Lancaster ISD, UNTD has developed masters-level curriculum to develop their faculty teaching in STEM areas. Approvals are being sought and a few classes will begin in summer 2014.
- Working with UNTHSC on newly developed curriculum in Public Health. Following the HSC’s suggestions, the faculty will develop a BS in Biology to serve students preparing for professional school so that UNTD may set up 3+3 degrees with UNTHSC.
- UNTD administration met with several hospitals and a consultant discussing the possibilities of a nursing program and College of Health Sciences. Still in exploratory stage.
- Tutoring is being increased and trained by using a nationally-recognized program (College Reading and Learning Association - CRLA). Tutoring is working more closely with the faculty.
- Purchased educational and career positioning software for students, which includes electronic portfolios. In the process of integrating student use and training into advising and course work to emphasize the experiential nature of the UNTD curriculum.
- Advising is undergoing transformation: More cross-training, more receptive to students, and more connected to faculty.
• The entire admissions through registration process is being re-examined so that it is more-student-friendly and efficient. To get the most out of the upcoming People Soft transition, Admissions, Registrar, Orientation, and Advising staffs are meeting together for: 1) initial retreat to determine how UNTD processes will work; 2) People-Soft user’s conference; 3) bringing in colleagues from other institutions to explain how the software works in practice; and 4) final retreat to clarify technical and organizational needs.

• UNTD has received Texas Higher Education Coordinating Board (THECB) approval for its core curriculum program, but as it was based upon Denton’s core programs, there is a need to individualize UNTD’s core curriculum to best serve its student population. A group of faculty and key staff are attending the American Association of College and Universities’ (AACU) General Education and Assessment workshop to develop a distinctive core curriculum.

Management Risk #2: Finalizing and sustaining the transition of UNT Dallas as an independent institution

Action Taken by Executive Management:

• A Post-Accreditation Transition Task Force consisting of relevant administrators and functional team members from UNT, UNT Dallas, and facilitated by UNT System Academic Affairs defined working groups that are identifying and addressing the remaining issues to be addressed in the separation of UNT Dallas from UNT. The Task Force is meeting monthly to monitor progress.

Management Risk #3: Lack of experienced leadership and high staff turnover in key functional areas

Action Taken by Executive Management:

• The UNT Dallas Controller is currently serving as the Interim Vice President for Finance and Administration and Chief Financial Officer. The university is working to fill this executive vacancy.

• UNT Dallas continues to participate, support, and assist in the successful implementation of the Unified Controllership at UNT System.

• The newly hired Director of Advising and Tutoring is making significant changes to make the program more student centered and include career advising.

• The Vice President for Enrollment Management candidate pool has been narrowed to twenty highly qualified candidates. Action continues to further narrow the pool to a short-list size that is consistent with conducting final interviews to fill the position.

Management Risk #4: How the transition of the Controller function from UNT effects the support UNT Dallas requires from UNT and appropriately addressing external audit recommendations

Action Taken by Executive Management:

• Excellent cooperative effort continues to exist between UNT Dallas and UNT’s financial teams in working towards perfecting external audit recommendations.

Management Risk #5: Having policies, procedures, and/or practices in place that may not protect minors participating in UNT Dallas related activities
Action Taken by Executive Management:

- The policy on reporting suspected wrongdoing was approved by the System. This policy was modified by UNT Dallas and is being adopted via its policy approving authority. UNT Dallas also developed a separate policy for the reporting of suspected child abuse and neglect, which is also being approved via its policy approving authority.

- System and Institutional Compliance continues to update the inventory list of camps, programs, and activities that involve minors on and off the UNT Dallas campus, so as to start a process of recommending enhancements that continue to ensure that all applicable personnel involved in these activities complete the training required by the state, demonstrate proof of insurability, and appropriate criminal history background checks are completed.

- Any UNT Dallas personnel required to take the state required training will continue to complete the third party sexual abuse and child molestation awareness training (by Abuse Prevention Systems) until the state approved training developed by UNT is ready to replace this training.

Section II. Compliance Risks

High-Risk #1: Emergency Planning & Preparedness and Business Continuity (UNT Dallas Police Chief and UNT Risk Management Services, as applicable)

Action Taken by Management:

- UNT Dallas is planning a severe weather drill and tabletop exercise for next quarter.


Action Taken by System and/or Institutional Compliance:

- System and Institutional Compliance continue to partner with the UNT Dallas Police Chief and UNT Risk Management Services as applicable to identify opportunities to enhance emergency planning & preparedness and business continuity processes and procedures at UNT Dallas.

High-Risk #2: Electronic Information Handling (Information Technology Shared Services - ITSS)

Action Taken by Management:

- The ITSS information security office submits security reports each month to the Texas Department of Information Resources in fulfillment of Texas Administrative Code (TAC) 202.76. Reports include instances of security violations involving UNT System component resources. Three required monthly reports were submitted to DIR this quarter.

- Texas Administrative Code 202.77e requires institutions of higher education to use new employee orientation to introduce information security awareness and inform new employees of information security policies and procedures. This material is presented to new employees as part of the online onboarding process. Security awareness training was provided to twenty-two (22) new employees as part of onboarding via the online security awareness training course.

- IT support is provided to UNT Dallas through Campus Technology Support Services.
**Action Taken by System and/or Institutional Compliance:**

- System and Institutional Compliance continues to partner with Campus Technology Support Services and ITSS to identify opportunities to enhance the processes and procedures associated with information security and Electronic Information Handling.

**High-Risk #3: Grants Management (Principal Investigator and Co-PI on Mountain View Grant)**

**Action Taken by Management:**

- Continuing to fill the position of Grants Director.
- Provost named as PI on Mountain View grant with Dr. Choe as Co-PI to assure compliance.
- The grant funds that support the institution’s tutoring programs will expire in 2015. UNTD must acquire Hispanic Serving Institution (HSI) and/or TRIO student support services in order to continue services. The staff met to narrow their focus to four possible grant topics. This process will become much easier once a Grants Director is hired.

**Action Taken by System and/or Institutional Compliance:**

- System Compliance met with UNT’s Office of Research Services (ORS) to confirm that the Provost is the grant PI, with a Co-PI. ORS explained that Mountain View approved the transfer of grant authority and ORS also explained the general process that is used to train new PI's. System Compliance will follow-up next quarter.

**Section III. Compliance Training**

- UNT System and Institutional Compliance reviewed the new UNTHSC’s general compliance/ethics awareness training, which will assist in completing the final editing of training being designed for UNT System, UNT, and UNT Dallas employees.

**Section IV. Confidential and Other Complaint Reporting for UNT Dallas**

- UNT Dallas maintains a Compliance Hotline reporting system that allows anonymous or confidential reporting as required by the U.S. Federal Sentencing Guidelines.
- An analysis of the **four (4) reports (via hotline)** received by UNT Dallas Compliance during this quarter reveals the following breakdown of the complaints:
  - **Alleged inappropriate hiring practice** was addressed by executive System management via the Fraud Response Team.
  - **Alleged inappropriate use of taxpayer money** is being handled by Institutional Compliance (IC). IC requested additional information from the complainant to clarify their issue. (still under review)
  - **Two questions were raised pertaining to a salary and teaching credentialing issue** is being handled by UNT Dallas Human Resources. (still under review).
The Academic Affairs and Student Success Committee of the UNT System Board of Regents will meet from 9:30 am to approximately 10:15 am on Thursday, April 17, 2014. Agenda items are scheduled to follow each other consecutively and the meeting may end earlier or later than the posted time depending on the length of the discussions.

The Academic Affairs and Student Success Committee is posted as an individual meeting of a Board committee; however, any members of the Board may attend committee meetings. Because some Board members who are not committee members may attend committee meetings and thereby create a quorum of the full Board, the meeting of the Academic Affairs and Student Success Committee is also being posted as a meeting of the full Board.

1. CALL TO ORDER

   Approval of February 20, 2014 Academic Affairs and Student Success Committee Minutes

2. BRIEFING

   High Schools and Community Colleges Which are Top Sources of UNT and UNT Dallas Students
   - Rosemary Haggett, Vice Chancellor for Academic Affairs and Student Success
   - Dr. Elizabeth With, Vice President for Student Affairs and Enrollment Management
   - Dr. Rebecca Lothringer, Executive Director of Undergraduate Admissions, UNT
   - Dr. Lois Becker, Provost and Vice President of Academic Excellence and Student Success
   - Dr. Thad Anglin, Associate Provost for Student Success
3. **ACTION ITEMS**

| 2014-28 UNT | Approval of UNT Tenure Recommendations |
| 2014-29 UNTD | Approval of UNTD Tenure Recommendation |
| 2014-30 UNTD | UNT Dallas Mission and Vision Statements |
| 2014-31 UNTD | Authorize a New UNT Dallas Master of Science Degree in Public Leadership |
| 2014-32 UNTHSC | Approval of UNTHSC Tenure Recommendations |

Adjournment
Title: Approval of UNT Tenure Recommendations

Background:
Each faculty member on the attached list of tenure recommendations has been carefully reviewed by the department-level Reappointment, Promotion, and Tenure Committee (RPTC), the department chair, the college-level RPTC, the dean, and the provost.

Financial Analysis/History:
The award of tenure carries with it the assurance of continued employment, absent the showing of good cause for termination.

Schedule:
Tenure will be effective on September 1, 2014
Recommendation:

The President recommends that the Board of Regents approve the faculty on the attached list for tenure effective September 1, 2014.

Recommended By:

Warren Burggren
Provost and VPAA

Neal Smatresk
President

Rosemary R. Haggett
Vice Chancellor

Lee Jackson
Chancellor

Attachments Filed Electronically:

- University of North Texas Tenure Recommendations 2014-2015
Title: Approval of UNT Tenure Recommendations

Board of Regents Order 2014-28

At an official meeting of the Board of Regents of the University of North Texas System properly posted and held on April 17, 2014, pursuant to a motion made by Regent and seconded by Regent , the Board approved the motion presented below:

Whereas, each faculty member on the attached list of tenure recommendations has been carefully reviewed by the department-level Reappointment, Promotion, and Tenure Committee (RPTC), the department chair, the college-level RPTC, and

Whereas, these are recommended by the Provost and Vice President for Academic Affairs, and

Whereas, “the President transmits his recommendations for tenure to the Board of Regents,”

Now, Therefore, The Board of Regents authorizes and approves the following:

1. The faculty on the attached list for tenure effective September 1, 2014.

VOTE: _____ ayes _____ nays _____ abstentions

BOARD ACTION:

Attested By: Approved By:

_________________________  _______________________
Julia A. Boyce, Secretary Don Potts, Vice Chairman
Board of Regents Board of Regents
<table>
<thead>
<tr>
<th>Name</th>
<th>Current Rank</th>
<th>College</th>
<th>Department</th>
<th>Advanced Degree &amp; Specialty</th>
<th>Notable Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jeff Johnson</td>
<td>Assistant Professor</td>
<td>College of Arts and Sciences</td>
<td>Biological Sciences</td>
<td>PhD, University of Wisconsin-Milwaukee, Biology</td>
<td>Jeff Johnson has established an active research program with an overarching goal of increasing understanding of the factors that allow a species, or a population within a species, to persist or perish. By capturing the interest of multiple entities, Dr. Johnson has been successful in obtaining external and internal grant funding to support his lab. He has received research grants from many sources including the Peregrin Fund, the National Science Foundation, and Island Conservation, totaling over $402,000. He has published several peer reviewed papers as well as a book and two book chapters. He is establishing a national research reputation for the molecular basis of avian conservation. Dr. Johnson teaches several courses that play a strong role in the department's new bachelor's degree, Ecology for Environmental Science. His SETE scores consistently rate him as highly effective, and student comments show that he is intellectually stimulating and frequently relates his own research questions to the material that he presents in class.</td>
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<tr>
<td>Dr. Dane Crossley, II</td>
<td>Assistant Professor</td>
<td>College of Arts and Sciences</td>
<td>Biological Sciences</td>
<td>PhD, University of North Texas, Biology</td>
<td>Dane Crossley operates an internationally recognized research program in the field of comparative physiology. His research focuses on cardiovascular development and phenotypic plasticity associated with environmental stress. He combines physiology, pharmacology, morphology and molecular biology to integrate several relatively disparate areas of life sciences in order to understand how various stressors alter cardiovascular systems. Dr. Crossley is the recipient of the Faculty Early Career Development Program grant which is the NSF's most prestigious award in support of junior faculty. Dr. Crossley has developed a Cardio Physiology course as a result of a UNT Cham Uswachoke International Development Fund grant. Dr. Crossley is extremely successful in obtaining external funding with awards totaling over $1.6 million. He has applied for seven external grants totaling near $4.7 million to the NSF, NIH and American Heart Association since joining UNT. He has had 30 peer-reviewed papers published, with an additional two papers accepted.</td>
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<tr>
<td>Dr. Qunfeng Dong</td>
<td>Assistant Professor</td>
<td>College of Arts and Sciences</td>
<td>Biological Sciences/Computer Science and Engineering</td>
<td>PhD, Iowa State University, Biochemistry</td>
<td>Qunfeng Dong's research interests involve analyzing large databases of omics data in order to understand underlying biological principles. He is considered a computational scientist who has clearly figured out how to bridge the work of biologists and computer scientists. He works in collaboration with biologists who are interested in microbial ecosystems associated with a variety of health or agricultural issues. His research may lead to new medical treatments for diabetes due in large part to Dr. Dong's abilities to analyze vast quantities of rDNA data collected during clinical trials. Dr. Dong has formed collaborations with several scientists at multiple research universities and has garnered substantial funding to allow these teams to explore their questions. They currently have funding from the American Diabetics Association, NIH and NSF. Since joining UNT, his lab has garnered $2.7 million out a total award of $22 million for the work he and his collaborators are conducting. Additionally, Dr. Dong has been involved in the development of several courses directed at both undergraduate and graduate students including Bioinformatics and</td>
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<tr>
<td>Name</td>
<td>Title</td>
<td>College of Arts and Sciences</td>
<td>Field of Study</td>
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<tr>
<td>Dr. Jaime Jimenez</td>
<td>Professor</td>
<td>Biological Sciences/Philosophy and Religion Studies</td>
<td>PhD, Utah State University, Wildlife Ecology</td>
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<tr>
<td>Dr. Bonita Friedman</td>
<td>Assistant Professor</td>
<td>English</td>
<td>PhD, The University of Iowa, English Literature</td>
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<tr>
<td>Dr. Erin Friess</td>
<td>Assistant Professor</td>
<td>Linguistics and Technical Communication</td>
<td>PhD, Carnegie Mellon University, Rhetoric</td>
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Jaime Jimenez provides the Sub-Antarctic Ecosystems and Biological Conservation Research Cluster with interdisciplinary insights for combining scientific research with cultural perspectives to achieve viable conservation and sustainable development practices at the Cape Horn Archipelago, located at the southern tip of South America. He conducts research and teaching related to the preservation of the rich biological and cultural attributes of the archipelago. UNT has formed a collaboration with Chile's University of Magallanes to study the biosphere. Dr. Jimenez nurtures the collaboration and has developed a field research program at the Cape Horn Field Station in Puerto Williams, Chile. He has been involved in the delivery of a course taught in Chile, Tracing Darwin's Path. The course is led by UNT faculty, but faculty from other universities around the world also participate in the course. He is an Honorary Fellow of the American Ornithologists' Union, and more recently was named Fellow to the International Ornithological Union. Since 2005, as PI or Co-PI, he has garnered over $1.2 million in external grants. Much of the funding has come from the Chilean equivalent of the U.S.'s National Science Foundation and Environmental Protection Agency.

Bonita Friedman is a creative writer who focuses on creative nonfiction. She is an accomplished, dedicated teacher who carefully listens to her students. She has taught a number of courses in creative nonfiction and consistently receives high praise from her students. She has been a productive, well-regarded writer and shows strong signs of continuing on this trajectory. Dr. Friedman has an essay collection under contract and has published or placed ten essays in prestigious literary magazines. Several of these recent pieces have been nominated for major awards or included in "best of" anthologies. She has two more book-length manuscripts nearing completion.

Erin Friess focuses her research on user-centered design. She has specifically investigated how design teams in the workplace make decisions. Her work has implications for scholars and teachers of technical communication and for practitioners in the fields that rely on user-centered design, and it also provides strategies workplace teams can implement to improve their processes, their training, and possibly their products. Dr. Friess follows best practices in the teaching of technical communication by engaging her students in rigorous client-projects. She has published peer-reviewed articles in highly competitive journals in technical communication, and has placed her work across disciplines. Her work has circulated not only among scholars and practitioners in technical communication, but also among design professionals.
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<tr>
<th>Dr. Adam Briggle</th>
<th>Assistant Professor</th>
<th>College of Arts and Sciences</th>
<th>Philosophy and Religion Studies</th>
<th>PhD, University of Colorado, Boulder, Environmental Studies</th>
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<td>Adam Briggle sets his research to evaluate the ethical and political dimensions of science and technology. Dr. Briggle's dissertation on the President's Council on Bioethics was published as a book in 2010. His book was reviewed in <em>Science</em>, which is virtually unheard of for a philosopher and indicates the significance of his book. Since then, Dr. Briggle has published two edited volumes, sole-authored three journal articles or book chapters, and co-authored 12. He has submitted six proposals as PI to NSF or NIH and served as co-PI/SP on four proposals to the NSF. Dr. Briggle is the PI on the UNT component of an application to the NIH spear-headed by the Houston Advanced Research Center in collaboration with UNT Health Science Center on environmental health issues. He introduced two new courses, one on bioethics and one on his current research on energy that includes his work on fracking. Dr. Briggle supervises several Ph.D. students, is on various committees, and has taught multiple independent studies.</td>
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<tr>
<th>Dr. Sarah Fredericks</th>
<th>Assistant Professor</th>
<th>College of Arts and Sciences</th>
<th>Philosophy and Religion Studies</th>
<th>PhD, Boston University, Science, Philosophy and Religion</th>
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<td>Sarah Fredericks focuses her work on the connection of religious studies, philosophy and the sciences to advance knowledge about environmental and social sustainability. She has published a book, four journal articles or book chapters, has co-authored one book chapter, and has one journal article and one book chapter accepted for publication. She has given four invited lectures and presented nine refereed scholarly papers at national and international conferences since coming to UNT. Dr. Fredericks has been a co-applicant on NSF IGERT and CEBT grants and two EPA grants totaling over $1.4 million. Dr. Fredericks has developed several new courses. At the graduate level, her new contributions, Philosophical Cosmologies and Philosophy of Sustainability are rousing successes and provide a popular addition to existing coursework on environmental philosophy. She has supervised one Ph.D. to completion and is currently supervising two more Ph.D. students; she has also advised one MA to completion and served on the committee of a further completed MA in Anthropology.</td>
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<tr>
<th>Dr. Usha Philipose</th>
<th>Assistant Professor</th>
<th>College of Arts and Sciences</th>
<th>Physics</th>
<th>PhD, University of Toronto, Materials Science and Engineering</th>
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<td>Usha Philipose frequently teaches two of the department's most important courses for science and math majors, engineering and TAMS students - Mechanics and Electricity and Magnetism. She has also developed a very popular upper level undergraduate course in her research specialty, Physics of Nanoscale Materials. Dr. Philipose has built a highly capable nanofabrication and measurement laboratory from the ground up since arriving at UNT. She has been an excellent mentor to high school, undergraduate, and graduate students, offering research experience opportunities in her lab. Her dedication to mentoring is evidenced by a McNair scholar who worked in her laboratory and by her sponsorship and encouragement of female students to attend Women in Physics conferences. She has prepared and submitted 14 grant applications in the past five years and is Co-PI on a three-year $300,000 project funded by an Army Research Office grant.</td>
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<td>Dr. Ohad Shemmer</td>
<td>Assistant Professor</td>
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<td>Physics</td>
<td>PhD, Tel Aviv University, Physics and Astronomy</td>
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<td>Dr. Jae-Jae Spoon</td>
<td>Assistant Professor</td>
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<td>Political Science</td>
<td>PhD, University of Michigan, Political Science</td>
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<td>Dr. John Ruiz</td>
<td>Assistant Professor</td>
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<td>Psychology</td>
<td>PhD, University of Utah, Clinical Psychology with Health Specialty</td>
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<td>Tania Khalaf</td>
<td>Assistant Professor</td>
<td>College of Arts and Sciences</td>
<td>Radio, Television and Film</td>
<td>MFA, University of North Texas, Radio, Television and Film</td>
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<td>Dr. Christophe Chaguinian</td>
<td>Assistant Professor</td>
<td>College of Arts and Sciences</td>
<td>World Languages, Literatures and Cultures</td>
<td>PhD, Indiana University, French Literature</td>
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<tr>
<td>Dr. Samuel Manickam</td>
<td>Assistant Professor</td>
<td>College of Arts and Sciences</td>
<td>World Languages, Literatures and Cultures</td>
<td>PhD, University of Oklahoma, Spanish</td>
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<tr>
<td><strong>Dr. Yi &quot;Ian&quot; Liu</strong></td>
<td>Assistant Professor</td>
<td>College of Business</td>
<td>Finance, Insurance, Real Estate and Law</td>
<td>PhD, Drexel University, Finance</td>
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<td>Yi &quot;Ian&quot; Liu focuses his research on exploring the joint forces of rationality and investors' behavior mistakes behind cross-sectional variation of stock returns. His publications include an article in the <em>Journal of Finance</em>, which is the most respected academic journal in Finance and is rated &quot;A+&quot; by the Finance faculty. He has also published in two other &quot;A&quot; rated publications. He teaches various courses at the undergraduate, Master's and doctoral levels at UNT and is currently serving on two doctoral dissertation committees. Dr. Liu is a mentor for the Chinese Students Association and serves on the Student Investment Group's faculty advisory board.</td>
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<tr>
<th><strong>Dr. Anna Sidorova</strong></th>
<th>Assistant Professor</th>
<th>College of Business</th>
<th>Information Technology and Decision Sciences</th>
<th>PhD, Washington State University, Business Administration</th>
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<td>Anna Sidorova is an exemplary researcher, having published twelve journal articles. Seven of those articles are published in &quot;A&quot; journals. She has published, as first author, in <em>MIS Quarterly</em>, which is regarded as the top journal in the information systems field. Dr. Sidorova is also the lead author of a book published in 2010 and co-author of two book chapters. Dr. Sidorova's teaching evaluations rank among the highest in the ITDS Department faculty. She has taught a variety of courses including advanced undergraduate and graduate courses. She was instrumental in revising the undergraduate and graduate systems analysis courses in both content and technology, emerging as a leader in curriculum innovation. Dr. Sidorova has also served as a member on numerous dissertation committees, and has overseen independent study courses for Master's-level students.</td>
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<th><strong>Dr. Yu &quot;Andy&quot; Wu</strong></th>
<th>Assistant Professor</th>
<th>College of Business</th>
<th>Information Technology and Decision Sciences</th>
<th>PhD, University of Central Florida, Management Information Systems</th>
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<td>Yu &quot;Andy&quot; Wu has published twelve journal articles, four of which are in &quot;A&quot; level journals. He has also published several conference proceedings, including an ICIS proceedings ICIS being the most prestigious Information Systems conference. Dr. Wu teaches both undergraduate and graduate level courses in IT Security helping the ITDS department develop the area of IT security education. Dr. Wu serves on several dissertation committees as well as several departmental and college committees. He serves as a reviewer for conferences and on several journals, including the premier journal in his field, <em>MIS Quarterly</em>.</td>
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<tr>
<th><strong>Dr. Danielle Cooper Annamalai</strong></th>
<th>Assistant Professor</th>
<th>College of Business</th>
<th>Management</th>
<th>PhD, University of Illinois, Business Administration</th>
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<td>Danielle Annamalai has nine refereed journal publications; of these nine, eight are considered to be in department &quot;A&quot; research journals. She has a single authorship publication in a top international journal, co-authored a book chapter and has two papers under review. She received the Outstanding Junior Faculty Research Award for the College of Business in 2011. Dr. Annamalai serves on an editorial review board and provides ad hoc reviews for a number of other top scholarly journals. Her teaching evaluation scores have been excellent since 2006, and her SETE scores rank her significantly higher than departmental and UNT averages.</td>
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| Dr. P. Daniel Chen  | Assistant Professor    | College of Education                | Counseling and Higher Education | PhD, Florida State University, Higher Education  
Daniel Chen maintains an excellent record of teaching. He has developed four new courses for his department and one in biostatistics for faculty at the UNT Health Science Center. Dr. Chen has chaired three completed dissertations and is chair of eight more in progress. He also provided leadership in the redesign of the Higher Education Ed.D. and Ph.D. programs. Dr. Chen has published one book chapter and eight articles in major research journals with substantial rankings during his past five years at UNT. Dr. Chen has also written several external grant proposals and obtained internal research awards of $3500 to support his work. |
| Dr. Natalya Lindo   | Assistant Professor    | College of Education                | Counseling and Higher Education | PhD, Georgia State University, Counselor Education and Practice  
Natalya Lindo maintains a strong record of teaching. She has mentored several graduate students, chaired one completed doctoral dissertation, and serves as chair for four doctoral students. Dr. Lindo developed a new course for the counseling program and worked to complete her own Texas certification as a Licensed Professional Counselor. Her research focuses on counseling of young children and their parents or teachers, conducted from a person-centered perspective. Dr. Lindo has co-authored seven journal articles and a counselor textbook, and was the sole author of two published interviews during her five years at UNT. Five of her published articles are in the *Journal of School Counseling*. She has also secured $20,000 in external grant funding and several internal grants at UNT to support her work. Dr. Lindo has served as Director of the on-campus counseling clinic and as interim program coordinator. |
| Dr. Prathiba Natesan| Assistant Professor    | College of Education                | Educational Psychology    | PhD, Texas A&M University, Statistics and Measurement/Urban Education  
Prathiba Natesan has published 13 papers in refereed journals, six of which she was the lead author. She has served as the Associate Editor of two journals and is a member of the Editorial Board of one of them. She has also served as an elected member of the Board of Directors of the Southern Educational Research Association (SERA), a well-respected regional conference.  
Dr. Natesan has, or is currently chairing, 10 dissertations and has served as a member of more than 13 other dissertation committees. Dr. Natesan has taught some of the most advanced doctoral research and statistics courses in the department. Her teaching evaluations demonstrate a clear and accelerating pattern of improvement. She consistently bridges her teaching and scholarship by engaging students in her research. |
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<tr>
<th>Name</th>
<th>Position</th>
<th>College/Department</th>
<th>Degree, University</th>
<th>Summary</th>
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<tbody>
<tr>
<td>Dr. Renee Bryce</td>
<td>Associate Professor</td>
<td>College of Engineering</td>
<td>PhD, Arizona State University, Computer Science</td>
<td>Renee Bryce has developed and taught three new courses for the department of Computer Science and Engineering. Two of these courses are in software testing which is Dr. Bryce’s area of research. The introduction of additional software engineering courses has enhanced the department’s course offerings, and has proved very valuable to the students. Dr. Bryce is currently supervising two Ph.D. students. She brought an NSF REU Site grant with her when she joined UNT, and this site has hosted students from throughout the U.S. She also received two CRA-W grants to mentor undergraduate students. Additionally, Dr. Bryce brought awards from NIST, NSF, and the U.S. Forest Service with her when joining UNT. These awards total over $500,000. Since joining UNT, she is a co-PI on a NIH funded grant for $808,000 and has a pending proposal for $250,000 as PI to NSF for international research collaboration with INRIA in Rennes, France.</td>
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<td>Dr. Haifeng Zhang</td>
<td>Assistant Professor</td>
<td>College of Engineering</td>
<td>PhD, University of Nebraska, Engineering Mechanics</td>
<td>Haifeng Zhang was recognized by the American Society for Engineering Education as a campus representative in 2013 for his recruiting work. His teaching and student mentoring is excellent and has earned highly effective SETE scores and overall good comments from students. Dr. Zhang has a total of 18 journal articles in much respected venues, mostly as a first author in collaboration with other faculty and students. He also has a book chapter and seven conference proceedings. Dr. Zhang has been awarded with over $1M in funding from a broad array of competitive national sources including NSF, the Army Research Office and the Department of Energy. He has collaborated with local industry to submit proposals to NSF SBIR and NAVY SBIR programs. He currently has well over $1M in pending proposals.</td>
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<tr>
<td>Dr. Young Hoon Kim</td>
<td>Assistant Professor</td>
<td>College of Merchandising, Hospitality and Tourism</td>
<td>PhD, Texas Tech University, Hospitality Administration</td>
<td>Young Hoon Kim teaches the hospitality business strategies capstone course which is required of all undergraduate majors. He has made important changes to the course and integrated aspects of his research as they apply to strategic planning and development of destination marketing and management. Dr. Kim’s research has examined community engagement with a focus on tourism destinations. Upon his arrival at UNT, Dr. Kim developed strong relationships with the Denton and Grapevine visitor’s bureaus and completed funded research for the latter. Dr. Kim has made 10 research presentations at international conferences, with seven international papers given in Bangkok, Macau, and Manila. He has applied for 13 grants while at UNT and was successful in eight internal and one external grant to support his work. In 2013, he received a highly commended paper at the World Convention on Hospitality in Bangkok, Thailand.</td>
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<tr>
<td>Name</td>
<td>Title</td>
<td>College</td>
<td>Program</td>
<td>Degree</td>
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<tr>
<td>Dr. Jiyoung Kim</td>
<td>Assistant Professor</td>
<td>College of Merchandising, Hospitality and Tourism</td>
<td>Merchandising and Digital Retailing</td>
<td>PhD, The Ohio State University, Consumer Sciences</td>
</tr>
<tr>
<td>Dr. Sanjukta Pookulangara</td>
<td>Assistant Professor</td>
<td>College of Merchandising, Hospitality and Tourism</td>
<td>Merchandising and Digital Retailing</td>
<td>PhD, University of Missouri, Fashion Merchandising</td>
</tr>
<tr>
<td>Dr. Nicholas Williams</td>
<td>Assistant Professor</td>
<td>College of Music</td>
<td>Conducting and Ensembles</td>
<td>DMA, University of North Texas, Performance</td>
</tr>
</tbody>
</table>
### Dr. Stephen Morscheck
**Assistant Professor**  
**College of Music**  
**Vocal Studies**  
**DMA, University of Michigan, Vocal Performance**

Stephen Morscheck came to UNT as a mature artist and experienced teacher of voice having already sung at the Metropolitan Opera, as well as a number of important regional houses. He has demonstrated his ability to attract top quality students, including several at the doctoral level. Dr. Morscheck is dedicated to guiding the growth and development of his students. He is inquisitive and open to new ideas and concepts outside of his own experience. His artistry is first-rate, and he shows excellent judgment in balancing a career that calls for him being away for opera runs with meeting all his on-campus responsibilities, both instructional and service-oriented, in an exemplary manner. Dr. Morscheck represents the successful singer in both opera and concert, the methodical pedagogue, and the kind of citizen to help with the "glue" of the entire program.

### Dr. Praveen Maghelal
**Assistant Professor**  
**College of Public Affairs and Community Service**  
**Public Administration**  
**PhD, Texas A&M University, Urban Regional Sciences**

Praveen Maghelal has established an active research agenda in the broad area of community safety and health. He is specifically interested in transportation planning as it relates to climate change and in the context of mass evacuations. Dr. Maghelal has already published nine peer-reviewed articles in top journals, including the award-winning article in the flagship Journal of the American Planning Association. Dr. Maghelal has also been active in pursuing and acquiring external funding for his research, totaling more than $250,000. He has taught a wide range of undergraduate and graduate classes and has managed to continually improve and perfect his craft, as reflected in his steadily improving SETE scores. Dr. Maghelal does an outstanding job incorporating technology into the classroom, regularly teaching courses on transportation planning and the use of GIS in public administration and emergency management.

### Dr. Nadine Kalin
**Assistant Professor**  
**College of Visual Arts and Design**  
**Art Education and Art History**  
**PhD, University of British Columbia, Curriculum Studies**

Nadine Kalin's SETE scores, peer reviews, and chair observations of her teaching equally confirm her excellence as both an instructor and as a designer of curriculum. Her research has been well-received, and she has been a consistently productive scholar. Her scholarly presence within the field of art education positions her as a present and future leader in the field. She has become a regular presenter at the prestigious American Education Research Association meeting and has frequently presented at the National Art Education Association annual conferences. Dr. Kalin has seven peer-reviewed journal articles, three chapters in edited anthologies, and a single authored book. She places her work in the most significant venues for her discipline, publishing in the Journal of Social Theory in Art Education and Studies in Art Education, the premier journal for the discipline. Additionally, she regularly presents at both the National Art Education Association and the American Association of Education Research annual meetings.
<table>
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<tr>
<th>Ms. Elaine Pawlowicz</th>
<th>Assistant Professor</th>
<th>College of Visual Arts and Design</th>
<th>Studio Art</th>
<th>MFA, The School of the Art Institute of Chicago, Painting and Drawing</th>
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<td>Elaine Pawlowicz is the Core Drawing II Coordinator for the college. She teaches a large lecture class which averages 480 students per year. Professor Pawlowicz has creatively and efficiently maximized the resources available to her in order to organize a program of this size for first year art students. She has also taught Painting II, Intermediate Painting, Figure Drawing, and the Graduate Seminar in University Teaching. Professor Pawlowicz has continuously revised the curriculum for Drawing II and has contributed to establishing an outstanding visiting artist series for the Core Foundation students. She had two solo exhibitions in 2010, three solo exhibitions in 2011, and two solo exhibitions in 2012 and 2013 respectively. She has participated in six artist residencies since 2009 in Colorado, Wyoming, Montana, Portugal, Iceland and New Zealand. She has also been a much sought-after guest lecturer and panelist.</td>
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<tr>
<th>Mr. James Thurman</th>
<th>Assistant Professor</th>
<th>College of Visual Arts and Design</th>
<th>Studio Art</th>
<th>MFA, Cranbrook Academy of Art, Metalsmithing</th>
</tr>
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<td>James Thurman is the Coordinator of Design II and instructs each first year student in three dimensional design. Professor Thurman introduced a new curriculum for Design II and the Seminar in University Teaching, and continues to expand course assignments through significant revisions in course materials. He received a UNT Transformative Instruction Initiative Fellowship in 2010. He developed a course titled Digital Fabrication; the only online studio art course offered in the college for students of all concentrations. Professor Thurman has garnered a national and international reputation as an artist and scholar through his professional accomplishments. He was selected as a Fulbright Specialist Scholar. He has distinguished himself in the field of contemporary jewelry by creating Thurmanite, his own trademarked material. His solo installation titled Ancient 21st Century Artifacts has been exhibited at the Appalachian Center for Craft, Yuma Symposium, and Pittsburgh Center for the Arts, and his jewelry was presented in a solo exhibition at the Ayse Gallery in Istanbul, Turkey.</td>
</tr>
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</table>
Title: Approval of UNT Dallas Tenure Recommendation

Background:

In accordance with the University of North Texas at Dallas Policy 6.009 Tenure and/or Promotion Review, "the President, in consultation with the Provost, is responsible for ensuring that any individual who is considered for tenure before the institution has a sufficient number of faculty with the credentials necessary to establish departmental, division and/or institutional promotion and tenure committees, has demonstrated significant academic work in his or her academic discipline; demonstrated excellence and substantial professional achievements in the areas of teaching and student success, research, scholarly and creative activities, and service and public engagement in the context of, and consistent with, levels expected at peer or aspirational peer programs; and demonstrated a desire to work as a member of a group and understands the nature of membership in a community of scholars. The President may appoint an ad hoc committee on tenure and promotion to assist with this responsibility."

Dr. Ratna Narayan was hired on September 1, 2011 at UNT Dallas in the Department of Teacher Education and Administration within the Division of Education and Human Services as an Associate Professor of Science Education. She was awarded three years toward tenure based upon her prior experience and outstanding accomplishments. All UNT Dallas tenure policies and procedures were followed within the Department, Division, and University which included: Four excellent expert external review letters of her research productivity, excellent performance and annual reviews at the chair level, excellent teaching evaluations from students, outstanding public service and creative curriculum development and teaching strategies. Letters supporting the awarding of tenure and her complete dossier were forwarded to the Provost, the University Ad Hoc Committee on Tenure and Promotion, and subsequently to the President. All levels concurred with the recommendation to award tenure beginning with the fall semester, 2014. The Provost recommended to the President that Dr. Narayan be submitted for tenure to the UNT System Board of Regents.

Dr. Narayan received a B. Sc. in 1986 from Bombay University in Chemistry with minors in Botany and Zoology, a M.Sc. in 1988 from Bombay University in Inorganic Chemistry, a B. Ed. in 1994 from Bombay University in Specialization in Science and Mathematics and the Ph.D. from the University of Georgia in 2005 in Science Education.
Dr. Narayan’s primary research focuses on the scientific inquiry, its implementation and impact on student learning in the science classroom. Using scientific inquiry as a base for her research two strands immediately become apparent, directed towards student learning of science in an inquiry-based environment. Her collaborative work with the new Perot Museum of Nature and Science has provided unique opportunities for UNT Dallas students to gain real-world experience at a world class facility. She ensures the highest quality of Science Education to students and brings credibility, energy, dedication, and excellence to the Teacher Education Program.

Dr. Narayan has collaborated with colleagues from China, South Korea and Turkey on a cross cultural research study focused on children’s perception of science and scientists and the “value” societies attribute to science and how this impacts the teaching and learning of science. She will soon be the lead professor on a new Master’s degree in Curriculum and Instruction with a STEM focus to improve STEM Education in southern Dallas County.

Teaching since 1988 Dr. Narayan has taught elementary, middle secondary school, undergraduate and graduate students spanning two continents. Dr. Narayan joined the faculty at Texas Tech in 2005 as an Assistant Professor in the Department of Curriculum and Instruction. Her publications include entries in the International Journal of Mathematical Education in Science and Technology, Educational Research and Review, Journal of science Education and Teaching and Electronic Journal of Science Education. Dr. Narayan has presented at conferences ranging from the National Association of Research Science Teaching, Association for the Education of Teachers of Science, National Association of Research in Science Teaching, the Association of Science Teacher Education.

Dr. Narayan brings more than two decades of experience in science education to UNT Dallas. She is an outstanding faculty member and most deserving of the awarding of tenure.

Financial Analysis/History:

In general, the award of tenure carries with it the assurance of continued employment absent the showing of good cause for termination.

Barry Lewis
Acting Institution Chief Financial Officer

Allen Clemson
Interim Vice Chancellor for Finance

Legal Review:

This item has been reviewed by General Counsel.

Nancy S. Footer
Vice Chancellor/General Counsel
Schedule:
Tenure will be effective September 1, 2014.

Recommendation:
The President recommends, with the concurrence of the Chancellor, that the Board of Regents authorize and approve the award of tenure for Dr. Ratna Narayan.

Recommended By:

Lois Becker
Provost

Ronald T. Brown
President

Rosemary R. Haggett
Vice Chancellor

Lee Jackson
Chancellor
Title: Approval of UNT Dallas Tenure Recommendation

Board of Regents Order 2014-29

At an official meeting of the Board of Regents of the University of North Texas System properly posted and held on April 17, 2014, pursuant to a motion made by Regent and seconded by Regent , the Board approved the motion presented below:

Whereas, in accordance with the University of North Texas at Dallas Policy 6.009 Tenure and/or Promotion Review, the President, in consultation with the Provost, is responsible for ensuring that any individual who is considered for tenure has the necessary credentials before the institution has a sufficient number of faculty with the credentials necessary to establish departmental, division and/or institutional promotion and tenure committees, and the President may appoint an ad hoc committee on tenure and promotion to assist with this responsibility, and

Whereas, Dr. Ratna Narayan came to UNT Dallas in 2011 from Texas Tech University as an experienced and accomplished Associate Professor of Science Education, and

Whereas, Dr. Ratna Narayan has a proven record as an innovative Science Education and teacher educator

Now, Therefore, The Board of Regents authorizes and approves the following:

1. The conferring of tenure to Dr. Ratna Narayan will be effective September 1, 2014.

VOTE: _____ ayes _____ nays _____ abstentions

BOARD ACTION:

Attested By: Approved By:

______________________________ ________________________________
Julia A. Boyce, Secretary Don Potts, Vice Chairman
Board of Regents Board of Regents
Title: Approval of the UNT Dallas Mission and Vision Statements

Background:
The University of North Texas at Dallas began reviewing its Mission, Vision, and goals in November 2013 after President Ronald Brown joined the University and created a new Cabinet and Leadership Team. The objectives of the review were to redefine the goals of the University and establish Mission and Vision statements that accurately represent the new direction, vision and mission of the institution. The revised vision and mission statements are now ready for consideration for approval by the Board of Regents.

The review process, led by President Ronald Brown, has included input and review from the Cabinet. Then all faculty and staff were asked to provide their comments and revisions. The first draft was shared via email, and the second draft was shared during the January 2014 Town Hall meeting. In addition, the Chief People Officer and the Chancellor offered their perspectives.

The following statements are presented for approval by the Board:

**Mission**
Transforming the lives of students, families and communities by providing high quality, student-focused education to enable personal and career well-being.

**Vision**
To create a valuable center of enrichment where students are inspired to learn, and faculty, students and the community develop their full potential.
Financial Analysis/History:

There are no fiscal consequences associated with the adoption of the revised Mission and Vision statements.

Barry Lewis
Acting Institution Chief Financial Officer

Allen Clemson
Interim Vice Chancellor for Finance

Legal Review:

This item has been reviewed by General Counsel.

Nancy S. Footer
Vice Chancellor/General Counsel

Schedule:

The Mission and Vision statements will be implemented upon the approval of the Board of Regents.

Recommendation:

The President recommends, with the concurrence of the Chancellor, that the Board of Regents approve the revised Mission and Vision statements.

Recommended By:

Ronald T. Brown
President

Rosemary R. Haggett
Vice Chancellor

Lee Jackson
Chancellor
Title: Approval of the UNT Dallas Mission and Vision Statements

Board of Regents Order 2014-30

At an official meeting of the Board of Regents of the University of North Texas System properly posted and held on April 17, 2014, pursuant to a motion made by Regent and seconded by Regent , the Board approved the motion presented below:

Whereas, the University of North Texas at Dallas began reviewing its Mission, Vision, and goals in November 2013 after President Ronald Brown joined the University and created a new Cabinet and Leadership Team, and

Whereas, this process has involved the University of North Texas at Dallas community in a process that has resulted in UNT Dallas Mission and Vision statements that together focus the University of North Texas at Dallas on its goals for the future,

Now, Therefore, The Board of Regents authorizes and approves the following:

1. Revising the UNT Dallas Mission statement to: Transforming the lives of students, families and communities by providing high quality, student-focused education to enable personal and career well-being.

2. Revising the UNT Dallas Vision statement to: To create a valuable center of enrichment where students are inspired to learn, and faculty, students and the community develop their full potential.

VOTE: ___ ayes ___ nays ___ abstentions

BOARD ACTION:
Attested By: Approved By:

Julia A. Boyce, Secretary Don Potts, Vice Chairman
Board of Regents Board of Regents
Title: Authorize a New UNT Dallas Master of Science Degree in Public Leadership

Background:
The MS degree in Public Leadership at UNT Dallas is designed for all students interested in a career in public service and mid-career professionals seeking to improve their leadership skills and thereby increasing their opportunity for career advancement. The program will explore theories, skills, and practices from a variety of disciplines with an emphasis on public leadership. The program will fill a need in the academic and professional landscape that will prepare students to become effective mid-level to executive level leaders across the continually evolving public service setting. Specialized concentrations will provide students with the necessary knowledge and skills to succeed in leadership positions in various public and other not-for-profit organizations. The program will focus on building a framework and practical skills in leadership and management in public policymaking, budgeting, and personnel management. The curriculum differs from traditional Master of Public Administration (MPA) programs in that the 39-hour program includes three core courses focusing on leadership, agenda setting, and decision and policy making. In addition, the curriculum will also include four-course concentrations in specialized professional areas such as public safety, homeland security, public governance, public finance, and non-profit leadership. The first concentration will be in Public Safety. The MS in Public Leadership degree will provide students with:

- Theoretical and applied perspectives from the public, private and non-profit sectors;
- Strong research skills and the ability to use a variety of research methodologies; and
- Critical and scholarly approaches for evaluating research, theory, and practice.

Financial Analysis/History:
The costs and funding needed for the Master of Science in Public Leadership meets the Standards for Bachelor’s and Master’s Degree Programs established by the Coordinating Board rules, Section 5.45, Criteria for New Baccalaureate and Master’s Degree Programs.

The current facilities and equipment are adequate to support the program. The university plans to hire an additional faculty member in the future to accommodate the
addition of added specializations and keep up with enrollment growth. The salary and benefits cost associated with the addition of a new faculty member is $329,400 over a three-year period. These costs will be offset by funds generated through student enrollment. All full-time faculty will be expected to have earned a doctoral degree in public leadership, public administration, criminal justice or a closely aligned field, and to have demonstrated excellence or potential for excellence in college teaching, scholarship and service. Finally, adjunct faculty will be used as appropriate, especially for the development of professional specializations.

Schedule:
Upon approval by the Board of Regents and the Texas Higher Education Coordinating Board, enrollment of the initial class would be scheduled for Fall 2014.

Recommendation:
The President recommends that the Board of Regents approve the authorization of a new Master of Science Degree in Public Leadership.

Recommended By:
Title: Authorize a New UNT Dallas Master of Science Degree in Public Leadership

Board of Regents Order 2014-31

At an official meeting of the Board of Regents of the University of North Texas System properly posted and held on April 17, 2014, pursuant to a motion made by Regent and seconded by Regent , the Board approved the motion presented below:

Whereas, The Master of Science Degree in Public Leadership will enable Graduates to find employment possibilities in federal, state, or local government; public safety agencies; social service agencies, not-for-profit organizations, or in the private sector, and

Whereas, The Master of Science Degree in Public Leadership will fill a need in the academic landscape by creating a comprehensive graduate public leadership degree that not only provides students with the theoretical and practical foundations for leadership roles, but, also allows them to focus on specialized concentrations through a range of professional electives, and

Whereas, the Master of Science Degree in Public Leadership from UNT Dallas will provide graduates with a broad knowledge in the public, private, and non-profit sectors, as well as a focused professional leadership concentration, and

Whereas the proposed degree meets a need in an emerging and increasingly specialized job market,

Now, Therefore, The Board of Regents authorizes and approves the following:

1. The Proposed Master of Science Degree in Public Leadership and authorizes the Provost and Vice President in Academic Affairs to provide the appropriate notification to the Texas Higher Education Board for final approval.

VOTE: _____ ayes _____ nays _____ abstentions
Title: Approval of UNTHSC Tenure Recommendations

Background:

The UNT Health Science Center (UNTHSC) faculty listed below for tenure recommendation have been carefully reviewed by the appropriate school/college promotion and tenure committees following the established procedures and published criteria, and endorsed by the Chair, Dean, Provost and Executive Vice President for Academic Affairs, and the President.

Dr. Subhash Aryal has strong credentials in the field of biostatistics, as well more broadly in public health education. He received his Bachelor of Science (BS) in Mathematics and Statistics from University of South Alabama in 2001, a Masters in Science (MS) in 2004 and a Doctor of Philosophy (PhD) in Public Health Sciences with concentration in Biostatistics in 2008 from University of Illinois at Chicago. Dr. Aryal was approved for promotion to Associate Professor in the Department of Biostatistics and Epidemiology. He is a rising scholar in his field, already recognized for his scholarship and teaching in longitudinal methods and hierarchical modeling, as evidenced by the Haenszel award, and national invitations to conduct expert seminars. He is an active and productive researcher with a strong research portfolio that includes both methodological developments in theory of statistics, applied biostatistics in the environmental sciences, as well as statistical contributions to interdisciplinary public health research. Dr. Aryal has made significant scholarly contributions, including co-authoring a Wiley text on statistical methods for groundwater monitoring, two book chapters, two first-authored publications and thirteen shared-author publications. He has published a total of six first-author equivalent publications in strong peer-reviewed journals. Dr. Aryal actively and regularly pursues collaborative research opportunities with UNTHSC colleagues and with academic statisticians nationally and internationally on publications and grant submissions. He has achieved a high level of success as an academic biostatistician and demonstrates the interest and capacity for sustained scholarly performance in the future. He is an outstanding and committed teacher. His courses are rigorous, well-designed and pedagogically strong. Dr. Aryal also demonstrates positive team-work, collaboration and collegiality, extraordinary commitment to student success, and service to the field. The awarding of tenure will allow him to continue his success in research and education benefitting his department, school, and the University.
Dr. Sumihiro Suzuki's academic credentials in Statistics are very strong. He received his BS in 2001, MS in 2003, and PhD in 2006 all in Mathematical Science with a major in Statistics from the Department of Mathematical Sciences in the School of Natural Sciences and Mathematics at the University of Texas at Dallas. Dr. Suzuki was approved for promotion to Associate Professor in the Department of Biostatistics and Epidemiology. His training in mathematics and statistical theory is a highly valued asset in his department. He is an excellent methodologist, systematic thinker and teacher. Dr. Suzuki has developed and taught the foundation courses for the MPH, PhD, and DrPH programs as well as teaching advanced courses in biostatistics. His students consistently give him high marks for the quality of these courses and for his ability to teach this difficult material. He is an excellent doctoral student advisor as well. Dr. Suzuki has been very productive in the publication of his research. He has produced six first-author equivalent publications based on fourteen accepted papers, including two first-authored methodological publications. All of his work has been accepted into major medical, public health or biostatistical journals. He also has strong positive trajectory in funded research. Recently he was awarded a subcontract in conjunction with a U01 award received by the University of Texas Medical Branch from the National Institute for Allergy and Infectious Disease where he will oversee the data coordination and analyses for the project. Dr. Suzuki was also named biostatistician for a newly awarded Centers for Disease Control and Prevention (CDC) five-year pharmacy management demonstration project, conducted in partnership with the System College of Pharmacy and Walgreens. Hence, he is recognized by his peers for his contributions to biostatistical literature as well as by scholars in other fields for his ability to provide his expertise to their work. Dr. Suzuki has achieved a high level of success as an academic biostatistician and demonstrates an extraordinary commitment to student success and service to the field. The awarding of tenure will allow him to continue his success in education and research.

Dr. Rosalie Uht received her Doctor of Medicine (MD) and PhD from the State University of New York SUNY in 1990 and a residency in Anatomic Pathology at the University of California San Francisco where she was also named Chief Resident during this time. She completed a Neuropathology Fellowship and is a board certified neuropathologist. Dr. Uht joined UNTHSC in 2008 as an Associate Professor in the Department of Pharmacology and Neuroscience. Her research accomplishments while at UNTHSC include the obtaining of a National Institutes of Health (NIH) R01 grant and a co-investigator on two additional NIH grants. This speaks to the quality of her work during this time of extremely tight funding. Dr. Uht is currently the director of the Institute for Aging and Alzheimer's Disease Research (IAADR) Brain Bank and is planning to extend her translational research profile by incorporating a revolutionary new anatomical approach called Clarity to investigate human hypothalamic anatomy. This new initiative has enormous potential to expand the scientific profile of the IAADR Brain Bank as well as UNTHSC. She has demonstrated a consistent record of collaborative funding and has published in high impact journals. Dr. Uht has an extensive and impressive teaching history. Her classroom and laboratory instruction represents a significant commitment to the teaching and service mission of her department and school. She teaches for both Texas College of Osteopathic Medicine (TCOM) and Graduate School of Biomedical Sciences (GSBS) and has excellent student evaluations of her teaching.
She also actively participates in our summer undergraduate training programs and is the major professor of three students in the GSBS PhD program. Since joining the UNTHSC Dr. Uht has been an asset to the department and her school. The awarding of tenure will allow her to continue the successes she has achieved and bring benefit to her department, school and health science center.

Financial Analysis/History:

In general, the award of tenure carries with it the assurance of continued employment absent the showing of good cause for termination.

Institution Chief Financial Officer

Interim Vice Chancellor for Finance

Legal Review:

This item has been reviewed by General Counsel.

Vice Chancellor/General Counsel

Schedule:

Effective September 1, 2014.

Recommendation:

The President recommends that the Board of Regents authorize and approve the following faculty for tenure effective September 1, 2014:

1. Dr. Subhash Aryal
2. Dr. Sumihiro Suzuki
3. Dr. Rosalie Uht
Recommended By:

Thomas Yorio
Provost and Executive VP for Academic Affairs

Michael R. Williams
President

Rosemary R. Haggett
Vice Chancellor

Lee Jackson
Chancellor
Title: Approval of UNTHSC Tenure Recommendations

Board of Regents Order 2014-32

At an official meeting of the Board of Regents of the University of North Texas System properly posted and held on April 17, 2014, pursuant to a motion made by Regent and seconded by Regent, the Board approved the motion presented below:

Whereas, the UNT Health Science Center (UNTHSC) tenure recommendations have been carefully reviewed by the appropriate school/college promotion and tenure committees following the established procedures and published criteria, and

Whereas, these recommendations are endorsed by the Chair, Dean, Provost and Executive Vice President for Academic Affairs, and the President,

Now, Therefore, The Board of Regents authorizes and approves the following faculty for tenure effective September 1, 2014:

1. Dr. Subhash Aryal
2. Dr. Sumihiro Suzuki
3. Dr. Rosalie Uht

VOTE: _____ ayes _____ nays _____ abstentions

BOARD ACTION:

Attested By: Approved By:

Julia A. Boyce, Secretary Don Potts, Vice Chairman
Board of Regents Board of Regents
BOARD OF REGENTS
Facilities Committee Agenda

April 17, 2014 – 10:15 am
University of North Texas System
Room 712
1901 Main Street
Dallas, Texas

The Facilities Committee of the UNT System Board of Regents will meet from 10:15 am to approximately 11:00 am on Thursday, April 17, 2014. Agenda items are scheduled to follow each other consecutively and the meeting may end earlier or later than the posted time depending on the length of the discussions.

The Facilities Committee is posted as an individual meeting of a Board committee; however, any members of the Board may attend committee meetings. Because some Board members who are not committee members may attend committee meetings and thereby create a quorum of the full Board, the meeting of the Facilities Committee is also being posted as a meeting of the full Board.

1. CALL TO ORDER
   Approval of February 20, 2014 Facilities Committee Minutes

2. BRIEFING
   Update on DART and Residence Plans at UNT Dallas
   • James Maguire, Vice Chancellor for Facilities Planning and Construction and Chief Architect

3. ACTION ITEM

| 2014-33 UNT | Authorization for the Selection of a Construction Manager at Risk for Marquis Hall Interior Renovations and Mechanical, Electrical and Plumbing (MEP) Renovations |
4. BACKGROUND REPORTS

C. UNT Capital Projects Plan Update

D. UNTHSC Capital Projects Plan Update

E. UNTS Construction and Major Renovation Projects Status Report

Adjournment
Title: Authorization for the Selection of Construction Manager at Risk for Marquis Hall Interior Renovations and Mechanical, Electrical and Plumbing (MEP) Renovations

Background:
Marquis Hall, built in 1935, and named for UNT’s 6th President R.L. Marquis, is a 39,576 square foot, three-story building with partial basement. In 1969 the building was converted into offices and in 1979 HVAC was added. Since that time, few improvements have been made to the building.

This project combines both an upgrade to the building’s antiquated mechanical, electrical and plumbing (MEP) systems and also an interior remodel to support UNT International (UNTi). UNTi provides leadership in support of international teaching, research, and service to the university. UNTi programs include: the Intensive English Language Institute serving over 500 students, Study Abroad, and International Student and Scholar Services. A building-wide remodel to reconfigure rooms, finishes and fixtures is required to support their programmatic needs. The MEP renovations will provide modern, reliable service to the building. Mechanical work will include pumps, piping and air handling systems; plumbing infrastructure must be inspected for serviceability and replaced as necessary. Electrical scope will include electrical service entrance switchboard, all panels, branch circuits serving HVAC equipment and feeder circuits serving panels. The project will also add restrooms, a fire sprinkler system, control systems and commissioning.

In December 2013 the Board of Regents authorized the delegation of the selection of professional design services for the project. Responses were received and evaluated by a panel of representatives from UNT and UNTS staff. Based on the panel’s recommendation, the Vice Chancellor for Facilities Planning and Construction has selected LBL Architects, Inc. as the most qualified; Smith, Seckman and Reid/Curtis Group was ranked second.

To improve project cost planning and constructability, a construction manager will be retained as soon as practical. UNT is currently in the process of requesting interested firms to submit proposals for Construction Manager at Risk for preconstruction and construction services for this project. In order to maintain the current delivery schedule, it is recommended that the Board of Regents delegate the authority to select and execute a contract with the construction manager best qualified as evaluated by a panel of representatives from UNT and UNTS and recommended to the Chancellor or
his designee for preconstruction services for this project. If approved, UNT will enter into negotiations with the selected firm. Should the negotiations be unsuccessful, the negotiations will be terminated and initiated with the second ranked firm.

Financial Analysis/History:

The campus has allocated the following funds for the work: $5,500,000, funded by Higher Education Assistance Funds listed in line items number 2.31 & 2.31.1 in the Capital Projects Schedule and $1,500,000, funded by local funds listed in line items number 2.31.1a and 2.31.1b in the Capital Projects Schedule for a total of $7,000,000. The project budget will be developed based on the program, concept design studies and cost analysis by the selected construction manager and will be presented to the Board of Regents for approval following completion of that work.

Schedule:

- Request for Proposals for Construction Manager at Risk issued: March 2014
- Design begins: April 2014
- Request Board of Regents approval of Authorization for the selection of CMAR for Pre-Construction Services: April 2014
- Request Board of Regents approval of Budget and CMAR for Construction services: June 2014
- Proposed construction Start: September 2014
- Proposed construction Completion: September 2015
**Recommendation:**

It is recommended that the Board of Regents authorize and approved the following Board Order.

**Recommended By:**

David L. Reynolds, P.E.  
Associate Vice President for Facilities

Neal Smatresk  
President

James Maguire  
Vice Chancellor

Lee Jackson  
Chancellor
Title: Authorization for the Selection of Construction Manager at Risk for Marquis Hall Interior Renovations and Mechanical, Electrical and Plumbing (MEP) Renovations

Board of Regents Order 2014-33

At an official meeting of the Board of Regents of the University of North Texas System properly posted and held on April 17, 2014, pursuant to a motion made by Regent and seconded by Regent, the Board approved the motion presented below:

Whereas, mechanical, electrical, plumbing (MEP) and interior renovations have been proposed for Marquis Hall, and,

Whereas, the MEP and interior renovations that have been proposed for Marquis Hall are consistent with the campus master plan, and

Whereas, the MEP & interior renovations are needed to update old, inefficient systems to provide an adequate venue and ensure reliable mechanical and electrical services to the building to support academic activities, and

Whereas, $5,500,000 in HEAF funds and $1,500,000 other campus funds have been allocated to this work in the UNT Capital Projects Schedule, and

Whereas, LBL Architect, Inc. has been selected for design services for the renovations of Marquis Hall, and

Whereas, after a comprehensive review and selection process the best-qualified Construction Manager for the Marquis Hall project by UNT and UNTS will be selected,

Now, Therefore, The Board of Regents authorizes and approves the following:

1. Delegation of authority to the Vice Chancellor for Facilities Planning and Construction and Chief Architect to select and execute a contract with the panel recommended, top-ranked construction firm to provide preconstruction services for the mechanical, electrical, plumbing (MEP) and interior renovations
of Marquis Hall. If negotiations are unsuccessful, undertake negotiations with the intent to enter into a contract with the second ranked firm.

2. Performance of preconstruction work.

VOTE: _____ ayes _____ nays _____ abstentions

BOARD ACTION:

Attested By: 

Julia A. Boyce, Secretary
Board of Regents

Approved By: 

Don Potts, Vice Chairman
Board of Regents
Title: UNTCapital Projects Plan Update

Background:

At the Board of Regents meeting on February 12, 2004, a background report was presented regarding the development of a UNTCapital Project Plan. The plan provided for the development of a Capital Funding Schedule. This schedule identifies capital projects that have been approved, have been committed, or are planned. Projects are not included in the schedule unless they have an identified funding source.

Specific fund sources are identified for each project listed on the plan. Fund types are selected based upon the identified end use of the facility or property and the availability of funds to complete the project.

The Plan Schedule has been updated to reflect changes in funding and planned expenditures occurring since the version presented at the February 2014 Board of Regents Meeting. All Schedule changes involve the Marquis Hall Renovation/Mechanical, Electrical, Plumbing renewal funding. The total project cost remains $7,000,000 with changes in the following line items:

- Line 2.31.1a International Program funding will be $30,000 versus originally programmed $1,500,000.

- Line 2.31.1b is created and programmed at $1,470,000 with funds from Line 2.40 Academic Space Renovation.

The Capital Projects Development Program has been revised from the February version:

- Business Services Warehouse has been removed by Auxiliary Services for near term execution. Alternative facilities are available.

- Commercial Property Renovation (Woodhill) has been removed as no renovations requiring Board approval are planned at this time.

- Discovery Park Mezzanine Expansion and Build Out is removed at this time due to work completed in the facility and ongoing Biomedical Engineering space study.

- Baseball stadium is added for potential programming/development.
Financial Analysis/History:

This is a report item only.

Legal Review:

This item has been reviewed by General Counsel.

Schedule:

N/A

No action required. Information only. Submitted by:

David L. Reynolds, P.E.

Associate Vice President for Facilities

Neal Smatresk

President

James Maguire

Vice Chancellor

Chancellor

Attachments Filed Electronically:

- UNT Capital Projects Plan
### Revenues:

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**Approved**

Neal Smatresk

Digitally signed by Neal Smatresk
DN: cn=Neal Smatresk
Date: 2014.04.09 13:47:15 -05'00'
UNT CAPITAL PROJECTS
DEVELOPMENT PROGRAM

The Capital Projects Development Program is used in overall planning and forecasting of future commitments. When appropriate, this list will be used for submission of information to the Coordinating Board and other agencies for planning purposes. It is also a source of preliminary discussion, planning, fundraising, and initial design and study of projects for ultimate inclusion in the Capital Funding Schedule. These projects with merit, not included in the Capital Funding Schedule, have a high priority but may not be in priority order and may be included in the Capital Projects Development Program list.

1 CVAD Building
2 Sorority Housing (Phase 3)
3 Discovery Park Development
4 Music Building
5 Eagle Student Services Building Envelope
6 Discovery Park Greenhouse Addition 2
7 Discovery Park Biomedical Engineering
8 Baseball Stadium
Title: UNT Health Science Center Capital Projects Plan Update

Background:

The UNT campus implemented the Capital Projects Plan in 2004 and the UNT Health Science Center (UNTHSC) implemented in 2008. The initial report for the UNTHSC was presented at the February 7, 2008 Board of Regents meeting. This report updates and is presented quarterly to the Board of Regents.

The plan has been updated to reflect changes in funding and planned expenditures occurring since the February 2014 version.

FY2014 includes two (2) renovation project priorities: Research & Education Mechanical Infrastructure Upgrades to increase exhaust capacity, provide system redundancy, improve air quality controls, and improve energy efficiencies; Medical Professional Building Levels 1 & 2 renovations to repurpose existing tenant lease space into space to support growth and consolidation of Student Affairs, Student Development and Admissions.

Renovate Everett (EAD) Level 2 and Renovate Research and Education (RES) Level 4 have been combined into a single renovation project and has been moved from the Development Program to the Capital Projects Schedule with planning beginning in FY2014.

Financial Analysis/History:

This is a report item only.
Legal Review:
This item has been reviewed by General Counsel.

Vice Chancellor/General Counsel

Schedule:

No action required. Information only. Submitted by:

Stephen D. Barrett

Vice President for Operations

Michael R. Williams

President

James Maguire

Vice Chancellor

Chancellor

Attachments Filed Electronically (List each item):

- UNTHSC Capital Projects Schedule and Development Program
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* Advanced Local Funds for Project #2.90 to be reimbursed by Commercial Paper and ultimately RFS Bonds.

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<td>4.00</td>
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<td>1.30</td>
<td>1.48</td>
<td>1.50</td>
<td>1.50</td>
<td>1.50</td>
<td>7.48</td>
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<td>5.00</td>
<td>Master Plan Improvements - HEAF</td>
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<td>6.00</td>
<td>LAN Upgrade - Operating Funds</td>
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<tr>
<td>7.00</td>
<td>Future Projects &amp; Cost Increases-HEAF</td>
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<td>Total</td>
<td>9.67</td>
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<td>10.50</td>
<td>5.50</td>
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</tr>
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</table>

* Advanced Local Funds for Project #2.90 to be reimbursed by Commercial Paper and ultimately RFS Bonds.

**Approval:**

________________________
President

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UNTHSC CAPITAL PROJECTS
DEVELOPMENT PROGRAM

The Capital Projects Development Program is used in overall planning and forecasting of future commitments. When appropriate, this list will be used for submission of information to the Coordinating Board and other agencies for planning purposes. It is also a source of preliminary discussion, planning, fundraising, and initial design and study of projects for ultimate inclusion in the Capital Funding Schedule. These projects with merit, not included in the Capital Funding Schedule, have a high priority and may be included in the Capital Projects Development Program list.

1 Research Building "H"

2 UNT Health - Clinic Sites

3 Parking Garage

4 Campus Beautification - Landscaping

5 Campus Center Building "B"
Background Report

Committee: Facilities
Date Filed: March 25, 2014

Title: UNT System Construction and Major Renovation Projects Status Report

Background:
This information item reports the current status of construction and renovation projects at the UNT System.

Financial Analysis/History:
This is a report item only.

Legal Review:
This item has been reviewed by General Counsel.

Schedule: See attached status report.
No action required. Information only. Submitted by:

No action required. Information only. Submitted by:

Attachments Filed Electronically:
- UNT System Construction and Major Renovation Projects Status Report
## HSC Medical Professional Building Renovation

<table>
<thead>
<tr>
<th>Architect/Engineer</th>
<th>Dewberry Architects, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Project Description</strong></td>
<td>Complete interior renovation of the 28,662 square foot Professional Building. The renovated facility will centralize administrative and student services functions and provide a “one-stop-shop” to both future and currently enrolled students for admissions and most of Student Affairs offices.</td>
</tr>
<tr>
<td><strong>Project Cost</strong></td>
<td>$5,000,000</td>
</tr>
<tr>
<td><strong>Construction Cost</strong></td>
<td>$3,050,000</td>
</tr>
<tr>
<td><strong>HUB Participation</strong></td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>Institutional - Local</td>
</tr>
<tr>
<td><strong>Remarks</strong></td>
<td>Programming is now complete and design is now underway. The project budget has been established and was presented and approved at the Board of Regents February 2014 meeting. Construction is expected to be complete in September 2014.</td>
</tr>
</tbody>
</table>

| Design Start          | January 2014              |
| Expected Design Complete | May 2014                |
| Expected Construction Start | June 2014              |
| Expected Construction Complete | September 2014 |
| % Construction Complete | 0%                       |
| Status                | On Schedule               |
| Budget Status         | TBD                       |
# UNT Residence Hall

<table>
<thead>
<tr>
<th>Architect/Engineer</th>
<th>Randall Scott Architects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor</td>
<td>Vaughn Construction (Pending)</td>
</tr>
</tbody>
</table>

## Project Description
Construct a new residence hall on the UNT campus.

### Project Cost
- Total Project Cost: $37,100,000
- Construction Cost: $26,452,442

### Design Start
- October 2013

### Expected Design Complete
- July 2014

### Expected Construction Start
- April 2014

### Expected Construction Complete
- July 2015

### % Construction Complete
- 0%

### HUB Participation
- A/E: 25%

### Remarks
Programming was completed in September 2013 and design began in October. Construction is anticipated to begin in the spring of 2014. Site acquisition activities are complete. Hazardous materials testing is underway. Asbestos abatement and demolition is scheduled to begin in April 2014. The complete Schematic Design Submittal was received on February 14, 2014. The submittal has successfully met the project budget. Design development is underway.
## Science Research Building

**Architect/Engineer**  
Jennings Hackler & Partners

**Contractor**  
Turner Construction

**Project Description**  
Renovation of the first floor of the Science Research Building. Major HVAC, plumbing and electrical systems for the entire building will also be replaced.

<table>
<thead>
<tr>
<th>Project Cost</th>
<th>$12,000,000</th>
<th>Design Start</th>
<th>September 2011</th>
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</thead>
<tbody>
<tr>
<td>Construction Cost</td>
<td>$8,650,000</td>
<td>Design Complete</td>
<td>April 2012</td>
</tr>
<tr>
<td>HUB Participation</td>
<td>A/E 37.0%</td>
<td>Expected Construction Start</td>
<td>TBD</td>
</tr>
<tr>
<td>Contractor</td>
<td>29.6%</td>
<td>Expected Construction Complete</td>
<td>TBD</td>
</tr>
<tr>
<td>% Construction Complete</td>
<td>0%</td>
<td>Status</td>
<td>N/A</td>
</tr>
<tr>
<td>Status</td>
<td>N/A</td>
<td>Budget Status</td>
<td>N/A</td>
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</tbody>
</table>

**Funding**  
HEAF and Bond

**Remarks**  
Project on hold pending re-evaluation from UNT Campus.
**University Union Renovation and Expansion**

**Project Description**
This project is a renovation and addition to the existing University Union. It is programmed to provide 308,400 gsf of space for the campus. The existing building is approximately 200,000 gsf. The new space will include an atrium, lounge with study space, expanded food court, entertainment venue, a ballroom, a 500 seat lyceum, expanded retail options, a larger book store and administrative suites for student groups, student services and Union administration. Also included in the project scope is the temporary relocation of Union functions. UNT System, UNT Office of Space Management and Union end users have developed a temporary relocation plan for the current occupants of the Union. Food service will be housed in a 6,000 sf temporary facility on the west side of Sage Hall. Campus Life and Student Activity Center for Leadership Service and Student Affairs, Dean of Students and Center for Rights and Responsibilities, IT, Multicultural Center, Student Government Association, Graduate Student Council, Greek Life, Student Legal and Development, Union Administration, Event Scheduling, Orientation and Transition, Design Works, Eagle Images, Mail Services, the Bank and University Programs will move in to Stovall Hall. The Bookstore will be housed in a temporary facility at the northwest corner of Chestnut and Avenue C.

<table>
<thead>
<tr>
<th>Project Cost Construction</th>
<th>$128,400,000</th>
<th>Design Start</th>
<th>November 2011</th>
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</thead>
<tbody>
<tr>
<td>Budget Status</td>
<td>Within Budget</td>
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</tr>
<tr>
<td>Schedule</td>
<td>On Schedule</td>
<td></td>
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<tr>
<td>Project Cost Construction</td>
<td>$87,339,070</td>
<td>Design Complete</td>
<td>May 2013</td>
</tr>
<tr>
<td>HUB Participation</td>
<td>A/E 29%</td>
<td>Construction Start</td>
<td>June 2013</td>
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<tr>
<td>Contractor</td>
<td>30%</td>
<td>Expected Construction Complete</td>
<td>August 2015</td>
</tr>
<tr>
<td>Funding</td>
<td>Phase I</td>
<td>% Construction Complete</td>
<td>16%</td>
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<tr>
<td></td>
<td>Pre-Referendum: Auxiliary Services</td>
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<td>Phase II</td>
<td>Status</td>
<td>On Schedule</td>
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<td></td>
<td>Student Fees, Auxiliary Reserves, and</td>
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<tr>
<td></td>
<td>Private Funding</td>
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</table>
| Remarks                   | Site mobilization began August 5th. The Union remained open until the first week of October. On October 7th access to the Union was closed. All remaining occupants of existing Union structure were relocated by October 9, 2013. On October 14, the contractor took possession of the building. Abatement was completed in January 2014. Demolition will continue through March 2014.
## Stovall and Scoular Halls Relocation

### Project Description
Relocation of the occupants currently housed in Stovall and Scoular Halls. This will include 62,800 sf of new facilities.

### Project Cost
- **Project Cost**: $8,700,000
- **Construction Cost**: $2,237,600 (modular components were purchased by UNTS through co-op Contract)

### HUB Participation
- **A/E**: 0% (HSP indicates self-performing)
- **Contractor**: 33.73%

### Construction Timeline
- **Programming Start**: June 2012
- **Programming Complete**: September 2012
- **Design Start**: September 2012
- **Design Complete**: January 2013
- **Component Buildings Ordered**: March 2013
- **Construction Start**: April 2013
- **Substantial Completion**: July 2013
- **% Construction Complete**: 99%
- **Status**: On Schedule
- **Budget Status**: Completed

### Funding
- Student Fees, HEAF, Auxiliary Reserve and private funding

### Remarks
Relocation plan and moves have been completed and groups and departments are utilizing the facilities.
## Bruce Hall Expansion

**Architect/Engineer**  
Nelson + Morgan  

**Contractor**  
Lee Lewis Construction, Inc.

**Project Description**  
4,000 square foot addition to the southwest corner of the existing Bruce Hall Dining facility to increase seating capacity by 232 seats. An outdoor portico/patio will also be included as part of the expansion. Included are the renovation of existing adjacent restrooms and the creation of a new main entry into Bruce Hall.

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<thead>
<tr>
<th></th>
<th>Design Start</th>
<th>Design Complete</th>
<th>Construction Start</th>
<th>Expected Construction Complete</th>
<th>% Construction Complete</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Cost</td>
<td>July 2012</td>
<td>January 2013</td>
<td>April 2013</td>
<td>February 2014</td>
<td>97%</td>
<td>Schedule extended one month to resolve cost issues and two months due to completing the 3-way agreement.</td>
</tr>
<tr>
<td>Construction Cost</td>
<td>$2,615,000</td>
<td>$1,882,830</td>
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<tr>
<td>HUB Participation</td>
<td>A/E 27%</td>
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<td>97%</td>
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<tr>
<td>Contractor</td>
<td>25.73%</td>
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</table>

**Funding**  
Auxiliary Revenues

**Remarks**  
Construction is near complete. The project is behind schedule primarily due to completing a three-way construction utility tie-in agreement with the City of Denton in order for public improvements to be completed and the contractor experiencing a delay in site development.
### Greek Life Center

<table>
<thead>
<tr>
<th>Architect/Engineer</th>
<th>Hahnfeld Hoffer Stanford</th>
</tr>
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<tbody>
<tr>
<td>Contractor</td>
<td>Pogue Construction</td>
</tr>
<tr>
<td>Project Description</td>
<td>The new 6,000 square foot center will house all staff of the Greek Life organization and provide facilities for their meetings and functions.</td>
</tr>
<tr>
<td>Project Cost</td>
<td>$2,600,000</td>
</tr>
<tr>
<td>Construction Cost</td>
<td>$1,875,862</td>
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<tr>
<td>Design Start</td>
<td>April 2012</td>
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<tr>
<td>Design Complete</td>
<td>May 2013</td>
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<tr>
<td>Expected Construction Start</td>
<td>April 2014</td>
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<tr>
<td>Expected Construction Complete%</td>
<td>54%</td>
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<tr>
<td>HUB Participation A/E</td>
<td>23.8%</td>
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<tr>
<td>Contractor</td>
<td>13.95%</td>
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<tr>
<td>Status</td>
<td>Scheduled completion has been extended by one month due to delays by the contractor in receiving some of the materials.</td>
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<tr>
<td>Funding</td>
<td>Auxiliary Services, Fundraising</td>
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<td>Budget Status</td>
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<tr>
<td>Remarks</td>
<td>Construction is proceeding.</td>
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UNT SYSTEM CONSTRUCTION AND MAJOR RENOVATION PROJECTS STATUS REPORT-DISCOVERY PARK CAMPUS

Projects in Construction

Discovery Park – Engineering Testing Lab Facility

**Architect/Engineer**  Jacobs (Concept Design only)

**Contractor**  Vaughn/WHR (Design/Build Team)

**Project Description**  A 16,000 square foot expansion to the existing Discovery Park facility which will house a manufacturing testing lab for the College of Engineering Department of Mechanical and Energy Engineering. The expansion will also serve to relocate the existing Nucon Steel Lab and associated research equipment for the College of Engineering Department of Engineering Technologies which is currently located in the existing D-Wing. Relocation of these activities and equipment will allow space to be transformed in the future into research space for newly hired researchers.

| Project Cost | $3,931,000 |
| Construction Cost | $2,808,167 |
| HUB Participation | A/E HSP indicates Self Performing |
| Contractor | 28.5% |
| Contractor Participation | 28.5% |
| **Conceptual Design Process** | May 2012 – August 2012 |
| **Design Start** | December 2012 |
| **Design Complete** | May 2013 |
| **Construction Start** | July 2013 |
| **Expected Construction Complete** | May 2014 |
| **% Construction Complete** | 63% |
| **Status** | On Schedule |
| **Budget Status** | Within Budget |

**Remarks**  Construction is proceeding. Construction scope was increased to incorporate code requirements needed to meet safety requirements related to the chemical processes performed during research in the labs.

Project Status as of 3/5/2014
### Renovate 1901 Main Street

<table>
<thead>
<tr>
<th>Architect/Engineer</th>
<th>Freese and Nichols</th>
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<tr>
<td>Contractor</td>
<td>Beck/Warrior, A Joint Venture</td>
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#### Project Description
Total building infrastructure improvements with the renovation and finish-out of levels 5, 6 and 7. The UNT Dallas College of Law will primarily occupy levels 5 and 6. Level 7 will serve as UNT System offices.

#### Project Cost
- **Total**: $29,645,624
- **Construction**: $18,800,812

#### Construction Timeline
- **Design Start**: June 2010
- **Design Complete**: September 2012
- **Construction Start**: February 2012
- **Substantial Completion**: November 2013
- **% Construction Complete**: 100%
- **Status**: Complete. Punch list ongoing.

#### Funding
- **Funding Source**: Revenue Financing System /Debt

#### HUB Participation
- **A/E**: 33.3%
- **Contractor**: 24.5%
- **Budget Status**: Within Budget

#### Remarks
The project includes renovation work in portions of the basement and levels 1 through 8. Level 7 was complete in August 2013; the remaining balance of the work was deemed substantially complete in November 2013.
The Finance Committee of the UNT System Board of Regents will meet from 11:00 am to approximately 12:00 pm on Thursday, April 17, 2014. Agenda items are scheduled to follow each other consecutively and the meeting may end earlier or later than the posted time depending on the length of the discussions.

The Finance Committee is posted as an individual meeting of a Board committee; however, any members of the Board may attend committee meetings. Because some Board members who are not committee members may attend committee meetings and thereby create a quorum of the full Board, the meeting of the Finance Committee is also being posted as a meeting of the full Board.

1. CALL TO ORDER

   Approval of February 20, 2014 Finance Committee Minutes

2. BRIEFING

   Capital Financing Plans for UNT University Union and Rawlins Hall
   - Allen Clemson, Interim Vice Chancellor for Finance

Adjournment