

BOARD of REGENTS



THE UNIVERSITY OF
NEW MEXICO.

AUDIT AND COMPLIANCE COMMITTEE MEETING

Tuesday, February 17, 2026

CALL TO ORDER/ QUORUM



The University of New Mexico
Board of Regents' Audit and Compliance Committee
February 17, 2026
Student Union Building (SUB) Ballroom B
9:00 AM
Livestream: <https://live.unm.edu/board-of-regents>

Agenda

- I. Call to Order and Confirmation of a Quorum
- II. Adoption of Agenda
- III. Approval of Meeting Minutes from October 21, 2025
- IV. Roll Call Vote to close the meeting and to proceed in Executive Session as follows:
 - A. Presentation of FY25 Single Audit Results pursuant to external audit exception in RPM 1.2. (*KPMG, University Controller's Office*)
 - B. Discussion of draft Internal Audit reports and information subject to attorney-client privilege; audit work plans; and information security and privacy report, pursuant to RPM 1.2 and NMSA 1978, § 10-15-1(H)(7);
 - C. Discussion of limited personnel matters as defined in and permitted by NMSA 1978, § 10-15-1(H)(2);
 - D. Vote to open the meeting.
- V. Certification that only those matters described in agenda item #IV were discussed in Executive Session and if necessary, vote on final actions as required by NMSA 1978, § 10-15-1(H)(2).
- VI. Information Items
 - A. Director of Internal Audit Status Report
Victor Griego, Internal Audit Director
 - B. Main Campus Chief Compliance Officer Status Report
Francie Cordova, Chief Compliance Officer
 - C. Status of Audit Recommendations
Chien-Chih Yeh, Internal Audit Manager
- VII. Adjournment

THE UNIVERSITY OF NEW MEXICO
Board of Regents' Audit and Compliance Committee Quarterly Meeting
October 21, 2025 – Draft Meeting Minutes

Regent Committee Members Present: Jack Fortner, Christina Campos, Paul Blanchard (Quorum)

Other Attendees: Garnett Stokes, Terry Babbitt, Teresa Costantinidis, Francie Cordova, Adrienne Helms, Angela Vigil, Daniel Jones, Scot Sauder, Susan Rhymer, Beck Rivera, Jason Galloway, Chris Arndt, Jared Udall, Roberta Lavin, Damion Terrell, John Bunnell (KPMG), Josh Lewis (Baker Tilly), Paul Garcia (CRI), Emily Morelli, Victor Griego, Chien-chih Yeh, Gonzalo Olivas, Jeremiah Sanchez, Amy O'Donnell. Note: This was a meeting with multiple committees at the same location going and out. It is not possible to know who else from the UNM community attended this particular meeting.

Paul Blanchard called the meeting to order at 8:32. Regent Fortner confirmed there was a quorum.

By unanimous consent, the meeting went into Executive Session at 8:33 AM per the agenda.

By unanimous consent, the meeting returned to Open Session at 9:03 AM.

ACTION ITEMS:

- The Committee approved the agenda.
- The Committee approved the minutes of the meeting of August 19, 2025.
- Certification that only those matters described in agenda item IV were discussed in Executive Session.
- The Committee unanimously approved the following audit reports:

FY 25 External Financial Audit Report
Education Abroad Programs, Report 2024-04
UNM Internal Audit Department Annual Report

INFORMATION ITEMS:

- Victor Griego, Internal Audit Director, provided his quarterly report. For operational staffing, the department is currently advertising for two auditor positions. One senior auditor resigned last month. Mr. Griego announced that Jeremiah Sanchez started as a student intern, transitioned to a professional intern, and last week became an Internal Auditor.

Mr. Griego communicated the audit plan status for FY 26. Seven of the 11 audits on the FY 25 and 2026 audit plan have either been completed or are in field work. Internal Audit (IA) completed the audit of the Education Abroad Programs, which was presented in executive session. The Department is in fieldwork procedures for the audit of Athletics Administration and also the annual audit of the President's travel and entertainment expenses. The Department has initiated planning procedures for a contracts and grants audit, which is about to get underway with field work, and an IT disaster recovery audit. The Athletics and President's audits will be presented at the February Audit and Compliance Committee meeting.

The Department ran the latest report for complaint status for FY 26 on October 9th. There are 66 cases assigned to Internal Audit. IA completed planning and fieldwork procedures for 28; there are 27 that are open right now and 11 to assign out for review.

Mr. Griego stated the Committee just had the exit meeting that was presented by KPMG, Baker Tilly, and CRI. This was the third and final year of the external financial audit contract. The Controller's Office has indicated that they are going to contact the Office of the State Auditor to be able to go out for a Request for Proposal as early as November 1st. Once they get that approval, then they can issue the RFP for the next contract for the external financial statement audit.

During the last meeting, Mr. Griego also gave an update on the Department's external quality assessment, which is an audit of Internal Audit's files. Every five years it is required for the Department to get an external peer review to review the Department's files and ensure compliance with internal auditing standards. This year, it will be focused on global internal auditing standards, which all internal audit shops are required to follow starting January 2025.

Mr. Griego provided a brief update on the external audits that are being conducted for federal awards. There are currently four audit reviews in process in planning procedures. These audits are in the early stages, so there is not a lot to report on those audits. He stated he will give a status update on those during the next meeting.

- Francie Cordova, Chief Compliance Officer, informed the Committee that Adrienne Helms, Clery Coordinator would report on the fire and safety statistics which just got published recently, a little early. CEEO published the annual Security and Fire Safety Report for Main Campus here in Albuquerque, as well as the annual Security Report for the Health Sciences' Rio Rancho Campus. Each of these reports contains annual crime statistics for the previous three calendar years. The Main Campus report, because it contains a fire safety report as well, also has fire statistics for the same amount of time. Each contains policies and procedures relevant to safety and security for each respective campus for the current academic year. UNM has four branch campuses, but in the Clery world, there are eight going on nine campuses, believe it or not. This year, they published eight annual security reports in addition to the Main Campus fire safety report.

The reason for this is because any noncontiguous location that has an organized program of study, as well as a site coordinator, constitutes a separate campus under Clery. So, there has been a lot of work behind the scenes going on to really clarify each of the campuses. That is reflected very well in the number of publications this year. They have put a lot of work into making the Clery liaison program more robust. They developed a Clery compliance liaison hub in Teams. It is this huge clearinghouse of resources for the folks that are overseeing Clery compliance at each of the separate locations as well as here on campus. It has everything from state statutes to federal guidance, materials, and whatnot. But it is comprehensive, and really pushing UNM forward in terms of compliance.

Ms. Helms discussed the article that came out in the Santa Fe New Mexican encapsulating the statistics statewide. It is no surprise that UNM's numbers are higher than any other municipality or campus in New Mexico. As a reminder, the crime statistics are based on reports, whether or not they can be substantiated. They are not limited to incidents involving students and employees. These incidents can involve anyone so long as the offense meets the definition of a Clery Act offense, and occurs within what is called a Clery Act geography.

Clery Act statistics are counted in the year they are reported, and some incidents account for multiple statistics. One most common example is a domestic violence report that involves an aggravated assault as well. So, you have two statistics for one incident. These stats are not affected by whether the campus is open, what time of year it is, whether an arrest was made, etc. They are purely based on reports, and they also include attempts as well. If there is an attempted arson and it is not completed, that ends up in UNM's statistics. And of course, with reports coming in outside of the campus security authority network from external law enforcement, UNM is required to make a good faith effort to collect those request statistics and reports. However, they are not required to respond. There was a fair response rate this year, actually, not from APD, but from other jurisdictions throughout the US. And just as a point of clarification, there has been a little confusion over geography here around Albuquerque. Main Campus statistics really encompass central, north, and south campuses. This does include the hospital, mental health, the law school, the stadium, and all our residential facilities. Rio Rancho is a separate campus. Again, it is not a branch, but a satellite campus of Health Sciences.

Ms. Helms broke the crime statistics down into crimes against people, crimes against property, and crimes against society. After COVID, there was a rise, but it still did not match pre-pandemic statistics. And crime has gone down again since then. It is difficult to pinpoint the reasons for the decline. The hate crimes have been pretty consistent with national trends.

UNM's Clery Geography is divided into three categories: On Campus (OC – a subset of that is OCSH, On-Campus Student Housing); Non-Campus (NC); and Public Property (PP). Non-Campus can be venues where UNM hosts offsite courses where there is an agreement in place to use a space like a bowling alley or an athletics facility for practice, the convention center for graduation ceremonies, etc. That includes venues that students stay at for trips. Publicly owned properties are properties adjacent to or that run through campus. The ownership of any of our roads is public and then it switches to UNM owned, and then it goes back to public property. The on-campus student policy is duplicative because it is included also in the housing category.

For the Health Sciences Rio Rancho reports, Ms. Helms stated it is just useful to break these down because the numbers are so low there on campus, and they have developed such a strong relationship with Rio Rancho Police that they have been able to really home in on the incidents that are occurring mostly there at the medical center. It is no surprise there are some domestic violence incident reports that often are aligned with aggravated assaults on healthcare workers or family members and drug arrests. Nothing shocking there. There was only one vehicle stolen in Rio Rancho.

It is important to note the sharp decline in motor vehicle theft reports, despite the fact that eScooters, eBikes, and vehicles like that are included in what is considered a motor vehicle. If you consider the increase in folks purchasing those items with the decline in overall motor vehicle theft reports, it is pretty significant. Some of that has to do with the statute that was passed in 2020, making it a third-degree felony to operate a chop shop. That certainly helped jurisdiction throughout the state, and it is definitely going down here on campus as well.

In September, in observance of National Campus Safety Awareness Month, UNM had Campus Safety Week. There was an enormous turnout. President Stokes spoke to a huge crowd at the Campus Safety Walk this year in the SUB. People were line dancing to a DJ. It was crazy. A lot of students participated, particularly athletes. There were other events on North Campus, in addition to Main and South. UNMPD hosted a barbecue. There was VIN etching again with APD on South Campus. Overall, it was a huge success.

Ms. Helms relayed information about Compliance Week November 2-9. This year will include a block party, and she hopes to see everyone there.

- Chien-chih Yeh, Audit Manager, provided the status of audit recommendation follow up reports for this reporting cycle. There are two reports: implemented and pending. A total of nine recommendations were implemented for this reporting cycle. Two OMI recommendations, five Non-Standard Payment recommendations, and two ASM Foundation recommendations were implemented. For pending recommendations, most of those are not due yet. There is one for non-standard payments that has one last piece being completed by the auditee, but the Department has to review and verify the reconciliation process before it can be considered implemented and reported back to the Committee, as such, next time.

Two recent audit reports had recommendations. The first is for University-wide international travel. There are two recommendations that are not yet due. The other is Community Health Workers Initiatives whose recommendations are not yet loaded on to the Pending Recommendations report. These are not due, but are in progress.

- The meeting adjourned at 9:25 AM.

Approved:

Audit and Compliance Committee Chair

**ROLL CALL VOTE AND
PROCEED IN
EXECUTIVE
SESSION**

CERTIFICATION

**Internal Audit Director’s Status Report
Audit and Compliance Committee Meeting
February 17, 2026**

Internal Audit Operations and Staffing. Internal Audit’s Administrative Coordinator retired effective February 1, 2026. The department is in the final process filling her replacement. In addition, IA is currently recruiting two (2) Auditor positions and one (1) Student Intern.

Audit Plan Status. The FY26 audit project status with hours for the current audit plan is below. The status of the proposed audit plans is for the period of July 1, 2025 through December 31, 2025:

Completed/Report Writing	5
Planning/Fieldwork	5
Subtotal	10
Assigned	1
Total	11

Ten (10) of 11 audits from the FY25 and FY26 audit plan have been completed or are in process. Internal Audit has currently completed the annual Audit of President’s Travel, Entertainment, and Other Expenses, which was presented in executive session.

Internal Audit is in the report writing process for the Audit of Athletics Administration, which IA will be planning to present during the May A&C Committee meeting. Fieldwork procedures are about to be initiated for the Audit of Contracts and Grants and UNM Gallup Branch. Planning procedures are also in process for an audit of the Biology Department. All audits in process resulted from the Risk Assessment, Three-Year Audit Plan and IT Risk Assessment.

The following is the status of the FY25 and FY26 audit:

Description	Status	FY 26 Budgeted Hours	FY 26 Actual Hours	Variance
Audit Plan				
FY 2025 Audit Work Plan				
Travel (International)	Completed - Follow up	140	104	36
Office of Community Health	Completed - Follow up	0	127	(127)
Education Abroad Programs	Completed - Follow up	110	29	81
Athletics Administration	Reporting	335	466	(131)
IT - Disaster Recovery	Planning	400	0	400
UNM Gallup	Planning	500	157	343
College of Nursing	Assigned	0	0	0
FY 2026 Audit Work Plan				
President's Travel and Entertainment FY25	Completed	300	373	(73)
Contracts and Grants	Planning	400	270	130
FY26 Risk Assessment	Planning	100	0	100
Biology	Planning	500	46	454
Audit Plan Subtotal		2,785	1,572	1,213

**Internal Audit Director’s Status Report
Audit and Compliance Committee Meeting
February 17, 2026**

Complaint Status. The current status of complaints assigned to Internal Audit for FY2026, as of February 6, 2026, is:

Completed/Closed	41
Planning/Fieldwork	19
Unassigned	10
Total	70

Of the 41 completed/closed cases, five (11) complaints were substantiated or partially substantiated and 30 were unsubstantiated.

Complaints assigned to Internal Audit for review are those of financial related matters (i.e., fraud, theft, misuse of funds, time abuse, etc.). A confidential formal memo of Internal Audit complaint reviews is distributed to applicable UNM management and/or leadership to report outcomes of reviews and IA recommendations, if substantiated.

Department Financial Report.

IA just completed the required mid-year budget process. The FY26 adopted budget is \$1,542,509, of which \$1,423,834 is from the general pool, and \$118,675 is from the departmental reserve. Budgeted expenses are primarily labor at \$1.4 million (90%), and is reflective of a fully staffed budget. Internal Audit currently has three (3) vacant positions.

As of December 31, 2025, the department’s expenditures are \$603,058, and encumbrances are \$389,742. Expenses primarily consists of labor, with non-labor operating expenses totaling approximately \$41K. Software maintenance TeamMate audit software and IA’s share of EthicsPoint is the largest non-labor expense for the first half of FY26 at \$16,364. IA will be attending professional training seminars and conferences during the second half of FY26.

Internal Audit External Quality Assessment (EQA)

Internal Audit is planning to schedule fieldwork for its External Quality Assessment (EQA) was rescheduled from January 26th – January 28th to February 23rd to February 25th, 2026 due to weather.

The lead EQA reviewers have requested meetings with selected UNM officials and the A&C Committee Chair to discuss Internal Audit operations. The results of the EQA will be presented during May A&C Committee meeting.

External Audits and Reviews. Internal Audit obtains status update information from UNM Contracts and Grants regarding external audits/reviews of various grants and contracts by various grantor agencies. At Tab #6 is the summary information as of December 31, 2025 regarding the external audits/reviews (third party

**Internal Audit Director's Status Report
Audit and Compliance Committee Meeting
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financial audits) of various grants, contracts, and programs by various grantor agencies. There are currently three (3) audits/reviews to report for this reporting period.

The Family Health Center (FHSCD) completed one (1) audit for an award to Project ECHO in the amount of \$106K. There were no findings or questions costs reported in the audit.

The UNM Los Alamos and Taos Branches are currently under audits for two (2) awards from the New Mexico Economic Department in the amounts of \$481K and \$613K. The audits were initiated in November 2025 and there are no results to be reported at this time.

Risk Assessment

The University-Wide Risk Assessment is underway. The risk assessment team is comprised of Internal Audit, Main Campus Compliance, and UNMH/Compliance offices. The team has developed a new approach in completing an ongoing risk assessment process. The risk assessment is designed to identify risk of compliance with key laws and regulations surrounding the University. Risk owners have been identified and will be designated to provide mitigation and processes to address risks identified within their area.

Internal Audit will also develop other risk assessment procedures to develop its Three-Year Internal Audit Plan and annual risk assessment updates. Internal Auditing Standards require Internal Audit plans to be approved by the Audit and Compliance Committee. Internal Audit and the Compliance offices will develop their work plans based on independent methodologies.

Organization Level 5: 676A - Internal Audit Department
Includes Contra-Accounts.

Account Description	Budget (FYTD) Adopted	Budget (FYTD) Adjustments	Budget (FYTD) Accumulated	Actuals Current Month	Actuals Pct	Actuals Fiscal YTD	Actuals Pct	Encumbrances	Balance Available	Balance Pct
Revenue										
1640 - Allocations Pooled Allocation Gen	\$1,423,834.00	\$0.00	\$1,423,834.00	\$0.00	.00%	\$1,423,834.00	100.00%	\$0.00	\$0.00	.00%
1900 - Reserves	\$0.00	\$0.00	\$0.00	\$0.00	.00%	\$598,988.32	.00%	\$0.00	(\$598,988.32)	.00%
1901 - Budgeted Use of Reserves	\$118,675.00	\$0.00	\$118,675.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$118,675.00	100.00%
*Total Revenue	\$1,542,509.00	\$0.00	\$1,542,509.00	\$0.00	.00%	\$2,022,822.32	131.14%	\$0.00	(\$480,313.32)	(31.14%)
Expense										
2020 - Administrative Professional Gen	\$830,171.00	\$0.00	\$830,171.00	\$59,682.42	7.19%	\$364,089.23	43.86%	\$358,094.52	\$107,987.25	13.01%
2060 - Support Staff Salary Detail Gen	\$101,599.00	\$0.00	\$101,599.00	\$6,925.86	6.82%	\$43,051.06	42.37%	\$30,461.11	\$28,086.83	27.64%
20J0 - Student Salaries Gen	\$33,275.00	\$0.00	\$33,275.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$33,275.00	100.00%
2110 - Fica Gen	\$73,826.00	\$0.00	\$73,826.00	\$4,997.90	6.77%	\$29,841.23	40.42%	\$0.00	\$43,984.77	59.58%
2140 - Retirement Gen	\$175,156.00	\$0.00	\$175,156.00	\$12,089.40	6.90%	\$73,895.97	42.19%	\$0.00	\$101,260.03	57.81%
2160 - Group Insurance Gen	\$141,379.00	\$0.00	\$141,379.00	\$5,826.81	4.12%	\$36,474.92	25.80%	\$0.00	\$104,904.08	74.20%
2180 - Unemployment Compensation Gen	\$386.00	\$0.00	\$386.00	\$26.64	6.90%	\$162.87	42.19%	\$0.00	\$223.13	57.81%
21A0 - Workers Compensation Gen	\$1,255.00	\$0.00	\$1,255.00	\$106.97	8.52%	\$572.56	45.62%	\$0.00	\$682.44	54.38%
21J0 - Other Staff Benefits Gen	\$33,294.00	\$0.00	\$33,294.00	\$2,297.96	6.90%	\$14,046.25	42.19%	\$0.00	\$19,247.75	57.81%
3100 - Office Supplies General	\$500.00	\$0.00	\$500.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$500.00	100.00%
3110 - Books Periodicals Gen	\$150.00	\$0.00	\$150.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$150.00	100.00%
3140 - Computer Software Gen	\$223.00	\$0.00	\$223.00	\$0.00	.00%	\$180.00	80.72%	\$0.00	\$43.00	19.28%
3150 - Computer Supplies <\$5,001	\$750.00	\$0.00	\$750.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$750.00	100.00%
3170 - Custodial Supplies Gen	\$200.00	\$0.00	\$200.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$200.00	100.00%

Warning: These reports will show fiscal year activity. For inception to date activity for Grants please use the FRRGLDS - Grant Ledger Detail Summary report.

Organization Level 5: 676A - Internal Audit Department
Includes Contra-Accounts.

Account Description	Budget (FYTD) Adopted	Budget (FYTD) Adjustments	Budget (FYTD) Accumulated	Actuals Current Month	Actuals Pct	Actuals Fiscal YTD	Actuals Pct	Encumbrances	Balance Available	Balance Pct
3180 - Non Capital Equipment <\$5,001	\$1,000.00	\$0.00	\$1,000.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$1,000.00	100.00%
3189 - Non-Capital Equipment <\$5,001	\$4,000.00	\$0.00	\$4,000.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$4,000.00	100.00%
31A0 - Business Food - Local	\$600.00	\$0.00	\$600.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$600.00	100.00%
31C0 - Dues Memberships Gen	\$6,000.00	\$0.00	\$6,000.00	\$1,610.00	26.83%	\$2,225.00	37.08%	\$0.00	\$3,775.00	62.92%
31J0 - Parking Permits Gen	\$150.00	\$0.00	\$150.00	\$0.00	.00%	\$465.00	310.00%	\$0.00	(\$315.00)	(210.00%)
31K0 - Postage Gen	\$30.00	\$0.00	\$30.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$30.00	100.00%
31P0 - Training Materials Supplies Gen	\$150.00	\$0.00	\$150.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$150.00	100.00%
3800 - In State Travel Gen	\$300.00	\$0.00	\$300.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$300.00	100.00%
3805 - Instate Travel-Per Diem State \$	\$125.00	\$0.00	\$125.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$125.00	100.00%
3820 - Out Of State Travel Gen	\$5,000.00	\$0.00	\$5,000.00	\$0.00	.00%	\$1,953.23	39.06%	\$0.00	\$3,046.77	60.94%
3825 - Out State Travel-Per Diem State \$	\$1,500.00	\$0.00	\$1,500.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$1,500.00	100.00%
3830 - Out State Trvl-Per Diem Non-State \$	\$500.00	\$0.00	\$500.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$500.00	100.00%
6000 - Telecom Charges Gen	\$4,000.00	\$0.00	\$4,000.00	\$292.50	7.31%	\$1,755.00	43.88%	\$0.00	\$2,245.00	56.13%
6020 - Long Distance Gen	\$40.00	\$0.00	\$40.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$40.00	100.00%
6060 - Voice Mail Box Gen	\$800.00	\$0.00	\$800.00	\$50.00	6.25%	\$300.00	37.50%	\$0.00	\$500.00	62.50%
6300 - Alarm System Gen	\$600.00	\$0.00	\$600.00	\$11.25	1.88%	\$67.50	11.25%	\$0.00	\$532.50	88.75%
6340 - Auditing Services Gen	\$15,000.00	\$0.00	\$15,000.00	\$0.00	.00%	\$0.00	.00%	\$1,186.03	\$13,813.97	92.09%
63A0 - Conference Fees Gen	\$8,400.00	\$0.00	\$8,400.00	\$0.00	.00%	\$1,250.00	14.88%	\$0.00	\$7,150.00	85.12%
63A2 - Seminars/Training Fees	\$4,600.00	\$0.00	\$4,600.00	\$0.00	.00%	\$2,587.00	56.24%	\$0.00	\$2,013.00	43.76%
63C0 - Copying Gen	\$75.00	\$0.00	\$75.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$75.00	100.00%
63L1 - Graphic Design Gen	\$0.00	\$0.00	\$0.00	(\$225.00)	.00%	(\$225.00)	.00%	\$0.00	\$225.00	.00%
63X0 - Technical Services Gen	\$0.00	\$0.00	\$0.00	\$50.00	.00%	\$50.00	.00%	\$0.00	(\$50.00)	.00%

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Organization Level 5: 676A - Internal Audit Department
Includes Contra-Accounts.

Account Description	Budget (FYTD) Adopted	Budget (FYTD) Adjustments	Budget (FYTD) Accumulated	Actuals Current Month	Actuals Pct	Actuals Fiscal YTD	Actuals Pct	Encumbrances	Balance Available	Balance Pct
69Z0 - Other Professional Services Gen	\$12,000.00	\$0.00	\$12,000.00	\$9,439.46	78.66%	\$9,527.18	79.39%	\$0.00	\$2,472.82	20.61%
7000 - Plant Repairs Maintenance Gen	\$1,000.00	\$0.00	\$1,000.00	\$0.00	.00%	\$136.02	13.60%	\$0.00	\$863.98	86.40%
70E0 - Computer Hardware Maintenance	\$850.00	\$0.00	\$850.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$850.00	100.00%
70E1 - Computer Software Maintenance	\$26,000.00	\$0.00	\$26,000.00	\$0.00	.00%	\$16,364.08	62.94%	\$0.00	\$9,635.92	37.06%
70F0 - Equipment Rent Expense Gen	\$2,000.00	\$0.00	\$2,000.00	\$138.71	6.94%	\$899.92	45.00%	\$0.00	\$1,100.08	55.00%
75Z0 - Other Repairs Maintenance Gen	\$0.00	\$0.00	\$0.00	\$0.00	.00%	\$14.50	.00%	\$0.00	(\$14.50)	.00%
80E0 - Contingency Budget Gen	\$50,000.00	\$0.00	\$50,000.00	\$0.00	.00%	\$0.00	.00%	\$0.00	\$50,000.00	100.00%
80K0 - Banner Tax	\$800.00	\$0.00	\$800.00	\$113.67	14.21%	\$375.51	46.94%	\$0.00	\$424.49	53.06%
80K2 - Foundation Surcharge	\$4,825.00	\$0.00	\$4,825.00	\$516.59	10.71%	\$2,998.47	62.14%	\$0.00	\$1,826.53	37.86%
*Total Expense	\$1,542,509.00	\$0.00	\$1,542,509.00	\$103,951.14	6.74%	\$603,057.50	39.10%	\$389,741.66	\$549,709.84	35.64%

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Organization Level 5: 676A - Internal Audit Department
Includes Contra-Accounts.

Account Description	Budget (FYTD) Adopted	Budget (FYTD) Adjustments	Budget (FYTD) Accumulated	Actuals Current Month	Actuals Pct	Actuals Fiscal YTD	Actuals Pct	Encumbrances	Balance Available	Balance Pct
Report Total Revenue:	\$1,542,509.00	\$0.00	\$1,542,509.00	\$0.00	.00%	\$2,022,822.32	131.14%	\$0.00	(\$480,313.32)	(31.14%)
Report Total Expense:	\$1,542,509.00	\$0.00	\$1,542,509.00	\$103,951.14	6.74%	\$603,057.50	39.10%	\$389,741.66	\$549,709.84	35.64%
=====										
Report Net:	\$0.00	\$0.00	\$0.00	(\$103,951.14)	.00%	\$1,419,764.82	.00%	(\$389,741.66)	\$1,030,023.16	.00%

Parameters:

Organization Level 5: 676A - Internal Audit Department
Includes Contra-Accounts.

Warning: These reports will show fiscal year activity. For inception to date activity for Grants please use the FRRGLDS - Grant Ledger Detail Summary report.

Warning: These reports will show fiscal year activity. For inception to date activity for Grants please use the FRRGLDS - Grant Ledger Detail Summary report.

Third Party Audits as of December 31 2025

	Completed	In Process	In Process
Granting Agency/Entity	FHCS D	NM Economic Dept	NM Economic Dept
Contract/Grant/Program Title	3RTZ5	5R180	7R221
Contract/Grant Period	08/01/2024-02/28/2025	07/15/2023 - 08/31/2025	07/15/2023 - 08/31/2025
Contract/Grant Total Amount	\$106,285	\$481,140	\$613,140.00
Contract/Grant Amount - Current FY			
Principal Investigator		Audrey Marroquin	Randi Archuleta
Department	Project ECHO		
Agency Audit/Review Notification Date	9/3/2025	11/12/2025	10/27/2025
Audit/Review Entrance/Visit Date(s)	Nov. 2025	11/24/2025	11/3/2025
Audit/Exit/Final Report Issued	12/12/2025		
Questioned Cost, if any	No questioned costs identified		
Audit/Review Major Finding, if any	No major findings.		
Corrective Action Plan, if any			
Planned Implementation Date			
Campus	HSC	Los Alamos	Taos
Auditor (if Different than Grantor)			
Comments		Prior notice was not received by University. Final Report expected mid-December 2025	Prior notice was not received by University. Final Report expected mid-December 2025

Note: Third Party audit information provided by UNM Contracts and Grants.

Note: Third-Party Audit information provided by UNM Contracts Grants



FEBRUARY REGENTS AUDIT AND COMPLIANCE COMMITTEE MEETING

**PREPARED BY
THE OFFICE OF COMPLIANCE, ETHICS & EQUAL OPPORTUNITY**

KAYCIE R. ALLEN-BOGAN (*she/her/ma'am*)

Compliance Coordinator

Office of Compliance, Ethics & Equal Opportunity



- Responsible for conducting program reviews and offering actionable feedback that promotes accountability, clarity, and continuous improvement.
- Brings 13 years of military leadership in education administration, international training coordination, inspection programs, continuous process improvement and data analytics.
- Holds degrees in Criminal Justice, Education Management, Information Technology, and Data Analytics.
- Enjoys D&D, renaissance fairs, international travel, hiking, and rock climbing.
- Happily married for 10 years with 1 dog and 1 cat. Moved to NM in 2022.



**UAP 3720 CONFLICTS OF INTEREST,
CONFLICTS OF COMMITMENT AND OUTSIDE ACTIVITY**





Companion Document

Policy Definitions

Conflict of Interests

Conflict of Commitments

Immediate Family Members

Management Plans

Outside Activities

Substantial Interests

Gifts, Prizes, Awards, and Honoraria

UAP 3720 Draft

Input Requested

- 1. Policy Ownership**
- 2. Disclosable Thresholds**
- 3. COI Committee Composition**
- 4. Immediate Family Member Definition**



Background

- President's Ethics Taskforce in 2020 and 2022 reports, identify the need for COI/COC annual disclosures for all UNM employees – plus a need to update UAP 3720.
- President's Ethics Taskforce COI/COC working groups do best practice and policy reviews. Draft policy frameworks.
- Project stalls after COVID.
- 2023, Main campus compliance office resumes work on policy/disclosures after complaints of COI/COC increase.
- 2023-24 HSC/Health Sciences Compliance and Faculty Academic Affairs office conduct “data” collection exercise requiring faculty to disclose outside activities.



Background

The Conflict-of-Interest Working Group (COI-WG) members are:

Akshay Sood	Interim Director for Faculty Academic Affairs, UNM Health Sciences
Angela Vigil	Associate Director, HSC Compliance
Barbara Rodriguez	Interim Provost/Executive VP for Academic Affairs
Beck Rivera	Deputy Chief Compliance & Title IX Officer
Brie Delvin	Associate Director, HSC Compliance
Christine Landavazo	Associate University Counsel
Francie Cordova	Chief Compliance Officer
Kaycie Allen-Bogan	Coordinator, University Compliance
Kevin Stevenson	VP HR, Chief HR Officer
Victor Griego	Director, Internal Audit

Since 2022, the COI-WG has been working on establishing measurable thresholds and standards for reporting and managing conflicts of interest at UNM.

The COI-WG has been coordinating with Huron to develop a software platform to manage conflicts of interests and management plans.



Background

New policy highlights include:

- Annual disclosure by all UNM employees upon hire and annually thereafter. Ad Hoc disclosure to be made if conflict arises since last disclosure.

Conflicts of Interest (COI) | Conflicts of Commitment (COC)

- Thresholds established in Huron system will automatically approve some disclosures.
- The remainder are reviewed by supervisor and denied or approved with/without management plan.



**Follow Up Report - Implemented
February 17, 2026 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Recommendation Action	Responsible Party
1	<u>Audit of the Dissolution of the ASMF</u>	5/20/2025, 2, M	<u>Recommendation 2 - Non-Compliance with Donor Intent</u>	<p>ASM should ensure gift/endowed spending (and all disbursements) are allowed, supported by appropriate documentation, and reviewed in accordance with donor agreement and UNM's policies, where applicable, for accuracy and compliance. The ASM Dean's Office should:</p> <p>1. Strengthen controls and processes related to understanding compliance related to donor intent for all endowments, 2. Establish processes to complete periodic reviews for endowed agreements, 3. Review all endowments for unallowable costs due to spending endowed funds not in compliance with donor intent, 4. Complete an internal review for remaining scholarships awarded, 5. Strengthen the scholarship distribution process.</p>	Anderson leadership and UNMF development officers for ASM will work together to review all spending in UNMF spending indexes established for ASM (from endowed and spendable gifts) for FY24 through December 31, 2024. FY25. The review of the remaining indexes will be completed by the target date. ASM will correct known errors and reverse unallowed costs with correcting journal entries. ASM will ensure that our internal review for remaining scholarships awarded under the same scholarship requirements is complete, analyze these expenses to determine if they are charged to the correct fund, and reverse unallowed costs. Work to strengthen the ASM scholarship process has already been completed independently from the audit. ASM will complete an additional internal review of these updated processes and make necessary adjustments to ensure compliance for all scholarships yearly, analyzing expenses to confirm proper fund allocation, and strengthening the scholarship distribution process.	12/31/2025	Controls related to donor intent compliance have been strengthened, lookback reviews were completed, and identified unallowable costs were corrected. It appears that the Anderson School of Management has implemented corrective actions addressing recommendation 2.	Alina Chircu, Dean: ASM Administration
2	<u>Education Abroad Programs</u>	10/21/2025, 3, M	<u>Recommendation 1 - Program Leader Responsibilities</u>	The Provost's Office should work with the Executive Vice President of Health Science, and the Policy Office on updating Section 5.1 of UAP 2710 to better establish program leader responsibility. UAP 2710 should clarify that all program participants, including graduate and undergraduate students, must register their participation in a FLIP program with GEO. Additionally, process owners should consider outlining potential sanctions within the policy for non-compliance with program requirements.	Update Section 5.1 of UAP 2710 to establish program leader responsibility, clarify that all program participants, including graduate and undergraduate students, must register their participation in a FLIP program with GEO, and outline within the policy potential sanctions for non-compliance with policy requirements.	11/15/2025	Internal Audit received from the Provost's Office a proposed update to the Policy Office to Section 5.1 of UAP 2710 which was also sent to the Policy Office. The proposed update establishes program leader responsibility, clarifies that all program participants, including graduate and undergraduate students, must register their participation in a FLIP program with GEO, and outlines within the policy proposed potential sanctions for non-compliance with policy requirements. Recommendation appears implemented.	Barbara Rodriguez, Interim Provost/Exec VP; Nicole Tami, Executive Director, Global Education Initiatives

**Follow Up Report - Implemented
February 17, 2026 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Recommendation Action	Responsible Party
3	<u>Education Abroad Programs</u>	10/21/2025, 3, M	<u>Recommendation 2 - Program Registration with GEO</u>	The Provost's Office should work with GEO and the Policy Office to review and update UAP 2710 to better-define elements of registered and unregistered programs, outline requirements and guidance for registering education abroad programs with GEO, and to establish firm deadlines for submitting program proposals and for making changes to program itineraries and participant rosters.	Update of UAP 2710 to establish definitions of registered and unregistered programs, make the Global Education Office process the process of record, establish firm deadlines for submitting program proposals and changes to program itineraries and participation rosters.	11/15/2025	The Provost submitted to Internal Audit a draft of proposed revisions to UAP 2710, which was also submitted to the Policy Office for their review and adoption. The proposed revisions do explicitly state what kind of programs must register with GEO and when they need to register by. Proposed policy revisions also stipulate registration deadlines for both programs and program participants. Recommendation appears implemented.	Barbara Rodriguez, Interim Provost/Exec VP; Nicole Tami, Executive Director, Global Education Initiatives
4	<u>Education Abroad Programs</u>	10/21/2025, 3, M	<u>Recommendation 3 - HSAC Committee Composition</u>	The Provost's Office should review the current composition of the Health & Safety Advisory Committee (HSAC) and adjust Committee seats and appointments, as necessary. This will increase the expertise in all education abroad program objectives.	Review composition of HSAC and adjust Committee seats and appointments, as necessary.	11/15/2025	The proposed revision of UAP 2710 calls for revision of core HSAC membership down to 8 members, co-chaired by one Faculty Member and one GEO Administrator. 2-3 other faculty members appointed by the Provost, one HSC-faculty member as subject-matter expert on travel health, one SHAC Representative, and the Director of Crisis Management and Preparedness. The committee is also proposing future ad-hoc members provided both co-chairs are able to agree on appointment of the ad-hoc member(s). Recommendation appears to be implemented.	Barbara Rodriguez, Interim Provost/Exec VP; Pamela Cheek, Vice Provost for Student Success

**Follow Up Report - Pending
February 17, 2026 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
1	<u>Project ECHO</u>	8/3/2023, 8, M	<u>Recommendation 2 - Timely Perform Effort Certification</u>	Internal controls should be strengthened to ensure effort certification is completed by the due date. The Project ECHO Director should assign the pre-reviewer role to individuals more directly tied to the project, possibly the employee, and/or perform interim effort reviews, to allow for faster turnaround of the full six-month period effort certification.	Contracts and Grants are rolling out a new system and Project ECHO will be Beta Testing for them. The system will use the close of each fund to certify effort. The PI will have access to all employee efforts for the fund at the time of the closeout. The completion time for Effort Certification will be in compliance with the deadline set by HSC.	12/31/2026	Management indicated an extension is needed. The extension of the estimated implementation date to December 31, 2026 was approved.	Karla Thornton, Clinician Ed - Professor: IM Infectious Disease; Lynn Waln, Chief Adm Ofcr/Project ECHO
2	<u>Office of the Medical Investigator (OMI)</u>	5/2/2024, 9, M	<u>Recommendation 3 - Non-Exempt Time Keeping and Reporting</u>	The Health Sciences Senior Executive Officer for Finance and Administration should work with UNM Senior Vice President for Finance and Administration to identify and implement an electronic time reporting system for OMI. Electronic time keeping would allow employees and supervisors to capture non-exempt time via a virtual time clock as well as employee and supervisor approvals before being uploaded directly into Banner for processing.	UNM, including Health Sciences, is in the process of executing a contract for a cloud-based time management system that will significantly address the challenges associated with the diverse geographical locations for the various OMI team members. The system will also provide robust reporting that will support administrative oversight to ensure accurate time entry. The expected implementation timeline is 12-18 months for the system to be fully operational. In the meantime, UNM HSC HR, will work with the director to provide intermediary steps until the time that implementation occurs.	7/1/2026	An extension on implementation to July 1, 2026 was requested by OMI Management and approved by Internal Audit Management	Rebecca Napier, HS VP for Fin and Adm
3	<u>Office of the Medical Investigator (OMI)</u>	5/2/2024, 9, M	<u>Recommendation 4 - Adequate Employee Supervision AND Field Deputy Medical Investigators (FDMI) Job Description</u>	The OMI Chief Medical Examiner should: Work with the EVP for Health Sciences office to secure adequate financial resources to add supervisor positions that address current Supervisor-to-FDMI ratios and lack of oversight. Restructure FDMI County FDMI reporting and communication to Albuquerque headquarters for adequate oversight for day to day operations. Conduct a review of its employee activity and determine if these employees should be reclassified into more appropriate job titles/position codes. Ensure that OMI employees with an FDMI job assignment physically reside within the State of New Mexico.	The Chief Medical Examiner will work with HSC leadership to secure funding for the FDMI supervisor positions. Reorganization structure has been designed for these positions and is pending funding. The Chief Medical Examiner will work with OMI Operations Director and OMI HR Administrator to review employee duties to determine if job reclassification should be recommended. Additionally, the OMI Operations Director and the HR administrator will work with the FDMI Supervisor to verify that FDMIs reside within New Mexico and work primarily in their county of residence.	7/1/2026	OMI has hired two FDMI shift supervisors whom have been assigned responsibility over half the state. OMI continues to work to secure funding to hire additional FDMI shift supervisors with the goal of each supervisor having oversight over one quadrant of the state.	Heather Jarrell, CME, OMI

**Follow Up Report - Pending
February 17, 2026 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
4	<u>Office of the Medical Investigator (OMI)</u>	5/2/2024, 9, M	<u>Recommendation 7 - Monitoring Contractor Performance</u>	The Chief Medical Examiner should develop and implement a periodic Performance Audit Program for its decedent transportation vendors and contractors. Elements of a vendor monitoring and performance audit program should include, but not be limited to: Review of the contractor's employee policies and procedures as they relate to those employees that will be providing services to/for OMI. Review of vendor's performance obligations. Annual review of billed mileage.	The Chief Medical Examiner will work with OMI Accounting and the Operations Director to develop a plan to internally audit decedent transportation vendors on a periodic, scheduled basis.	7/1/2026	OMI Management has requested, and was granted, an extension from Internal Audit on the implementation deadline to July 1, 2026.	Heather Jarrell, CME, OMI
5	<u>Non-Standard Payments (NSP)</u>	8/8/2024, 7, M	<u>Recommendation 2 - System for Non-Standard Payment Process</u>	The Executive Vice President for Finance and Administration office should develop and implement a system for the processing and approval of NSP disbursements. The system should provide a centralized location with the ability to upload and house supporting documents. In addition, the system will strengthen internal controls by improving the review and approval process for NSPs disbursed throughout the University. An implemented system may also perform edit checks and other automated functions.	Human Resources and Health Sciences administration will partner with the employment areas (EA) to engage the Project Management and Improvement Office (PMIO) to conduct Lean methodology-based process reviews to document NSP processing standards across employment areas and identify areas for process improvements, including utilizing available technology solutions. While the responsible parties agree that technology solutions are needed to improve NSP processing, they are committed to implementing process improvements using currently available systems (ex. Banner, ePAF, document management systems, financial reconciliation processes). Upon completion of the PMIO facilitated process review, the responsible parties will have identified and implemented the appropriate technology solutions and data entry standards for NSPs across all applicable employment areas.	6/30/2025	A system has been developed to identify common payment errors. Standard Operating Procedures outlining monitoring requirements and the resolution of error codes are nearing completion and formal implementation. IA is awaiting clarification of NSP reconciliation requirements.	Teresa Costantinidis, EVP Finance & Administration

**Follow Up Report - Pending
February 17, 2026 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
6	<u>University-Wide International Travel</u>	8/19/2025, 2, M	<u>Recommendation 1 - Strengthening Internal Controls on International Travel</u>	The University Controller could strengthen internal controls over international travel by working with the appropriate offices to review, revise, and develop additional training materials and/or communications to educate relevant faculty and staff on the need to obtain the appropriate pre-approval of all University-related travel. Additionally, ensuring warnings regarding the need to have domestic or international travel pre-approved by a person with authority over the traveler are configured in current and future University-used ERP systems or interfaces, referencing appropriate UAPs as statutory guidance as well as ensuring all required pre-approvals have been appropriately uploaded and are available for review.	Pre-approval of travel is a process that occurs at the department level in advance of a trip, and not an officially required process for core accounting office review under UNM Travel Policy. Travel Policy is clear with respect to pre-approvals of foreign travel in that written pre-approval is only required on certain Contract & Grant/restricted awards, not on foreign travel paid with unrestricted funds. Of the 67 sample items tested, Internal Audit found 2 instances of foreign travel where written pre-approval was not attached to the reimbursement report. In both cases, however, written pre-approval was not required under policy since the travel was not charged to Contract & Grant/restricted awards. In both cases, pre-approval was handled at the department level, just not attached to the reimbursement report – in full compliance with UNM Travel Policy. In addition, Internal Audit found no instances where international travel had actually occurred without the department’s pre-approval, just two instances where written approval was not attached to a reimbursement report because there was no requirement to do so. We will evaluate existing UAP 4030 Travel policy, training materials and resources for any unclear or conflicting language available and possible improvements to the policy or process to provide evidence that pre-approval occurred.	10/1/2026	Corrective Action not yet due.	Andrew Jacobson, University Controller
7	<u>University-Wide International Travel</u>	8/19/2025, 2, M	<u>Recommendation 2 - Development of International Travel Registry</u>	The University Controller should work with the UNM Travel Group and other relevant campus stakeholders (such as the UNM Provost and/or Executive Vice President, Health Sciences) on the development of an international travel registry which provides executive leadership with actionable data pertaining to the travelers in keeping with policy 4030 and duty of care considerations.	We propose to revise travel policy 4030 to proscribe [ed: create] a method by which travelers will be required to register their pre-approved international travel. We will form a working group to evaluate viable methods to gather and warehouse this data for rapid access to executive leadership as needed.	10/1/2026	Corrective Action not yet due.	Andrew Jacobson, University Controller

**Follow Up Report - Pending
February 17, 2026 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
8	<u>Community Health Worker Initiatives</u>	8/19/2025, 7, M	<u>Recommendation 1 - Department Oversight, Financial Management, and Policy Enforcement</u>	Review the organizational structure for the CHWI program and determine if current management and oversight provide adequate financial management, accountability, and operational effectiveness for the department. Work with Human Resources to determine appropriate disciplinary action for the CHWI Program Operations Director's misuse of grant funds, overriding of internal controls, and lack of enforcing and adhering to UNM policies and procedures.	The Office of the Vice President of Finance and Administration for Health and Health Sciences agrees to initiate a review of the CHWI program's organizational structure to assess whether current oversight ensures adequate financial management, accountability, and operational effectiveness. In coordination with Human Resources, the Office of the Vice President of Finance and Administration for Health and Health Sciences will evaluate the Program Operations Director's actions regarding misuse of grant funds and internal control violations, and determine appropriate disciplinary measures per UNM policy. A policy review will be conducted with CHWI employees for the following: UAP 2000: Responsibility and Accountability for University Information and Transactions, UAP 4000: Allowable and Unallowable Expenditures, UAP 2410: Accounting for Federal Defined Allowable and Unallowable Costs	6/30/2026		Jason Galloway, Chief Financial Services Ofcr
9	<u>Community Health Worker Initiatives</u>	8/19/2025, 7, M	<u>Recommendation 2 - Unallowable Costs/Misappropriation of Grant Funds</u>	Work with the HSC Contract and Grant Accounting Office to review potential unallowable costs charged to Health Literacy and EITC grant funds and initiate appropriate action based on its review. Strengthen internal controls for CHWI grant management by improving the approval process and ensuring segregation of duties among the grant's authorities, including the Director, Principal Investigators, Program Managers, and accounting personnel. This segregation should create a clear line of authority and responsibilities. Develop formal departmental operating procedures to standardize the grant administration process, from initiating the grant agreement to its finalization. Ensure all CHWI personnel involved in grant administration have taken the grant management training provided by Learning Central.	The Vice President of Finance and Administration for Health and Health Sciences agrees with IA findings and will take the following actions: Work with the HSC Contract and Grant Accounting Office to determine appropriate action for unallowable costs charged to Health Literacy and EITC grant funds. Review internal controls for CHWI grant management and consider training and revision to CHWI's approval process to ensure segregation of duties among the Program Operations Director, Principal Investigators, Program Managers, and accounting personnel. Develop formal departmental operating procedures to standardize the grant process from initiation through finalization, ensuring consistency and compliance. Ensure that all CHWI personnel involved in grant administration complete the grant management training provided through Learning Central to reinforce policy adherence and best practices.	6/30/2026	Corrective action not yet due.	Jason Galloway, Chief Financial Services Ofcr

**Follow Up Report - Pending
February 17, 2026 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
10	<u>Community Health Worker Initiatives</u>	8/19/2025, 7, M	<u>Recommendation 3 - Unspent Fund</u>	Implement and enforce processes to ensure unspent grant funds at the end of grant periods are de-obligated and returned to the funding agency. Processes should also ensure adequate procedures are in place to apply for unused funds, either in a new grant award or as an amendment to an existing open grant.	The Vice President of Finance and Administration for Health and Health Sciences will implement the following actions: Establish and enforce grant closeout processes for CHWI to ensure unspent grant funds are properly de-obligated during closeout. Procedures will be developed to support applications for unused funds through new awards or amendments to existing grants. Provide specific training to CHWI employees and management on the new processes and regulatory requirements related to grant closeout. Review CHWI segregation of duties in the grant accounting roles and provide recommendations to strengthen internal controls where possible. Implement clear procedures for reporting unspent grant funds to the appropriate offices.	6/30/2026	Corrective action not yet due.	Jason Galloway, Chief Financial Services Ofcr
11	<u>Community Health Worker Initiatives</u>	8/19/2025, 7, M	<u>Recommendation 4 - Pathway Partners Business Purpose</u>	Develop Standard Operating Procedures (SOPs) for billing and reconciliation processes surrounding Pathways to ensure that the billing information aligns with both the general ledger and the actual invoices issued by the vendor. Provide training to ensure that CHWI employees understand and fulfill their responsibilities effectively in Pathways billing procedures. Training should include a demonstration of the purpose and administration of the Bernalillo County system for Pathways business activity. Ensure adequate documentation supporting business activity and billing for Pathways is maintained by CHWI and readily available for review.	The Vice President of Finance and Administration for Health and Health Sciences agrees with IA's findings and acknowledges the need to strengthen billing and reconciliation processes for the Pathways program and will take the following steps to address the recommendations: To improve alignment between vendor invoices, the general ledger, and billing records, CHWI will develop comprehensive Standard Operating Procedures (SOPs) that clearly define roles, timelines, and reconciliation checkpoints. These SOPs will be designed to ensure consistency, accuracy, and transparency across all billing activities. In support of these procedures, CHWI staff will receive targeted training that not only covers billing responsibilities but also includes hands-on instruction in the Bernalillo County system used for Pathways business activity. This will help ensure staff understand both the technical and operational context of their work. To reinforce accountability, CHWI will implement a documentation protocol that ensures all billing and business activity records are systematically maintained and readily accessible for internal and external review. This will support audit readiness and promote confidence in the program's financial practices.	6/30/2026	Corrective action not yet due.	Jason Galloway, Chief Financial Services Ofcr

**Follow Up Report - Pending
February 17, 2026 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
12	<u>Community Health Worker Initiatives</u>	8/19/2025, 7, M	<u>Recommendation 5 - Reconciliation of Actual Expenditures to Approved Sponsor Budgets</u>	Implement a process for reconciling approved budgets per grant agreements with the amount entered into Banner at the beginning of the award period and for each fiscal year. Implement formal approval procedures for grant budgets and establish standardized budgeting policies and procedures.	The Vice President of Finance and Administration for Health and Health Sciences agrees with IA's findings and recognizes the importance of strengthening budget oversight and consistency within the CHWI program. To address the recommendations, a multi-phase approach will be implemented to improve budget integrity and operational accountability. A reconciliation framework will be developed to ensure that approved grant budgets are accurately reflected in Banner at the start of each award period and updated annually. This process will include validation checkpoints and coordination with the HSC Contract and Grant Accounting Office to ensure alignment with grant agreements. To formalize budget governance, standardized policies and procedures will be established for budget development, approval, and monitoring. These will be supported by clearly defined roles and responsibilities across CHWI personnel, ensuring transparency and accountability throughout the budget lifecycle—from planning to execution. In addition, a targeted training initiative will be launched to build budgeting competencies among CHWI staff. This program will emphasize the importance of comparing actual expenditures to budgeted amounts in Banner and will promote proactive financial management practices.	6/30/2026	Corrective action not yet due.	Jason Galloway, Chief Financial Services Ofcr

**Follow Up Report - Pending
February 17, 2026 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
13	<u>Community Health Worker Initiatives</u>	8/19/2025, 7, M	<u>Recommendation 6 - Management of Participant Incentives</u>	Designate a gift card custodian (someone who is not involved in purchasing or approving gift card purchases) to maintain a gift card log that keeps track of gift card distributions. The gift card log should include, at a minimum, the recipient's name or study subject, ID number, date of payment, purpose of payment, gift card serial number, payment amount, and the recipient's signature/initials (or email address for electronic cards).	The Vice President of Finance and Administration for Health and Health Sciences acknowledges the need to strengthen controls surrounding gift card distribution and address the identified unallowable costs charged to the Health Literacy and EITC grants. The Office of the Vice President of Finance and Administration for Health and Health Sciences will work with CHWI to create, document and implement a revised SOP for gift card management protocol that includes the designation of a custodian independent of purchasing and approval functions. This role will be responsible for maintaining a detailed distribution log that captures all required recipient and transaction information, ensuring traceability and audit readiness. For electronic gift cards, appropriate digital documentation will be collected to verify receipt. The Office of the Vice President of Finance and Administration for Health and Health Sciences will collaborate with the HSC Contract and Grant Accounting Office to review the unallowable charges and determine appropriate corrective actions. This may include reclassification of expenses, reimbursement, or other measures consistent with UNM policy and federal grant requirements.	6/30/2026		Jason Galloway, Chief Financial Services Ofcr

**Follow Up Report - Pending
February 17, 2026 Open Session**

No	Project Name	Report Approval Date, # of Recommendations, Risk (H/M/L)	Recommendation Title	Executive Recommendation	Management Response	Estimated Implementation Date	Last Status Update	Responsible Party
14	<u>Community Health Worker Initiatives</u>	8/19/2025, 7, M	<u>Recommendation 7 - Lack of Parking Permit Logs</u>	Develop a Standard Operating Procedure for the maintenance of guest parking permits, including parking permit logs that include the permit number, name, and signature of the user, purpose of the visit, date, and signed/out time.	The Vice President of Finance and Administration for Health and Health Sciences recognizes the importance of improving oversight and documentation related to guest parking permits within CHWI operations. To enhance accountability and ensure proper tracking, the Office of the Vice President of Finance and Administration for Health and Health Sciences will work with CHWI to implement a formal procedure for managing guest parking permits. This will include a structured logging system that captures essential details of each permit's use and establishes clear responsibilities for issuing, recording, and reconciling permits. The process will be designed to minimize risk of misuse and ensure that all permits are accounted for in a timely and verifiable manner. The Office of the Vice President of Finance and Administration for Health and Health Sciences will also work with CHWI to develop reconciliation practices to ensure that permit logs are regularly reviewed against the inventory of active permits. This will support operational transparency and readiness for internal or external review.	6/30/2026		Jason Galloway, Chief Financial Services Ofcr

**MEETING
ADJOURNMENT**