



# UNIVERSITY OF Nebraska

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University of Nebraska-Lincoln • University of Nebraska Medical Center • University of Nebraska at Omaha • University of Nebraska at Kearney

## Internal Audit and Advisory Services

### Annual Report

For the Year Ended June 30, 2025

### Including Audit and Strategic Plans

For the Year Beginning July 1, 2025

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For Presentation to the University of Nebraska Board of Regents Audit, Risk, and Compliance Committee  
August 2025

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President Gold and Members of the University of Nebraska Board of Regents Audit, Risk, and Compliance Committee (Committee),

On behalf of Internal Audit and Advisory Services (Internal Audit or IAAS), I am pleased to present the Annual Report for the Fiscal Year ending June 30, 2025.

The mission of IAAS is to provide the Board of Regents and management with independent, risk-based, and objective assurance, advice, insight, and foresight designed to add value and improve the operations of the University. We partner with the University to accomplish its objectives by bringing a systematic, disciplined approach to evaluating and improving the effectiveness and efficiency of risk management, control, and governance processes.

This Annual Report describes the scope and results of our activities, metrics, accomplishments, and other measures of our performance. Selected highlights include:

- completing twelve projects during the year and providing reports to the Committee;
- assisting in the development of the University's annual risk assessment, performing interviews, coordinating the campus risk assessments, and continuing the standardization of the University-wide risk assessment; and
- completing implementation of the new Institute of Internal Audits (IIA) *Global Internal Audit Standards (Standards)* and its *International Professional Practice Framework*.

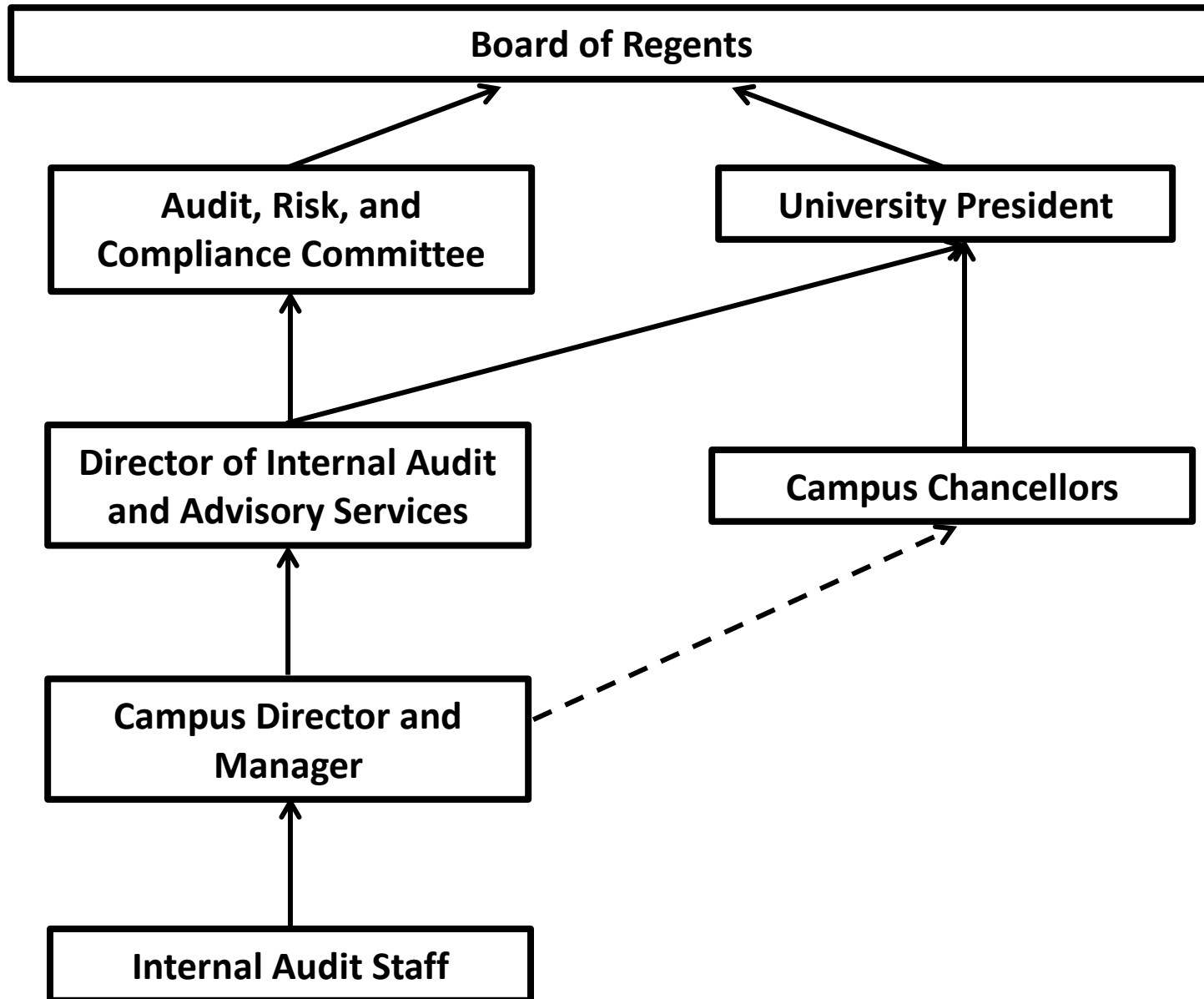
The *Standards* require that we make several disclosures to you, which are included in this report; however, please note that:

- each individual project was risk-driven; and
- all projects were conducted in accordance with the IIA *Standards*.

This Annual Report is intended to demonstrate our accountability to you by attesting that the internal audit function is operating as intended.

Respectfully,

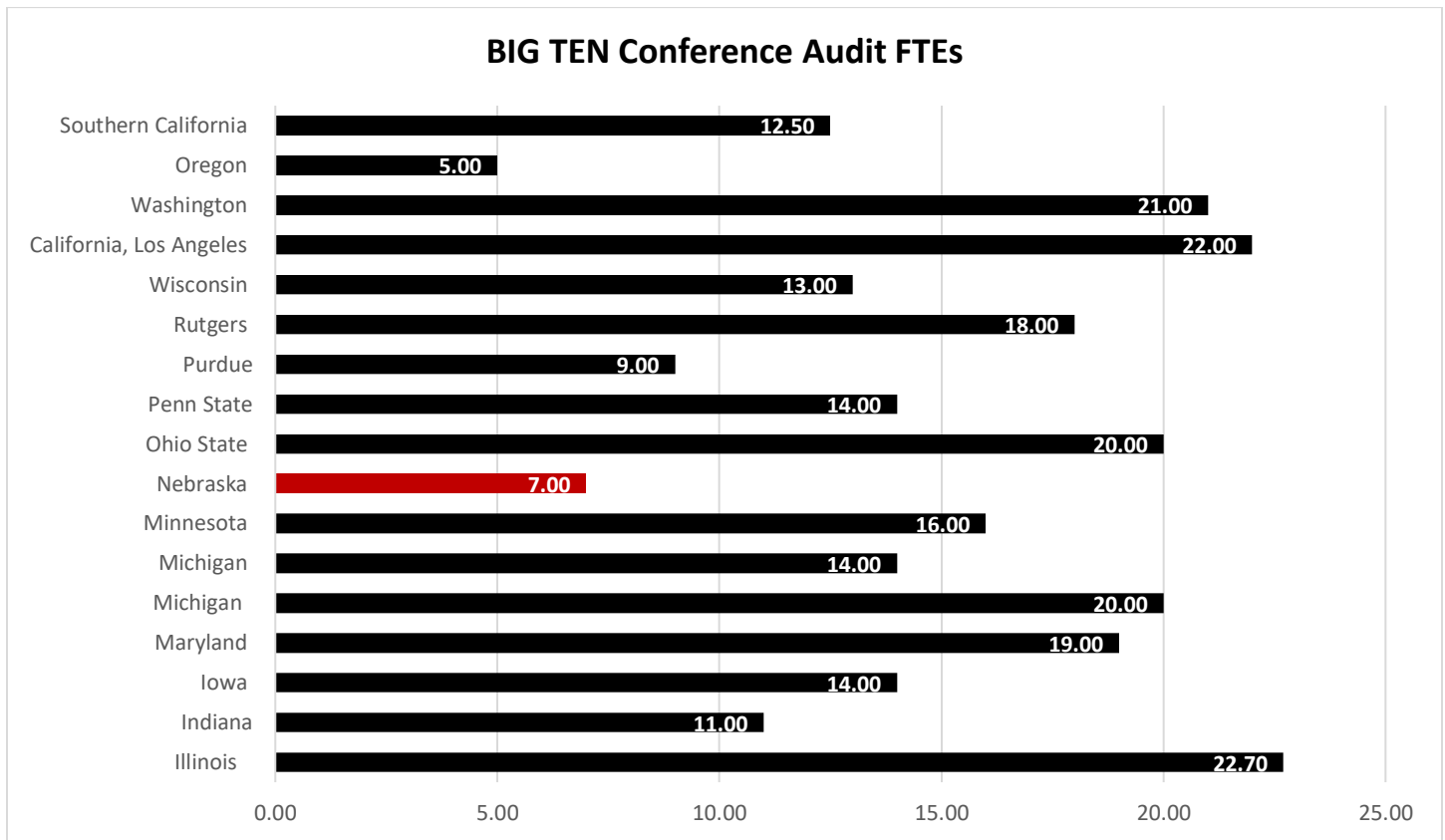
Michael D. Justus, CPA  
Director of Internal Audit and Advisory Services



**Summary of Prior Fiscal Year**

Internal Audit completed its fifteenth year with an Audit Plan based on the campus risk assessments, which were approved by the Audit Committee at the August 2024 Audit Committee meeting.

As with all University departments, resources are limited and must be applied thoughtfully to ensure the maximum contribution and benefit possible toward achieving the University’s vision and objectives. The University’s internal audit department is the second smallest in the Big Ten Conference at seven full-time equivalents, or FTEs (Director and six staff). The only smaller audit departments are Purdue and Oregon; Northwestern has three staff and is building their team, but they outsource the majority of their work. Excluding Northwestern and Nebraska, the average FTE count in the Big Ten is 15.7 (based on the Fall 2024 survey), as displayed in the table below.



Additionally, each University audit staff member needs to cover about \$532 million of the University’s budget and about 7,600 of the University’s students (based on the Budget for Fiscal Year 2025), as shown in the table below. The budget coverage per audit staff has nearly doubled since Fiscal Year 2019.

| Internal Audit FTE Statistics for Fiscal Year (FY) 2025 |                 |                 |                 |                 |                 |                 |                 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Description   | FY 2025         | FY 2024         | FY 2023         | FY 2022         | FY 2021         | FY 2020         | FY 2019         |
| NU Budget   | \$3,463,166,532 | \$3,312,068,598 | \$3,071,039,299 | \$2,834,954,777 | \$2,706,482,541 | \$2,711,428,116 | \$2,643,498,168 |
| NU Students (as of Fall Semester)                       | 49,749          | 49,415          | 49,567          | 50,677          | 51,706          | 51,175          | 51,835          |
| IAAS Staff Hours  | 13,538.75       | 12,035          | 11,626          | 14,095          | 14,465          | 18,210          | 17,341          |
| IAAS Full-Time Equivalent/FTE                           | 6.5             | 5.8             | 5.6             | 6.8             | 7.0             | 8.8             | 8.3             |

|                              |                    |                      |                      |                      |                      |                      |                      |
|------------------------------|--------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>Budget per IAAS FTE</b>   | <b>532,058,155</b> | <b>\$572,410,425</b> | <b>\$549,437,618</b> | <b>\$418,354,447</b> | <b>\$389,179,653</b> | <b>\$309,707,330</b> | <b>\$317,079,533</b> |
| <b>Students per IAAS FTE</b> | <b>7,643</b>       | <b>8,540</b>         | <b>8,868</b>         | <b>7,478</b>         | <b>7,435</b>         | <b>5,845</b>         | <b>6,217</b>         |

Key accomplishments during the year included again attaining an average of 80 training hours per auditor (all auditors, except our newest, hold one or more professional certifications that require continuing education), completing work on a revised Policy and Procedures Manual to include the new 2025 IIA Standards, providing consulting on a management request for Student Fees, resulting in the Committee requesting similar projects on all four campus Fund A and B spending.

Other projects consisted of investigations for potential fraud, waste or fiscal misconduct; monitoring of EthicsPoint: reviews of Information Technology (IT) policy; consulting on business processes and internal controls; continued development of the risk assessment process and annual risk assessments; research on various subjects to support management; and correspondence and meetings with the University’s various external auditors. The chart below reflects our activity against the FY 2025 Audit Plan.

| <b>Internal Audit Plan Project Achievement for Fiscal Year (FY) 2025</b> |                   |                  |                              |                       |                        |                           |                                |                                   |
|--|-------------------|------------------|------------------------------|-----------------------|------------------------|---------------------------|--------------------------------|-----------------------------------|
| <b>Activity Description</b>  | <b>Audit Plan</b> | <b>Completed</b> | <b>Deferred (past FY 26)</b> | <b>Planning Stage</b> | <b>Fieldwork Stage</b> | <b>Draft Report Stage</b> | <b>Carried Forward (FY 26)</b> | <b>Eliminated or Risk Lowered</b> |
| Audits/ Reviews  | 17                | 7                | 7                            | 1                     | 1                      | -                         | -                              | 1                                 |
| Follow-Ups   | 13                | -                | -                            | -                     | 1                      | 2                         | 10                             | -                                 |
| Management Requests  | 1                 | 2                | -                            | -                     | -                      | 1                         | -                              | -                                 |
| Fraud and Consulting   | -                 | 3                | -                            | -                     | -                      | -                         | -                              | -                                 |
| <b>Total</b>   | <b>31</b>         | <b>12</b>        | <b>7</b>                     | <b>1</b>              | <b>2</b>               | <b>3</b>                  | <b>10</b>                      | <b>1</b>                          |

We completed a little more than a third of the Audit Plan. Ten projects were carried forward to FY 2026 and 7 deferred past it. This was primarily due to the large amount of project time dedicated to the Whistleblower complaint and the emphasis on Student Fee projects superseding the Audit Plan. Since every audit we conduct is the first time it has ever been audited, we nearly always have additional work in helping the departments clean up processes.

## **Mandatory Disclosures (based on the IIA Standards)**

1. Internal Audit's activity, purpose, authority, and responsibility, as defined in the University of Nebraska Internal Audit Charter, continues to be adequate to enable the activity to accomplish its objectives. The Committee will review minor updates to our Charter in 2026.
2. We do not believe there are any issues regarding organizational independence as of June 30, 2025.
3. The Director of Internal Audit and Advisory Services (Director) met with the Audit Committee in Executive/Private Session once during Fiscal Year 2025. However, there was an opportunity for an Executive/Private Session at each meeting if it had been deemed necessary.
4. The IIA *Standards* require the disclosure of any *known weaknesses* in Internal Audit's proficiency. We have identified a single known weakness in proficiency, the lack of an identified IT auditor on staff. We have the skillset, but not the title for the position. We have also attempted to work with ITS on outsourcing certain projects to alleviate this deficiency, such as the Level 42 Pen Test presented at the June meeting.
5. The IIA definition of Internal Audit, the Code of Ethics, and the *Standards* are included by reference in our Internal Audit Charter.
6. **Resource limitations do exist.** As mentioned previously, the staff size for the University is too small, which makes it impossible to address all high-risk issues identified by management during the risk assessment. Our system's operations are no different than those at Ohio State University or the University of Michigan in complexity and breadth, only in size/dollars, and perhaps not even in size when one considers our four-campus system and special entities.
7. The Director coordinates with the General Counsel's Office, as necessary, on assurance issues (general compliance such as Title IX and conflict of interest). The Director also communicates with the compliance contacts for each campus and Central Administration, though there is little coordination as those functions are NOT resourced to do any compliance assurance work.
8. The Standards require that the CAE review the Governance, Risk Management, and Control Processes of the University and report any weaknesses. The **identified weaknesses** include IT Governance, discussed with the Committee and identified in the Tracking Document, and monitoring of the identified risks.

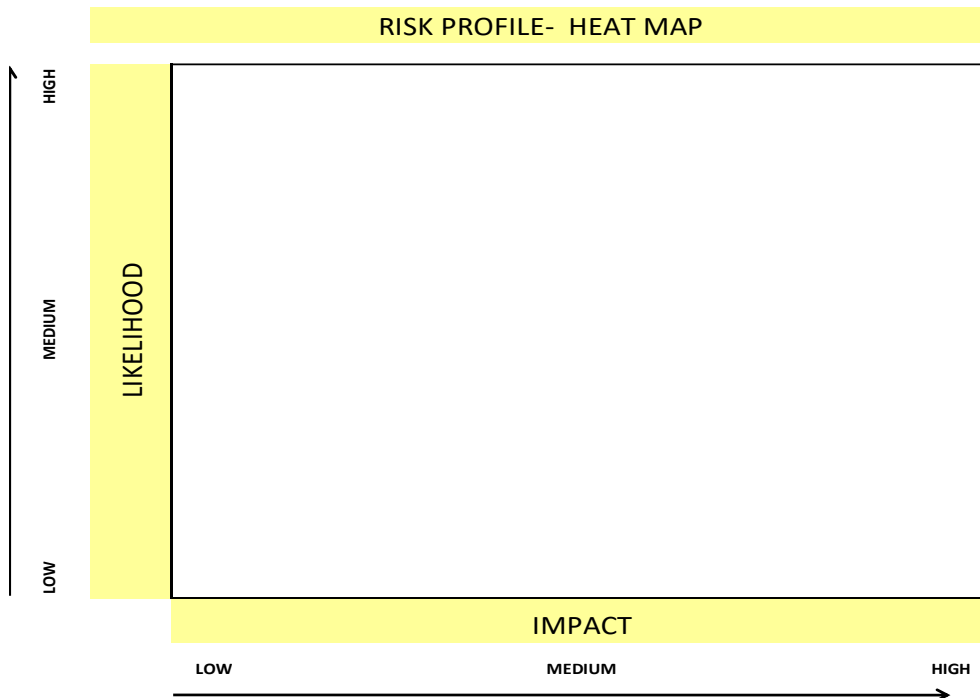
## Risk Assessment Process

Internal Audit assisted management in conducting a risk assessment of the University in March through June of this year. The risk assessment process allows management to focus on key issues and enhance decision making, allows for a more effective use of University resources, and provides information to develop an internal audit plan.

The Audit Committee agreed to use the Committee of Sponsoring Organizations of the Treadway Commission (COSO) as the framework for the risk assessment discussion. The COSO standard has not been adopted as the internal control framework itself. Internal Audit performed the assessment by interviewing selected individuals from administration at each campus.

Internal Audit used COSO's risk definition: "The possibility that an event will occur and adversely affect the achievement of objectives." Internal Audit also emphasized the following COSO categories of risk: compliance, financial reporting, strategic, and operations. Several open-ended questions were asked of each interviewee that centered on objectives, key risks and initiatives, compliance, and controls. The questions not only related to the system-wide and campus levels, but also to the particular area which the interviewee manages. Internal Audit also reviewed the risks identified by the interviewee during the previous year's interview.

The residual risks identified in the interviews were then plotted on a "heat map" (see example below) during the interview based on the likelihood of the risk occurring and the impact the risk would have on the University.



Internal Audit also assisted management by preparing a system-level risk assessment using the work prepared and the final risk assessments completed by each of the campuses. Finally, this overall assessment was shared with the President, who modified the results to be consistent with his assessment. The final Audit Plan is based on the President's risk assessment.

## President's Current Fiscal Year's Top Ten Risks

| <b>Rank</b> | <b>Identified Risk</b>                        | <b>Risk Description</b>   |
|-------------|---|---|
| <b>1</b>    | <b>Defining Extraordinary Higher Ed</b>       | The University must determine how best to define extraordinary and set strategies and realign budgets and culture to move forward with this goal. Additional investment is necessary to remain competitive with our Big Ten and national peers and elevate the University's stature in pursuit of AAU membership. This includes multiple areas of academic excellence across the educational and research missions such as improving student retention, graduation rates, research productivity, and faculty recognition.   |
| <b>2</b>    | <b>National Higher Ed Landscape Impact</b>    | Significant shifts in the national higher education landscape—such as declining college-age populations, increased competition from alternative credential providers, evolving federal and state policies, public skepticism about the value of a degree, and changing student expectations—may adversely affect the University's enrollment, funding, reputation, and long-term viability.   |
| <b>3</b>    | <b>Perceived Value of Higher Education</b>    | There is national perception on whether a four-year degree is worth the investment of time, talent, and treasure. The view of higher education at the Federal, State, and local levels affects long-term enrollment, workforce, and funding of the University.  |
| <b>4</b>    | <b>Program and Revenue Diversification</b>    | Failure to expand or adapt academic programs and revenue streams in response to evolving market demands, student needs, and financial pressures may limit the University's resilience, relevance, and long-term financial sustainability. These include things such as Limited development of non-degree, online, or continuing education programs, slow adaptation to labor market trends and student demand, underdeveloped partnerships or philanthropic strategies, and inadequate infrastructure to support new delivery models or business ventures.  |
| <b>5</b>    | <b>Academic Innovation &amp; Excellence</b>   | Inability to maintain academic excellence or to innovate in curriculum design, teaching methods, and research practices may erode the University's academic reputation, diminish student outcomes, and reduce its ability to attract and retain top faculty, students, and funding.   |
| <b>6</b>    | <b>Talent Recruitment &amp; Retention</b>     | The current job market has made recruiting employees more time-consuming and more expensive as remote work has made staffing a national market in most cases. There is a need for a compensation strategy to keep the University market relevant, an employer of choice and to retain our existing employees. This risk impacts employee workload, morale, and in many ways, our academic excellence.   |
| <b>7</b>    | <b>Athletics' National Landscape</b>          | NU campus athletics is being impacted by the quickly changing landscape in college athletics and brings uncertainty with budget and recruiting going forward. This is particularly true as the result of legal settlements, revenue sharing, student athlete transfers, aging infrastructure, and the sustainability of long-standing revenue models.   |
| <b>8</b>    | <b>University Leadership Transitions</b>      | A number of key leadership positions have been or are in the process of being filled. The historical and operational knowledge regarding the University takes time to rebuild. These changes will be built upon timely and broad-based exploration of strategic structural best practices and will be driven by our vision and strategies. Timely resolution and transparent communications will minimize campus uncertainties.   |
| <b>9</b>    | <b>IT Infrastructure &amp; Cyber Security</b> | Information sharing and security is critical to academic growth, ongoing operations, and fulfilling our academic mission. Data security risks are increasing as more data is transported/stored in the cloud and as online working and learning is more routine. There is a lack of unified IT network segmentation to support the University structure and cyber security standards and accountability. It is impossible to fully monitor/control the number of daily cyber security threats. IT scale and automation are necessary to keep up with continued threat demands. IT Support and good customer relations are essential as is the continuous evaluation/implementation of new and effective technology. |
| <b>10</b>   | <b>Mental Health and Well-Being</b>           | The mental health of everyone on the campuses (faculty, staff, students, visitors) continues to be fragile. People are exhausted, discouraged, and concerned about the impacts of existential forces, leadership transitions, budget, etc. National trends show employee and student well-being is increasingly challenged. Our ability to successfully destigmatize traditionally difficult discussions of mental wellness and stress needs to continue to improve as does our ability to prevent the associated academic and personal outcomes associated with mental health concerns.  |

## 2025-2026 Draft Annual Audit Plan

Our proposed Annual Audit Plan is detailed below.

| <u>Carryover Audit Work</u> | <u>Description</u>  | <u>Planned Hours</u> | <u>Timeline</u> |
|-----------------------------|---|----------------------|-----------------|
| UNK Fund B Student Fees     | A review of the use of Fund B student fees at UNK.  | 300                  | Q1              |
| UNL Fund B Student Fees     | A review of the use of Fund B student fees at UNL.  | 450                  | Q1              |
| UNMC Fund B Student Fees    | A review of the use of Fund B student fees at UNMC.   | 300                  | Q1              |
| UNO Fund B Student Fees     | A review of the use of Fund B student fees at UNO.  | 300                  | Q1              |
| UNL Weapons and Ammunition  | A review of the inventory policies and procedures over weapons and ammunition at UNLPD and other locations. | 600                  | Q3              |

| <u>New Projects</u>       | <u>Additional Details</u>   | <u>Planned Hours</u> | <u>Timeline</u> |
|---------------------------|---|----------------------|-----------------|
| Intern Projects Oversight | Planning for the Intern's projects so they can complete the work.   | 130                  | Various         |
| Nebraska Forest Service   | We want to perform a departmental level project so we can use the outline to have the intern perform more of these types of projects. | 500                  | Q2              |
| Exit Interviews at UNL    | Review the process for obtaining, documenting, and accumulating information from employee exit interviews.                            | 300                  | Q4              |
| Exit Interviews at UNO    | Review the process for obtaining, documenting, and accumulating information from employee exit interviews.                            | 300                  | Q4              |

| <u>Follow-up from Prior Projects</u> | <u>Additional Details</u>                   | <u>Planned Hours</u> | <u>Timeline</u> |
|--------------------------------------|---|----------------------|-----------------|
| UNO Tuition Remissions               | Follow-up to our previous work at UNO.      | 800                  | Q3              |
| UNK Tuition Remissions               | Follow-up to our previous work at UNK.      | 400                  | Q3              |
| UNL Tuition Remissions               | Follow-up to our previous work at UNL.      | 600                  | Q3              |
| UNMC Tuition Remissions              | Follow-up to our previous work at UNMC.     | 400                  | Q3              |
| Munroe-Meyer                         | Follow-up to our previous work at MMI.      | 440                  | Q4              |
| UNO/UNMC Weapons and Ammunition      | Follow-up to our previous work at UNO/UNMC. | 350                  | Q4              |

|                                    |  |     |    |
|------------------------------------|--|-----|----|
| National Science Foundation at UNL | Follow-up on the work performed by an external auditor for the federal agency to assure the Committee that management has implemented meaningful change. | 250 | Q4 |
| UNL Food and Housing               | Follow-up to our previous work on UNL Covid Funds.   | 150 | Q4 |

| <u>Management/Fraud</u>    | <u>Additional Details</u>                        | <u>Planned Hours</u> | <u>Timeline</u> |
|----------------------------|--|----------------------|-----------------|
| Management Requests        | Hours to be used for Management Requests.        | 280                  | As needed       |
| Fraud Projects             | Hours to be used for unanticipated fraud issues. | 280                  | As needed       |
| P2P Ethics Point Complaint |  |                      | As time allows  |

## **Beyond the Audit Plan**

Below is a list of processes we are NOT able to include in the Audit Plan. Our intent in identifying these processes is for you to be aware of the many areas of the University which are not subject to review by our internal audit team. These areas include:

### **Operating Revenues**

- Tuition and Fees
  - Tech fees, admissions process (recruiting and exception process, needs and demands of future students), retention rates (processes and programs in place), graduation rates, gross tuition (differential tuition [i.e., Career Currency at UNO], online tuition, online/distance education strategy and mission, refunds, internal and external scholarships, cash payments)
- Federal, Private, and State Grants and Contracts
  - Grant submission process, sub awards, grant monitoring process (including effort reporting), grant closeout process (including transfers), fringe benefit rates (private and state grants only)
- Sales and Services of Educational Activities (dual credit courses, non-athletic camps, extension)
- Sales and Services of Healthcare Activities/Operations (student health centers)
- Sales and Services of Auxiliary Segments (housing/rental units [including future demands], food services, print services, campus recreation, bookstores, athletic camps, computer and telephone sales, dairy store)
- Other Operating Revenue (i.e., Pepsi contract)
- Reconciliations (bank transfers and payroll, Foundation and NU transfers, UTDC and NU transfers, SAP and State system, SAP and CashNet, SAP and bond trustee transfers, SAP, and student loans)
- Student mental health operations, hospital/clinical joint ventures, operating agreements with UNMC/hospitals and clinics

### **Operating Expenses**

- Compensation and Benefits
  - Faculty and administrative hiring process, tenure, onboarding (training, benefits enrollment), non-July 1 salary increases, payroll processing (reports, monthly reviews, bank accounts, bank transfers, total reconciling, emergency payroll), classifications and rates of pay (including market rates and additional pay deductions), job descriptions and evaluations/fitness for duty (including title changes, promotion process, reclassifications, contractor vs. employee), employee recognition programs and wellness, employee development (including succession planning and ongoing/positional training and tracking), grievances and other notes to the file, separations (RIF, reasoning, IDs, keys, PCards, deaths, SSN review), coach/employment contracts, HR/payroll compliance (i.e., tax treaties, working remotely across campuses consistently), diversity planning and reporting, pay equity, payroll imprest fund process, faculty workload and overload structure, remote work applications, retention/incentive award program, third-party payroll services (Kelly Services), and comparable states listings/identification.
  - COVID-19 administrative leave, health and dental plan, vision, disability, pharmacy, retirement (Fidelity and TIAA), EAP program, moving expenses, life insurance, spouse/dependent life insurance, long-term care insurance, leave (sick, vacation, etc.), total comp/comp strategy, FSA (health and dependent care) and HSA, FMLA, Employee Remissions program, COBRA
- Repairs and Maintenance (maintenance operations – auto repair shops and inventory, key shop, landscape services operation and inventory, facilities operations, and inventory)
- Cash on Hand (change funds/petty cash)
- Supplies and Materials (eShop-vs. non-eShop [i.e., Athletics, Amazon, etc.], PCards and TCards, Procurement organization, ghost cards)
- Inventory (annual inventory process, fuel inventory, research animals, livestock, hazardous chemicals, vehicle inventory/fleet management), drugs (College of Pharmacy, Student Health Ctr., etc.)
- Accounts Receivable (new SAP process)
- Contractual Services

- IT, marketing expenses, legal expenses, external affairs (lobbying), China/foreign travel, general liability trust fund/insurance programs, self-insurance fund (building and auto), other insurance (i.e., travel, student health, directors, and officers, etc.), leases, SaaS contracts, property leases (Scott Properties, etc.), contract management (non-routine payments [wire transfers] and signature authority), minority/women business enterprises
- Utility Operations (generator inventory, security [physical and application], UNK and UNL Steam and Chillers and Solar, UNMC Steam and Electrical, UNO Central Utility Plant)
- Depreciation (capital additions, capital removals from service, annual inventory of capital equipment)
- Scholarships and Fellowships (graduate fellowships)

#### Non-Operating Revenues and Expenses

- State Appropriations (Programs of Excellence funds use), Federal Grants, Gifts (including transfers to/from the Foundation), Investment Income (investment purchases and sales, Foundation agreement – comparison to market), Interest on Bond Obligations (bond issuance, payments, and extinguishment), Equity in Joint Venture
- Other Revenue, Expenses, Gains, and Losses (Transfers in/out of SAP, State of Nebraska Capital Appropriations, Capital Grants and Gifts, Endowments, Construction Process [bidding to production])
- Artwork and Other Collections/Inventory
  - Museums (i.e., Larsen Tractor Museum, Dental Museum, Elephant Hall), library collections, art collections (i.e., MONA, Cancer Center, Samuel Bak Collection), musical instruments, athletic awards and memorabilia, drugs inventory (College of Pharmacy, Student Health Centers)
- Taxes (excess compensation, unrelated business income, quarterly payroll, 1098-T, 990s, income tax earned in states other than Nebraska)

#### Other Processes and Risk Considerations

- Financial Management Issues
  - Ability to Monitor and Track Employees and Students, Alignment of Finance with Board and U-wide Strategic Priorities, Budgeting and Forecasting, Capital Planning Process, Cash Flow Monitoring, Debt and Credit Ratings (Moody's, etc.), Deferred Maintenance Backlog Maintenance Program and New Projects (LB588), Deferred Maintenance Central Maintenance Fund (LB588), Emergency Preparedness (not just IT related), Endowment/Investment Management (Foundation - Divestment, etc.), Facilities Planning, Facilities Operations (current floor plans, etc.), Faculty and Staff Retention Programs, Financial Reporting (identification and implementation of new standards), Key Performance Indicators (measures against competition), Late Fees Assessed to Students, Marketing Programs and Expenditures, Monitoring of Unit Fiscal Stewardship, Organizational Structure (decentralization), Oversight/Monitoring of International Operations, Pcard Process, Real Estate Management, Reorganizations (P2P, ITS, etc.), Revenue Enhancement, Risk Management (insurance - property, buildings, student health, etc.), Student Loans (Perkins), Supplier Concentration (sole source, limited suppliers, supplier diversity), Third Party Services Providers (not just SOC situations), Use of Foundation Funds, Vendor Setup
- Athletics and Athletics Compliance
  - Sponsorships/Licensing/Streaming, Concessions, TV Revenue, Guarantees, Camps/Outside Events, Merchandise, Baxter Arena, Fundraising, Coaching Contracts/Outside Activities/Time and Leave Use, Facilities Usage (including rentals)/Facilities Upkeep, Academic Support, Concussions/Student Health, Event Safety Programs, Team Travel, Name/Image/Likeness, Athletic Training (medical malpractice), Athletic Equipment
  - Title IX Gender Equity, Recruiting, Camps and Clinics, Amateurism, Commitment of Personnel to Rules-Compliance Activities
- Governance (Strategy, ERM, Ethics, Compliance, Org Accountability, Monitoring, Campus Culture)
- Student Organizations/Alumni Organizations/Fraternities and Sororities (GASB 84 Implementation, Alcohol and Drug Use/Programs, Career Services, Alumni Relations, Finances, Student Legal Services, Newspapers)

- Public/Private Partnerships
  - UNK - University Village, including agreements with Kearney; UNL - NICDC and NUCorp; UNMC - MCDC, UNeMed, UNeTech, and UNeHealth; UNO - PKIDC; UNCA - UTDC, NUTech Ventures, NSRI, and NDRC; NeXT; NSWERS.
- Institutes (Water for Food, Buffett Early Childhood, Rural Futures, Nebraska Safety Center)
- Campus Safety
  - Active Threat/Shooter, Building Safety and Accessibility (master keys, ability to close down campus, small appliances, etc.), Campus Grounds Safety and Lighting (video cameras, blue light phones, etc.), Campus Security Structure (armed or unarmed police, safety employee vs. rent, etc.), Clery Act/Safety Reporting, Discrimination (gender, race, religion, political, etc.), Dorm and Fire Safety, Drug and Alcohol Issues, Emergency Preparedness, Employee and Student Training, Greek Housing, Health (COVID-19/return to campus), Medical/Clinical Operations (medical malpractice), Policy Creation and Review Process (pets, technology, etc.), Sexual Assault, Stadium/Large Event Security, Student Activism, Student Judiciary/Government, Student Mental Health Support, Suicide Prevention, Traffic Safety, Youth on Campus, Medical Malpractice, Athletic Training (medical malpractice), Ice Rinks (UNMC and UNL Breslow), Use of License Plate Readers
- Compliance
  - 16 CFR 314 Standards for Safeguarding Consumer Information, Accreditation, ADA, Animal Research Subjects (IACUC), Anti-Corruption and FCPA, Building and Fire Codes, Clery Act, Compliance Charter, Compliance with NIST (FISMA or others as applicable), Consensual Relationships Policy, Effort Reporting, Environmental Health and Safety/Lab Safety, Export Controls, FERPA, Financial Aid Compliance (part of Uniform Guidance work), Foreign Influence, Graham Leach Bliley, Hazardous Materials Handling, Higher Education Opportunity Act, HIPAA, Intellectual Property/Tech Transfer Process, IRB, Leadership Travel, Minority/Women Business Enterprises, Minors on Campus, Radiation and Laser Safety, Record Retention Policies and Compliance, Research Integrity and Academic Misconduct Processes, Safety and Wellness Abroad, Student and Visiting Scholars, Student Code of Conduct and Judicial Process, Tax Laws (excise tax, UBIT, bond compliance, payroll – non-resident aliens, other state payroll tax, etc.), Tax Reporting by non-University Entities (UTDC, FACT, etc.), Title IX – Sexual harassment, Tracking/Monitoring Funding from Foreign Governments and Entities, Uniform Guidance Changes, Whistleblower Policy and Procedures/Marketing to Employees, Consolidated Appropriations Act, Medical/Clinical Operations (HIPAA)
- Information Technology
  - University-wide IT Processes, Ability to Harness and Analyze Data (Big Data), Asset Management, Business Continuity/Incident Management, Cloud Computing and SOC Reports, Data Breach Notification and Response, Data Consistency (including integration between applications), Data Use Agreements, Deprovisioning, Disaster Recovery, End User Computing, GDPR Consulting, Identity and Access Management (including privileged access), Integration Engine, IT Strategic Plan, ITS Operations (backup and recovery), Logical Security, Mobile Device Security Plan, Network Architecture, Non-ITS Endpoint Management, Non-ITS Facilities, Penetration Testing, Phishing (including training/exercises), Physical Security (Non-Data Centers), Social Media Policy, Stand-Alone Applications (i.e., CashNet, StarRez), System Development Life Cycle, System Outages (normal), Third-Party Vendor Security (SOC policy), Two-Factor Security, UNMC/NeMed MOU and Operations, Website Security, PCI Compliance
- COVID-19 Related
  - Business Continuity Plan Updates, CARES Act/HEERF Revenues, Compare Faculty Activity Reports/Google to CoI Reports, Contract Language (force majeure), Title IX Training for "Employees" Listed as Affiliates in SAP, Internally Funded Research using IRB/Animals, PCard Purchases (especially deliveries to home addresses), Remote Work Policy, Salaries During "No Raises" Period, Supply Chain, Visiting Scholars Policy, Federal Award Use for Students
- Academic (academic or research misconduct allegations process, tenure revocation process, campus climate surveys, program reviews process, cost/benefit by class)

## **Appendix A: Staff Listing and Credentials**

### **MICHAEL JUSTUS, Director of Internal Audit and Advisory Services**

Bachelor of Arts in Business Administration  
Emphasis in Accounting  
Certified Public Accountant  
41 Years Audit Experience \* 24 Years with the University

### **BARBARA BREY, UNMC Campus Director**

Bachelor of Science in Business Administration  
Emphasis in Accounting  
Certified Public Accountant and Certified Internal Auditor  
31 Years Audit Experience \* 10 Years with the University

### **STEPHANIE TODD, Manager**

Bachelor of Science in Business Administration  
Emphases in Accounting and Finance  
Certified Public Accountant, Certified Internal Auditor, and Certified Fraud Examiner  
17 Years Audit Experience \* 5 Years with the University

### **DIANE HOLTORF, Senior Auditor**

Bachelor of Science in Business Management  
Certified Public Accountant  
28 Years Audit Experience \* 5 Years with the University

### **RUBBY IBE-IKECHI, Senior Analyst**

Master of Science in Business Intelligence & Analytics  
Certified Internal Auditor, Certified Information Systems Auditor, ISO 27001 Lead Auditor  
12 Years Audit Experience \* 2 Year with the University

### **SARA LEBER, Senior Auditor**

Bachelor of Science in Business Administration  
Certified Public Accountant  
17 Years Audit Experience \* 9 Months with the University

### **JOSH SMITH, Senior Analyst**

Bachelor's Degree in Business, Emphasis in Operational Efficiency  
No certifications  
1 1/2 Years Audit Experience \* 7 days with the University

## **Appendix B: Internal Audit Charter**

### **Internal Audit Charter for the University of Nebraska**

#### **Purpose**

The purpose of the internal audit function is to strengthen the University's ability to create, protect, and sustain value by providing the Audit, Risk and Compliance Committee (Audit Committee) and management with independent, risk-based, and objective assurance, advice, insight, and foresight.

The internal audit function, Internal Audit and Advisory Services (IAAS), enhances the University's:

- Successful achievement of its objectives.
- Governance, risk management, and control processes.
- Decision-making and oversight.
- Reputation and credibility with its stakeholders.
- Ability to serve the public interest.

IAAS is most effective when:

- Internal auditing is performed by competent professionals in conformance with the IIA's Global Internal Audit Standards™, which are set in the public interest.
- The internal audit function is independently positioned with direct accountability to the Audit Committee.
- Internal auditors are free from undue influence and committed to making objective assessments.

#### ***Commitment to Adhering to the Global Internal Audit Standards***

The University's internal audit function will adhere to the mandatory elements of The Institute of Internal Auditors' International Professional Practices Framework, which are the Global Internal Audit Standards and Topical Requirements. The chief audit executive will report [periodically](#) to the Audit Committee and senior management regarding the internal audit function's conformance with the Standards, which will be assessed through a quality assurance and improvement program.

#### **Mandate**

##### ***Authority***

The [Audit Committee](#) grants the internal audit function the mandate to provide the Audit Committee and senior management with objective assurance, advice, insight, and foresight.

The internal audit function's authority is created by its direct reporting relationship to the Audit Committee. Such authority allows for unrestricted access to the Audit Committee and board.

The Audit Committee authorizes the internal audit function to:

- Have full and unrestricted access to all functions, data, records, information, physical property, and personnel pertinent to carrying out internal audit responsibilities (the University Technology Development Corporation and its entities, UNeHealth and NSRI Classified Task Orders and related activity are not in the scope/audit universe). Internal auditors are accountable for confidentiality and safeguarding records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques, and issue communications to accomplish the function's objectives.

- Obtain assistance from the necessary personnel of [the University](#) and other specialized services from within or outside the University to complete internal audit services.

### ***Independence, Organizational Position, and Reporting Relationships***

The chief audit executive will be positioned at a level in the University that enables internal audit services and responsibilities to be performed without interference from management, thereby establishing the independence of the internal audit function. The chief audit executive will report functionally to the Audit Committee and administratively (for example, day-to-day operations) to the President. This positioning provides the organizational authority and status to bring matters directly to senior management and escalate matters to the Audit Committee, when necessary, without interference and supports the internal auditors' ability to maintain objectivity.

The Director of Internal Audit and Advisory Services (chief audit executive) will confirm to the Audit Committee, at least annually, the organizational independence of the internal audit function. If the governance structure does not support organizational independence, the chief audit executive will document the characteristics of the governance structure limiting independence and any safeguards employed to achieve the principle of independence. The chief audit executive will disclose to the Audit Committee any interference internal auditors encounter related to the scope, performance, or communication of internal audit work and results. The disclosure will include communicating the implications of such interference on the internal audit function's effectiveness and ability to fulfill its mandate.

### ***Changes to the Mandate and Charter***

Circumstances may justify a follow-up discussion between the chief audit executive, the Audit Committee, and senior management on the internal audit mandate or other aspects of the internal audit charter. Such circumstances may include but are not limited to:

- A significant change in the Global Internal Audit Standards.
- A significant acquisition or reorganization within the organization.
- Significant changes in the chief audit executive, Audit Committee, and/or senior management.
- Significant changes to the organization's strategies, objectives, risk profile, or the environment in which the organization operates.
- New laws or regulations that may affect the nature and/or scope of internal audit services.

## **Chief Audit Executive Roles and Responsibilities**

### ***Ethics and Professionalism***

The chief audit executive will ensure that internal auditors:

- Conform with the Global Internal Audit Standards, including the principles of Ethics and Professionalism: integrity, objectivity, competency, due professional care, and confidentiality.
- Understand, respect, meet, and contribute to the legitimate and ethical expectations of the organization and be able to recognize conduct that is contrary to those expectations.
- Encourage and promote an ethics-based culture in the organization.
- Report organizational behavior that is inconsistent with the organization's ethical expectations, as described in applicable policies and procedures.

## **Objectivity**

The chief audit executive will ensure that the internal audit function remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of engagement selection, scope, procedures, frequency, timing, and communication. If the chief audit executive determines that objectivity may be impaired in fact or appearance, the details of the impairment will be disclosed to appropriate parties.

Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively such that they believe in their work product, do not compromise quality, and do not subordinate their judgment on audit matters to others, either in fact or appearance.

Internal auditors will have no direct operational responsibility or authority over any of the activities they review. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, or engage in other activities that may impair their judgment, including:

- Assessing specific operations for which they had responsibility within the previous year.
- Performing operational duties for the University or its affiliates.
- Initiating or approving transactions external to the internal audit function.
- Directing the activities of any University employee that is not employed by the internal audit function, except to the extent that such employees have been appropriately assigned to internal audit teams or to assist internal auditors.

Internal auditors will:

- Disclose impairments of independence or objectivity, in fact or appearance, to appropriate parties and at least annually, such as the chief audit executive, Audit Committee, management, or others.
- Exhibit professional objectivity in gathering, evaluating, and communicating information.
- Make balanced assessments of all available and relevant facts and circumstances.
- Take necessary precautions to avoid conflicts of interest, bias, and undue influence.

### ***Managing the Internal Audit Function***

The chief audit executive has the responsibility to:

- At least annually, develop a risk-based internal audit plan that considers the input of the Audit Committee and senior management. Discuss the plan with the Audit Committee and senior management and submit the plan to the Audit Committee for review and approval.
- Communicate the impact of resource limitations on the internal audit plan to the Audit Committee and senior management.
- Review and adjust the internal audit plan, as necessary, in response to changes in the University's business, risks, operations, programs, systems, and controls.
- Communicate with the Audit Committee and senior management if there are significant interim changes to the internal audit plan.
- Ensure internal audit engagements are performed, documented, and communicated in accordance with the Global Internal Audit Standards.

- Follow up on engagement findings and confirm the implementation of recommendations or action plans and communicate the results of internal audit services to the Audit Committee and senior management **periodically** and for each engagement as appropriate.
- Ensure the internal audit function collectively possesses or obtains the knowledge, skills, and other competencies needed to meet the requirements of the Global Internal Audit Standards and fulfill the internal audit mandate.
- Identify and consider trends and emerging issues that could impact the University and communicate to the Audit Committee and senior management as appropriate.
- Consider emerging trends and successful practices in internal auditing.
- Establish and ensure adherence to methodologies designed to guide the internal audit function.
- Ensure adherence to the University's relevant policies and procedures unless such policies and procedures conflict with the internal audit charter or the Global Internal Audit Standards. Any such conflicts will be resolved or documented and communicated to the Audit Committee and senior management.
- Coordinate activities and consider relying upon the work of other internal and external providers of assurance and advisory services. If the chief audit executive cannot achieve an appropriate level of coordination, the issue must be communicated to senior management and if necessary escalated to the Audit Committee.

### ***Communication with the Board and Senior Management***

The chief audit executive will report **periodically** to the Audit Committee and senior management regarding:

- The internal audit function's mandate.
- The internal audit plan and performance relative to its plan.
- Internal audit budget.
- Significant revisions to the internal audit plan and budget.
- Potential impairments to independence, including relevant disclosures as applicable.
- Results from the quality assurance and improvement program, which include the internal audit function's conformance with The IIA's Global Internal Audit Standards and action plans to address the internal audit function's deficiencies and opportunities for improvement.
- Significant risk exposures and control issues, including fraud risks, governance issues, and other areas of focus for the Audit Committee.
- Results of assurance and advisory services.
- Resource requirements.
- Management's responses to risk that the internal audit function determines may be unacceptable or acceptance of a risk that is beyond the University's risk appetite.

### ***Quality Assurance and Improvement Program***

The chief audit executive will develop, implement, and maintain a quality assurance and improvement program that covers all aspects of the internal audit function. The program will include external and internal assessments of the internal audit function's conformance with the Global Internal Audit Standards, as well as performance

measurement to assess the internal audit function's progress toward the achievement of its objectives and promotion of continuous improvement. The program also will assess, if applicable, compliance with laws and/or regulations relevant to internal auditing. Also, if applicable, the assessment will include plans to address the internal audit function's deficiencies and opportunities for improvement.

Annually, the chief audit executive will communicate with the Audit Committee and senior management about the internal audit function's quality assurance and improvement program, including the results of internal assessments (ongoing monitoring and periodic self-assessments) and external assessments. External assessments will be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the University; qualifications must include at least one assessor holding an active Certified Internal Auditor® credential.

### **Scope and Types of Internal Audit Services**

The scope of internal audit services covers the entire breadth of the organization, including all of the University's activities, assets, and personnel. The scope of internal audit activities also encompasses but is not limited to objective examinations of evidence to provide independent assurance and advisory services to the Audit Committee and management on the adequacy and effectiveness of governance, risk management, and control processes for the University.

The nature and scope of advisory services may be agreed with the party requesting the service, provided the internal audit function does not assume management responsibility. Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during advisory engagements. These opportunities will be communicated to the appropriate level of management.

Internal audit engagements may include evaluating whether:

- Risks relating to the achievement of the University's strategic objectives are appropriately identified and managed.
- The actions of the University's officers, directors, management, employees, and contractors comply with the University's policies, procedures, and applicable laws, regulations, and governance standards.
- The results of operations and programs are consistent with established goals and objectives.
- Operations and programs are being carried out effectively and efficiently.
- Established processes and systems enable compliance with the policies, procedures, laws, and regulations that could significantly impact on the University.
- The integrity of information and the means used to identify, measure, analyze, classify, and report such information is reliable.

Resources and assets are acquired economically, used efficiently and sustainably, and protected adequately.

### **Management's Responsibilities**

Management is responsible for ensuring that systems of internal control are in place; good business practices are implemented and followed in all areas; compliance with federal, State, and University policies, laws, and

regulations is maintained; fraud risks are identified and mitigated; and effective governance is established. This provides assurance that financial information and other management information are reliable, that University resources are used efficiently and effectively, and that the potential for fraud is minimized.

Management shall provide a written response to report recommendations issued within time frames requested by IAAS. Management is responsible for addressing issues identified by implementing recommendations or agreed-upon corrective action plans, and by providing updates to the Audit Committee using the Audit Recommendations Tracking Document.

### **Working Papers and Reports**

All internal audit personnel have the responsibility for maintaining records as follows:

All internal audit reports, once accepted by the Audit Committee, shall be maintained in accordance with University Records Retention policies. Working papers and other audit files maintained by IAAS are privileged and confidential and may be withheld in response to a public records request. The information contained in working papers and audit files prepared pursuant to a specific audit is not subject to disclosure except to a county attorney, the Nebraska Attorney General, or University General Counsel in connection with an investigation made or action taken in the course of the official duties of the county attorney, the Nebraska Auditor of Public Accounts, or the Legislative Performance Audit Committee. University units being audited, and the federal agencies that have awarded grants to such units, shall also have access to the relevant working papers and audit files. For purposes of this subsection, working papers means those documents containing evidence to support the IAAS's findings, opinions, conclusions, and judgments and includes the collection of evidence prepared or obtained by the auditor during the audit. The University may make the working papers available for purposes of a quality assurance review as required by the Global Internal Audit Standards.

**Approved by the Audit Committee at its meeting on June 19, 2024**

# Internal Audit and Advisory Services Strategic Plan As of January 6, 2025

## ***Vision***

Internal Audit and Advisory Services (IAAS) is widely recognized across the University of Nebraska (University) as a valued business partner.

## ***Mission***

The mission of IAAS is to provide the board and management with independent, risk-based, and objective assurance, advice, insight, and foresight designed to add value and improve the operations of the University. We partner with the University to accomplish its objectives by bringing a systematic, disciplined approach to evaluating and improving the effectiveness and efficiency of risk management, control, and governance processes.

## ***Critical Success Factors (CSF), Initiatives, Objectives, and Key Tasks***

### **CSF 1: Focus on the University's Highest Risks**

**Initiative:** Enhance the annual audit planning process to best address the highest priority risks of the University.

Strengths/Weaknesses/Opportunities/Threats (SWOT) Mapping:

Weaknesses:

#4 Understaffed for the workload

Opportunities:

#2 Collaboration with other campus assurance groups (i.e., Compliance, Legal)

**Objective 1:** An annual audit planning process covering two years that considers the audit universe, risk assessments, campus initiatives, strategic plans, and input from senior management and the Audit Committee.

### **Key Tasks:**

**1a.** By April 30 of every year, the Campus Director and Manager (Campus Directors) will review the Auditable Entities and the Process Audit Universes' completeness and consider adding additional qualitative and quantitative factors, emerging risks, and campus initiatives.

**1a(1).** By May 10 of every year, the Director and Campus Directors will review with the audit staff the Auditable Entities and Process Audit Universes.

**1a(2).** At each Director/Staff meeting, the team will update the spreadsheet of University Initiatives and Emerging Risks.

**1b.** By June 25 of every year, the Director and Campus Directors will create a two-year Audit Plan, to be included in the Annual Report (including staffing limitations), which aligns with the top ten

University-wide risks, University Initiatives and Emerging Risks (T:\Campus Initiatives and Emerging Risks), and strategic plans.

**1b(1).** By June 30 of every year, the Director and Campus Directors will review (answer questions and receive input) the draft two-year Audit Plan with audit staff.

**1b(2).** By July 15 of every year, the Director will gather input on the Audit Plan from the President.

**1c.** By April 1, 2025, the Campus Directors will put the Process Audit Universe into a format usable by management.

**1c(1).** By May 25 of every year, the Director will inquire with University stakeholders as to their opinions (completeness/accuracy) of the Process Audit Universe.

- **(2025)** University Controller
- **(2026)** Campus Controllers and Compliance Officers
- **(2027)** Chief Financial Officer (CFO) and Chief Business Officers (CBOs)

**1d.** By December 31, 2027, the Campus Directors will pursue a peer review of the Process Audit Universe with similar universities or peer institutions.

**1e.** By July 31, 2026, and each year thereafter, IAAS will include the top ten units from the SAP risk evaluation in the Annual Report.

**Objective 2:** IAAS will collaborate with Compliance, General Counsel, Nebraska Medicine Internal Audit, and Risk Management to coordinate risk coverage.

**Key Tasks:**

**2a.** Once the Compliance Plan is complete, the Director will establish a semi-annual meeting with Compliance, General Counsel, the Nebraska Medicine Internal Audit, and Risk Management to discuss the Audit Plan, the Compliance Plan, emerging issues, coordination efforts, and general knowledge sharing.

**2a(1).** By July 31, 2025, and each year thereafter, the inability to coordinate or the lack of compliance plan will be included in the Annual Report.

**2b.** Once IAAS reaches seven staff, by June 20 of each year thereafter, the Campus Directors will restart/update the Risk Assurance Map with the current Strategic Plan from the President and each campus.

**2b(1).** Once IAAS reaches seven staff (including an IT Auditor), by December 1 each year, the Director, Campus Directors, and the IT Auditor will discuss the Risk Assurance Map with management and functional oversight groups (Compliance, General Counsel, Chief Information Officers (CIOs), etc.) with the goal of obtaining mutual agreement.

## **CSF 2: Provide High-Impact Communications to Stakeholders**

**Initiative:** Continue to improve communication of IAAS activities and project results.

SWOT Mapping:

Weaknesses:

#1 Long audit cycle time (planning to close)

#4 Understaffed for the workload.

Opportunities:

#2 Need to educate stakeholders on IAAS's role, services/capabilities, and recurring/common issues.

**Objective 3:** Enhance communication, collaboration, and training opportunities to keep stakeholders informed of IAAS activities and capabilities.

### **Key Tasks:**

**3a.** By April 30 of every year, the Director and Campus Directors will review the Annual Report and consider providing additional metrics, such as project timeliness, use of data analytics, and other relevant data.

**3b.** By December 31 of every year, the team will review the IAAS Charter, Policy and Procedures Manual, and audit forms (including Forms and Tools (FT-16) Report Point for Communication to Client) to develop a comprehensive list of communication touchpoints with stakeholders.

**3b(1).** By January 31 of every year, the Campus Directors will draft any necessary clarifications or additions/gaps to items on the list identified in 3b.

**Objective 4:** Improve the timeliness and impact of project reports to stakeholders.

### **Key Tasks:**

**4a.** By October 31 of every year, Campus Directors will review the IAAS report templates and consider concise messaging, visual enhancements, and more empathetic language.

**4b.** By April 30 of every year, the Campus Directors will revise the evaluation forms to track metrics from 3a, 4d, and any new metrics.

**4c.** By January 31, 2025, the Campus Directors will revise form FT-10 Ideas for Improvement to create a section for identifying "issues not considered during planning".

**4c(1).** By January 31, 2025, and thereafter, the team will add an agenda item to the monthly Directors/Staff meeting to discuss any items in 4c.

**4d.** Starting July 1, 2025, the team will set a goal of issuing reports within six months.

**4d(1).** For projects starting on or after July 1, 2025, the Leads will plan projects with staffing that accomplishes 4d.

**4d(2).** By July 1, 2026, and every year after, Campus Directors will evaluate 4d to consider a new timing goal.

### **CSF 3: Utilize Efficient and Effective Project Processes**

**Initiative:** Continue to enhance project processes, including aligning the Policy and Procedures Manual with changes to the Institute of Internal Auditors (IIA) Framework.

SWOT Mapping:

Weaknesses:

#2 Limited use of data analytics

#5 Need to develop new policy and procedure to conform to the IIA Framework

**Objective 5:** Continue to improve our project processes.

#### **Key Tasks:**

**5a.** By January 25, 2025, the Director and Campus Directors will revise the Policy and Procedures Manual, including the review of forms and policies, to align with the new IIA Framework.

**5b.** By May 31, 2025, the Campus Directors will review the Policy and Procedures Manual and form FT-3 Audit Program and FT-3A Follow-Up Audit Program and provide instructions to incorporate the use of a tailored form FT-12 Preliminary Self-Assessment, a pre-audit questionnaire, for submission to the client, to provide further insight for possible areas of risk to consider for each project.

**5c.** By June 30, 2025, all staff will obtain two hours of training on data analytics.

### **CSF 4: Continually Advance the Skills and Knowledge of Staff**

**Initiative:** Encourage individual and team professional development to advance the skills and knowledge of IAAS staff needed to deliver on our vision, mission, and individual career goals.

SWOT Mapping:

Weaknesses:

#2 Limited use of data analytics

#3 Need for improved staff IT skills

#6 Succession Planning

Opportunities:

#2 Collaboration with other campus assurance groups (i.e., Compliance, Legal)

**Objective 6:** Utilize training opportunities and teambuilding activities to enhance staff skills, knowledge, and collaboration.

#### **Key Tasks:**

**6a.** By September 30 of every year, the Campus Directors will identify a topic for group training (such as basics of IT auditing or data analytics). The Campus Directors will also identify a trainer(s) (internal or external) as well as a date/agenda for the training for subsequent review by the Director.

**6a(1).** By January 31 every year, Campus Directors should consider inviting campus assurance groups to the group training, as appropriate.

**6b.** Each IAAS team member will identify training goals/opportunities to improve individual and team knowledge and skills as well as achieve their individual career goals during the annual performance evaluation process.

**Objective 7:** Continue to document succession planning for the IAAS Department.

**Key Tasks:**

**7a.** By June 30 of every year, for IAAS Director succession planning purposes, the Campus Directors will identify and add any significant processes that have not been documented that will ensure continuity of the function.

**CSF 5: Grow Support of Management and the Audit, Risk and Compliance Committee**

**Initiative:** Work with, educate, and encourage stakeholders to promote, demonstrate, and communicate the value and relevance of their championing of the internal audit function.

SWOT Mapping:

Opportunities:

#1 Need to educate stakeholders on IAAS's role, services/capabilities, and recurring/common issues.

#3 Campus training on internal controls

**Objective 8:** Provide opportunities to the Audit Committee for them to promote, demonstrate, and communicate the value and relevance of the internal audit function.

**Key Tasks:**

**8a.** Provide educational materials for each committee meeting to help the Audit committee fulfill their responsibility in support of the Internal Audit function.

**8b.** The Director will provide an opportunity for the Audit Committee chair to meet before each Committee meeting.

**Objective 9:** Provide opportunities to management for them to promote, demonstrate, and communicate the value and relevance of the internal audit function.

**Key Tasks:**

**9a.** Once IAAS reaches seven staff, within 90 days create a PowerPoint presentation to present to BCUG on UNL's campus, DART on UNMC's campus, and Extended Leadership on UNO's campus (determine how to communicate on UNK's campus) that includes information on IAAS's role and capabilities.

**9a(1).** Once IAAS reaches seven staff, every June 30 beginning no sooner than 2026, each Campus Director (and staff who wish) will implement an annual IAAS led training for University staff on relevant topics.

**9b.** By April 1, 2026, and every year after, the Director and Campus Directors will determine the feasibility of using an intern and working with the business department(s) to determine the incentive structure for the intern position.

**9c.** By August 31 of every year, the Director or the Campus Directors will communicate the Annual Audit Plan to the Chief Business and Academic Officers.