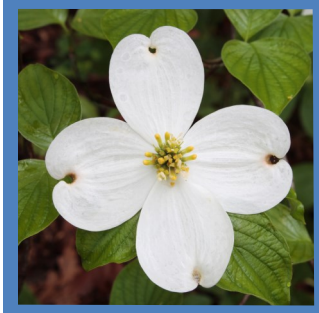


COMMONWEALTH OF VIRGINIA

SINGLE AUDIT REPORT

FOR THE YEAR ENDED

JUNE 30, 2015

Auditor of Public Accounts
Martha S. Mavredes, CPA
www.apa.virginia.gov
(804) 225-3350

EXECUTIVE SUMMARY

The results of our **financial statement audit** of the Commonwealth of Virginia for the year ended June 30, 2015, are summarized as follows:

- we issued an unmodified opinion on the basic financial statements;
- we found certain matters that we consider to be material weaknesses in internal control over financial reporting;
- we found other matters that we consider significant deficiencies in internal control over financial reporting; and
- we identified instances of noncompliance or other matters required to be reported under Government Auditing Standards related to the basic financial statements.

The results of our **single audit** of the Commonwealth of Virginia for the year ended June 30, 2015, are summarized as follows:

- we issued an unmodified opinion on the Commonwealth's compliance with requirements applicable to each major program;
- we found certain matters and instances of noncompliance with selected provisions, which are required to be reported in accordance with U.S. Office of Management and Budget Circular A-133;
- we found certain matters that we consider to be material weaknesses in internal control over compliance;
- we found certain matters that we consider to be significant deficiencies in internal control over compliance; and
- the Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the financial statements as a whole.

Our audit findings are reported in the accompanying, "Schedule of Findings and Questioned Costs." Consistent with prior years, views of responsible officials concerning audit findings are in the report related to their agency, which can be found at www.apa.virginia.gov. New for this year, management's Corrective Action Plan is located in Appendix I of this report.

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Commonwealth of Virginia

Auditor of Public Accounts

Martha S. Mavredes, CPA
Auditor of Public Accounts

P.O. Box 1295
Richmond, Virginia 23218

February 3, 2016

The Honorable Terence R. McAuliffe
Governor of Virginia

The Honorable Robert D. Orrock, Sr.
Vice-Chairman, Joint Legislative Audit
and Review Commission

We are pleased to submit the **Commonwealth of Virginia Single Audit Report** for the fiscal year ended June 30, 2015.

This report contains our:

- report on internal control over financial reporting and compliance;
- report on each major federal program;
- report on the Schedule of Expenditures of Federal Awards; and
- resulting Schedule of Findings and Questioned Costs.

Additionally, this report contains management's:

- Summary Schedule of Prior Audit Findings;
- Schedule of Expenditures of Federal Awards; and
- Corrective Action Plan.

The Commonwealth's **Comprehensive Annual Financial Report** for the year ended June 30, 2015, and our report thereon have been issued under separate cover.

We would like to express our appreciation to the many individuals whose efforts assisted in preparing this report and recognize the Commonwealth's management and federal program and financial staff for their cooperation and assistance in resolving single audit issues.

AUDITOR OF PUBLIC ACCOUNTS

GDS/clj

Commonwealth of Virginia

Auditor of Public Accounts

Martha S. Mavredes, CPA
Auditor of Public Accounts

P.O. Box 1295
Richmond, Virginia 23218

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the Commonwealth of Virginia, as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Commonwealth's basic financial statements, and have issued our report thereon dated December 15, 2015. Our report includes a reference to other auditors who audited the financial statements of certain component units of the Commonwealth, as described in our report on the Commonwealth's financial statements and Note 1.B. to the financial statements. This report does not include the results of the other auditors' testing of internal control over financial reporting or compliance and other matters that are reported on separately by those auditors. The financial statements of the Hampton Roads Sanitation District Commission, Science Museum of Virginia Foundation, Virginia Museum of Fine Arts Foundation, Library of Virginia Foundation, and Danville Science Center, Inc., which were audited by other auditors upon whose reports we are relying, were audited in accordance with auditing standards generally accepted in the United States of America, but not in accordance with Government Auditing Standards.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Commonwealth's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Commonwealth's internal control. Accordingly, we do not express an opinion on the effectiveness of the Commonwealth's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as described in the accompanying "Schedule of Findings and Questioned Costs," we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A **MATERIAL WEAKNESS** is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the deficiencies in internal control over financial reporting identified with the following numbers and titles in the accompanying "Schedule of Findings and Questioned Costs," to be **material weaknesses**:

Finding Numbers	Finding Titles
2015-004	Improve Database Security
2015-046	Continue to Effectively Allocate Resources to Reduce IT Security Risk
2015-073	Improve Controls over Financial Reporting
2015-075	Improve Internal Controls over Lease Reporting

A **SIGNIFICANT DEFICIENCY** is a deficiency or a combination of deficiencies in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiencies described in the accompanying "Schedule of Findings and Questioned Costs," to be **significant deficiencies**:

Findings Numbered: 2015-

001	002	003	005	006	008	009	010
011	012	014	015	016	017	018	020
021	022	023	025	026	027	028	029
031	032	033	034	035	036	037	038
039	040	041	042	043	044	045	047
048	049	050	051	052	053	054	055
057	058	060	061	062	063	064	065
066	067	068	069	070	071	072	074
076	077	078	079	080	081	082	083
084	085	086	087	088	089	090	091
092	093	094	097				

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Commonwealth's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed instances of **NONCOMPLIANCE** or **OTHER MATTERS** that are required to be reported under Government Auditing Standards and which are described in the accompanying "Schedule of Findings and Questioned Costs" as items:

Findings Numbered: 2015-

001	002	003	004	005	006	007	008
009	010	011	012	013	015	016	017
018	019	020	021	022	023	024	025
026	028	029	030	032	033	034	035
036	037	038	039	040	041	042	043
044	045	046	047	048	049	050	051
052	053	054	055	056	057	058	059
060	061	062	063	064	065	066	067
068	069	070	071	072	075	076	079
080	082	083	084	085	086	087	088
089	090	092	094	095	096		

We noted certain additional matters involving internal control over financial reporting and immaterial instances of noncompliance that we have reported to the management of the individual state agencies and institutions.

Commonwealth's Responses to Findings

The Commonwealth's responses to the findings consist of both the views of responsible officials and management's Corrective Action Plan. Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I of this report. The Commonwealth's responses were not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the responses.

Status of Prior Findings

The Commonwealth's status of corrective actions taken with respect to previously reported findings are located in the section entitled "Summary Schedule of Prior Audit Findings."

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the Commonwealth's internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

MARTHA S. MAVREDES
AUDITOR OF PUBLIC ACCOUNTS
RICHMOND, VIRGINIA
DECEMBER 15, 2015

Commonwealth of Virginia

Auditor of Public Accounts

Martha S. Mavredes, CPA
Auditor of Public Accounts

P.O. Box 1295
Richmond, Virginia 23218

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; REPORT ON INTERNAL CONTROL OVER COMPLIANCE; AND REPORT ON SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS REQUIRED BY OMB CIRCULAR A-133

Report on Compliance for Each Major Federal Program

We have audited the Commonwealth of Virginia's compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement that could have a direct and material effect on each of the Commonwealth's major federal programs for the year ended June 30, 2015. The Commonwealth's major federal programs are identified in the "Summary of Auditor's Results" section of the accompanying "Schedule of Findings and Questioned Costs."

The Commonwealth's basic financial statements include the operations of certain agencies and component units, which received federal awards that are not included in the Commonwealth's Schedule of Expenditures of Federal Awards for the year ended June 30, 2015. Our audit, described below, did not include the operations of these agencies and component units since they were audited by other auditors as discussed in Note 1 of the "Notes to the Schedule of Expenditures of Federal Awards."

Management's Responsibility

The Commonwealth's management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the Commonwealth's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Commonwealth's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Commonwealth's compliance.

Opinion on Each Major Federal Programs

In our opinion, the Commonwealth complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2015.

Other Matters

The results of our auditing procedures disclosed instances of **NONCOMPLIANCE**, which are required to be reported in accordance with OMB Circular A-133 and which are described in the accompanying "Schedule of Findings and Questioned Costs" as items:

Finding Numbers: 2015-

004	020	022	023	036	040	046	057
060	062	063	066	068	069	070	089
098	099	100	101	102	103	104	105
106	107	108	109	110			

Our opinion on each major federal program is not modified with respect to these matters.

The Commonwealth's responses to the noncompliance findings identified in our audit consist of both the views of responsible officials and management's Corrective Action Plan. Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I of this report. The Commonwealth's responses were not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the responses.

Report on Internal Control over Compliance

Management of the Commonwealth is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Commonwealth's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Commonwealth's internal control over compliance.

Our consideration of internal control over compliance was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we identified certain deficiencies in internal control over compliance that we consider to be material weaknesses and significant deficiencies.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A **MATERIAL WEAKNESS** in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. We consider the deficiencies in internal control over compliance identified with the following numbers and titles in the accompanying "Schedule of Findings and Questioned Costs," to be **material weaknesses**:

Finding Numbers	Finding Titles
2015-004	Improve Database Security
2015-046	Continue to Effectively Allocate Resources to Reduce IT Security Risk
2015-110	Strengthen Process for Monitoring Automated Reports Supporting Timesheet Approvals

A **SIGNIFICANT DEFICIENCY** in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiencies in internal control over compliance identified with the following numbers in the accompanying "Schedule of Findings and Questioned Costs," to be **significant deficiencies**:

Finding Numbers: 2015-

020	022	023	036	040	057	060	062
063	066	068	069	070	089	098	099
100	101	102	103	104	105	106	107
108	109						

The Commonwealth's responses to the findings consist of both the views of responsible officials and management's Corrective Action Plan. Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I of this report. The Commonwealth's responses were

not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the responses.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by OMB Circular A-133

We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the Commonwealth as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Commonwealth's basic financial statements. We issued our report thereon dated December 15, 2015, which contained unmodified opinions on those financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. We have not performed any procedures with respect to the audited financial statements subsequent to December 15, 2015. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by OMB Circular A-133 and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the basic financial statements as a whole.

MARTHA S. MAVREDES
AUDITOR OF PUBLIC ACCOUNTS
RICHMOND, VA
February 3, 2016

SUMMARY OF AUDITOR'S RESULTS
FOR THE YEAR ENDED JUNE 30, 2015

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:	Unmodified
Internal control over financial reporting:	
Material weaknesses identified?	Yes
Significant deficiencies identified?	Yes
Noncompliance material to financial statements noted?	No

Federal Awards

Internal control over major federal programs:	
Material weaknesses identified?	Yes
Significant deficiencies identified?	Yes
Type of auditor's report issued on compliance for major programs:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with section 510(a) of OMB Circular A-133?	Yes
Dollar threshold used to distinguish between Type A and Type B programs:	$ 30,000,000
Commonwealth qualified as low-risk auditee?	No

The major programs listed on the next page are in order by their CFDA. With the exception of the Research and Development Cluster, the first CFDA in a cluster is used to determine the cluster's placement within the list.

The Commonwealth's major programs are as follows:

CFDA(s)	Name of Federal Program or Cluster
10.551	SNAP Cluster
10.561	
10.553	Child Nutrition Cluster
10.555	
10.556	
10.559	
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children
10.558	Child and Adult Care Food Program
17.225	Unemployment Insurance
20.205	Highway Planning and Construction Cluster
20.219	
23.003	
66.458	Clean Water State Revolving Fund Cluster
66.482	
84.007	Student Financial Assistance Programs
84.033	
84.038	
84.063	
84.268	
84.379	
84.408	
93.264	
93.342	
93.364	
93.925	
84.010	Title I Grants to Local Educational Agencies
84.027	Special Education Cluster (IDEA)
84.173	
84.367	Improving Teacher Quality State Grants
93.074	Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements
93.505	Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program
93.558	TANF Cluster
93.714	
93.568	Low-Income Home Energy Assistance
93.767	Children's Health Insurance Program
93.775	Medicaid Cluster
93.777	
93.778	
93.940	HIV Prevention Activities_Health Department Based
93.959	Block Grants for Prevention and Treatment of Substance Abuse
Footnote 2A	Research and Development Cluster

FINANCIAL STATEMENT FINDINGS

INFORMATION SECURITY OFFICER INDEPENDENCE

2015-001: Improve Information Security Officer Independence and Grant Proper Authority to Regional Information Security Officers

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

DBHDS does not position the Information Security Officer (ISO) role in an organizationally independent unit from the Chief Information Officer (CIO). In addition, DBHDS hired Regional Information Security Officers (RISOs) to assist the ISO and provide information security oversight and governance to its 15 facilities; however, the ISO and RISOs lack the necessary authority to enforce the DBHDS' enterprise security program and the Security Standard. Further, there are currently no consequences for the facilities for noncompliance.

The Security Standard, Section 2.4.1, recommends that the ISO report directly to the agency head, where practical, and should not report to the CIO. Section 2.5 also states that the ISO is responsible for developing and managing the agency's information security program.

Having the ISO role reporting to the CIO may limit effective assessment and necessary recommendations of security controls in the organization due to possible competing priorities that sometimes face the CIO. In addition, without the proper authority, delegated by the Commissioner, the ISO and RISOs cannot force the Central Office and facilities to comply with the DBHDS enterprise security program.

In establishing its information security officer position within the organization, DBHDS did not fully consider the need for complete independence of the ISO and the Information Security Office.

DBHDS should evaluate the organizational placement of the ISO to eliminate any conflicts of interest in the implementation of its information security program and controls. While it may not be feasible to have the ISO report directly to the Commissioner, DBHDS should consider placing the ISO role in a different organizational unit reporting to another executive-level position. Further, the Commissioner should give the ISO and RISOs the necessary authority to monitor and regulate compliance with the DBHDS enterprise security program and Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-002: Improve Information Security Officer Independence

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Motor Vehicles does not position the Information Security Officer (ISO) role in an organizationally independent unit from the Chief Information Officer (CIO).

The Security Standard recommends that the ISO report directly to the agency head, where practical, and should not report to the CIO.

Having the ISO role reporting to the CIO may limit effective assessment and necessary recommendations of security controls, and assignment of security control responsibilities across the Motor Vehicles IT environment due to possible competing priorities that sometimes face the CIO.

In establishing its information security officer role within the organization, Motor Vehicles did not fully consider the need for full independence of the ISO and the CIO. The information security control weaknesses identified during this year's audit highlight the potential competing priorities of having the ISO report directly to the CIO.

Motor Vehicles should evaluate the organizational placement of the ISO to eliminate any conflicts of interest in the implementation of their information security program and controls. Motor Vehicles should also evaluate the timing of the separation of the ISO and CIO so as to not negatively impact significant IT and security projects that are currently ongoing. While it may not be feasible to have the ISO report directly to the agency head, Motor Vehicles should consider placing the ISO role in a different organizational unit reporting to another executive-level position.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-003: Improve Information Security Officer Independence

Applicable to: Department of Health

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Health does not position the Information Security Officer (ISO) role in an organizationally independent unit from the Chief Information Officer (CIO).

Section 2.4.1 of the Security Standard recommends the ISO report directly to the agency head where practical, and should not report to the CIO.

Having the ISO role reporting to the CIO may limit effective assessment and necessary recommendations of security controls in the organization due to possible competing priorities that sometimes face the CIO.

In establishing its ISO role within the organization, Health did not fully consider the need for full independence of the ISO and the CIO. The information security control weaknesses identified during this year's audit highlight the potential competing priorities of having the ISO report directly to the CIO.

Health should evaluate the organizational placement of the ISO to minimize any conflicts of interest in the implementation of their information security program and controls. While it may not be feasible to have the ISO report directly to the agency head, Health should consider placing the ISO role in a different organizational unit reporting to another executive-level position.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

IT SYSTEM SECURITY CONFIGURATION CONTROLS

2015-004: Improve Database Security

Applicable to: Virginia Employment Commission

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Unemployment Insurance - 17.225
Federal Award Number and Year: UI265651555A51 - 2015
Name of Federal Agency: Department of Labor
Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)
Known Questioned Costs: $0

The Commission is missing several controls that secure data in a database that supports mission critical business functions. The Security Standard requires agencies to implement certain minimum controls to safeguard data that is stored in database systems. We identified 11 essential database control weaknesses and communicated the details of these control weaknesses to management in a separate document marked FOIAE under Section 2.2-3705.2 of the Code of Virginia due to its sensitivity and description of security controls.

The lack of appropriate policies and procedures outlining control requirements and procedures to properly secure the database contributed to the deficiencies identified above. Additionally, the Commission lacked the necessary resources to conduct a security audit before it placed the system into its production environment. By not ensuring that documented policies and procedures are in place and properly securing the database supporting the system, there is a higher risk for malicious users to compromise sensitive data.

The Commission should dedicate the necessary resources to define and implement the controls discussed in the communication marked FOIAE to meet, at a minimum, the requirements in the Security Standard and industry best practices.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-005: Develop Baseline Configurations for Information Systems

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

DBHDS does not have documented baseline configurations for their sensitive systems' hardware and software requirements. DBHDS has 437 sensitive systems, with some containing HIPAA data, social security numbers, and Personal Health Information (PHI) data.

The Security Standard, Sections CM-2 and CM-2-COV, requires DBHDS to perform the following:

- Develop, document, and maintain a current baseline configuration for information systems;

(Section 8 Configuration Management: CM-2)

- Review and update the baseline configurations on an annual basis, when required due to environmental changes, and during information system component installations and upgrades;

(Section 8 Configuration Management: CM-2)

- Maintain a baseline configuration for information system development and test environments that is managed separately from the operational baseline configuration;

(Section 8 Configuration Management: CM-2)

- Apply more restrictive security configurations for sensitive systems, specifically systems containing HIPAA data; and

(Section 8 Configuration Management: CM-2-COV)

- Modify individual IT system configurations or baseline security configuration standards, as appropriate, to improve their effectiveness based on the results of vulnerability scanning.

(Section 8 Configuration Management: CM-2-COV)

By not having baseline configurations, it increases the risk DBHDS's 437 sensitive systems will not have minimum security requirements to protect HIPAA data, social security numbers, and PHI data from malicious attempts. Baseline security configurations are essential controls in information technology environments to ensure that systems have appropriate configurations and serve as a basis for implementing or changing existing information systems. If a data breach occurs to a system containing HIPAA data, the agency can incur large penalties, up to $1.5 million.

DBHDS has procedures documenting application security requirements, but the procedures do not contain minimum baseline configurations. The agency also lacks the necessary resources to properly monitor and maintain baseline configurations for their 437 sensitive systems.

DBHDS should establish and document security baseline configurations for their information systems to meet the requirements in the Security Standard. DBHDS should evaluate the resources necessary to ensure the security baseline configurations are, at a minimum, in place on all 437 sensitive systems. Doing this will help ensure the confidentiality, integrity, and availability of the agency's sensitive data.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-006: Improve Database Security

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: 2014-015
Type of Finding: Internal Control and Compliance

DBHDS continues to operate its databases that store its financial activity without implementing the minimum controls in accordance with internal policy, the Security Standard, and industry best practices. We communicated 13 areas of weakness during the fiscal year 2014 audit in detail to management in a separate document marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-3705.2 of the Code of Virginia, due to their sensitivity and description of security controls. Although these weaknesses are still not resolved, we recognize that DBHDS has made progress toward resolving these weaknesses in accordance with their corrective action plan and plans on having these control weaknesses remediated by December 2015.

The Security Standard requires implementing specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability.

Operating an unsupported and improperly configured database increases the risk of a data breach through an attack that exploits known vulnerabilities in a misconfigured system.

Management's corrective action plans were to complete and remediate the control weaknesses by October 2015, but the process has taken longer than expected and created a two-month delay. We will continue to provide updates on this finding in future reports until management can fully implement their corrective actions, and we have evaluated them for effectiveness.

DBHDS has made progress toward completing corrective actions and resolving the control weaknesses in accordance with their corrective action plan; therefore, DBHDS should continue to dedicate the necessary resources to completely address the control weaknesses to ensure its procedures are in accordance with the current Security Standard and industry best practices, such as those published by the Center for Internet Security.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-007: Improve IDOLS Security

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: 2014-016
Type of Finding: Compliance

DBHDS does not implement certain controls in its Intellectual Disability On-Line System (IDOLS) that contains protected health information. We identified and communicated two inadequate systems security controls to management in a separate document marked Freedom of Information Act Exempt under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms.

The Security Standard requires implementing specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability.

DBHDS increases the risk it will not meet the standards for confidentiality, integrity, or availability by not implementing the necessary controls for IDOLS.

DBHDS does not manage or establish appropriate information security controls for IDOLS as management does not define its expectations through formal policies and procedures to appropriately configure IDOLS.

DBHDS should dedicate the necessary resources to implement the controls discussed in the communication marked FOIAE in accordance with the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-008: Improve System Authentication Controls

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Motor Vehicles does not have appropriate authentication security controls implemented to reasonably protect one of its mission critical and sensitive systems.

The Security Standard requires that Motor Vehicles implement reasonably strong authentication mechanisms for all sensitive systems to protect authenticator content from unauthorized disclosure and modification.

Motor Vehicles implemented the current authentication system more than a decade ago, and has since not evaluated the related risk, or updated the legacy control mechanism to align with the requirements of the Security Standard.

Our review noted the related control weakness that we have communicated in detail to management in a separate document marked FOIAE under Section 2.2-3705.2 of the Code of Virginia, due to its sensitivity and description of security controls. Motor Vehicles should formally evaluate the risks associated with the currently implemented authentication security controls for the related system. Motor Vehicles should also update the related authentication controls to a more appropriately secure mechanism to better protect sensitive data and align with the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-009: Continue to Improve Database and Application Baseline Security Configurations

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: 2014-005
Type of Finding: Internal Control and Compliance

Motor Vehicles continues to not have sufficient security controls in place to adequately protect two of its mission critical and sensitive systems. These weaknesses are due to a continued lack of documented and implemented application and database baseline security configurations. Since the prior review, Motor vehicles has reasonably developed policies and procedures to better ensure that all sensitive and mission critical systems will have developed baseline configurations in the future. The related policies and procedures have not been implemented to date, but are a component of a significant security and information technology operations remediation project, known as the Security Blitz. The Security Blitz project is a major undertaking involving collaboration

among an outside vendor, and several internal departments and organizational units within Motor Vehicles.

Our review noted an area of weakness for each system, which we have communicated in detail to management in a separate document marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-3705.2 of the Code of Virginia, due to their sensitivity and description of security controls. We recommend that Motor Vehicles Information Technology Division implement the controls discussed in our recommendation in accordance with the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-010: Improve System Security for the Time, Attendance, and Leave System

Applicable to: Department of Human Resource Management

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

In 2012 Human Resource Management designed and implemented the Time, Attendance, and Leave system (TAL). The TAL system is used by multiple agencies and thousands of end users across the Commonwealth. As the system owner, Human Resource Management must maintain compliance with the Security Standard and industry best practices.

The Security Standard requires implementing specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability. We identified internal control weaknesses, and opportunities for improvement based on the Security Standard, that were communicated to management in a separate document marked Freedom of Information Act (FOIA) Exempt under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms. Human Resource Management should devote the necessary resources to address the weaknesses identified.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-011: Improve Controls over the Personnel Management Information System

Applicable to: Department of Human Resource Management

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Human Resource Management is the system owner of the Commonwealth's Personnel Management Information System (PMIS). PMIS contains sensitive data, such as employee and

benefits records of active and separated Commonwealth of Virginia employees. As the system owner, Human Resource Management must maintain compliance with information security policies and standards in all IT system activities as defined in section 2.7 of the Security Standard.

The Security Standard requires implementing specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability. Our review also compared the established PMIS policies and controls to other Commonwealth of Virginia information systems that are centrally managed, but used throughout the Commonwealth by other agencies. We identified internal control weaknesses, and opportunities for improvement based on best practices, that were communicated to management in a separate document marked Freedom of Information Act (FOIA) Exempt under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms.

Human Resource Management should continue with its efforts to address the weaknesses identified. Additionally, Human Resource Management should obtain exceptions from the Chief Information Security Officer of the Commonwealth for any requirements of the Security Standard that are unable to be implemented due to the legacy nature of PMIS.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-012: Improve Cardinal System Security Controls

Applicable to: Department of Accounts

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Accounts has not implemented some of the required controls to protect the Cardinal enterprise resource planning system (Cardinal) as required by the Security Standard and industry best practices. Cardinal is a web-based accounting system that is replacing the legacy Commonwealth Accounting and Reporting System (CARS) as the official system of record. Cardinal also processes and stores sensitive data including personally identifiable information.

We identified five internal control weaknesses and communicated them to management in a separate document marked Freedom of Information Act (FOIA) Exempt under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms. The Security Standard requires implementing specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability.

Accounts should dedicate the necessary resources to provide committed information security oversight for Cardinal. Accounts should also dedicate the necessary resources to timely implement the controls discussed in the communication marked FOIA-Exempt in accordance with the Security Standard and industry best practices.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-013: Continue to Improve Payline Security

Applicable to: Department of Accounts

Prior Year Finding Number: 2014-009
Type of Finding: Compliance

Accounts continues to not appropriately secure the Payline web application and supporting database in accordance with the minimum security controls required by the Security Standard and industry best practices. Payline is a web-based system that reports the earnings statements for all state employees and contains personally identifiable information.

We identified two control weaknesses and communicated them to management in a separate document marked FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms. Subsequent to this communication with management, Accounts corrected one of the two weaknesses. The Security Standard requires implementing specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability.

Accounts should continue to dedicate the necessary resources to implement timely the controls discussed in the communication marked FOIA-Exempt in accordance with the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-014: Improve Virtual Private Network Security Controls

Applicable to: University of Virginia-Academic Division

Prior Year Finding Number: N/A
Type of Finding: Internal Control

The University of Virginia (University) does not implement some industry best practice controls to reduce information security risk for its Virtual Private Network (VPN). When combined with the additional control deficiencies noted below, there is an increased risk of inappropriate access to sensitive systems and data by unauthorized individuals.

Best practices, such as the Special Publication 800-53r4 published by the National Institute for Standards and Technology (NIST), recommend specific VPN configuration settings to better ensure the adequate protection of remotely accessed information technology resources.

This configuration weakness was identified and communicated to management in a separate document marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms.

As detailed in the recommendation marked FOIAE, the University should perform a risk assessment regarding the current VPN configuration. Based on the assessment, the University should either alter the configuration to prevent the identified weakness, implement sufficient compensating controls to reasonably mitigate the associated risks, or formally accept the risks with the current configuration. If the University does not alter the current VPN configuration, management should formally document the risks associated with the current configuration, communicate these risks to University leadership, and prepare documentation accepting the known risk.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-015: Improve System Activity Monitoring Controls

Applicable to: University of Virginia-Academic Division

Prior Year Finding Number:
Type of Finding: Internal Control and Compliance

The University does not have a clearly defined process for reviewing certain audit logs for suspicious activity in sub-components that support the University's primary financial management system, Oracle E-Business Suite (EBS). Additionally, the University does not reasonably protect these audit logs to prevent manipulation of logged activity, and does not log the activities of certain privileged user accounts that can bypass the security rules in EBS.

The EBS system contains sensitive information that is critical to the operation of the University's administrative and financial business functions, such as financial records and personally identifiable information. The University's adopted information security standard, ISO 27002:2013, Section 12.4, requires the implementation of system monitoring controls to safeguard critical information technology resources.

The absence of a defined review process and mechanism for reasonably protecting log integrity increases the risk that the University may not detect unauthorized changes to EBS. Organizations need to review activities of administrative accounts with elevated privileges and with rights to make changes to data without adhering to the rules in the applications to reduce and compensate for this risk.

Several areas of weaknesses regarding maintaining integrity of the audit logs were communicated to management in a separate document marked FOIAE under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms.

The University should dedicate the necessary resources to further evaluate and implement the controls described in the FOIAE recommendation and incorporate them into its established information security program.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-016: Improve Database Security

Applicable to: Virginia Commonwealth University

Prior Year Finding Number: 2014-035
Type of Finding: Internal Control and Compliance

The University does not use some required and essential controls to protect sensitive data in two databases that support critical systems.

We identified three essential controls in the first database and six essential controls in the second database that do not meet the University's information security requirements. We have communicated the details of these control weaknesses to management in two separate documents marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-3705.2 of the Code of Virginia due to its sensitivity and description of security controls.

The University should dedicate the necessary resources to implement and improve the controls discussed in the communication marked FOIAE to meet, at a minimum, the requirements in the International Organization for Standardization information security management standard 27001 – the University's adopted information security best practice standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-017: Improve Mobile Device Security

Applicable to: Virginia Commonwealth University

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

The University does not require some essential controls to protect sensitive data accessed by mobile devices. The details of these control weaknesses have been communicated to management in a separate document marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-3705.2 of the Code of Virginia due to its sensitivity and description of security controls.

The University should dedicate the necessary resources to implement and improve the controls discussed in the communication marked FOIAE to meet, at a minimum, the requirements in the International Organization for Standardization information security management standard 27001 – the University's adopted information security best practice standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-018: Develop and Implement IT Hardening Procedures

Applicable to: Department of Transportation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Transportation has not developed formal hardening procedures that establish secure configuration settings for the agency's information systems. Currently, Transportation's Information Technology Division (IT) has an informal systems hardening process but is not implementing security configurations consistently to all applications. We identified and communicated system specific control weaknesses to management in a separate document marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms.

The Security Standard, section CM-6, requires Transportation to establish and implement configuration settings for information technology products employed within the information system using the Commonwealth of Virginia System Hardening Standards that reflect the most restrictive mode consistent with operational requirements. The Security Standard, Section CM-6, further requires Transportation to identify, document, and approve any deviations from established configuration settings for information system components based on operational requirements. Additionally, the Security Standard, Section CM-6, requires that Transportation monitor and control changes to the configuration settings in accordance with organizational policies and procedures.

Establishing hardening procedures better ensures that mission critical systems have appropriate configurations, and serves as a basis for implementing or changing existing information system configurations. Transportation has sensitive systems that perform critical tasks for the citizens of the Commonwealth of Virginia, and by not having formal hardening procedures to apply baseline security configurations, the risk that these systems will not have minimum security requirements to protect data from malicious parties increases.

IT should document and formally approve hardening procedures for their information systems to meet the requirements in the Security Standard. IT should also implement and apply the related security configurations to all systems within its information technology environment. Further, IT should implement the additional controls discussed in the communication marked FOIAE

in accordance with the Security Standard. This will enhance Transportation's risk of attacks from malicious parties.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-019: Improve VVESTS Web Application Security

Applicable to: Department of Health

Prior Year Finding Number: N/A
Type of Finding: Compliance

Health and VITA have not implemented certain security controls for the agency's Virginia Vital Events and Screening Tracking System (VVESTS) web application as required by the Security Standard and recommended by industry best practices. We identified and communicated three inadequate systems security controls to management in a separate document marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms.

The Security Standard requires implementing specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability.

The identified internal control weaknesses increase the risk that Health will not meet its established systems and data security standards for confidentiality, integrity, or availability for VVESTS.

There are cost and resource constraints affecting Health and VITA's ability to immediately address the control weaknesses, but Health is currently in the process of evaluating the best course of action to remediate the control weakness for VVESTS.

Health should dedicate the necessary resources and continue working with VITA to implement the controls discussed in the communication marked FOIAE in accordance with the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-020: Improve Database Security

Applicable to: Department of Social Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778
Federal Award Number and Year: VA20151, VA20152, VA20153 and VA20154 - 2015
Name of Federal Agency: Department of Health and Human Services
Type of Compliance Requirement - Criteria: Reporting - OMB Circular A-133 §.300(b)
Known Questioned Costs: $0

Social Services does not secure a sensitive system's supporting database with some minimum security controls required by the Security Standard.

We identified essential internal control weaknesses and communicated them to management in a separate document marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-3705.2 of the Code of Virginia, due to it containing descriptions of security mechanisms. The Security Standard requires implementing specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability.

Social Services should dedicate the necessary resources to implement the controls discussed in the communication marked FOIAE in accordance with the Security Standard, and ensure these controls are implemented in a timely manner.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-021: Improve Database Change Management Controls

Applicable to: Department of Taxation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Taxation does not have a comprehensive process to manage database change requests (DBCRs). A sample of thirty DBCRs found the following:

- Ten percent of the DBCRs were created and approved by the same user
- Ten percent of the DBCRs were modified by the database administrator prior to implementation

Additionally, Taxation does not maintain clear documentation that the DBCR was tested prior to submission.

The Security Standard, Section CM-1, requires that agencies establish change management policy and procedures that communicate the "purpose, scope, roles, responsibilities, management commitment, coordination among organizational entities, and compliance" and "facilitate the implementation of the configuration management policy." The Security Standard, Section CM-3, requires that only reviewed and approved changes are implemented. Additionally, the Security Standard, Section AC-5, requires agencies implement segregation of duties to prevent database administrators modifying software code after its change request approval and users self-approving change requests.

Without documented policy and procedures that include the Security Standard's minimum requirements, Taxation cannot clearly communicate to its staff the role that each staff serves in ensuring that only accurate, properly approved, and tested information is entered into its databases. The lack of a comprehensive and documented change management process also leads to inconsistent implementation.

Taxation should review its database change management process to ensure that it is properly documented and includes the minimum requirements outlined in the Security Standard, Sections CM-1, CM-3, and AC-5. Taxation should also implement a process to ensure that the staff using the database change management process are properly trained and understand the risks of not following the established procedures.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

ACCESS CONTROLS

2015-022: Develop Oracle Conflict Matrix

Applicable to: Department of Medical Assistance Services

Prior Year Finding Number: 2014-041
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778
Federal Award Number and Year: VA20151, VA20152, VA20153, VA20154 - 2015
Name of Federal Agency: Department of Health and Human Services
Type of Compliance Requirement - Criteria: Other - OMB Circular A-133 §.300(b)
Known Questioned Costs: $0

Medical Assistance Services has recently documented conflicting modules or responsibilities within Oracle; however, Medical Assistance Services has not yet used the conflict matrix to evaluate segregation of duties controls.

Security Standard, SEC 501-08, Section 8.1 AC-2(b) and (c), requires that agencies specify access privileges and establish conditions for group membership.

Without documenting modules and roles that conflict, and providing that documentation to the managers requesting and reviewing access, Medical Assistance Services risks granting access that could create a segregation of duties issue. Until conflict matrixes are fully implemented there is still a weakness in internal controls that threatens the integrity of the Commonwealth's financial records, because Oracle interfaces directly with CARS, the Commonwealth's official financial record.

As of June 30, 2015, Medical Assistance Services had not contributed the necessary resources to document the conflicts. In doing so, the agency did not meet its estimated completion date in its corrective action plan to last year's finding. This plan was in response to our recommendation for management to document the conflicts, including implementing a policy to document the conflicts. Medical Assistance Services instead continued to use their general knowledge of Oracle roles when requesting and reviewing access. Following audit testwork, management provided the conflict matrix that was subsequently developed on September 4, 2015. This matrix can be used to assess conflicts in future access evaluations.

Medical Assistance Services should continue to incorporate the conflict documentation into its access evaluations in a way that will allow managers to adequately evaluate the reasonableness of each employee's access to ensure proper segregation of duties surrounding fiscal transactions. After management completes their implementation of their new control, we will review its operating effectiveness in future audits.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-023: Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System

Applicable to: Department of Medical Assistance Services

Prior Year Finding Number: 2014-040
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778
Federal Award Number and Year: VA20151, VA20152, VA20153, VA20154 - 2015
Name of Federal Agency: Department of Health and Human Services
Type of Compliance Requirement - Criteria: Other - OMB Circular A-133 §.300(b)
Known Questioned Costs: $0

Medical Assistance Services does not maintain detailed and accurate documentation of each employee's privileges in MMIS. Additionally, Medical Assistance Services has not developed a conflict matrix, documenting the combinations of privileges that create internal control weaknesses.

Security Standard, SEC 501-09, AC-1 Access Control Policy and Procedures, requires agencies to develop, disseminate, and review/update annually, formal documented procedures to facilitate the implementation of the access control policy and associated access controls. Additionally, SEC

501-09, Sections 8.1 AC-2(c) and (d), require that agencies establish conditions for group membership and specify access privileges.

Without documenting MMIS' privileges and conflicting privileges, Medical Assistance Services is unable to provide system owners and managers with a listing of users and associated privileges that should be used to evaluate the reasonableness of employee access. As a result, management is increasing its risk of granting employees access they do not need, that could violate the concept of separation of duties and create internal control weaknesses.

Medical Assistance Services' prior year corrective action plan estimated that the agency would develop an automated process to document MMIS privileges by December 31, 2015. However, following the development of this initial correction plan, the agency instead determined that the process would not be implemented until 2018, once a new security system was selected for MMIS. The delay was to avoid using resources on a security system that will be discontinued. The agency has since altered this plan and now intends on procuring a new Identity Management System in 2016, which will help develop the needed automatic process to document MMIS privileges. Meanwhile in July 2015, the agency began manually reviewing and updating documented privileges with an estimated completion date of February 2016.

Medical Assistance Services should continue working towards properly documenting and evaluating MMIS Access by:

- Documenting privileges and conflicts in MMIS and providing a listing of users and these privileges to system owners and managers;
- Developing an automated process to more efficiently document MMIS privileges and provide a listing of users and these privileges to system owners and managers;
- Requiring systems owners to provide supervisors and the Information Security Officer documentation that facilitates them in evaluating current access and future requests; and
- Requiring systems owners to train supervisors on the different privileges they are allowed to request.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-024: Limit Access to the 1099 Adjustment and Reporting System

Applicable to: Department of Medical Assistance Services

Prior Year Finding Number: N/A
Type of Finding: Compliance

Medical Assistance Services CARS Security Officer did not remove access to the 1099 Adjustment and Reporting System (ARS), a subsystem of CARS, for individuals which no longer needed access. Seven of thirteen employees we tested retained access to ARS when it was no longer needed to perform their job responsibilities.

Security Standard, SEC 501-8, AC-6 and AC-2-COV, states that access should be granted based on the principle of least privilege and be promptly removed when no longer required. Furthermore, the Commonwealth Accounting Policies and Procedures (CAPP) Manual states that an agency's CARS Security Officer is responsible for a comprehensive system of internal controls over CARS tables and files, including ARS.

Allowing users to retain ARS access when their job responsibilities no longer require the access increases the risk of unauthorized adjustments to CARS information.

The Medical Assistance Services Security Officer was unaware that the seven employees had access, as the data obtained from the Department of Accounts (Accounts) for CARS access reviews did not contain the necessary information to properly review ARS access. The data provided by Accounts did not clearly indicate if an employee had ARS access. The column containing information about ARS access was labeled "1099" and was either blank or included the number two next to the employee, neither indicator consistently corresponded with an employee having ARS access. Medical Assistance Services did not inquire further as to the meaning of the data or if more detailed data was available. As a result, the agency did not remove access for any of the employees with either a blank or a two. Without obtaining more detailed data, Medical Assistance Services is unable to identify employees with access.

The CARS Security Officer should confer with Accounts to gain a better understanding of the ARS access information available to Medical Assistance Services, and use this understanding to perform comprehensive reviews of access to ensure that employees do not have unnecessary access to ARS.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-025: Improve Access Management for the eVA System

Applicable to: Department of Medical Assistance Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Medical Assistance Services is not ensuring that employees have proper access within the eVA procurement system. Medical Assistance Services did not formally designate its eVA Security Officers nor did it perform 75 percent of the required quarterly access reviews during fiscal year 2015. In addition, two out of 13 employees retained roles that were inappropriate for their job responsibilities.

eVA Security Standards require that agencies designate security officers through designation forms, review access on a quarterly basis, and grant employees only the access necessary to perform their assigned job duties.

Not properly designating Security Officers can result in unauthorized employees performing security functions for the eVA system. Without formal documentation of designation, management may be limited in their ability to hold employees performing security functions accountable for their actions. Additionally, the lack of regular access reviews contributed to agency employees having roles that were inappropriate for their job responsibilities. Furthermore, due to the lack of properly designated officers, regular reviews, and improper roles, a Security Officer had roles conflicting with their main security role. This conflict could inhibit their ability to impartially monitor agency purchases and approvals as they could potentially overlook their own approval of improper purchases. Finally, another employee had the ability to approve expenditure limits for their supervisor, thereby facing a conflict of interest should they be pressured to make such approvals for their superior.

Medical Assistance Services was a pilot agency for eVA's initial 2003-2004 implementation, during which time designation forms were not being used. As a result, the agency did not initially designate its Security Officers and did not designate them in the following years in which the forms were required. Reviews were not performed and employees had improper roles as the agency appears to lack an understanding of the Department of General Services' eVA Security Standards and procedures, critical eVA controls, and the access levels offered by its employees' various eVA roles.

Medical Assistance Services should identify its eVA Security Officers through appropriate designation forms and perform the required quarterly access reviews. Security Officers and all other employees should only have access levels appropriate for them to perform their assigned job duties. To achieve this, Medical Assistance Services should allocate appropriate resources and consult with the Department of General Services to gain an understanding of eVA Security Standards and procedures, critical eVA controls, and employee access levels.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-026: Improve Access Management for Critical Systems

Applicable to: Department of Health

Prior Year Finding Number: 2014-038
Type of Finding: Internal Control and Compliance

Some individual department supervisors are not consistently completing and sending employee separation forms (HR-14 forms) to the Office of Human Resources (OHR) in a timely manner. As a result, Health is not able to consistently remove system access for terminated employees from their internal information systems timely. Health did not delete system access timely for terminated employees with access to several critical information systems as follows:

- Commonwealth Integrated Payroll and Personnel System (CIPPS) leave access was removed between 20 and 58 days late for six employees;
- Go Beyond Well Family System access was removed between 18 and 207 days late for three of four employees;
- WebVision access was removed 186 and 576 days late for two of seven employees; and
- PMIS access was removed four and seven days late for two of seventeen employees.

In addition, new user forms do not match the level of WebVision access requested and approved for three out of 25 employees.

The Security Standard requires:

"Notifying account managers…when information system users are terminated, transferred, or information system usage or need-to-know/need-to-share changes." In addition, each agency shall "promptly remove access when no longer required."

Health's internal policies also require that OHR strive to process HR-14 Separation Forms within three business days of the date OHR receives the form.

These systems contain sensitive employee, financial, and program participant information. Insufficient access management increases the risk of unauthorized use of the systems by terminated employees, which could result in unauthorized changes and could impair data integrity.

Health is highly decentralized and OHR is not consistently receiving HR-14 Forms timely from local agency and division supervisors. As a result, OHR cannot forward the termination information to the system owners in a timely manner to ensure access is promptly removed. Currently, when an employee terminates it is the responsibility of the local agency or division supervisor to advise OHR of the termination. Additionally, staff turnover in OHR also contributed to the problem with CIPPS access.

Health should develop detailed written policies to address the timing and routing of new user forms and the HR-14 forms to ensure that information system access is granted and removed timely. This should include specific procedures to address granting, terminating, and reviewing access. Health should also ensure all pertinent staff are trained in the process, including local agency staff.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-027: Improve Access Management at Local Agencies and Divisions

Applicable to: Department of Health

Prior Year Finding Number: N/A
Type of Finding: Internal Control

Health is not reviewing access to its internal accounting system (F&A) monthly at all local agencies and divisions. Monthly reviews of F&A access are part of Health's internal control to ensure end user access is both necessary and reasonable. These reviews are documented through Health's security portal; however, some local agencies and divisions are not performing this access certification and Health's systems security staff are not performing any follow ups.

Health's procedures require that each office and health district certify user account and access information through the security portal. These account certifications must be completed via the Portal Account / Access Certification page no later than the tenth of the following month (i.e., certification of accounts for the month of June are due by July 10).

Health is a decentralized agency, which makes periodic access reviews essential to ensure all user access is reasonable and necessary. Insufficient access management increases the risk of unauthorized access to F&A, which could allow for improper transactions and unreasonable access to agency data. F&A is a critical financial reporting system and access to it should be managed accordingly.

Health has not clearly assigned overall responsibility for F&A access management, so it is unclear whose job it is to ensure accountability of the periodic access reviews.

Health should determine the most effective party to assume overall responsibility for F&A monthly access reviews. Once determined, Health should follow up with all local agencies and division departments when their certifications are not received by the due date.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-028: Improve Administrative Access Controls

Applicable to: Department of Taxation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Taxation does not have an effective process for reviewing and managing access for accounts with elevated privileges, such as those accounts used by database and system administrators that support Taxation's systems in accordance with the Security Standard.

Taxation does not have a policy or procedure that governs reviews of specific roles and privileges granted to accounts that Taxation uses to administer databases and server operating systems. Taxation has a defined process for reviewing expired accounts at the database level; however, the process does not include a review of the specific roles and privileges the users have been granted. Additionally, Taxation does not remove expired accounts in a timely manner that is consistent with organizational policy.

We identified and communicated several areas of weaknesses to management in a separate document marked FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms. In general, these areas consisted of four control weaknesses in inappropriate database privileges, three weaknesses in inappropriate server group allocation, and five weaknesses in removal of unused and expired accounts.

While Taxation immediately remedied the weaknesses above, Taxation did not identify and correct the weaknesses prior to our identification during the audit due to an insufficient access review process for administrative accounts at the database and server levels. Taxation does not have a formally approved and documented process to review granted roles, privileges, and user group allocation for accounts with elevated privileges. Additionally, Taxation does not remove expired accounts in a timely manner due to insufficient implementation of the organizational requirement.

Taxation should create and implement a process for managing access privileges for administrative and system accounts at the database and server levels organization-wide. The process should include a periodic review of granted privileges, roles, group allocation, inactive accounts, and system accounts. Accounts that are no longer required should be removed in a timely manner and according to organizational procedures. By implementing sufficient access controls for accounts with elevated privileges, Taxation will be better able to manage the risks and responsibilities associated with administrative accounts.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-029: Continue to Strengthen Controls over Advantage Revenue Access

Applicable to: Department of Taxation

Prior Year Finding Number: 2014-050
Type of Finding: Internal Control and Compliance

Taxation needs to continue with efforts to strengthen access controls over its Advantage Revenue system. Our prior report identified several issues with system access including inappropriate access, access combinations that caused segregation of duties issues, and inaccurate information in its access management system, SAFE. These weaknesses in access controls impact Taxation's ability to comply with various aspects of the Security Standard, which addresses requirements over information system access controls.

Since our previous report, Taxation has taken a number of steps to address these issues. While some of these issues have been corrected, other corrective actions are ongoing and will take several years to implement. Taxation has taken the following actions to address some of the previous year's issues:

- Taxation has corrected the instances of inappropriate access for two staff in the General Legal and Technical Services section. They have also restricted access to the REV1 workgroup, which controls journal vouchers pending approval, to only the users who require access.

- Taxation has implemented a compensating control to address the lack of segregation of duties created with access to edit and approve journal vouchers. This compensating control is a quarterly review of journal vouchers by Taxation's Internal Audit to ensure the approver does not edit the journal voucher.

- Taxation has improved its access documentation to better reflect access granted by the various security groups by creating Report 521.0. This report is stored in Taxation's reporting tool, Business Objects, and shows access granted by each security group or to each employee. Report 521.0 will now be available for supervisors to run at any time.

- Taxation's Internal Audit department conducted an internal review of Advantage Revenue system access. They reviewed access to a number of critical functions in the system and found additional instances of inappropriate access. Taxation has taken steps to address these instances of inappropriate access since the report was issued in May 2015.

In addition to the actions above, Taxation is in the process of implementing a new access management system and reevaluating its current access structure. Both of these are significant efforts that will take several years to implement. Taxation anticipates the new access management system will provide functionality to allow for automatic and ongoing reconciliation of documented and actual access.

As discussed in our prior report, Taxation has a number of internal controls in place that help mitigate the risks of weaknesses in access controls. We did not find instances where the weaknesses in access controls resulted in unauthorized transactions in the fiscal year under audit. Taxation plans to address these system access issues in the new access management system to prevent unnecessary risk and noncompliance with Security Standard requirements.

Taxation should continue with its efforts to strengthen access controls over Advantage Revenue. Some of the critical considerations as Taxation moves forward in reevaluating its access structure and implementing a new access management system include:

- Taxation should continue to provide users with accurate, understandable documentation of the access structure to ensure they are able to make well-informed decisions during Taxation's annual access recertification.

- The current user access should be recertified and reconciled to ensure the new access management system is populated with accurate access information.

- Taxation should identify access combinations that create a segregation of duties conflict when evaluating its access structure and ensure effective compensating controls are in place to mitigate the risks associated with them.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-030: Improve Web Application Security

Applicable to: Department of Alcoholic Beverage Control

Prior Year Finding Number: N/A
Type of Finding: Compliance

ABC does not secure the agency's website with some of the minimum security controls required by the Commonwealth's Information Security Standard, SEC 501-09 (Security Standard). Their new website allows citizens to purchase alcohol products, apply for an alcohol license, and review store and product information.

We addressed specific control weaknesses to management in a separate document marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms. The Security Standard requires agencies to implement specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability.

ABC should dedicate the necessary resources to implement the additional controls discussed in the communication marked FOIAE in accordance with the Security Standard in a timely manner.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-031: Implement Automated User Access System

Applicable to: Department of Alcoholic Beverage Control

Prior Year Finding Number: 2014-013
Type of Finding: Internal Control

In 2013, we recommended ABC improve their internal review of user access across their many systems. The lack of review put ABC at risk for undetected and unauthorized changes to system data, which could result in an increase of fraud and abuse risk. In response, ABC conducted a manual user access review in April of 2014, finding the process labor intensive and time consuming. As a result, they commenced development of an internal system called Identity Manager. The system includes functionality that allows business system owners to access and conduct system reviews and cross system reviews with ease. Unfortunately, due to low prioritization of this project in addition to other obligations placed on ABC's Information Technology Staff, Identity Manager was not fully implemented.

We understand it is the ABC's goal to have the application complete by March 2016 and we recommend they allocate the appropriate amount of resources needed to complete this project as scheduled.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-032: Improve Internal Controls over Systems Access

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: 2014-048
Type of Finding: Internal Control and Compliance

The Central Office and individual facilities within DBHDS do not have adequate controls in place to ensure system access is appropriate in Kronos (HR and Payroll System), Financial Management System (FMS), Lease Accounting System (LAS), and Fixed Assets Accounting System (FAACS). Specifically:

- Two out of four systems at eight facilities and the Central Office had missing and inaccurate User Access Forms for employee access;
- Two out of four systems at two facilities had employees whose access was not removed timely;

- Two out of four systems at the Central Office had employees with access to a system that was not consistent with their job responsibilities; and

- One out of four systems at one facility had four staff within the Fiscal Division with super user access even though some of the individuals were not providing ongoing administrative duties for the system.

The Security Standard, Section AC-2- COV, 2.e-h, requires the prompt removal of system access for terminated or transferred employees. The Security Standard, Section AC-2- COV, 2 i, requires granting access to the system based on a valid access authorization. The Security Standard, Section AC-6, requires agencies to employ the principle of least privilege allowing only authorized access for users, which are necessary to accomplish assigned tasks in accordance with organizational missions and business functions.

Missing and inaccurate forms, untimely removal, inaccurate entry of system access based on completed forms, and access that is not necessary for job responsibilities increases the risk of unauthorized individuals inappropriately entering or approving transactions and could affect the integrity of DBHDS transactions in the system.

DBHDS does not have adequate policies and procedures over granting, changing, and terminating system access. Specifically, policies and procedures lack the guidance on timeframes and contacts for removal of access as well as what access signifies super user access and how to grant it. In addition, DBHDS has not adequately trained Regional FMS Security Officers to properly grant and change system access.

While management has made progress in these areas within the last year, management should continue to develop, implement, and communicate policies and procedures over granting, changing, and terminating access for all systems at all DBHDS facilities and the central office. In addition, management should properly train Regional FMS Security Officers on the processes surrounding granting and changing system access.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-033: Improve End User Computer Controls

Applicable to: State Lottery Department

Prior Year Finding Number: 2014-034
Type of Finding: Internal Control and Compliance

The Virginia Lottery (Lottery) does not use the principle of least privilege to restrict permissions for end user computers, in accordance with the Commonwealth's Security Standard, SEC 501-09, as reported in our previous audit. Allowing excessive computer permissions increases the risk that malware is unintentionally downloaded and installed on employees' computers. Once

installed, this malware may propagate throughout Lottery's internal computers and can make them unavailable. Certain malware is also designed to collect information processed on infected computers and send it to a server outside the organization, thereby making the confidential data available to unauthorized entities. While Lottery is running a mature information security program, this finding weakens the layered information security controls protecting confidential and mission critical agency data.

We previously communicated the details of this finding to management in a separate document marked Freedom of Information Act Exempt under Section 2.2-3705.2 of the Code of Virginia, due to their sensitivity and description of security controls.

We obtained a status update from the Lottery on the corrective actions related to this finding. As of our report date, corrective actions remain ongoing and we will review the implementation of management's corrective actions during our next audit.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-034: Improve Access Controls to Information Systems

Applicable to: Department of Transportation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Transportation is not properly removing terminated employees' access to information systems in a timely manner. The Security Standard instructs agencies to promptly remove access when the access is no longer required.

During our review, we found three employees with access to the payroll system whose access was not removed up to three months beyond their termination dates and one employee still had access at the time of our review. This was due to supervisors not promptly reporting terminations to information security personnel.

Terminated employees with access to information systems increases the risk of alterations of data and/or inappropriate transactions. Transportation supervisors should notify system administrators of terminated users immediately or in advance of termination, and perform automated reviews of access to the payroll system. This will decrease the risk of improper transactions taking place.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-035: Improve Controls for Granting and Restricting Elevated Workstation Privileges

Applicable to: University of Virginia-Academic Division

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

The University permits unnecessary privileges on workstations, which increases the risk that an end-user can unintentionally download and install malware on their computer. The University also lacks adequate policy, procedures, and processes for restricting and managing elevated workstation privileges as required by its adopted information security standard, ISO 27002:2013.

Once installed, malware may propagate throughout the University's internal systems, making them unavailable. Alternatively, certain malware designed to collect any information processed on an infected computer may send it to a server outside the organization, thereby making data available to unauthorized entities.

The details of this finding were communicated to management in a separate document marked FOIAE under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms. The University should dedicate the necessary resources to further evaluate and implement the controls described in the FOIAE recommendation and incorporate them into its established information security program.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-036: Document Separation of Duty Conflicts for Mission Critical Systems

Applicable to: Virginia Employment Commission

Prior Year Finding Number: 2014-003
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Unemployment Insurance - 17.225
Federal Award Number and Year: UI265651555A51 - 2015
Name of Federal Agency: Department of Labor
Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)
Known Questioned Costs: $0

The Commission continues to not document separation of duty conflicts for certain mission critical systems. The Commission used VABS and VATS, through November 2015, to administer the Unemployment Insurance program. Additionally, the Commission uses its Financial Management System to account for activity within the Unemployment Trust Fund (Trust Fund). Although the Commission maintained documentation defining each access level and group within the respective systems, it did not maintain documentation to indicate which access levels and groups create a separation of duty conflict(s).

Section 8.1 AC-5 of the Security Standard requires agencies to document separation of duties of individuals. The Commission did not identify and correct this weakness because it lacked the necessary resources to implement and maintain an information security program that meets or exceeds the requirements set forth within the Security Standard. When managers at the Commission request employee access to multiple mission critical systems concurrently, there is the risk that certain access levels and groups may conflict with one another and allow an individual to bypass the internal controls set forth by management. Without identifying and documenting separation of duty conflicts, the Commission cannot assure itself that appropriate safeguards are in place to mitigate the risk created by granting elevated levels of access.

To strengthen its information security program, the Commission hired an ISO in September 2015. The ISO is organizationally independent from the Commission's IT operations and will be fully committed towards maintaining the Commission's information security program. Going forward, the ISO should confirm that System Owners are identifying and documenting separation of duty conflicts for its mission critical systems. Additionally, the ISO should confirm that management is making all employees aware of this policy.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

IT RISK MANAGEMENT AND CONTINGENCY PLANNING

2015-037: Continue to Improve Risk Management and Continuity Planning Documentation

Applicable to: Department of Accounts

Prior Year Finding Number: 2014-011
Type of Finding: Internal Control and Compliance

Accounts continues to not have up-to-date risk management and continuity planning documentation, which includes the Business Impact Analysis (BIA), Risk Assessments for sensitive systems (RA), Continuity of Operations Plan (COOP), and Disaster Recovery Plan (DRP). Accounts has not updated their BIA or RAs since 2010, and has not updated the COOP and DRP since April of 2013 to reflect their current environment.

The Security Standard requires agencies conduct annual reviews of the BIA and conduct a full revision at least once every three years. Section 6.2 of the Security Standard requires agencies to update their RAs for all IT systems classified as sensitive, as needed, but not less than once every three years. Agencies must also conduct an annual self-assessment to determine the continued validity of the RAs. Also, the Security Standard, Section 8.6 requires the COOP and DRP to be based on the results of the BIA and RAs. Furthermore, Section 8.6 of the Security Standard requires agencies to update the continuity planning documentation to reflect any material changes to the organization, information systems, operating environment, and problems encountered during continuity plan implementation, execution, or testing.

By not having accurate and updated Risk Management and Continuity Planning documentation, Accounts continues to increase the risk of not being able to appropriately plan for and restore essential business functions and supporting resources currently in place in their environment in the event a disaster occurs and during necessary restoration efforts.

Accounts continues to not perform corrective actions for the weaknesses identified above primarily due to the ongoing development, implementation, and roll out of the new accounting and reporting enterprise management system (ERP), Cardinal. The Cardinal ERP's roll out represents a significant change to Accounts' operating environment in terms of both business process as well as the underlying technology, as it is replacing the legacy Commonwealth Accounting and Reporting System. Cardinal has a planned completion date of February of 2016. Additionally, Accounts is working through a system migration project, in which other sensitive systems are undergoing upgrades that will also significantly affect the documentation of information in the Risk Management and Continuity Planning documents. Based on the new Cardinal system implementation and the system migration project, Accounts continues to delay the necessary corrective actions for updating the Risk Management and Continuity Planning components.

Accounts should continue corrective actions and dedicate the necessary resources to appropriately revise, approve, and test the Risk Management and Continuity Planning documentation per the requirements of the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-038: Improve Risk Management Process

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

DBHDS does not have a risk management process to support and protect its sensitive systems. We identified and communicated the control weakness to management in a separate document marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms.

The Security Standard requires agencies to use specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability in systems processing or storing sensitive information.

DBHDS cannot ensure confidentiality, integrity, and availability for its mission critical and sensitive data.

DBHDS lacks the necessary resources to fulfill the requirements in its enterprise security program and the Security Standard and is not performing certain tasks to meet the requirements in the Security Standard.

DBHDS should dedicate the necessary resources to implement the controls discussed in the communication marked FOIAE in accordance with the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-039: Continue to Improve IT Risk Management

Applicable to: Department of Education - Central Office Operations

Prior Year Finding Number: 2014-020
Type of Finding: Internal Control and Compliance

Education continues to not properly manage certain aspects of its IT Risk Management documentation. Education's IT systems are used for tracking teacher licensing statewide and making $7.2 billion in annual payments to 135 local school systems. An agency's IT Risk Management documentation is the foundation for ensuring the proper protection of an agency's systems because it helps management identify risks, vulnerabilities, and corresponding remediation techniques.

While Education has made progress since the last audit to address its weaknesses, continued development is required to improve and mature the information security program to align it with the Security Standard. Education has a documented response plan to have these weaknesses resolved by December 31, 2015. However, until the weaknesses are sufficiently resolved the risks associated with the weakness still exist. To determine if Education's information security program identifies the risks and the remediation needed to protect its IT systems from vulnerabilities, we reviewed its controls in the areas of IT Data and Systems Sensitivity Classifications and IT Risk Assessments and found the following.

IT Data and Systems Sensitivity Classification

- Education has not properly classified IT Systems and Data Sensitivity. While Education has provided a framework for how to classify the sensitivity of systems, Education has not completed the actual classification. The Security Standard, Section 4.2.3, requires an agency to identify the sensitivity-level of a system or data on the basis of low, medium, or high.

- Education has not properly determined the potential impact of risks identified in its risk management documentation. Education has not documented specific impacts, such as monetary, political, and reputational damages. The Security Standard, Section 4.2.3, requires that an agency determine potential damages as a result of a compromise of sensitive data.

- Education has not defined specific regulatory requirements for applicable data, such as Health Insurance Portability and Accountability Act and Family Educational Rights and Privacy Act requirements. While Education does train employees on what data regulatory requirements are and has the ability to produce sanitized documents, Education has not identified these requirements according to each sensitive system. The Security Standard, Section 2.2.8.2, requires that a data owner define protection requirements for data based on regulatory requirements for its respective system.

- Education has not properly identified roles and responsibilities over IT systems. Education has documented a prime contact and application lead for applications, but has not clearly defined what roles these fulfill or other required roles. The Security Standard, Section 2, describes critical roles and responsibilities within an agency with respect to IT systems. Specifically, the roles of System Owner, Data Owner, Data Custodian, and System Administrator must be defined for each sensitive IT system.

IT Risk Assessments

- Education has not completed an IT Risk Assessment for the Oracle Financials system or the Teacher Licensure system. The Security Standard, Section 6.2, requires that an agency conduct and document an IT risk assessment of all sensitive IT systems as needed but not less than once every three years.

Continuing to not implement these requirements can increase the likelihood of Education being unable to adequately address risks, vulnerabilities, and remediation techniques for sensitive IT systems. Additionally, not consistently identifying information across IT Risk Management documents can result in inconsistent management of IT resources, based on sensitivity and risk.

Education has hired an additional security resource since the last audit in an effort to mitigate these and other weaknesses. However, Education has not implemented these controls as a result of a lack of an ISO that is dedicated to managing the security program free from competing priorities from other non-security related responsibilities. Education's executive leadership should dedicate and prioritize the necessary resources to ensure that Education's IT Risk Management documentation is consistent for the entire agency and IT Risk Assessments are developed to address all sensitive IT systems and dedicate enough ISO time to manage the IT Risk Management Program.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-040: Continue Improving Oversight over IT Risk Assessments and Security Audits

Applicable to: Virginia Employment Commission

Prior Year Finding Number: 2014-003
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Unemployment Insurance - 17.225
Federal Award Number and Year: UI265651555A51 - 2015
Name of Federal Agency: Department of Labor
Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)
Known Questioned Costs: $0

The Commission continues to not develop and maintain an IT Security Program in accordance with the Security Standard. Specifically, the audit disclosed the following weaknesses:

- The Commission has incomplete risk assessments for sensitive IT systems and the risk assessment for the Financial Management System, which it implemented in January 2015, was not completed until October 2015. Section 6.2 of the Security Standard, requires the data-owning agency to conduct and document a risk assessment of the IT system as needed, but not less than once every three years. Additionally, Section 6.2 of the Security Standard requires the data-owning agency to conduct and document an annual self-assessment to determine the continued validity of the risk assessment.

- The Commissions' Internal Audit Division (Internal Audit) has not submitted an updated IT security audit plan that reflects significant changes to its IT environment. In January 2015, the Commission replaced its legacy financial systems with a modern Financial Management System, but the current IT security audit plan does not reflect this new system or have it scheduled for an audit review. Section 2.1 of the IT Audit Standard

requires each agency to develop or review its IT security audit plan on at least an annual basis or more often as necessary.

- Internal Audit is not conducting IT security audits once every three years for all IT systems classified as sensitive. The Commissioner has delegated the responsibility for performing IT security audits to Internal Audit. Section 1.4 of the IT Audit Standard requires agencies to assess IT systems that contain sensitive data at least once every three years.

Without having complete risk assessments and not developing and maintaining an IT Security Audit program, the Commission increases the risk that existing weaknesses in sensitive systems will continue to remain undetected and unmitigated. These undetected weaknesses increase the risk of a system and data compromise by malicious parties, or system unavailability.

Since the last audit, the Commission has worked towards addressing these issues by hiring a full-time ISO and restructuring that role's placement in the organization. However, the full-time ISO only recently started in September 2015, and therefore the Commission has not addressed the issues identified above. Additionally, Labor awarded the Commission additional federal funds in September 2015 to strengthen its information system security program. The Commission should continue to use these additional resources effectively to strengthen its information security program.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-041: Improve IT Risk Management and Disaster Recovery Planning

Applicable to: Department of Human Resource Management

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Human Resource Management lacks certain components of an established and reasonable information technology (IT) risk management and disaster recovery planning (DRP) process. The artifacts that comprise an agency's IT risk management and DRP program are essential for protecting IT systems by identifying risks, vulnerabilities, and remediation techniques. Our review of Human Resource Management's IT risk management and DRP controls identified the following weaknesses:

- Human Resource Management has not evaluated the data stored in its mission essential and sensitive systems to determine if the data is subject to regulatory requirements, as required by the Commonwealth's Information Security Standard, SEC501-09 (Security Standard). Additionally, Human Resource Management has not evaluated the potential damages to the agency and the Commonwealth if the confidentiality, integrity, or availability of mission essential and sensitive data is compromised.

- Human Resource Management has not formally assigned the roles and responsibilities of system owners, data owners, system administrators, and data custodians for its mission

essential and sensitive systems, as required by the Security Standard. The personnel assigned to the related roles must also be educated and trained in their respective roles.

- The essential systems inventory and the IT systems and data sensitivity classifications are not consistent. The Security Standard requires that the Information Security Officer verify and validate that all agency IT systems and data have been reviewed and classified as appropriate for sensitivity. Human Resource Management has not adequately defined all sensitive systems within its IT environment. The risk management and assessment process is based on the outputs of the Business Impact Analysis and individual systems sensitivity classifications.

- Human Resource Management has not performed risk assessments for any of its mission essential and sensitive systems, except the Personnel Management Information System and the Benefits Enrollment System. The Security Standard requires risk assessments for all mission essential and sensitive systems. Risk assessments are essential for all designated mission essential and sensitive systems to adequately identify potential threats to an IT system and the environment in which it operates, determine the likelihood that threats will materialize, identify and evaluate vulnerabilities, and determine the loss impact if one or more vulnerabilities are exploited by a potential threat.

- Human Resource Management does not have IT system baseline configurations developed for any of its mission essential and sensitive systems, as required by the Security Standard. Baseline configurations serve as a basis for system builds, releases, and changes to information systems, as well as including information about specific information system components that reflect the current enterprise architecture.

Human Resource Management should allocate the resources necessary to implement and enforce all of the requirements as defined in the Security Standard for IT risk management and disaster recovery planning, as identified above.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-042: Continue to Improve IT Risk and Continuity Management Program

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: 2014-007
Type of Finding: Internal Control and Compliance

Motor Vehicles continues to not consistently and properly manage certain aspects of their Information Technology (IT) Risk and Continuity Management Program in accordance with the Security Standard. The success of an IT Risk and Continuity Management Program is dependent on

the quality and accuracy of key program documents, including IT system Risk Assessments, Business Impact Analysis, agency and IT Continuity of Operations Plans, and IT Disaster Recovery Plans.

The Security Standard identifies required program documents and elements that should be defined within them. It further lays out specific review and update schedules for these documents, as well as testing expectations for disaster recovery plans. These documents are essential for protecting agency IT systems by identifying risks, vulnerabilities, and remediation techniques; as well as establishing prioritization for restoring systems in contingency and disaster scenarios.

In the prior year we identified several weaknesses with these required documents that have not been addressed. Because of these weaknesses, Motor Vehicles may not be able to effectively and proactively protect sensitive data against risks, vulnerabilities, and threats. This may prevent Motor Vehicles from adequately performing critical business processes in the event of a natural disaster, service disruption, or other occurrence.

The related weaknesses continue to exist because Motor Vehicles has chosen to update its IT Risk and Continuity Management Program and the associated artifacts as a component of a significant security and IT operations remediation project, known as the Security Blitz. The Security Blitz project is a major undertaking involving collaboration among an outside vendor, and several internal departments and organizational units within Motor Vehicles.

Motor Vehicles should continue to allocate the necessary resources to review and revise the documents supporting their IT Risk Management and Continuity Management Program to ensure they are consistent and in accordance with the Security Standard. Motor Vehicles should also ensure all components of their IT Disaster Recovery Plan are periodically tested to ensure it can restore all critical systems in the event of a disaster, while also identifying opportunities to improve the disaster recovery process where needed.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-043: Update Contingency Planning Documentation

Applicable to: Department of Planning and Budget

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

The Department of Planning and Budget (Planning and Budget) does not consistently identify Mission Essential Functions (MEFs) in its Contingency Planning documents. Identifying MEFs properly and consistently is essential for defining and assessing risk management policies and procedures and developing plans to ensure business operation continuity.

The Security Standard, Section 8.6, states that agencies should use the information outlined in the BIA and RAs as the primary input for the Continuity and Disaster Recovery documents, which

will ensure consistent documentation. However, the MEFs identified in Planning and Budget's BIA are not consistent with the Continuity of Operations Plan (COOP) and Disaster Recovery Plan (DRP), which leads to inconsistent information, such as excluded supporting IT systems and incorrect Recovery Time Objectives.

By having inconsistencies across the Risk Management and Contingency documents, Planning and Budget may not be able to adequately perform critical business processes in the event of a natural disaster, service disruption, or other unplanned interruptions.

Planning and Budget joined the Virginia Information Technologies Agency's Small Agency Information Security Officer program for assistance in identifying and updating the MEFs and supporting IT system information in the Risk Management documentation (BIA and RA) based on a prior management recommendation. However, due to timing, Planning and Budget has not completed updating the Contingency Plans (COOP and DRP) to reflect the updated Risk Management documentation.

Planning and Budget should allocate the necessary resources to review and update the COOP and DRP documents based on the information identified in the BIA and RAs to ensure they are consistent and in accordance with the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-044: Complete System Security Plans

Applicable to: Department of Taxation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Taxation does not have System Security Plans for its IT resources that meet the requirements in the Security Standard.

Taxation recently developed a System Security Plan template to aid in documenting the security requirements of each IT resource and is now about to begin using these templates to document the requirements. The System Security Plans, when completed, will serve as a central repository of system documentation, including details about the system, risk assessments, specific security configurations, backup and restoration procedures, and vulnerability management. The Security Standard provides guidance on the requirements for sufficient system documentation in sections CM-2, CM-6, and CM-9.

Without System Security Plans, Taxation may not be able to restore critical systems in a timely manner that is consistent with continuity planning and disaster recovery requirements. Additionally, Taxation may not be able to ensure that IT resources are configured according to the requirements of the Security Standard and best practices. This could result in prolonged system unavailability.

Taxation has not completed the System Security Plans due to lack of prioritization of available resources. While Taxation completed the System Security Plan template in June 2014, limitations in available staff have prevented Taxation from collecting the information needed to complete the System Security Plans. Taxation has recently acquired new staff and started the documentation collection effort. Prior to the System Security Plan model, Taxation did not follow a consistent model for the collection, review, and modification of critical system documentation.

Taxation should prioritize and allocate the necessary resources to complete a System Security Plan for each required IT system, starting with its mission critical and sensitive systems.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-045: Improve the Sensitive System Classification Process

Applicable to: Department of Transportation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Transportation lacks a formal methodology to properly identify and classify its sensitive systems. IT's internal procedures as well as the Security Standard require that systems receiving a ranking of "high" on the criteria of confidentiality, integrity, and/or availability should be classified as sensitive on the agency's sensitive system listing. Currently, IT has ranked several systems as "high" on Transportation's Business Impact Analysis (BIA) for confidentiality, integrity, and availability but those systems are not on the agency's sensitive system listing. Misclassifying a sensitive system as non-sensitive increases the risk it will not have the necessary controls in place to adequately protect the data that it manages, stores, or processes and that these controls will not be regularly evaluated.

IT has limited procedures in place to identify and classify sensitive systems, but is not currently documenting their justification for classifying systems as non-sensitive that receive a "high" rating in the criteria of confidentiality, integrity, and availability. This lack of procedural documentation is resulting in the noted inconsistencies between the agency's sensitive system listing and BIA.

IT should evaluate its methodology for identifying and classifying sensitive systems. IT's methodology should require a documented justification from the Information Security Officer when systems that receive a ranking of "high" in the criteria of confidentiality, integrity, or availability by the data owner are not classified as sensitive in the sensitive system listing. Properly identifying all sensitive systems within the information technology environment will better ensure that the necessary security controls will be applied to protect the confidentiality, integrity, and availability of data within the related deemed sensitive systems and that the proper evaluation of these controls is performed.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

INFORMATION SECURITY PROGRAM

2015-046: Continue to Effectively Allocate Resources to Reduce IT Security Risk

Applicable to: Virginia Employment Commission

Prior Year Finding Number: 2014-001
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Unemployment Insurance - 17.225
Federal Award Number and Year: UI265651555A51 - 2015
Name of Federal Agency: Department of Labor
Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)
Known Questioned Costs: $0

The Commission needs to continue determining how to allocate the necessary resources to reduce IT security risk, as required by the Security Standard. During the audit, we identified several weaknesses in the Commission's information security program, which stem from a lack of dedicated resources. We discuss these weaknesses in further detail within the recommendations entitled "Obtain Approval to Use End-of-Life Operating Systems," "Continue Improving Oversight over IT Risk Assessments and Security Audits," "Continue to Improve Physical and Environmental Security," "Document Separation of Duty Conflicts for Mission Critical Systems," "Maintain Oversight over Third-Party Service Providers," and "Improve Database Security."

The Commission has been involved in several system development projects, which have required a substantial amount of resources over the last several years. The Commission has allocated a significant number of IT resources to these projects that, in turn, affected the resources available for maintaining certain aspects of its IT environment, including its information security program. Additionally, the Commission continues to receive less administrative funding from the federal government to maintain its operations as a result of continued economic improvements.

Section 1.4 of the Security Standard requires each agency to document, implement, and maintain its information security program appropriate to its business and technology environment. Without the allocation of the necessary resources to assure compliance with the Security Standard, the Commission will not be able to maintain adequate internal controls to protect confidential and mission critical data. Inadequate information security controls may lead to significant deficiencies in critical areas that could affect the financial statements or potentially impact the operations of the Commission.

In September 2015, Labor awarded the Commission additional federal funds to strengthen its information security program. Additionally, the Commission hired an ISO in September 2015,

whose time will be fully committed towards maintaining the Commission's information security program.

The Commission's executive leadership should continue to evaluate its IT resource levels, both in terms of people and money, to confirm that it appropriately allocates additional resources to implement and maintain information security controls on current and future systems, and maintain an information security program that meets or exceeds the requirements set forth within the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-047: Continue to Improve Information Security Policies and Procedures

Applicable to: Department of Education - Central Office Operations

Prior Year Finding Number: 2014-018
Type of Finding: Internal Control and Compliance

Education continues to not properly manage certain aspects of its Information Security Program. An agency's Information Security Program is essential for establishing security baselines, best practices, and requirements for ensuring the protection of, and mitigate risks to, the agency's information systems and data.

While Education has made progress since the last audit by addressing one of the identified weaknesses regarding IT Systems/Data Backup and Restoration, three weaknesses remain. Education needs to improve and mature its information security program to align it with the Commonwealth's Information Security Standard, SEC501-09 (Security Standard). Education has an action plan to correct these weaknesses by December 31, 2015. However, until the weaknesses are corrected, the corresponding risks associated with these controls still exist.

We examined Education's improvement of information systems security controls in the areas of IT Systems/Data Backup and Restoration, IT Change Control, and IT Systems and Data Security and compared its practices to the Commonwealth's Information Security Standard and found the following specific issues.

IT Change Control

- Education does not use proper change controls to guide the testing and implementation of internal database updates and patches. Specifically, Education should ensure that all required updates for the database are tracked through the SRTS change control tool or an alternative tool that meets the requirements in the Security Standard, including proper implementation, version control, and testing. The Security Standard, Section CM – 3.d, requires that an agency retain and review a record of each configuration controlled change to a system.

IT Systems and Data Security

- Education does not have an adequate IT Systems Hardening Policy. While Education has documented that the IT Partnership provides infrastructure-level hardening, the Partnership does not provide systems and data hardening at the software/application level. The Security Standard, Section CM-6, requires that an agency document mandatory configuration requirements (baseline configurations) consistent with System Hardening Standards. Baseline configuration documentation must be sufficient to enable full restoration of systems at the database and application level to support business functions during continuity and disaster recovery exercises.

- Education does not scan all sensitive systems for vulnerabilities. Specifically, Education scans one critical application, but not two other critical applications. While these two applications are not public facing, they do include sensitive data that requires additional security controls. The Security Standard, Section RA-5-COV, requires that an agency scan each sensitive system for vulnerabilities at least once every ninety days.

Delaying the implementation of these controls can result in Education being unable to adequately address key aspects of the agency Information Security Program for consistent management of IT Change Control and IT systems hardening procedures. These procedures are essential for ensuring that IT systems are adequately protected from potential continuity and data hardening risks and vulnerabilities.

Education has hired an additional security resource since the last audit in an effort to mitigate these weaknesses. However, Education has not implemented these controls as a result of a lack of an Information Security Officer (ISO) that is dedicated to managing the security program free from competing priorities from other non-security related responsibilities. Education's executive leadership should dedicate the necessary resources to ensure that Education's Information Systems Security program is consistent with the requirements of the Security Standard and support a dedicated ISO to manage the Program.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-048: Improve Information Security Awareness Training Program

Applicable to: Department of Education - Central Office Operations

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Education does not have a sufficient process in place to monitor and enforce employee compliance with the annual security awareness training requirement. As a result, 42 of the 292 employees, 14 percent, did not complete the training during calendar year 2014. Security awareness

training educates employees on the security requirements necessary to ensure the protection of Education's critical IT resources.

The Security Standard, Section AT-4, requires that Education document and monitor individual information system security training activities, including both basic security awareness training and specific information system security training. To confirm that Education tracks security awareness training for all employees, we reviewed Education's current process for ensuring security training compliance and requested evidence of attendance for selected employees.

Without a documented monitoring process, Education did not identify users whom did not complete the training. Active IT system users without training increases the risk of the user not being able to appropriately identify, prevent, and respond to security threats such as phishing and social engineering, which may result in the compromise of sensitive and mission critical systems and data.

Lacking a defined process to ensure security training compliance, in addition to turnover in the position of the Information Security Officer, caused Education to have issues with its monitoring and enforcement of security awareness training completion.

Education should establish a documented and approved process for monitoring and enforcing compliance for all employees, including identifying the employees who did not complete the annual training, notifying the employees of an additional time frame to comply, and establishing resulting consequences for any employees that do not complete the annual training. Subsequently, Education should incorporate the new controls into its existing information security awareness training program in order to ensure that all users receive the necessary training.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-049: Improve Information Technology Governance

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

DBHDS is not protecting sensitive Commonwealth data in accordance with the Commonwealth's standards and has an insufficient governance structure to manage its information security program. DBHDS has a decentralized information technology (IT) environment that allows the Central Office and 15 separate facilities to manage and maintain sensitive systems independently.

Due to the decentralized IT environment, DBHDS has 437 disparate sensitive systems at the Central Office and facilities, with multiple systems performing the same or similar business functions. For example, there are currently four Pharmacy Management Systems including the Electronic Health Records system, OneMind. DBHDS intends OneMind to be an enterprise solution; however,

only two facilities are using it and there is no timetable or plan to implement OneMind at the other facilities because DBHDS lacks the IT resources and funding.

Having 437 sensitive systems requires extensive IT resources to ensure compliance with the agency's enterprise security program and the Commonwealth's Information Security Standard. Managing and maintaining 437 sensitive systems is not feasible with DBHDS' current resource levels, and DBHDS has no formal plan to consolidate the disparate systems performing similar business functions across the entire agency.

The Commonwealth's Information Security Standard, SEC 501-09 (Security Standard), Section 2.4.2, requires the agency head to ensure that DBHDS maintains an information security program that is sufficient to protect the agency's IT systems and that is documented and effectively communicated.

In addition, DBHDS has control weaknesses in the following areas showing that DBHDS does not maintain appropriate oversight over its information security program and does not meet the requirements in the Security Standard:

- End-of-life technology;
- Risk management process;
- Vulnerability assessment process;
- Software baseline configurations;
- ISO reporting structure;
- Database security;
- Web application security; and
- Assurance over third-party providers.

Not having an appropriate governance structure to properly manage the agency's IT environment and information security program can result in a data breach or unauthorized access to confidential and mission critical data leading to data corruption, data loss, or system disruption if accessed by a malicious attacker, either internal or external. If a breach occurs and Health Insurance Portability and Accountability Act (HIPAA) data is stolen, the agency can incur large penalties, up to $1.5 million.

DBHDS has a decentralized IT governance structure, which led to having 437 disparate sensitive systems it cannot properly manage and maintain. DBHDS lacks the necessary IT resources at the Central Office and facilities to ensure compliance with the requirements in the Security Standard and enterprise security program. Additionally, the current reporting structure is not conducive for coordinating IT efforts between the Central Office and the facilities.

DBHDS should develop a formal plan to consolidate the 437 disparate sensitive systems to a level where the current IT resources can maintain compliance with Security Standard and agency policies, or hire additional resources to do so. DBHDS should evaluate its governance structure to determine the most efficient and productive method to bring the Central Office and the facilities in compliance with the requirements in the Security Standard. DBHDS should also evaluate its IT resource levels to ensure sufficient resources are available to implement any IT governance changes and rectify the control deficiencies. Implementing these recommendations will help ensure the confidentiality, integrity, and availability of DBHDS' sensitive data.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-050: Improve Security Awareness and Training

Applicable to: Department of Human Resource Management

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Human Resource Management has not implemented an effective or reasonable security awareness and training program. The Security Standard requires agencies to train employees annually as to their responsibilities while interacting with sensitive data. An established security awareness and training program is essential in protecting agency IT Systems and data. Our review of Human Resource Management's security awareness and training program identified the following weaknesses:

- Human Resource Management does not have a documented security awareness and training policy. The Security Standard requires Human Resource Management develop a security awareness and training policy that addresses purpose, scope, roles, responsibilities, management commitment, and compliance. Lacking a security awareness and training policy increases the risk that Human Resource Management employees will not consider the related training as mandatory, relevant, or essential.

- Human Resource Management does not require that all end users receive basic security awareness training on an annual basis. The Security Standard requires that Human Resource Management provide basic security awareness training to all information system users on an annual basis, and as part of initial training for all new users. Approximately 98 percent of Human Resource Management staff did not complete annual security awareness training in fiscal year 2015.

- Human Resource Management does not provide additional role-based security training to personnel with assigned security roles and responsibilities. Role-based security training is essential for employees and contractors who manage, administer, operate, and design IT systems to ensure that the related individuals are appropriately trained in their

roles and responsibilities in protecting Human Resource Management's mission critical sensitive systems and data.

We recommend that Human Resource Management improve its security awareness and training program by documenting a policy, requiring all employees to receive annual training, and including role-based security training requirements.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

IT SECURITY GENERAL CONTROLS

2015-051: Develop Vulnerability Assessment Process

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

DBHDS does not have formal policies or procedures to perform vulnerability assessments on publicly facing and sensitive systems. Additionally, DBHDS is not utilizing vulnerability scanning software or periodically reviewing and evaluating additional system vulnerability tools such as the Microsoft Baseline Security Analyzer (MBSA) and the SQL Best Practice Analyzer (SQL BPA) reports. DBHDS has 437 sensitive systems that require vulnerability scans, and some systems are using outdated and unsupported technology. Establishing a formal process to conduct vulnerability assessments will allow DBHDS to focus on remediating and mitigating the greatest risks to their sensitive systems containing sensitive data.

The Security Standard, Sections RA-5 and RA-5-COV, requires DBHDS to have vulnerability scanning procedures, and employ vulnerability scanning tools, analyze scan reports and results from security control assessments, and remediate legitimate vulnerabilities within 90 days.

By not having a formal vulnerability assessment process that utilizes vulnerability scanning software and vulnerability assessment tools, DBHDS increases the risk malicious users can discover and exploit known vulnerabilities to potentially compromise the system. DBHDS has multiple systems containing HIPAA data and if a data breach occurs, it can result in large monetary penalties, up to $1.5 million.

DBHDS' enterprise security program does not contain vulnerability assessment procedures to ensure the proper vulnerability scans and assessment are being done. Performing vulnerability scans, evaluating the scan reports, and remediating legitimate vulnerabilities is not feasible for DBHDS's 437 sensitive systems with the current IT resource level. In addition, DBHDS does not have

its own vulnerability scanning software and must procure vulnerability assessments through the Virginia Information Technologies Agency (VITA) resulting in a substantial cost to the agency.

DBHDS should develop and implement a vulnerability assessment process that complies with the requirements in the Security Standard. DBHDS should evaluate the current IT resource level and prioritize vulnerability scans for systems containing sensitive data. DBHDS should research procuring a vulnerability scanning software for the Central Office and facilities to reduce the cost of performing vulnerability assessments. Doing this will ensure DBHDS maintains confidentiality, integrity, and availability of their sensitive data.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-052: Approve Vulnerability Scanning Procedures and Review System Vulnerability Scanning Tools

Applicable to: Department of Health

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Health has not developed formal policies or procedures to perform periodic vulnerability scans on their publicly facing and defined sensitive systems. Health also does not periodically review or evaluate certain reports from system vulnerability and baseline scanning tools. Reports from these tools enable system administrators to evaluate and determine if their systems are in line with recommended vendor security settings and industry best practices. Health has multiple publicly facing and sensitive systems that require periodic vulnerability scans.

The Commonwealth's Information Security Standard, SEC 501-09, (Security Standard) Section 1.14 Risk Assessment, RA-5 and RA-5-COV, requires Health to have vulnerability scanning procedures. The Security Standard further requires Health to use vulnerability scanning tools, to analyze scan reports and results from security control assessments, and remediate legitimate vulnerabilities within 90 days.

Periodically using vulnerability scanning and system baseline assessment tools provide information on sensitive system configuration such as missing critical patches, inappropriate permission levels, and technical configurations and settings to enhance security and optimization. These results should be used by organizations to better enhance and refine the security controls and configurations for sensitive and internet facing systems, thereby reducing security risks. By not having formal procedures to ensure system owners and administrators perform vulnerability scans and not periodically reviewing vulnerability and baseline scanning tools, Health increases the risk that malicious users can discover and exploit known vulnerabilities to potentially compromise the system.

Health has a vulnerability scanning policy in draft form but the policy is not implemented throughout the agency, and management has yet to approve it. Additionally, Health relies on the Virginia Information Technologies Agency (VITA) to perform system vulnerability scans and run baseline scanning tools, but Health was not requesting or obtaining them for evaluation on a consistent basis.

Health management should approve and implement the vulnerability scanning policy to ensure all system owners and system administrators perform and remediate legitimate vulnerabilities on a timely basis in accordance with the Security Standard requirements. Health should also develop and implement formal procedures to review and evaluate the baseline scanning tools at a regular and defined frequency. Establishing formal policies and procedures, as well as periodically reviewing and evaluating system vulnerability assessment tools will reduce the risk of inconsistent implementations. These policies and procedures will also enable Health's information technology and security resources to perform vulnerability assessment scanning processes to management's defined expectations.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-053: Improve IT Software Maintenance and Management Controls

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Motor Vehicles does not adequately upgrade some of the IT software that supports critical business processes within the IT environment on a timely basis before they are unsupported by their associated vendor. The related IT software supports systems controlling important agency business functionality, such as remittance processing, fuels tax tracking, and financial analysis. The Security Standard requires that organizations prohibit the use of products designated as end-of-life / end-of-support by the vendor or publisher.

Motor Vehicles' use of non-vendor supported IT software increases the risk that existing vulnerabilities will persist in the related systems without the potential for patching or mitigation. These unpatched vulnerabilities increase the risk of cyber attack, exploit, and data breach by malicious parties. Additionally, vendors do not offer operational and technical support for IT software designated as end-of-life/end-of-support, which increases the difficulty of restoring system functionality if a technical failure occurs.

Motor Vehicles' Information Technology and Information Security Departments are aware of these IT software weaknesses and are currently working with the respective system vendors to develop solutions to upgrade the related end-of-life software. System complexities and project prioritization have delayed appropriate solutions from being developed and implemented.

Our review noted three types of outdated IT software that we have communicated in detail to management in a separate document marked FOIAE under Section 2.2-3705.2 of the Code of Virginia, due to their sensitivity and description of security controls. Motor Vehicles should continue to dedicate the necessary resources to further develop plans to migrate off the unsupported IT software. Motor Vehicles should also transition off all unsupported software by either completely decommissioning unneeded software or upgrading to currently supported software as soon as possible.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-054: Improve Vulnerability Scanning and Remediation Procedures

Applicable to: Department of Transportation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Transportation does not perform periodic vulnerability scans on their publicly facing and defined sensitive systems. Transportation also does not periodically review or evaluate reports from certain system vulnerability and baseline scanning tools. Reports from these tools enable system administrators to evaluate and determine if their systems are in line with recommended vendor security settings and industry best practices. We identified and communicated the specific control weakness to management in a separate document marked FOIAE under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms.

The Security Standard, Sections RA-5 and RA-5-COV, requires Transportation to have established vulnerability scanning procedures and employ vulnerability scanning tools at least once every 90 days for sensitive and public internet facing systems. The Security Standard further requires that Transportation analyze scan reports and results from security control assessments, and remediate legitimate vulnerabilities in a timely manner, or within 90 days.

Using scanning tools provides information on sensitive systems such as missing critical patches, inappropriate permission levels, and inappropriate technical configurations and settings. Organizations should use these results to better enhance and refine the security controls and configurations for sensitive and internet facing systems, thereby reducing security risks. Not having formal procedures to require system owners and administrators to perform periodic vulnerability scans and remediate the noted results on a timely basis increases the risk that malicious users will discover and exploit known vulnerabilities in mission-critical systems and data.

IT should implement a vulnerability scanning policy and procedure to ensure that all system owners and system administrators are required to perform vulnerability scans on publicly facing and defined sensitive systems. This will help to ensure IT remediates reported legitimate vulnerabilities

on a timely basis. Additionally, IT should implement the additional controls discussed in the communication marked FOIAE in accordance with the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

END-OF-LIFE TECHNOLOGY

2015-055: Finalize Security Exception Requests for Unsupported Databases

Applicable to: Department of Alcoholic Beverage Control

Prior Year Finding Number: 2014-013
Type of Finding: Internal Control and Compliance

ABC continues to operate two unsupported databases that contain sensitive information without having an approved security exception request. Exception requests, which outline temporary compensating controls, are valid for one year at a time. This is the second consecutive year that ABC has been in the process of applying for an exception request with the Virginia Information Technologies Agency (VITA)

The Commonwealth's Information Security Standard, SEC501-09 (Security Standard), Section 1.5, requires that agency heads submit a request to deviate from specific Security Standard requirements, also known as a COV Information Security Policy & Standard Exception Request, and outline the proposed mitigating safeguards to compensate for any control weaknesses.

Without an approved exception request from VITA, ABC does not have an independently verified and accepted compensating method to protect data confidentiality, integrity, and availability in the two databases. Operating these databases with unsupported software and without approved mitigating safeguards increases the risk of a data breach through an attack that exploits known vulnerabilities in an unpatched or outdated system.

ABC executive management made a decision to accept the risks of running unsupported databases and apply for the security exception requests. ABC determined the applications utilizing the unsupported databases will not support an upgrade without a significant impact to the business. Also, during the process of reviewing ABC's security exception requests VITA determined ABC must implement two additional security requirements before VITA will formally approve them.

While ABC has implemented certain compensating controls, it should continue working with VITA and implement the remaining two additional security requirements in order to receive approval for the Security Standard exception request. ABC should also prioritize the upgrade efforts to ensure the database versions are running on current releases that continuously patch known vulnerabilities.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-056: Upgrade Unsupported Technology

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A
Type of Finding: Compliance

DBHDS does not upgrade information technology applications that are no longer supported by their vendor. The applications using unsupported technology contain sensitive and mission critical data, which increases the risk that a malicious attacker can exploit a known vulnerability. We identified and communicated the control weakness to management in a separate document marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-3705.2 of the Code of Virginia due to it containing descriptions of security mechanisms.

The Security Standard, Section SI-2-COV, requires that organizations prohibit the use of products designated as end-of-life/end-of-support by the vendor or publisher.

By using end-of-life or end-of-support technology, DBHDS can no longer receive and apply security patches for known vulnerabilities, which increases the risk a malicious attacker will exploit these vulnerabilities leading to a data breach. Additionally, vendors do not offer operational and technical support for end-of-life or end-of-support technology, which affects data availability by increasing the difficulty of restoring system functionality if a technical failure occurs.

DBHDS is not performing certain tasks to meet the requirements in the Security Standard and has a decentralized IT environment.

DBHDS should dedicate the necessary resources to implement the controls discussed in the communication marked FOIAE in accordance with the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-057: Obtain Approval to Use End-of-Life Operating Systems

Applicable to: Virginia Employment Commission

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Unemployment Insurance - 17.225
Federal Award Number and Year: UI265651555A51 - 2015
Name of Federal Agency: Department of Labor
Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)
Known Questioned Costs: $0

The Commission has not obtained approval from the Commonwealth's Chief Information Security Officer (CISO) to continue to use computer operating systems that the software publisher has designated as end-of-life. Retired and unsupported operating systems no longer receive updates and patches to remedy recently discovered vulnerabilities. Hackers use discovered vulnerabilities to create computer viruses that exploit known weaknesses in the operating system to gain unauthorized access.

Section 1.5 of the Security Standard, requires the Agency Head to submit to the CISO and receive approval of a security standard exception request if the Commission determines that compliance with the provisions of the Security Standard or any related information security standard would adversely affect a business process of the Commission.

The Commission's IT environment is part of the Commonwealth's IT infrastructure for executive branch agencies. Therefore, any weaknesses or deviation from security controls at a particular agency need to be identified and compensating controls need to be approved by the Commonwealth's CISO. The approval includes the acceptance of temporary compensating controls that reduces the risk while the systems are being upgraded.

The Commission was unable to obtain an approved exception due to the lack of necessary resources during the fiscal year, as the Commission experienced transitions in internal personnel. Due to this, the Commission was unable to ensure it took the proper steps to submit a timely exception request to the CISO.

The Commission should work with the CISO to obtain an exception request approval required by the Security Standard as it continues to use software products that the software publisher has designated as end-of-life.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-058: Upgrade End-of-Life Technology

Applicable to: Department of Transportation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Transportation does not upgrade certain software components supporting mission-critical and sensitive systems within the information technology environment on a timely basis before they are unsupported by the vendors. IT has a remediation plan in place to upgrade, decommission, or get an exception from the Partnership for the end-of-life technology during 2016, but does not currently have approved security exceptions from the Commonwealth of Virginia's Chief Information Security Officer (CISO) for the associated end-of-life software. We identified and communicated the system and component specific control weaknesses to management in a separate document marked FOIAE under Section 2.2-3705.2 of the Code of Virginia due to it containing specified descriptions of security mechanisms.

The Security Standard, Section 8.17, Sub-section SI-2-COV, requires that organizations prohibit the use of products designated as end-of-life/end-of-support by the vendor or publisher. The Security Standard, Section 1.5, further requires that if an agency determines that compliance with the provisions of the Security Standard or any related information security standards adversely affects a business process of the agency, the Agency Head may request approval to deviate from a specific requirement by submitting an exception request to the Commonwealth of Virginia's CISO.

By using unsupported technology, IT can no longer receive and apply security patches for known vulnerabilities, which increases the risk that a malicious attacker will exploit these vulnerabilities leading to a data breach. Additionally, vendors do not offer operational and technical support for end-of-life/end-of-support technology, which effects data availability by increasing the difficulty of restoring system functionality if a technical failure occurs.

IT should prioritize the upgrade and decommissioning of all end-of-life/end-of-support technology discussed in the communication marked FOIA-Exempt in accordance with the Security Standard. IT should also submit security exceptions to the Commonwealth of Virginia's CISO for approval to continue operating the end-of-life technology as necessary. Further, IT should ensure there are sufficient resources in place to complete their remediation plan during 2016. This will better ensure the confidentiality, integrity, and availability of sensitive Commonwealth data and achieve compliance with the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

THIRD-PARTY PROVIDER

2015-059: Increase Oversight over Third-Party Providers

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A
Type of Finding: Compliance

DBHDS is not gaining assurance that their third-party providers have secure IT environments to protect sensitive Commonwealth data. The Security Standard considers third-party providers to be organizations that perform outsourced business tasks or functions on behalf of the Commonwealth. DBHDS has outsourced several of its mission critical business functions including its Electronic Health Records System, which includes Commonwealth and HIPAA data relating to patients served by DBHDS.

Section 1.1 of the Security Standard recognizes that agencies may procure IT equipment, systems, and services covered by the Security Standard from third-party providers. In these situations, the Security Standard requires agencies enforce the requirements outlined in the Security Standard through documented agreements with providers and oversight of the services performed.

By not having a process to gain assurance over third-party service providers' IT environments, DBHDS cannot validate the providers have effective IT controls to protect its sensitive data.

DBHDS has not been gaining assurance of its third-party providers IT environments because there is no formal process in its information security program for identifying third-party service providers and providing appropriate oversight.

DBHDS should develop a formal process to gain assurance that its third party providers have secure IT environments to protect sensitive data. One way to do this is by requesting and reviewing Service Organization Control reports. After DBHDS develops a formal process, it should incorporate the process into its information security program.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-060: Maintain Oversight over Third-Party Service Providers

Applicable to: Virginia Employment Commission

Prior Year Finding Number: 2014-003
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Unemployment Insurance - 17.225
Federal Award Number and Year: UI265651555A51 - 2015
Name of Federal Agency: Department of Labor
Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)
Known Questioned Costs: $0

The Commission continues to not maintain oversight over Third-Party Service Providers (Providers) to gain assurance over outsourced operations. Providers are entities that perform outsourced tasks or functions on behalf of the Commonwealth. The Commission has outsourced several of its mission critical business functions related to the Unemployment Insurance program, including hosting of its online claims portal and administration of electronic debit card operations for Unemployment Insurance benefit payments.

Topic 10305 of the Commonwealth Accounting Policies and Procedures Manual requires agencies to have adequate interaction with the Provider to understand its internal control environment and maintain oversight over the Provider to gain assurance over outsourced operations. The Commission can obtain assurance in several forms, including but not limited to, Service Organization Control reports or on-site reviews of the Provider's internal control environment. The Commission did not maintain oversight over Providers because it did not establish a framework for identifying Providers or develop procedures for gaining assurance over outsourced operations. Without maintaining oversight, the Commission cannot gain assurance that the Provider's internal control environment is sufficient to protect the Commonwealth's assets.

The Commission should dedicate the resources necessary to develop a framework for identifying Providers and implement procedures for gaining assurance over outsourced operations. After developing a framework, the Commission should review its contract listing to identify all vendors it considers to be a Provider and confirm that the contract language between the Commission and Provider clearly delineates the processes, procedures, and controls assigned to each party. Thereafter, the Commission should determine which method is best for gaining assurance over outsourced operations. Finally, the Commission should maintain oversight over this process to confirm that it is compliant with the provisions set forth within the Commonwealth Accounting Policies and Procedures Manual.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-061: Create Processes for Review and Assessment of Third Party Vendors' Controls

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Motor Vehicles does not have policies and procedures in place to review and assess the effectiveness of third party vendors' (Provider) controls. As a result, Motor Vehicles is not ensuring that controls are reviewed and assessed for all significant Providers. Motor Vehicles uses Providers to collect major revenue sources, such as fuels taxes and vehicle sales and use taxes, and to collect and transfer sensitive information, such as personal information needed for vehicle registration. If the controls at these Providers are not adequate, there is the risk that sensitive information is not properly protected or significant revenue amounts could be incorrect.

The Department of Accounts requires agencies to complete Agency Risk Management and Internal Control Standards (ARMICS) requirements and certifications, which include documenting, evaluating, and testing internal controls. This also applies to agency processes performed by Providers. Not properly monitoring the effective operation of internal controls at Providers reduces Motor Vehicles' ability to ensure that Providers' controls are adequate. In addition, the Security Standard considers Providers to be organizations that perform outsourced business tasks or functions on behalf of the Commonwealth. Section 1.1 of the Security Standard recognizes that agencies may procure information technology equipment, systems, and services covered by the Security Standard from Providers. In these situations, the Security Standard requires that agencies enforce the requirements outlined in the Security Standard through documented agreements with its Providers and oversight of the services performed.

Service Organization Control reports are evaluations performed at the Provider by an independent auditor using attestation standards established by the American Institute of Certified Public Accountants. The reports provide assurance over the design and effectiveness of the Provider's controls. Motor Vehicles has requested the reports for some Providers but the reports are not reviewed to ensure the Provider's controls are adequate, or to ensure that the report's complimentary controls, which detail controls needed to be in place at Motor Vehicles to have a complete control structure, are adequately implemented. In addition, most work areas at Motor Vehicles were not aware of the need to review Provider controls. The decentralized nature of Motor Vehicles creates a great need for an agency-wide understanding of Provider controls and the assessment of them.

Motor Vehicles' management should create a documented framework for identifying Providers and assessing Provider controls. This framework should include ensuring that contracts with the Providers require documented independent assurances over controls be provided as well as documenting the review of these assurances to determine effectiveness of Provider controls. This information should be provided to all areas of the agency.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-062: Obtain Assurance of Internal Control Effectiveness from Service Provider Agency

Applicable to: Department of Social Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778
Federal Award Number and Year: VA20151, VA20152, VA20153 and VA20154 - 2015
Name of Federal Agency: Department of Health and Human Services
Type of Compliance Requirement - Criteria: Eligibility - OMB Circular A-133 §.300(b)
Known Questioned Costs: $0

Social Services does not validate that its service provider, Virginia Information Technologies Agency (VITA), follows agreed-upon internal controls for the application server that executes the rules that determine citizens' eligibility for services.

The Commonwealth Accounting Policies and Procedures (CAPP) Manual Topic 10305, Internal Control, requires that a primary agency obtain assurance from a service provider agency that they have adequately assessed their internal control effectiveness.

Without validating that VITA has implemented controls to protect the application server that executes the rules that determine citizens' eligibility for services, Social Services risks potential abuse, error or fraud.

Social Services signed a Memorandum of Understanding (MOU) with VITA for Medicaid Information Technology Architecture (MITA) services. However, the MOU only serves as the agreement governing the relationship between the two agencies and does not provide a current assessment of VITA's internal controls compliance. Additionally, Social Services has not requested and reviewed a Certification of Internal Control from VITA, because Social Services was unaware of the requirement to request a certification.

Social Services should obtain and evaluate a Certification of Internal Control from VITA to verify VITA's assessment of internal controls over the application server that executes eligibility rules. Social Services should subsequently develop a formal process to obtain and review certifications from service provider agencies on an ongoing basis.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

IT PHYSICAL ACCESS CONTROLS

2015-063: Continue to Improve Physical and Environmental Security

Applicable to: Virginia Employment Commission

Prior Year Finding Number: 2014-003
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Unemployment Insurance - 17.225
Federal Award Number and Year: UI265651555A51 - 2015
Name of Federal Agency: Department of Labor
Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)
Known Questioned Costs: $0

The Commission continues to not have a sufficient physical and environmental security program in place to protect technical assets that support day-to-day business functions from human and environmental risks.

Section PE-1 of the Security Standard requires the agency to develop, document, and implement physical and environmental protection policies and procedures to ensure appropriate safeguards are in place to protect information systems from human and environmental risks. We communicated two essential control weaknesses during the prior year audit in detail to management in a separate document marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-375.2 of the Code of Virginia due to the sensitivity and description of security controls. The Commission did not correct the weaknesses identified during the prior year audit in the current audit period, and an additional control weakness was identified during the current audit. All of these weaknesses were communicated to management in a separate document marked FOIAE.

By not requiring sufficient physical and environmental safeguards and supporting procedures, the Commission cannot properly protect information systems maintained on the premises from human and environmental risks. The Commission has made progress in corrective actions by changing the placement of and hiring of a new ISO to be fully dedicated to maintaining the Commission's information security program. However, the lack of resources contributed to the Commission not having fully corrected the weaknesses identified during our last audit.

The Commission should continue to allocate the necessary resources to further implement the controls discussed in the communication marked FOIAE to meet, at a minimum, the requirements in the Security Standard and industry best practices.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-064: Continue to Improve Physical and Environmental Security Controls

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: 2014-006
Type of Finding: Internal Control and Compliance

Motor Vehicles continues to not have adequate physical and environmental security controls in place to protect its information technology systems that house sensitive data. These weaknesses continue to exist because Motor Vehicles is currently in the process of consolidating multiple sever rooms in it's headquarter facilities into a single newly constructed data center that can be better managed and more adequately controlled.

Our review noted several areas of weakness that we have communicated in detail to management in a separate document marked FOIAE under Section 2.2-3705.2 of the Code of Virginia, due to their sensitivity and description of security controls. Motor Vehicles should continue to dedicate the necessary resources to implement the controls discussed in our recommendation in accordance with the Security Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-065: Improve Access Controls to IT Hardware

Applicable to: Department of Transportation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Transportation is not granting access into its server room based on the principle of least privilege. The Central Office server room houses multiple mission-critical and sensitive systems that contain confidential data. Currently, there are 207 employees of Transportation, Virginia Information Technologies Agency, and Northrop Grumman with access into the server room.

The Security Standard, Section AC-6, requires Transportation to allow employees access only when that access is necessary to accomplish assigned tasks in accordance with organizational mission and business functions.

By not adhering to the principle of least privilege, the risk that Transportation may be unable to adequately protect sensitive information technology systems is increased, which may result in the compromise of sensitive Transportation systems and data.

IT has granted excessive access to the Central Office server room primarily due to a technical maintenance event that occurred earlier during the fiscal year. A server went offline in the Central Office server room and there were no Northrop Grumman employees available who had pre-

established access. As a result, Northrop Grumman subsequently requested that IT grant computer room access to all individuals potentially requiring access to support Transportation's information technology infrastructure on an ongoing basis.

IT should reduce the list of users with access to the server room to only the individuals that require it. Reducing the number of users with access to the Central Office server room will allow IT to perform more efficient user access reviews and help to protect the confidentiality, integrity, and availability of sensitive Transportation data. IT should also develop and implement periodic monitoring and review controls over physical access to the server room to prevent this issue from reoccurring.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

IT CHANGE MANAGMENT

2015-066: Expand Change Management Process to Include all IT Environment Production Changes

Applicable to: Department of Social Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778
Federal Award Number and Year: VA20151, VA20152, VA20153 and VA20154 - 2015
Name of Federal Agency: Department of Health and Human Services
Type of Compliance Requirement - Criteria: Other - OMB Circular A-133 §.300(b)
Known Questioned Costs: $0

Social Services' new change management process does not include all information technology (IT) environment production changes. In July 2015, Social Services started tracking changes to one of its several applications using a centralized change management software.

The Security Standard, sections CM-1 and CM-3-COV, require agencies to implement formal change management control policy and procedures.

Delaying or not expanding the new change management process to include all IT environment production changes may introduce inconsistent and improper changes to Social Services' IT environment, which may result in unreliable, unavailable or compromised sensitive data.

Social Services has not yet implemented the formal change process across all IT environment production changes due to the time required to familiarize personnel with the new process and subsequently change behaviors.

Social Services should continue to systematically expand its new change management process to include all IT environment production changes and continue training personnel to facilitate an easy transition and acceptance.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-067: Improve Change Management Process and Controls

Applicable to: Department of the Treasury

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Treasury needs to improve its IT change management program to ensure it meets the minimum requirements in the Security Standard. Specifically, we identified the following weaknesses:

- Treasury's change management process allows the IT developer who creates and modifies application source code to migrate the related code from development and testing environments into the system's production environment. The ability to alter and migrate system code across multiple environments is a violation of separation of duties, as defined in Section AC-5 of the Security Standard. The Security Standard, Section CM-5, further requires that an organization define, document, and enforce access restrictions associated with any information system changes. Also, the Security Standard, Section AC-6, requires that the organization only allow users access to information systems based on the assigned tasks. Allowing developers to modify and migrate code into production system environments increases the risk that system changes will not be approved in accordance with the established Treasury change control policies and procedures and thus circumvent the established control mechanisms. This increases the risk of introducing potential system bugs and vulnerabilities, which could in turn result in system unavailability or compromise. Upon identification of this weakness, Treasury has discontinued its practice of allowing IT developers who created or modified the source code from migrating the code into production; however, this weakness was present throughout the fiscal year in review.

- Treasury does not have a detailed written procedure that clearly defines which changes require a security impact analysis or involve the Information Security Officer in the change management process to ensure the integrity of existing security controls. Additionally, Treasury is using a legacy system, Workspaces, to manage its change control process across multiple mission critical applications. The outdated application increases the difficulty of effectively monitoring and managing the change control process. The Security Standard, Section CM-3, requires that an agency implement change control processes in a way that does not compromise security controls. Also, the Security

Standard, Section CM-4, requires that the organization analyze changes to discover potential security impacts before implementation. The Security Standard, Section CM-3, also states that for sensitive systems, the organization is required to have an information security representative provide expertise throughout the change management process. Without sufficient and clear documented guidance, Treasury increases its risk of implementing changes into a production environment that have not been sufficiently tested, approved, and evaluated for potential impacts to security controls. Upon identification of this weakness, Treasury has begun to work on establishing a more robust change management procedure.

Treasury allowed IT developers who created and modified application source code to migrate the related code from development and testing environments into the system's production environment primarily due to limited information technology staffing resources. Treasury does not have a written procedure that defines which changes require a security impact analysis or involve the Information Security Officer primarily due to management oversight.

Treasury should continue to dedicate the necessary resources to improve its change management program to ensure consistent implementation and application of defined change control procedures and provide improved oversight for the changes to Treasury's IT systems. Treasury should also ensure that its change management program aligns with the requirements of the Security Standard. Additionally, Treasury should dedicate the necessary resources to evaluate its current change control application in order to determine if the system is reasonably meeting the agency's needs for enterprise change management.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

SYSTEMS SECURITY

2015-068: Correct Operating Environment and Security Issues Identified by their Security Compliance Audit

Applicable to: Department of Medical Assistance Services

Prior Year Finding Number: 2014-027
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778
Federal Award Number and Year: VA20151, VA20152, VA20153, VA20154 - 2015
Name of Federal Agency: Department of Health and Human Services
Type of Compliance Requirement - Criteria: Other - OMB Circular A-133 §.300(b)
Known Questioned Costs: $0

Medical Assistance Services' Internal Audit Division's review, dated January 31, 2014, found 15 exceptions in which the agency did not comply with the VITA Information Security Standard, SEC

501-7.1, and HIPAA security rules. According to management's updated correction plan, dated September 14, 2015, the following four exceptions remain, which they expect to address by the dates listed:

- Risk Assessment Procedures – March 31, 2016
- Logical Access Controls – January 31, 2016
- Training Materials – January 31, 2016
- Policies and Procedures Reviews – January 31, 2016

SEC 501-7.1 required that all state agencies develop and implement appropriate policies and procedures that meet the minimum standards outlined within it, to include sub-section 6: Risk Management and sub-section 8: Security Control Catalog.

As Medical Assistance Services has not yet corrected previously identified weaknesses, the agency continues to maintain an increased risk to its sensitive information systems and data, with regards to confidentiality, integrity, and availability. Critical information systems and data could be impacted due to the weaknesses identified above, which would hinder Medical Assistance Services' ability to perform its mission essential functions in support of the Commonwealth.

As of September 14, 2015, Medical Assistance Services had not contributed the necessary resources to address its information technology security needs and exceptions as reported in the Internal Audit Division's review. In doing so, the agency did not meet its estimated completion date of June 30, 2015, as stated in its original corrective action plan. Internal Audit continues to monitor and test implemented corrective actions and plans to review remaining corrective actions in 2016.

We recommend that Medical Assistance Services continue to follow its updated corrective action plans for the identified weaknesses, which includes developing or acquiring the necessary resources to ensure that appropriate controls are applied over its sensitive information systems and data. In addition, as Medical Assistance Services addresses these weaknesses, the agency should consider the most current Security Standard, SEC 501-09.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

APPLICATION CONTROLS

2015-069: Confirm VABS is Calculating Maximum Benefit Amount Consistently for All Claimants

Applicable to: Virginia Employment Commission

Prior Year Finding Number: 2014-070
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Unemployment Insurance - 17.225
Federal Award Number and Year: UI265651555A51 - 2015
Name of Federal Agency: Department of Labor
Type of Compliance Requirement - Criteria: Eligibility - 2 CFR 200.303(a)
Known Questioned Costs: $0

The Commission continues to not confirm that VABS is calculating maximum benefit amounts in accordance with the Code of Virginia for all claimants. During the period under review, the Commission processed unemployment insurance payments to 150,781 individuals. Of these, VABS did not calculate the maximum benefit amount correctly for 43 claimants, or 0.03 percent of all claimants that received an unemployment insurance payment during the period under review.

To determine the claimant's maximum benefit amount, VABS first determines the claimant's weekly benefit amount and duration of benefits, based on the wages earned during the claimant's base period. VABS then multiplies the weekly benefit amount and duration of benefits to determine the claimant's maximum benefit amount. However, VABS did not calculate duration of benefits correctly, for the claims in question, due to a defect in the logic used to compute this figure. As a result, the maximum benefit amount was greater than what it should have been for 36 claimants and less than what it should have been for seven claimants. To date, the Commission has overpaid 11 of the 43 claimants in question because of this defect.

Section 200.303 of the Code of Federal Regulations requires that non-federal entities establish and maintain effective internal control over federal awards that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the Federal award. Although these instances represent less than one percent of all unemployment insurance claims processed during the period under review, this miscalculation indicates a deficiency in the Commission's process for determining how much it should pay an individual. Without validating the system's logic, the Commission cannot assure itself that claimants receive the proper amount of benefits based on the regulations prescribed in the Code of Virginia.

The Commission performed an analysis shortly after the end of the period under review, using historical and current data, to identify the cause of the defect and develop a solution to remedy the problem going forward. After its analysis, the Commission developed an automated program to replace the logic previously used by VABS to calculate each claimant's maximum benefit amount. The Commission tested this program internally and placed this fix into production at the end of September 2015. The Commission will also use this program to detect miscalculations that have

taken place after July 2014 but prior to the implementation date and automatically apply overpayments as necessary. The Commission should continue to monitor this program to confirm that it calculates maximum benefit amount in a manner consistent with the Code of Virginia.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-070: Withhold Child Support Obligations from Benefit Adjustment Payments

Applicable to: Virginia Employment Commission

Prior Year Finding Number: 2014-071
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Unemployment Insurance - 17.225
Federal Award Number and Year: UI265651555A51 - 2015
Name of Federal Agency: Department of Labor
Type of Compliance Requirement - Criteria: Eligibility - 2 CFR 200.303(a)
Known Questioned Costs: $0

The Commission continues to not withhold child support obligations from benefit adjustment payments. Although the Commission does deduct child support obligations from regular unemployment insurance payments, there are situations where the Commission has to generate an additional benefit adjustment payment to the claimant. Such situations include compensating an individual for differences in unemployment insurance benefits when the Commission adds additional wages to the claimant's base period wage profile.

During the period under review, the Commission processed benefit adjustment payments to 2,505 claimants. Of these, the Commission did not withhold child support obligations from the benefit adjustment payments paid to 158 individuals. The Commission did not withhold child support obligations from benefit adjustment payments because it suspended the programming within its Benefit System supporting this withholding, due to the defects created by system limitations.

Section 303(2)(A)(iii)(1) of the Social Security Act of 1935 requires the State agency charged with the administration of State law to deduct and withhold, from any unemployment compensation otherwise payable to an individual, the amount specified by the individual to the State or local child support enforcement agency to be withheld and deducted. By not withholding child support obligations from benefit adjustment payments and remitting payment to the state child support enforcement agency, the Virginia Department of Social Services is unable to supply custodial parents with their full entitlement amount. This places the Commission at risk of incurring fines and penalties for being non-compliant with federal and state regulations.

To comply with this requirement, the Commission implemented a system fix within VABS in August 2015 to withhold child support obligations from benefit adjustment payments. Additionally,

the Commission developed an automated report to monitor the withholding of child support obligations from benefit adjustment payments. The Commission's Benefit Payment Charge Unit will monitor this report to confirm withholdings are taking place at the proper amount. The Commission should continue to monitor the system fix to confirm the VABS is withholding child support obligations from benefit adjustment payments.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

IT AUDIT PLANS

2015-071: Continue to Improve IT Security Audit Plan

Applicable to: Department of Accounts

Prior Year Finding Number: 2014-010
Type of Finding: Internal Control and Compliance

Accounts continues to have an outdated IT Security Audit Plan that is inconsistent with its BIA and RA documents. Also, Accounts continues to not perform IT security audits over IT systems classified as sensitive to ensure they are reviewed at least once every three years, nor has Accounts submitted an IT Security Audit Plan to the Commonwealth's Chief Information Security Officer (CISO) on an annual basis.

The Commonwealth's IT Security Audit Standard (IT Audit Standard), SEC502-02, Section 1.4 and 2.1 requires that:

- Agencies develop and maintain an IT security audit plan for the IT systems for which they are the Data Owner.
- Agencies base their IT security audit plans on the BIA and the systems' data classifications.
- The respective Agency Head submit the updated IT security audit plan to the Commonwealth's CISO on an annual basis.
- IT systems that contain sensitive data be assessed at least once every three years in accordance with the requirements of the Security Standard.

By not having periodic IT Security Audits performed on sensitive systems currently running in its IT environment, Accounts is increasing the risk for system vulnerabilities and threats to go undetected and not reasonably remediated in accordance with the Security and IT Audit Standards.

Accounts has contracted with an external firm to perform the IT Security Audits over sensitive systems. However, Accounts delayed further progress in corrective actions primarily due to the ongoing development, implementation, and roll out of Cardinal, as documented above. Based on

the new Cardinal system implementation and the system migration project, Accounts continues to delay the necessary corrective actions for updating the IT Security Audit Plan and performing IT security audits.

Accounts should continue to dedicate the necessary resources to update its IT Security Audit and Risk Management documentation based on the requirements in the Security and IT Audit Standard. Accounts should also submit the necessary documentation to the Commonwealth CISO on an annual basis as required by the IT Audit Standard. Furthermore, Accounts should continue to dedicate the necessary resources to execute IT security audits for all sensitive systems in accordance with the IT Audit Standard.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-072: Develop and Submit an Information Technology Audit Plan

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: 2014-017
Type of Finding: Internal Control and Compliance

DBHDS does not coordinate and plan audits over sensitive IT systems to ensure it sufficiently protects data. DBHDS' Internal Audit Department submitted a plan to VITA in December 2014, but had not submitted one the previous five years. The plan submitted in December 2014 included all of DBHDS' 437 sensitive systems; however, VITA rejected the plan because DBHDS did not include each individual sensitive system in the Commonwealth Enterprise Technology Repository (CETR). DBHDS has now input all 437 sensitive systems into CETR and the Internal Audit Department will submit another plan to VITA. In addition, DBHDS does not have an IT auditor to perform the information security audits once VITA approves the plan.

The Security Standard, SEC 502-02.2, Section 2.1, requires that agencies submit an IT audit plan to the Chief Information Security Officer (CISO) of the Commonwealth of Virginia on an annual basis. SEC 502-02.2, Sections 1.4 and 2.1, further require Commonwealth agencies to annually update and create a three-year IT audit plan that covers the organization's sensitive IT systems. SEC 502-02.2, Sections 2 and 1.2.5, require IT security audits be conducted by personnel or organizations defined as IT security auditors that have the experience and expertise to perform IT security audits. Additionally, the Security Standard requires that these audits be performed in accordance with either Generally Accepted Government Auditing Standards or International Standards for the Professional Practice of Internal Auditing (IIA Standards). SEC 502-02 further requires in Section 2.2 that IT security audits be performed based on the minimum controls established in the Security Standard, SEC 501.

IT security audits determine if reasonable controls are in place to protect sensitive data for each respective system. As DBHDS does not have a schedule to audit each sensitive IT system, DBHDS

increases the risk of an IT system being overlooked that may contain significant risks that require remediation. These risks increase the risk of a potential data breach at DBHDS.

DBHDS Internal Audit did not establish an appropriate IT audit plan due to limited communication with management and a lack of understanding of the SEC 502 requirements. DBHDS Internal Audit also continues to lack an IT audit plan because VITA rejected the plan submitted in December 2014. DBHDS submitted a budget request to hire an IT auditor, but will not know if the request is approved until the General Assembly and Governor approve the next biennial budget.

DBHDS should submit an IT audit plan to VITA and submit timely annual three-year IT audit plans to the Commonwealth's CISO. In addition, DBHDS should hire an IT auditor with the experience and expertise to complete the audit plan or evaluate hiring a private firm if the General Assembly denies the budget request.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

FINANCIAL REPORTING

2015-073: Improve Controls over Financial Reporting

Applicable to: Department of Transportation

Prior Year Finding Number: 2014-073
Type of Finding: Internal Control

Transportation does not have adequate internal controls over its financial reporting processes. In the past two years, Transportation has made errors in its unaudited financial submissions to the Department of Accounts (Accounts). This year, we again identified significant misstatements in Transportation's disclosure for contractual commitments, unaudited accounts receivable, net investment in capital assets, and other disclosures. These misstatements resulted in aggregate audit adjustments of over $150 million, the majority of which related to disclosures. As a result, we consider this matter to be a material weakness in internal control.

All submissions are to be submitted by established due dates and contain complete and accurate information, according to Accounts' Financial Reporting Directive 4-15 from the Office of the Commonwealth's Comptroller. Transportation has over 60 submissions to prepare and send to Accounts each year within a short window of time. The majority of these submissions are without error, but some have continued to contain errors each year.

The quality of Transportation's review of these submissions contributed to these errors. In addition, there is no independent reviewer with knowledge of all operations and accounting, reviewing each submission for accuracy.

The Transportation Controller and the Fiscal Division should ensure their financial reporting procedures over these areas are enforced and that a thorough review process prevents and detects mistakes. The Controller should also ensure that an individual who is independent of the area that prepared each submission review them for accuracy. The Fiscal Division should supplement this by increasing analytical procedures, reviews of variances, and overall reviews of all items to ensure they are reasonable and consistent across submissions. Improved financial reporting controls will help ensure Transportation's unaudited financial submissions are materially correct and accurately represent its operations to meet the Commonwealth's financial reporting needs.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-074: Document the Impact Funding has on Highway Infrastructure Capitalization

Applicable to: Department of Transportation

Prior Year Finding Number: N/A
Type of Finding: Internal Control

Transportation does not have documented internal controls to consider the financial reporting implications that changes in funding legislation could have on highway infrastructure capitalization. The General Assembly enacted alternative paving funding legislation in 2013 under Code of Virginia Section 33.2-358(C), which enabled Transportation to fund additional paving rehabilitation projects in the Acquisition and Construction program. Transportation's infrastructure capitalization methodology considers projects funded in this program are capitalizable.

Transportation has an established process to monitor legislation and consider the effects on many aspects of the agency's operations. Although the Chief Financial Officer was involved in drafting and implementing the alternative paving funding legislation; therefore, ensuring that Transportation carried out the legislative intent of the funding, the Controller and Fiscal Division did not document the decision process to determine which projects to fund with the additional funding and any effect on infrastructure capitalization. During fiscal year 2015, Transportation funded over $102 million in projects under this legislation and capitalized the expenses. Our review of these projects determined that all of the projects funded in fiscal year 2015 were properly capitalized.

The Chief Financial Officer, Controller, and Fiscal Division should document internal controls and processes to consider funding legislation and its effect on highway infrastructure capitalization. When new legislation arises, the Controller and Fiscal Division should document considerations and impacts on the infrastructure capitalization methodology. The Fiscal Division should periodically review the highway infrastructure capitalization methodology to ensure that it is still reasonable and applicable based on legislation and operational changes. The Fiscal Division should continue to ensure that any projects funded in the Acquisition and Construction program are capitalizable under the current methodology.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-075: Improve Internal Controls over Lease Reporting

Applicable to: Department of General Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

The Department of General Services improperly reported an operating lease to Department of Accounts (Accounts) for fiscal year 2015 that does not begin until fiscal year 2016, resulting in a $23 million overstatement in future commitments. In addition, the information in the Lease Accounting System (LAS) for two capital leases contained inaccurate information related to dates, payments, and salvage values resulting in an understatement of $4 million.

The CAPP Manual Topic 31215 "LAS Transactions" states, "All financial information related to property, plant, and equipment lease agreements must be properly recorded and accounted for on the books of the Commonwealth with appropriate reporting and disclosure in agency and Commonwealth financial statements in accordance with generally accepted accounting principles."

The Division of Real Estate Services (Real Estate Services) does not have anyone within the lease classification and documentation process that understands the financial reporting implications of the lease classification process and the importance of the accuracy of the information that goes into the determination. As a result, Real Estate Services gave the Office of Fiscal Services (Fiscal Services) operating lease data from the Integrated Real Estate Management System (IREMS) containing future commencing leases to complete the current year commitments and subsequent event information in Accounts attachments without the ability to identify the future leases and properly classify them as a subsequent event versus a commitment. In addition, Real Estate Services provided Fiscal Services information, such as dates, payments, and estimated salvage values, to enter into LAS for two capital leases that was not consistent with IREMS data or lease documentation. Fiscal Services expects the information provided to them to be accurate, current, and in agreement with IREMS and lease documentation for the respective reporting period. As a result, this finding is a material weakness.

Real Estate Services should communicate with Fiscal Services when submitting information to Fiscal Services for use in preparing Accounts' attachments and performing LAS entry. Real Estate Services and Fiscal Services should ensure that the leases with future fiscal year commencement dates are not included in current year commitments, but instead are reported as a subsequent event. In addition, Real Estate Services should ensure that they properly report future capital leases to Accounts through attachments and LAS.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-076: Improve Procedures Around Accounts Receivables Reporting

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Motor Vehicles has not created an accurate method of establishing an allowance for doubtful accounts for agency receivables. As a result, Motor Vehicles overstated the amount of their accounts receivable reported to the Department of Accounts for inclusion in the CAFR. The amount reported for accounts receivable included no allowance amount for approximately $1.4 million of fuels tax receivables that have been outstanding for more than a year, and are likely uncollectible.

Motor Vehicles did not include an allowance for fuels tax receivables because fuels taxes are a legal obligation and considered receivable even after a long period outstanding; therefore, management determined that no allowance needed to be created. In addition, the methodology for the allowance for doubtful accounts reported for all other receivables was created more than five years ago by an employee who is no longer with the agency. Employees did not verify that this methodology was still reasonable. Management has not updated the allowance to reflect recent significant changes such as those made by the Transportation funding package passed in 2013.

Commonwealth Accounting Policies and Procedures Manual Topic 20505 states that management should establish an allowance for doubtful accounts, and the estimated allowance should be based on historical data or other pertinent information relative to the receivables in question. The topic goes on to state that uncollectible accounts may be written off of an agency's financial accounting records and no longer recognized as collectible receivables for financial reporting purposes, but the legal obligation to pay the debts still remains. Accounts written off remain debts of the agency until discharged by the Office of the Attorney General or collected.

Motor Vehicles has numerous streams of income relating to many different business functions. Individually, fuels tax receivables have continued to increase to material levels over the last several years. By not having an updated methodology for creating an estimate for the entire agency's uncollectible receivables, Motor Vehicles risks submitting overstated receivables information for inclusion in the CAFR.

Motor Vehicles' financial staff should create policies and procedures documenting the basis for the methodology of the allowance for doubtful accounts estimate, and regularly review the methodology especially when new transactions, regulatory changes, or any new conditions or events occur.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-077: Improve Process for Reporting Investments to the Comptroller

Applicable to: Virginia Retirement System

Prior Year Finding Number: N/A
Type of Finding: Internal Control

The Virginia Retirement System's (Retirement System) process for preparing and submitting investment related financial information as required by the Department of Accounts (Accounts) within the Comptroller's Directive, specifically the submissions collectively referenced as Attachment 24, did not operate effectively. The collective attachments include required information as established by pronouncements set by the Governmental Accounting Standards Board (GASB) that are necessary for financial reporting for investment related information. The Comptroller's Directives establish compliance guidelines for state agencies and address reporting requirements that are necessary for agencies to provide to Accounts for the preparation of the Comprehensive Annual Financial Report (CAFR) as required by the Code of Virginia. Accounts requires the Retirement System to submit information as prescribed in the Comptroller's Directives and individuals preparing and reviewing the submissions are required to certify the accuracy of the information provided to Accounts.

The Retirement System did not submit these attachments by the established deadlines. Further, the Retirement System did not conduct thorough reviews sufficient enough to ensure some of the classifications in the submissions were complete and materially accurate. While the total dollar values provided to Accounts were accurate, the Retirement System did not identify several material misclassifications prior to submitting the information to Accounts, which resulted in several resubmissions. Untimely submissions and correcting resubmissions increase the risk that the Commonwealth might fail to produce its audited CAFR by the deadline mandated in the Code of Virginia.

The misclassifications found were primarily a result of a lack of thorough review during compilation of the Attachment 24 submissions and minimal detailed written procedures. The Investment Accounting Division originally submitted parts of the Attachment 24 without an authorized reviewer's signature.

The Retirement System should implement a review process that ensures the Investment Accounting Division submits accurate and timely investment information to Accounts for the preparation of the Retirement System and Commonwealth's CAFR footnotes and schedules. The individuals preparing and certifying the attachment submissions should ensure that they have read and understand the instructions for the attachments. Additionally, the Retirement System should establish and adhere to written policies and procedures that detail preparation of Attachment 24 items.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-078: Improve Financial Reporting

Applicable to: Department of the Treasury

Prior Year Finding Number: N/A
Type of Finding: Internal Control

The Division of Unclaimed Property (Unclaimed Property) did not properly prepare the template submitted to Accounts to accurately reflect the activity of the Unclaimed Property Private Purpose Trust Fund (Fund) for presentation in the Commonwealth's Comprehensive Annual Financial Report (CAFR). Furthermore, Unclaimed Property does not have sufficient documented policies and procedures regarding the preparation and review of the template in accordance with Governmental Accounting Standards Board accounting standards (GASB).

Unclaimed Property's unaudited template for the CAFR's compilation of unclaimed property funds contained misstatements in the detailed securities activity and valuation amounts. Unclaimed Property did not report in the template the activity for securities remitted to and claimed from the custodian. As a result, Unclaimed Property had to make a $22 million adjustment to reflect the details of this activity. Additionally, in reporting the year-end valuation of the securities held, Unclaimed Property used an incorrect securities valuation field from a report provided by the custodian, resulting in a $13 million error.

Sufficiently detailed and documented policies and procedures governing key processes are necessary to maintain adequate internal control over financial reporting and to ensure processes are performed correctly and consistently. The lack of sufficiently detailed and documented policies and procedures presents unnecessary risks in the preparation and review of financial activity, especially when there has been a rotation of Unclaimed Property staff responsibilities or turnover.

Unclaimed Property should develop, document, and follow policies and procedures governing the preparation and review of the template provided to Accounts to ensure they are reporting activity in accordance with GASB standards. Further, Unclaimed Property should evaluate who is responsible for preparing the template and ensure that employee is adequately trained and has the resources necessary to prepare the template accurately. Also, Unclaimed Property should increase communication with Accounts to ensure they understand the nature of the information that should be reported on the template and with the custodian to ensure they are receiving and understand the necessary information in order to accurately complete the template. Finally, a new GASB standard related to fiduciary funds is scheduled to be issued in the near future and may impact the Fund's current financial statement presentation. Unclaimed Property should meet with Accounts to determine how to address these new requirements and update its policies and procedures accordingly.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-079: Improve Controls over Inventory Reporting

Applicable to: Department of Health

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Health overstated the year-end general government inventory on-hand amount reported to Accounts by $1,017,000. Additionally, Health overstated both the "Donated Inventory Received" and the "Donated Inventory Used" amounts reported to Accounts in total by $545,000. Accounts uses this information in preparing the Commonwealth's CAFR.

Health is responsible for ensuring the internal controls over inventory are adequate to ensure financial information reported to Accounts is accurate and fairly stated.

The inventory balances reported by Health are reported in the Commonwealth's CAFR. Therefore, misstated amounts by Health could lead to misstatements in the CAFR. In addition, Health was required to resubmit the inventory attachment to correct the errors, resulting in inefficiencies.

The Pharmacy Director compiles the amounts for inventory on hand based on information from the Cardinal Health inventory management system and physical inventory counts. The Pharmacy Director incorrectly included expired inventory, which is not considered inventory for reporting purposes. The inventory information was forwarded to the Administrative Deputy who did not detect the error, resulting in an overstatement in the inventory reported to Accounts.

The error in donated inventory was due to the Division of Immunization providing incorrect amounts of donated inventory received and used to the Office of Financial Management. This occurred because they did not follow their internal procedures and used the wrong column of data on their year-end worksheet.

The Pharmacy Director and Division of Immunization should follow Health's internal policies and procedures to ensure accurate inventory information is reported in the Commonwealth's CAFR. Additionally, Health should ensure the Administrative Deputy has the ability to determine the precision of the numbers provided by the Pharmacy Director.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

RETIREMENT SYSTEM MEMBER DATA

2015-080: Improve the Reconciliation to the Retirement System

Applicable to: Department of Transportation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Transportation does not adequately reconcile the Commonwealth Integrated Personnel and Payroll System (CIPPS), Personnel Management Information System, and the Virginia Retirement System's (VRS) *my*VR*S* Navigator System on a regular basis. During our review, we noted instances of discrepancies between the three systems that were not resolved for several months.

The Department of Accounts, in Payroll Bulletin 2013-02, requires agencies to identify and correct errors prior to certifying payroll information in *my*VRS Navigator on a monthly basis. Additionally, Commonwealth Accounting Policies and Procedures Manual Topic 50410 requires each agency to reconcile VRS contributions to CIPPS monthly.

Without proper reconciliation, there is no way to know that information in *my*VRS Navigator is accurate. This can lead to errors in employees' records, which can cause employees who retire to have an incorrect amount of retirement contributions, and/or cause misstatement in VRS' records.

Human Resources should perform a more detailed reconciliation, document the process in more detail, and review and resolve errors on exception reports on a monthly basis. This will reduce the risk of incorrect information being reported to VRS.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-081: Improve Controls over the *my*VRS Navigator System

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: 2014-063
Type of Finding: Internal Control

Individual facilities within DBHDS do not have adequate controls in place to ensure that retirement information for employees is accurate and system access is appropriate. Specifically:

- Seven of nine facilities tested did not confirm contribution snapshots timely;
- Eight of nine facilities tested did not have adequately documented policies and procedures to reconcile their payroll and human resource systems to VRS's *my*VRS Navigator system;

- One of six facilities tested had an individual with inappropriate duplicate *my*VRS Navigator access; and

- Two of nine facilities tested did not properly reconcile payroll, human resources, and *my*VRS Navigator.

Accounts Payroll Bulletin Volume 2013-02 states that agencies must certify the contributions snapshot by the tenth of the following month, as it becomes the official basis for VRS billing amounts once certified. In addition, it is best practice to create and document formal policies and procedures to ensure that reconciliations are performed between *my*VRS Navigator and the systems of record for payroll and human resources and to ensure that *my*VRS Navigator system access is both role-based and centered on least privileges.

Untimely certification at the agency level impacts the ability of Accounts to process inter-agency transfers for any differences between the amounts confirmed in *my*VRS Navigator and the retirement contributions actually withheld and paid for all agencies across the Commonwealth. Inadequate written policies and procedures at DBHDS facilities provides insufficient guidance for employees to perform the reconciliations necessary to perform these certifications. Inappropriate access to the *my*VRS Navigator system, through inappropriate duplicate access privileges, creates the potential for inaccurate information to appear in the VRS system data that ultimately determines pension liability calculations for the entire Commonwealth. The VRS actuary uses the information in *my*VRS Navigator to calculate the Commonwealth's pension liabilities and inaccurate data could lead to a misstatement in the Commonwealth's CAFR.

Staffing shortages, including a lack of cross-training, competing priorities, issues that required research, and inadequate oversight of this process at the local level contributed to the lack of timely certifications at all seven locations. The inappropriate duplicate access observed involved one employee whose access had been entered twice. The facility removed the duplicate access once we identified it.

Management should implement adequate controls and procedures at the facilities that consider staffing and other priorities to ensure timely confirmation of the monthly contribution snapshot. Management should also formally document policies and procedures necessary to perform the monthly reconciliations between the payroll, human resource, and *my*VRS Navigator systems at all facilities. Finally, management should ensure appropriate *my*VRS Navigator system access at all facilities.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-082: Improve *my*VRS Navigator Reconciliation Process

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: 2014-065
Type of Finding: Internal Control and Compliance

Motor Vehicles did not retain documentation that they properly reconciled the data in the Virginia Retirement System's (VRS) *my*VRS Navigator System to the agency's records monthly prior to certifying that the retirement data was correct. In addition, Motor Vehicles is not reviewing and resolving the errors from the Personnel Management Information System (PMIS) Cancelled Records Report prior to confirming that retirement contributions are correct.

The Commonwealth Accounting Policies and Procedures Manual Topic 50410 states that PMIS employers must review the PMIS Cancelled Record Report daily to ensure all information was recorded in *my*VRS Navigator. The same topic states that agencies should ensure that a timely review of the monthly reconciliation reports is performed and that employee enrollment information and any supporting documentation should be maintained for audit purposes.

Without sufficient reconciliation documentation, there is no evidence that the monthly reconciliation of creditable compensation was actually performed, and therefore no way to know that the employees' retirement information in *my*VRS Navigator is accurate and in agreement with Motor Vehicles' records. By not reviewing the PMIS Cancelled Records Report, Motor Vehicles is unaware when information does not transmit correctly between the human resource system (PMIS) and the retirement system (*my*VRS Navigator) and; therefore, Motor Vehicles cannot not make appropriate corrections timely.

Management stated that verification of the agency's creditable compensation had been performed monthly, but the reports used from the agency's internal human resource system were not retained and could not be regenerated for inspection. In addition, Motor Vehicles was not certain if it or the Payroll Service Bureau was responsible for reviewing the PMIS Cancelled Record report.

Motor Vehicles' Human Resource Department should retain evidence that the data in *my*VRS Navigator was properly reconciled to the agency's employee records. PMIS Cancelled Record Reports should also be reviewed and any errors should be corrected timely.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-083: Improve *my*VRS Navigator Reconciliation and Confirmation

Applicable to: University of Virginia-Academic Division

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

The University's Human Resources Department (Human Resources) is not consistently reconciling the Virginia Retirement System (VRS) Snapshot of current employees enrolled in VRS-provided plans to its payroll records before confirming the accuracy of the Snapshot. During fiscal year 2015, Human Resources initiated or completed the reconciliation process for ten of the required 60 reconciliations, but did not initiate the remaining 50 reconciliations.

In accordance with the VRS Contribution Confirmation and Payment Scheduling Employer Manual, employers must create a monthly Snapshot in *my*VRS Navigator (VNAV). Employers are responsible for reviewing and reconciling the Snapshot to agency payroll records prior to confirmation to ensure reporting of up to date and accurate data. Agencies must confirm and submit payment to VRS by the tenth of each month.

Human Resources and Information Technology personnel collaborated on the development of an exception-based query that would expedite the reconciliation process; however, the query and corresponding reconciliation requires a number of manual processes, which are cumbersome, time-consuming and compromise efficiency. Given the number of manual processes, Human Resources cannot complete the reconciliation before the monthly confirmation due date. Without an efficient reconciliation process, the University may unintentionally submit improper contributions to the Virginia Retirement System based on inaccurate data in VNAV. Insufficient reconciliation over an extended period can also affect assumptions made by VRS actuaries, who rely on data provided by individual agencies and institutions.

Human Resources and Information Technology should review the current exception-based query and reconciliation process to identify opportunities for improvement. Given the time sensitivity of the requirement to review and reconcile the Snapshot by the tenth of each month, the University should continue to refine the reconciliation to allow for the identification of reconciling items and ensure compliance. Human Resources personnel should also complete all incomplete reconciliations for fiscal year 2015, and identify and correct any discrepancies.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-084: Improve *my*VRS Navigator Reconciliation and Confirmation

Applicable to: University of Virginia Medical Center

Prior Year Finding Number: 2014-066
Type of Finding: Internal Control and Compliance

The University of Virginia Medical Center (Medical Center) did not perform and document all pre-certification reconciliations between VNAV and the PeopleSoft payroll system during fiscal year 2015. Additionally, Medical Center personnel confirmed three contribution Snapshots after the required deadline.

The VRS Contribution Confirmation and Payment Scheduling Employer Manual details the required tasks and roles of agencies in the reconciliation process. The process requires agencies to play a more significant role in identifying and correcting errors prior to certifying payroll data monthly in VNAV. The manual requires agencies to compare the VRS Snapshot to the payroll system to identify discrepancies and make corrections in the payroll system or VNAV, as necessary. Once the Medical Center completes the Snapshot reconciliation, confirmation of the Snapshot will post the information to the employee's record. The VRS Employer Manual requires confirmation and payment by the tenth of each month in order to avoid a potential penalty of five percent of the amount due plus interest at the rate of one percent per month until the agency confirms and submits payment.

Failure to properly reconcile VNAV data with PeopleSoft data prior to certifying increases the risk the Medical Center will submit inaccurate retirement contributions for VRS-enrolled employees. As contributions are the basis for allocation of the Medical Center's share of the Commonwealth's net pension liability, inaccurate contributions can affect the accuracy of the financial statements. Additionally, inaccurate contributions may result in future retroactive adjustments and additional withholding for individual employees.

The Medical Center should establish and document a formalized process for performing the required reconciliation of VNAV to the PeopleSoft payroll system to ensure accuracy of retirement system data and timely confirmation and payment of retirement contributions. If possible, the Payroll Department should work with Health System Technology Services to develop an automated comparison of VNAV and payroll system data to minimize the number of reconciling items requiring additional research by Medical Center staff.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-085: Improve Procedures for *my*VRS Navigator Reconciliations and Data Discrepancies

Applicable to: Department of Taxation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Taxation is not properly reconciling data discrepancies between the *my*VRS Navigator system and its human resources and payroll systems in a timely manner. Taxation does not have formal written reconciliation policies and procedures, and as a result, Taxation did not investigate any of the 38 discrepancies totaling $3,492 from the February 2015 reconciliation. The reconciliation contained exceptions which date back to October 2012, but had not been investigated or resolved.

With the implementation of *myVRS* Navigator, agencies are responsible for ensuring that all employee data in their payroll and human resource systems is accurately entered into *my*VRS Navigator. The Department of Accounts Payroll Bulletin 2013_02 and the June 2015 Commonwealth Accounting Policies and Procedures (CAPP) Manual, Topic 50410, detail required tasks and roles of agencies in the reconciliation process. The process requires the agencies to play a more significant role in identifying and correcting errors prior to certifying payroll data monthly in *my*VRS Navigator. Not properly reconciling *my*VRS Navigator data with payroll and human resources data increases the risk that Taxation's retirement contributions for its employees will be inaccurate, which could impact retirement benefit payments.

Taxation should establish formal procedures for *my*VRS Navigator reconciliations to ensure that retirement information for all employees is accurate. This should include confirming its payroll, human resources, and *my*VR*S* Navigator data properly reconcile with one another.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-086: Document *my*VRS Navigator Reconciliations

Applicable to: Department of Medical Assistance Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Medical Assistance Services' Human Resources Division is not adequately documenting reconciliations between its internal human resources records and VRS' *my*VRS Navigator system, which contains essential retirement data for state employees. Additionally, management has not created policies or procedures detailing who needs to complete which steps to ensure reconciliations, changes, and adjustments for *my*VRS Navigator are performed accurately.

The Department of Accounts Payroll Bulletin 2014_05 states that agencies should reconcile the creditable compensation amount in Personnel Management Information System (PMIS) to the

creditable compensation amount in *my*VRS Navigator each month when confirming the snapshot. This control ensures that Medical Assistance Services has reviewed and processed all rejected transactions. In addition, the Commonwealth Accounting Policies and Procedures Manual Section 50410 and the VRS Employer Manual over Contribution Confirmation and Payment Scheduling also requires each agency to perform monthly reconciliations. Due to changes in the accounting and reporting standards over pensions, accurate management of compensation and contribution data at the employee level is critical to the Commonwealth's CAFR.

The previous salaries for two of the ten Medical Assistance Services employees reviewed with salary changes during the fiscal year were not correctly recorded in *my*VRS Navigator. Without sufficient reconciliation documentation, there is no evidence indicating that Medical Assistance Services identified or addressed these discrepancies.

Medical Assistance Services' Human Resources Division relies on the instructions from the Commonwealth's Knowledge Center to complete the contribution confirmations. However, the Knowledge Center provides only basic instructions. According to management, the Human Resources Division has not implemented its own policies and procedures over the *my*VRS Navigator reconciliation process because of understaffing and the high volume of daily tasks.

Medical Assistance Services' Human Resources Division should develop *my*VRS Navigator policies and procedures to ensure compliance with *my*VRS Navigator requirements. Additionally, the Human Resources Division should ensure its internal human resources data and *my*VRS Navigator properly reconcile and retain sufficient documentation to demonstrate the identification and correction of reconciling discrepancies.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-087: Retain Documentation of *my*VRS Navigator to PMIS Reconciliations

Applicable to: Department of Education - Central Office Operations

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Education's Human Resources Department employees do not retain supporting documentation of their monthly Personnel Management Information System (PMIS) to *my*VRS Navigator reconciliation that they perform prior to submitting their Contribution Snapshot to the Virginia Retirement System (Retirement System).

The *my*VRS Navigator system is used to calculate total pension liabilities for the Commonwealth. Individual agencies, employers, are responsible for updating the records within *my*VRS Navigator related to their employees. Education's reconciliation between an employee's census data in PMIS and the data in *my*VRS Navigator is a critical control for ensuring the integrity of

these records for its nearly 300 employees. Additionally, the Commonwealth Accounting Policies and Procedures (CAPP) Manual Topic 50410 requires agencies to retain documentation of their reconciliations for five years or until audited by the Auditor of Public Accounts. To determine if management implemented this critical control, we compared the practices of Education to the guidance provided by the Department of Accounts (Accounts) and the Retirement System.

By not documenting reconciliations, management is not able to provide evidence that their Human Resources Department verified that the census data for their employees is correct in the *my*VRS Navigator system. The Human Resources Department currently has a procedure in place for reconciling data between PMIS and *my*VRS Navigator on a monthly basis; however, they do not maintain documentation of this review process or any resulting adjustments.

Education's Human Resources Department should retain sufficient documentation to demonstrate they performed the required reconciliation and made the proper changes in the systems as needed.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

PAYROLL

2015-088: Improve Controls over Payroll

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Individual facilities within the DBHDS do not have adequate controls in place to ensure Human Resources forms are completed and payroll is appropriate. Specifically:

- Forty five percent (37 out of 82) of the population tested at three out of four facilities tested did not have proper approval on payroll forms and pay changes;
- Twenty three percent (nine out of 43) of the population tested at two out of four facilities tested did not have completed employee work profiles, payroll forms, and pay changes; and
- For one facility, fiscal does not review and approve pay action forms and pay action worksheets that are completed for employee pay increases.

CAPP Manual Topic 50505, Time and Attendance, states that agencies must verify that all source documents such as timecards, timesheets, or any other authorization used to pay or adjust

an employee's pay have been properly completed, authorized by the appropriate party, and entered accurately into CIPPS.

Not having proper approval of payroll forms and pay changes increases the risk that DBHDS could pay unauthorized and incorrect salaries.

These exceptions occurred because the individual facilities either do not have adequate policies and procedures for payroll forms or did not comply with established CAPP Manual guidance or local policies and procedures for payroll forms.

Management across all facilities, not just those tested, should evaluate and update policies and procedures to provide adequate guidance to ensure proper approval and completion of employee work profiles, payroll forms, and pay changes. In addition, human resource and payroll personnel across all facilities should ensure that they receive properly approved and completed employee work profiles, payroll forms, and pay changes before processing these changes.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-089: Record Accurate Time and Effort Reporting

Applicable to: Department of Health

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: HIV Prevention Activities_Health Department Based - 93.940
Federal Award Number and Year: 93.940 - 2015
Name of Federal Agency: Department of Health and Human Services
Type of Compliance Requirement - Criteria: Activities Allowed or Unallowed - 45 CFR 75.430
Known Questioned Costs: $0

Division of Disease Prevention employees in the Office of Epidemiology (OEPI) did not accurately record their time and effort reporting. Time and effort reporting determines the amount of personal service costs that are billed to federal grants for reimbursement. Instead of reporting time and effort according to the actual activity of each employee, OEPI employees reported their time, each pay period, according to an estimate that was determined before the activity was performed.

According to the Code of Federal Regulations 45 CFR §75.430 Compensation—personal services, costs of compensation are allowable to the extent that they are:

(1) Reasonable for the services rendered and conform to the established written policy of the non-Federal entity consistently applied to both Federal and non-Federal activities.

(2) In compliance with Department of Labor regulations, Fair Labor Standards Act (FLSA) (29 CFR part 516). Records indicating the total number of hours worked each day must support charges for the salaries and wages of nonexempt employees.

Health's internal policies over time and effort states, "Program directors are responsible for advising staff of the appropriate time and effort codes to be used for their activities. Time shall be reported based on where the effort is applied and not necessarily where the employee is paid."

OEPI's time and effort documentation does not meet federal requirements or Health's internal policies for supporting charges to the HIV Prevention grant. This could lead to costs being disallowed by the grantor, leaving the Commonwealth responsible for the bill.

OEPI administrative staff did not properly train program employees on federal time and effort reporting requirements. Employees, including the program manager in OEPI, improperly reported and subsequently approved time and effort that was not an after the fact distribution of the actual activity of each employee.

OEPI should ensure all employees, who are split-funded under different revenue sources, are trained on how to accurately record time and effort under federal regulations. Additionally, supervisors reviewing timesheets should have knowledge of hours worked by employees to ensure actual hours worked agree to time reported.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

REVENUE

2015-090: Improve the Billing Process

Applicable to: Department of Transportation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Transportation is not submitting all bills for reimbursement in a timely manner. During our review, we found the following:

- Transportation billed over $20 million for reimbursement from the Federal Highway Administration's Eastern Federal Lands Division (EFL) in excess of six months after incurring the expenses for two projects. Of these billings, $16 million were delayed up to ten months after the expenses. Transportation had no documented procedures in place for manually processing invoices to EFL and there was no backup person in place to perform this when the person responsible for billing was absent.

- Transportation accrued over $4 million in receivables from Motor Vehicles, which it did not bill for over two months after becoming receivable. This caused Motor Vehicles' records to be misstated at year-end.

- Transportation was unable to bill timely for $292,898 in federal reimbursements because it did not adequately monitor the authorization for a federal project and submit a request for additional funds in advance of project expenses.

Commonwealth Accounting Policies and Procedures Manual Topic 20505 states that agencies should have systems in place to bill timely, and accounts should be billed when goods are provided or services rendered. Without requesting federal funds in a timely manner, Transportation relies upon state monies to fund projects, forgoes any interest that could be earned, and may potentially take on fewer projects if federal funds are not immediately available.

Transportation's Fiscal Division should document and implement a method for processing federal bills for all projects outside the normal federal billing process and designate a backup person to perform this function when the primary billing person is absent. The Fiscal Division should also strengthen the monitoring process over all federal projects to ensure funds are available to be invoiced, and ensure federal-aid Project Agreements are updated when the estimated project costs exceed the authorized amount. This will increase access to funds and decrease the risk of bills not being sent.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

PROCUREMENT

2015-091: Improve Sole Source Procurement Documentation

Applicable to: University of Virginia-Academic Division

Prior Year Finding Number: N/A
Type of Finding: Internal Control

The University lacks sufficient documentation required by its policies and procedures to support some sole source procurements. For 17 out of 44 sole source procurements reviewed (38 percent), contract files did not contain sufficient documentation to fully support the selection of the sole source procurement method.

In accordance with the Virginia Association of State College and University Purchasing Professionals (VASCUPP) Purchasing Manual for Institutions of Higher Education and their Vendors, Section 5. E., "Upon a determination in writing that there is only one source practicably available for that which is to be procured, a contract may be negotiated and awarded to that source without competitive sealed bidding or competitive negotiation. The writing shall document the basis for this

determination. The Institution shall issue a written notice stating that only one source was determined to be practicably available, and identifying that which is being procured, the contractor selected, and the date on which the contract was or will be awarded." The University's Management Agreement allows for the use of sole source procurements, and verbiage contained within aligns with the requirements outlined in the aforementioned VASCUPP Manual.

In addition, for six capital procurements reviewed, the University did not provide documented justification for using the sole source procurement method. Facilities Planning and Construction noted there is no specific requirement contained within the University's Higher Education Capital Outlay Manual (HECOM) requiring such documentation. While the HECOM does not explicitly require documentation to support selection of the sole source method, it does provide a clear sole source definition in Section 8.3.5.3, which states, "A Specification is sole source when it names only one manufacturer or product to the exclusion of others, or when it is contrived so that only one manufacturer, product, or Supplier can satisfy the Specification. Because it eliminates all competition, it can be used only in the most exceptional circumstances and under the strictest conditions." The University's Management Agreement, Exhibit M, Section VII, details that the University should seek "competition to the maximum practical degree" in capital outlay procurements and provide "access to the University's business to all qualified vendors, firms and contractors, with no potential bidder or offeror excluded arbitrarily or capriciously, while allowing the flexibility to engage in cooperative procurements and to meet special needs of the University."

Insufficient documentation can raise questions as to whether the procurement method selected is most advantageous for the University and the Commonwealth. Documenting the specific process taken for each sole source procurement helps to validate the University's decision to award a contract to one vendor or contractor without seeking competition. Management should review its procedures for documenting sole source procurements and ensure that contract files contain an explicit audit trail to support the selection of the sole source procurement method. Additionally, management should consider requiring additional documentation to support sole source capital procurements to better align capital and non-capital procurement practices.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

FIXED ASSESTS AND LEASES

2015-092: Improve Capital Asset Management

Applicable to: State Lottery Department

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

The Virginia Lottery (Lottery) is not always properly managing and accounting for capital assets. During our audit we found that Lottery did not properly conduct full physical capital asset inventories, and the capital assets policies and procedures over inventory do not specify unique inventory procedures for some departments. As a result, we noted instances of misclassified capital assets, instances of assets not removed from the accounting system in a timely manner, and instances of assets in the system without a unique identifier. We also noted that the useful life assigned to asset categories had not been re-evaluated and assets remained in service after they were fully depreciated.

The Commonwealth Accounting Policies and Procedures (CAPP) Manual Topic 30000 outlines procedures and requirements related to fixed asset accounting, which includes specific requirements related to physical inventory, useful life, additions, renovations and repairs, software and other intangible assets, disposal management, and surplus property management. Without proper controls over capital assets, there is risk that the financial statements do not accurately reflect the true value of Lottery's capital assets.

Lottery manages capital asset inventory at the department level and each department submit inventories to the finance department when they are performed. Current Lottery capital asset policies and procedures are minimal, and Lottery is not consistently following procedures that do exist. In addition, departments do not consistently notify the finance department to update or remove assets in the financial system.

Lottery management should improve capital asset policies and procedures and implement additional procedures over physical inventory, asset classification, asset removal, asset identifiers, and useful life. Lottery should ensure that assets are capitalized properly, disposed of, and removed from the financial system timely, and that useful lives are being appropriately evaluated and changed.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

INVENTORY

2015-093: Improve Equipment Inventory Process

Applicable to: University of Virginia-Academic Division

Prior Year Finding Number: N/A
Type of Finding: Internal Control

University departments are not following required procedures for completing annual equipment inventory certifications. As a result, the Fixed Asset Department was not able to provide Inventory Certification Forms, certifying equipment in possession of the University, for six out of seven departments (85 percent) selected for testing.

The Fixed Asset Department Inventory Specialist performs an annual inventory of all equipment through a hand-held scanning process and informs the responsible departmental party, in accordance with policy FIN-034: Maintenance of Equipment Inventory, of the items he was unable to locate during the scan. The responsible party must conduct a search for the missing items and inform the Inventory Specialist of items located using the "Inventory Certification Form." The Fixed Asset Department uses information from the inventory process to write off equipment missing for more than two inventory cycles to ensure accurate reporting in the Fixed Asset System and University financial statements. Without the responsible party's follow-up certification, Fixed Asset Department staff may write off assets that are still in the possession of the Academic Division of the University.

The Office of the Comptroller is in the process of performing a comprehensive review of fixed asset processes, which includes a review of physical inventory procedures. The Academic Division should implement corrective measures that enhance the subsequent review process by responsible parties for missing equipment. The Fixed Asset Department should reinforce the requirement for the responsible party to complete the Inventory Certification Form and should periodically update upper-level management on departments with insufficient equipment follow-up or incomplete Inventory Certification Forms. This reporting practice will provide the Fixed Asset Department with an enforcement mechanism and help to ensure accurate reporting of fixed assets in the accounting system and financial statements.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

STATEMENT OF ECONOMIC INTERESTS

2015-094: Improve the Process of Disclosing Economic Interests

Applicable to: Department of Transportation

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance

Transportation is not properly identifying employees in positions of trust and requiring them to disclose potential conflicts of interest. During our review, we found that Transportation's Human Resources Division did not require employees involved in the procurement of external contracts or those supervising these processes to file Statement of Economic Interest forms. In addition, for one position identified as a position of trust, Transportation did not require the filing of the proper form as a new person assumed this role.

Section 2.2-3114 of the Code of Virginia outlines the principles by which state agencies identify employees in positions of trust and requires them to file Statements of Economic Interest. Further, Executive Order 33 issued by the Office of the Governor clarifies that those in senior-level positions and those with responsibility for substantive authorization and decision-making regarding contracts and procurement are included in this group.

By not properly identifying individuals in positions of trust and having them disclose their economic interests, Transportation could create a potential conflict in the decision making process and a lack of transparency. This could permit the willful misuse of the Commonwealth's funds for the betterment of an individual with an undisclosed economic interest.

Human Resources should create and implement policies and procedures over the Statement of Economic Interest process that properly identify employees in positions of trust, and address employees' movements within the organization. Human Resources should require these individuals to disclose their economic interests and file the proper form with the Secretary of Administration as outlined in the Code.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-095: Comply with the Code of Virginia Economic Interest Requirements

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A
Type of Finding: Compliance

DBHDS did not ensure employees designated to be holding a "position of trust" are submitting the Statement of Economic Interest (SOEI) forms timely, nor completing the required Statement of Economic Interest training every two years. In addition, DBHDS does not maintain a record of training attendance as required.

Pursuant to Sections 2.2-3114 and 3128 through 3131, of the Code of Virginia, employees designated to be in a "position of trust" must file a form set forth in Section 2.2-3117 semiannually by December 15 for the preceding six-month period complete through the last day of October and by June 15 for the preceding six-month period complete through the last day of April. Additionally, filers must complete orientation training about the Conflict of Interest Act that will help them recognize potential conflicts of interest. The filers must complete this orientation within two months of hire/appointment and at least once during each consecutive period of two calendar years. The Office of the Attorney General offers and approves the training to instruct agencies within the Commonwealth. The training educates employees on how to recognize and avoid a conflict, or the appearance of a conflict, of interest and the measures to remedy the conflict. DBHDS must keep a record of attendance for five years including the specific attendees, each attendee's job title, and dates of their attendance.

DBHDS could be susceptible to conflicts of interest that would impair or appear to impair the objectivity of certain programmatic or fiscal decisions made by employees in positions designated as "position of trust." By not requiring employees to complete the training and keeping record of the attendance for the training, DBHDS may not be able to hold its employees accountable for knowing how to recognize a conflict of interest and how to resolve it.

The Statement of Economic Interest Coordinator is responsible for maintaining and submitting the list of individuals who are required to file a SOEI form. Although he monitors and tracks submissions, the individuals required to file a SOEI form do not follow the instructions he provides them by the required due date. Management relies solely on the Department of Human Resource Management's (Human Resource) required mandatory trainings listing when determining which trainings employees will attend and when. Human Resource erroneously listed this training as a one-time training per Section 2.2-3128. Relying solely on this erroneous information caused management not to issue agency-wide guidance that communicated the requirements for when employees should complete the SOEI training and that the Coordinator should maintain record of attendance for the training.

DBHDS should ensure all employees in a position of trust complete the required SOEI form timely, ensure filers complete training once within each consecutive period of two calendar years, and maintain a record of such attendance for five years.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-096: Ensure Employees Complete Statement of Economic Interest Training

Applicable to: Department of Education - Central Office Operations

Prior Year Finding Number: N/A
Type of Finding: Compliance

The Department of Education (Education) is not ensuring its employees complete the required Statement of Economic Interest training every two years. Additionally, Education is not tracking those employees that do complete the training.

In fiscal year 2015, Education paid $46 million to contractors. Education's largest contract is with its Standards of Learning testing contractor, which received $34 million in state and federal funds related to the Standards of Learning testing. Statement of Economic Interest training is a critical control for ensuring that state employees can recognize when a conflict of interest is created between their personal economic interest and those of the Commonwealth. Additionally, the training teaches employees the measures they are responsible for taking to remedy a conflict, should one exist or appear to exist.

The Code of Virginia Sections 2.2-3128 through 3131, require orientation training about the Conflict of Interest Act to be completed by those employees that complete a Conflict of Interest form. They must complete the training within two months of hire/appointment and at least once during each consecutive period of two calendar years. Additionally, Education must keep a record of attendance for five years. The records must include each attendee's name and job title and the dates of their attendance. To test Education's application of this Statement of Economic Interest control and compliance with the Code of Virginia, we requested records of attendance from Education.

Education could be susceptible to conflicts of interest that would impair or appear to impair the objectivity of certain programmatic or fiscal decisions made by employees in positions designated as a "position of trust." The lack of training may prevent Education from holding its employees accountable for knowing how to recognize a conflict of interest and how to disclose it.

Education did not have an active process in place to ensure employees completed the required Statement of Economic Interest training; therefore, Education's employees in a position of trust did not complete the training. To help remedy the situation, Education's Human Resource Department recently assumed responsibility of cuing and tracking individual's conflict of interest trainings.

Education should have all employees in a position of trust complete the required Statement of Economic Interest training and maintain a record of such attendance for five years as required by the Code of Virginia.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

OTHER

2015-097: Improve Controls over SOAR Program Administration

Applicable to: Virginia College Savings Plan

Prior Year Finding Number: N/A
Type of Finding: Internal Control

Virginia College Savings Plan (Plan) has not implemented adequate internal controls or segregation of duties over the SOAR Virginia program. The SOAR Virginia program provides eligible students scholarships of up to $2,000 to apply towards post-secondary education expenses. The SOAR Virginia Program Coordinator (Coordinator) compiles program enrollment data, can alter records, and initiate distribution requests without any supervisory review or approval.

Industry best practices recommend including review and approval, and segregation of duties as control activities. However, limited resources and a small two-person team have inhibited the SOAR Virginia program administrators from implementing industry best practices. Program administrators also consider program distributions low risk since each student can only receive up to $2,000. Without segregation of duties and supervisory review or approval of the Coordinator's work, the SOAR Virginia program is susceptible to fraud and error.

The SOAR Virginia program's balance is currently approximately $8 million and, due to recent establishment as a permanent program by the Plan's Board of Directors, it will continue to grow. The Plan should develop and implement internal control activities that safeguard SOAR Virginia program assets. This should include reviewing and approving transaction activity and implementing segregation of duties to reduce the risk of error and fraud.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

U.S. DEPARTMENT OF EDUCATION

2015-098: Improve Compliance Over Enrollment Reporting

Applicable to: Blue Ridge Community College, Central Virginia Community College, Germanna Community College, James Madison University, John Tyler Community College, Mountain Empire Community College, Norfolk State University, Paul D. Camp Community College, Radford University, Southwest Virginia Community College, Virginia Highlands Community College, and Virginia Military Institute

Prior Year Finding Number: 2014-089
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Student Financial Assistance Programs - 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 84.408, 93.264, 93.342, 93.364, and 93.925
Federal Award Number and Year: Student Financial Aid - 2015
Name of Federal Agency: Department of Education
Type of Compliance Requirement - Criteria: Special Tests and Provisions - 34 CFR 685.309 and 34 CFR 690.83
Known Questioned Costs: $0

These institutions did not properly report enrollment changes to the U.S. Department of Education using the National Student Loan Data System (NSLDS).

Blue Ridge Community College did not report timely enrollment changes for 25 out of 35 (71 percent) students. The NSLDS enrollment status effective date did not match for 14 (40 percent) of students and four (11 percent) students were reported as withdrawn rather than graduated. The existing data extract provided by the Virginia Community College System (VCCS) does not contain withdrawal information for students that have unofficially withdrawn. In addition, the National Student Loan Clearinghouse is expected to perform a cross-term comparison to report withdrawal information for students that are no longer enrolled; however, the comparison does not occur until the end of the semester when the student does not return.

Central Virginia Community College did not properly report six of 38 (16 percent) students. These students were classified as unofficial withdrawals. Due to turnover, Financial Aid personnel were unaware of the requirement to report unofficial withdrawals.

Germanna Community College did not report timely information for 24 out of 25 (96 percent) students. In addition, enrollment information in NSLDS was inaccurate for 13 out of 25 (52 percent) students. The untimely and inaccurate information transmissions are due to a lack of detailed policies and procedures and high level of staff turnover in the Financial Aid Office.

James Madison University did not report 15 out of 39 (38 percent) graduating students timely to NSLDS. The untimely reporting was a result of the date the Registrar's Office conferred degrees as compared to the transmission schedule established by the University.

John Tyler Community College personnel did not ensure the timely reporting of enrollment changes for all 25 (100 percent) students tested. Enrollment information in NSLDS was inaccurate for 12 of 25 (48 percent) students. The untimely and inaccurate transmissions to NSLDS was due to transmission issues between the National Student Clearinghouse, upon which the College places reliance, and NSLDS along with the number of enrollment errors that College personnel needed to address.

Mountain Empire Community College personnel did not report enrollment changes timely for four out of 25 (16 percent) students. The untimely submission was an oversight.

Norfolk State University's Registrar did not ensure proper reporting of students coded as withdrawals. NSLDS incorrectly showed a status of enrolled for 11 of 12 (92 percent) students who withdrew during the year. Norfolk State uses the National Student Clearinghouse to report status changes to the NSLDS. Norfolk State relied on the Clearinghouse to submit enrollment changes and did not perform a due diligence review to ensure the Clearinghouse submitted accurate information on Norfolk State's behalf.

Paul D. Camp Community College did not report timely enrollment changes for 16 out of 18 (89 percent) students with 13 (72 percent) of those students not being reported at all. The untimely and lack of reporting was a result of the retirement of a long-term employee, changes in reporting mechanisms and incorrect information technology setups.

Radford University's Registrar's Office did not report 15 of 40 (38 percent) students that had graduated to the NSLDS within 30 days of their status change as staff within the Registrar's Office was unaware of this requirement.

Southwest Virginia Community College did not properly report enrollment changes timely for two out of nine (22 percent) students that had withdrawn and 16 out of 16 (100 percent) students that had graduated. Transmissions were not being completed in a frequency that would ensure compliance with federal requirements.

Virginia Highlands Community College did not report timely enrollment changes for all 18 (100 percent) students tested that had graduated. The College did not report the students timely because the Registrar's staff was unaware they could confer degrees electronically through PeopleSoft and then complete multiple submissions to NSLDS.

Virginia Military Institute did not report status changes for six out of 28 (21 percent) students. The Institute did not report the students timely due to software bugs in extracting the data from the automated system.

In accordance with Code of Federal Regulations, Title 34 CFR §685.309(b)(2), 34 CFR §690.83(b)(2), and as detailed in Dear Colleague Letter (DCL) GEN 12-06, unless the institution expects to submit its next student status confirmation report within 60 days, the institution must notify the U.S. Department of Education within 30 days of an enrollment change. Additionally, the NSLDS Enrollment Reporting Guide, published by the U.S. Department of Education, identifies specific parameters, which institutions must meet to achieve compliance with these reporting regulations.

Not properly and accurately reporting a student's enrollment status may interfere with establishing a student's loan status, deferment privileges, and grace periods. In addition, the accuracy of the data the college reports plays a large part in keeping Direct Loan records and other federal student records accurate and up to date.

The institutions should evaluate their existing policies and procedures for scheduling and completing enrollment updates to NSLDS so that they ensure future compliance with federal requirements. Where applicable, institutions should ensure that staff are informed of the federal requirements and/or training is identified for staff involved in the enrollment reporting process.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-099: Perform and Document Monthly Reconciliations of Direct Loans

Applicable to: Central Virginia Community College, George Mason University, Germanna Community College, James Madison University, Radford University, and Virginia Military Institute

Prior Year Finding Number: 2014-088
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Student Financial Assistance Programs - 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 84.408, 93.264, 93.342, 93.364, and 93.925
Federal Award Number and Year: Student Financial Aid - 2015
Name of Federal Agency: Department of Education
Type of Compliance Requirement - Criteria: Special Tests and Provisions - 34 CFR 685.300(b) and 34 CFR §685.102(b)
Known Questioned Costs: $0

These institutions were unable to provide sufficient documentation showing reconciliation of their internal records to the Direct Loan Servicing System (DLSS) upon receipt of the School Account Statements (SAS) from the Common Origination and Disbursement System (COD).

Central Virginia Community College personnel could not provide an audit trail that detailed that a reconciliation had been performed between internal accounting records and the DLSS. This was a result of turnover in the Financial Aid Office.

George Mason University could not provide documentation of the reconciliation for one out of three months (33 percent) tested. The Financial Aid Office was unable to provide a reconciliation audit trail due to management oversight.

Germanna Community College Financial Aid Office personnel were unable to provide sufficient documentation of reconciliations between internal records and the DLSS due to high turnover in the office.

James Madison University is completing monthly reconciliations. However, for the four reconciliations reviewed, all four (100 percent) contained loan mismatches. Two (50 percent) reconciliations were signed but contained no date and two (50 percent) reconciliations contained no signature or date, so the timeliness of the reconciliations was indeterminable.

Radford University did not include all required components in the monthly reconciliation. Specifically, there is no reconciliation being performed between the Financial Aid and Accounts Receivable modules within the ERP system. Additionally, for Direct Loans, the Financial Aid Office did not reconcile the ending cash balance on the monthly School Account Statement to the University's financial records. The Financial Aid and Student Account Offices do not coordinate efforts to ensure the reports are properly reconciled.

Virginia Military Institute could not provide federal loan reconciliations between internal accounting records and the DLSS. Institute personnel are reviewing the information between systems but are not retaining an audit trail to reflect that reconciliations are performed as required.

In accordance with 34 CFR §685.300(b) and 34 CFR §685.102(b), institutions must reconcile institutional records with Direct Loan funds received from the Secretary and Direct Loan disbursement records submitted to and accepted by the Secretary. Each month, COD provides colleges with a SAS data file which consists of a Cash Summary, Cash Detail, and Loan Detail Records to aid in this reconciliation process. The Student Financial Aid Handbook further details that the institution should identify any discrepancies and take necessary corrective action to ensure they will not recur in the following month.

By not reconciling federal student aid programs monthly as required, the institution places itself at more risk of not identifying issues and resolving them before they become a systemic problem. Systemic problems could result in federal non-compliance and may lead to potential adverse actions and may impact participation by the institution in Title IV programs.

The institutions should perform and retain sufficient documentation of their monthly reconciliations and resolve reconciling items between their financial systems and DLSS records in a timely manner to ensure compliance with federal regulations. In addition, the institutions should implement a review process to ensure complete documentation of reconciliation efforts and appropriate resolution of reconciling items.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-100: Properly Process Return of Title IV Calculations

Applicable to: Central Virginia Community College, Germanna Community College, J. Sargeant Reynolds Community College, Radford University, and Virginia Military Institute

Prior Year Finding Number: 2014-087, 2014-086
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Student Financial Assistance Programs - 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 84.408, 93.264, 93.342, 93.364, and 93.925
Federal Award Number and Year: Student Financial Aid - 2015
Name of Federal Agency: Department of Education
Type of Compliance Requirement - Criteria: Special Tests and Provisions - 34 CFR 668.22
Known Questioned Costs: $1,223

The Financial Aid Offices at these institutions did not properly identify, accurately perform the Title IV (R2T4) calculation, and/or return unclaimed federal aid for students who officially or unofficially withdrew from courses and no longer qualified for federal financial aid.

Central Virginia Community College's Financial Aid personnel did not properly handle Title IV funds for 10 of 19 (53 percent) students tested. The following errors were identified as a result of employee turnover in the Financial Aid Office:

- For one student, the College did not draw down the original federal award from the U.S. Department of Education and apply it to the student's account. The College should have drawn down an additional $971.

- For one student, the College did not return $817 to the U.S. Department of Education after determining the student had withdrawn.

- For one student, the College returned too much in federal aid after calculating the amount to return. The College should draw down $343 in federal aid.

- For one student, the College incorrectly determined the student earned 100 percent of federal aid. The College should return $150 to the U.S. Department of Education.

- For one student, the College did not properly calculate the correct amount to return and should return an additional $9 to the U.S. Department of Education.

- For two students, the College did not promptly return Title IV funds within 45 days of the institution's determination that the students had withdrawn.

- For four students, the College did not process the original award for the student through Common Origination and Disbursement (COD). Instead, the College sent the reduced award amount to COD for processing.

Germanna Community College's Financial Aid staff did not provide sufficient evidence that withdrawals had been properly identified for three out of 40 (8 percent) students tested. For eleven (28 percent) students, the R2T4 calculation was not accurately performed. The errors resulted in the requirement for the College to return an additional $27.80 to the U.S. Department of Education. Errors were a result of a high level of staff turnover in the Financial Aid Office.

J. Sargeant Reynolds Community College did not return unearned Title IV funds to the U.S. Department of Education timely. For five out of 46 (11 percent) students, the funds were not returned timely and for one student, the funds were not returned at all. Management indicated that the Student Information System disbursement dates were missed when the Common Origination and Disbursement system was updated.

Radford University delayed up to five days before identifying two out of 14 (14 percent) students tested who unofficially withdrew from courses during the fall 2014 semester. This was a result of a position vacancy. The Financial Aid Office did not routinely review for unofficial withdrawals for the summer semester.

Virginia Military Institute's Financial Aid personnel did not perform R2T4 calculations correctly and return the appropriate amount of funds to the U.S. Department of Education stemming from employee turnover in the Financial Aid Office. For two out of 12 (17 percent) cadets tested, the Financial Aid Office entered the amount of earned aid into the field for the amount that should be returned to ED rather than the difference between total aid less earned aid. Additionally, the amount of aid to be returned did not match the amount returned for one (eight percent) cadet. Lastly, the Financial Aid Office did not complete all fields of the R2T4 worksheet for seven (58 percent) cadets. The calculation errors resulted in the requirement for the Institute to return an additional $857.35 in unearned aid to the U.S. Department of Education. The R2T4 errors were a result of turnover in the Financial Aid Office.

Code of Federal Regulations, 34 CFR §668.22 states when a recipient of Title IV grant or loan assistance withdraws from an institution during a period of enrollment in which the recipient began attendance, the institution must determine the amount of Title IV grant or loan assistance that the student earned as of the student's withdrawal date. Institutions not required to take attendance must determine the withdrawal date for a student who withdraws without providing notification to the institution no later than 30 days after the end of the earlier of the - (i) Payment period or period of enrollment; (ii) Academic year in which the student withdrew; or (iii) Educational program from which the student withdrew. Institutions must return unearned financial aid funds to the U.S. Department of Education no later than 45 days from the date that the institution had determined that the student had withdrawn.

Improperly identifying, calculating, and not returning unearned Title IV funds timely to the U.S. Department of Education may result in adverse actions and impact the institution's participation in Title IV programs. The institutions should review current R2T4 policies, procedures, and implement corrective action to include a second level of review to ensure that students requiring calculations have been properly identified, calculations are accurate and unearned funds have been returned to the U.S. Department of Education within the required timeframe.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-101: Promptly Return Unclaimed Aid to Department of Education

Applicable to: James Madison University and Norfolk State University

Prior Year Finding Number: 2014-097
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Student Financial Assistance Programs - 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 84.408, 93.264, 93.342, 93.364, and 93.925
Federal Award Number and Year: Student Financial Aid - 2015
Name of Federal Agency: Department of Education
Type of Compliance Requirement - Criteria: Special Tests and Provisions - 34 CFR 668.164(h)(ii)
Known Questioned Costs: $27,230

The following institutions did not return unclaimed student financial aid funds to the U.S. Department of Education within the required 240 days.

James Madison University did not return unclaimed student financial aid funds for 22 out of 25 (88 percent) students tested. The Financial Aid Office did not appropriately prioritize the return of funds. The total amount of unclaimed aid not returned as of the date of fieldwork was $16,775.50.

Norfolk State University's Bursar and Controller offices did not return unclaimed funds timely. Two outstanding checks totaling $10,454 were determined to pertain to unclaimed federal student aid. The University did not perform timely research and apply the appropriate treatment of the outstanding checks in question.

In accordance with 34 CFR §668.164(h)(ii), if an institution attempts to disburse the funds by check and the check is not cashed, the institution must return the funds no later than 240 days after the date it issued that check. By not returning funds timely, the institution is subject to federal non-compliance and potential adverse actions that may affect the University's participation in Title IV aid programs. Not performing due diligence activities timely can result in federal non-compliance and subject the institution to potential adverse actions and affect the institution's participation in Title IV programs.

Institutions should complete a review of policies and procedures for identifying outstanding unclaimed federal aid checks and perform due diligence in contacting the federal aid recipient. In the event that the institution is unable to contact the federal aid recipient and the check remains uncashed, the institution should ensure that unclaimed funds are returned to the Department of Education within the required timeframe.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-102: Improve Reporting to the Common Origination and Disbursement System (COD)

Applicable to: Paul D. Camp Community College and Virginia Highlands Community College

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Student Financial Assistance Programs - 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 84.408, 93.264, 93.342, 93.364, and 93.925
Federal Award Number and Year: Student Financial Aid - 2015
Name of Federal Agency: Department of Education
Type of Compliance Requirement - Criteria: Reporting - 78 FR 40732 and 34 CFR 668.14(a)
Known Questioned Costs: $0

These institutions did not provide timely, and in some cases accurate, information to the Common Origination and Disbursement system (COD).

Paul D. Camp Community College did not submit timely disbursements for two out of 40 (five percent) students and three out of 12 (25 percent) Title IV adjustments. The delay is due to the College not completing its reporting process in its entirety.

Virginia Highlands Community College did not report disbursements timely for 8 students included within the Return of Title IV batch on April 17, 2015. The disbursements were reported to COD May 29, 2015. The untimely submission was a result of an oversight.

In accordance with 78 FR 40732, an institution must submit Federal Pell Grant and Direct Loan disbursement records no later than 15 days after making the disbursement or becoming aware of the need to adjust a student's previously reported disbursement. In accordance with 34 CFR §668.14(a), Title IV funds are disbursed on the date that the institution (a)credits those funds to the student's account in the institution's general ledger or any subledger of the general ledger, or (b) pays those funds to the student directly. Title IV funds are disbursed even if the institution uses its own funds in advance of receiving program funds from the Secretary of Education.

If an institution does not submit disbursement records within the required timeframe, it may result in the Secretary rejecting all or part of the reported disbursement. This may result in an audit or program review finding or the initiation of an adverse action, such as a fine or other penalty. The institutions should review their current policies and procedures for submitting disbursement records and implement corrective action to ensure future compliance.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-103: Reconcile Federal Funds Accounts

Applicable to: Central Virginia Community College, John Tyler Community College, and Virginia Military Institute

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Student Financial Assistance Programs - 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 84.408, 93.264, 93.342, 93.364, and 93.925
Federal Award Number and Year: Student Financial Aid - 2015
Name of Federal Agency: Department of Education
Type of Compliance Requirement - Criteria: Cash Management - 34 CFR 676.16(c), 34 CFR 676.19, and 34 CFR 668.24, 34 CFR 685.102
Known Questioned Costs: $0

These institutions could not provide sufficient documentation as audit evidence that an adequate reconciliation had been performed between federal systems and the institutions' internal accounting records.

Central Virginia Community College personnel did not reconcile the federal G5 system drawdowns to its internal accounting records. Since the College did not reconcile the accounting records, the College drew down $611,753 in excess federal funds during December 2014 that was subsequently returned to the U.S. Department of Education in February 2015. The drawdown error was a result of a staff member being unaware of the federal regulations and drawing down more funds than had been disbursed by the College.

John Tyler Community College personnel could not locate evidence of the completion of reconciliations between the federal G5 drawdowns and internal accounting records. The lack of reconciliation was a result in employee turnover as the previous Business Manager had retired December 2014.

Virginia Military Institute did not adequately document its reconciliation between the G5 Activity Reports and its internal accounting records for Direct Loans. The Institute reconciles its accounting records when it draws down federal funds. However, the Institute does not retain a written record of the reconciliation process.

In accordance with federal regulations for applicable programs, institutions are required to complete a minimum of a monthly reconciliation of federal aid programs and a year-end closeout final reconciliation of Direct Loan accounts. Reconciliation requirements are detailed in Chapters 5 (Reconciliation in the Pell Grant and Campus-Based Programs) and 6 (Reconciliation in the Direct Loan Program) of the Federal Student Financial Aid Handbook.

By not reconciling federal student aid programs monthly as required, the institution places itself at more risk of not identifying issues and resolving them before they become a systemic

problem. Systemic problems could result in federal non-compliance and may lead to potential adverse actions and impact participation by the institution in Title IV programs.

The institutions should review policies and procedures for completing federal aid program reconciliations. Institutions should ensure that reconciliations are performed monthly and documentation is retained for audit purposes.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-104: Ensure Verification is Complete Prior to Disbursing Federal Financial Aid

Applicable to: Virginia Military Institute

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Student Financial Assistance Programs - 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 84.408, 93.264, 93.342, 93.364, and 93.925
Federal Award Number and Year: Student Financial Aid - 2015
Name of Federal Agency: Department of Education
Type of Compliance Requirement - Criteria: Special Tests and Provisions - 34 CFR 668.54 and 34 CFR 668.56
Known Questioned Costs: $0

Virginia Military Institute did not obtain and review required tax documents as part of the verification process for three out of 25 (12 percent) cadets tested prior to disbursing aid. This oversight in obtaining and reviewing the required documentation was a result of turnover in staff in the Financial Aid Office.

In accordance with 34 CFR §668.54 and 34 CFR §668.56, an institution must require an applicant whose FAFSA information has been selected for verification to verify the information selected by the Secretary. Dear Colleague Letter GEN-13-16 outlines the 2014-15 Award Year FAFSA information required to be verified and the acceptable documentation by Verification Tracking Flag and Verification Tracking Group. By not performing the necessary verification, the Institute could be providing financial aid disbursements to cadets for which inaccurate information is provided resulting in potential overawards of federal financial aid.

The Institute should examine existing policies and procedures for obtaining and reviewing mandatory documentation for students selected for verification. The Financial Aid Office should consider implementing a second level of review to ensure that acceptable documentation is obtained, reviewed and retained for audit purposes.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-105: Improve Notification of Awards to Students

Applicable to: Central Virginia Community College, George Mason University, Germanna Community College, Radford University, and Virginia Military Institute

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Student Financial Assistance Programs - 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 84.408, 93.264, 93.342, 93.364, and 93.925
Federal Award Number and Year: Student Financial Aid - 2015
Name of Federal Agency: Department of Education
Type of Compliance Requirement - Criteria: Special Tests and Provisions - 34 CFR 685.165
Known Questioned Costs: $0

These institutions are not properly notifying students of Title IV awards. The institutions are required to provide written notification to students including important details on timing and method of disbursement and for loans, the rights, options, and requirements of the student loan.

Central Virginia Community College's Financial Aid Office is not providing aid award notifications as required. CVCC personnel did not provide award notifications as required to all 20 (100 percent) students tested receiving a federal Direct Loan award. This was a result of employee turnover in the Financial Aid Office.

The Student Financial Aid Office at George Mason University did not properly notify students that had received a loan disbursement on May 8, 2015. Four out of 45 (eight percent) students tested were not notified. Upon further review, it was determined that an additional 273 students did not receive the required notification. The students were not notified due to a management oversight in the manual notification process.

The Financial Aid Office at Germanna Community College is not properly notifying students of Title IV awards. Germanna did not have documentation of award notification, date and amount of disbursement or the student's right or parent's right to cancel for eight out of 35 (23 percent) loan recipients reviewed. The Financial Aid staff were unaware of the information to be included within the award notification.

The Student Accounts Office at Radford University is not providing notifications to students awarded Federal Direct Loan awards over weekends. The Student Accounts Office was not aware that the Financial Aid Office awarded students over the weekends. Consequently, the Student Accounts Office did not provide the notifications to applicable students.

Virginia Military Institute's Bursar Office is not notifying cadets of Federal Perkins Loan Awards. The Institute did not provide cadet notifications because the Comptroller's staff was unaware of this requirement.

Code of Federal Regulations, Title 34 CFR §668.165(a), requires institutions, prior to disbursing Title IV, Higher Education Act Funds for any award year, to notify a student of the amount of funds that the student or his or her parent can expect to receive under each title IV, Higher Education Act program, and how and when those funds will be disbursed. If those funds include Direct Loans or FFEL Program funds, the notice must indicate which funds are from subsidized loans and which are from unsubsidized loans. Additionally, 34 CFR §668.165 (3) (i – ii) indicates that for Direct Loans the institution must provide the notice in writing no earlier than 30 days before, and no later than 30 days after, crediting the student's account at the institution, if the institution obtains affirmative confirmation and no later than seven days if the institution does not obtain an affirmative confirmation.

Not properly notifying students in accordance with Federal Regulations may result in adverse actions and impact the institution's participation in Title IV programs. Additionally, improper notification could limit the amount of time a student or parent has to make an informed decision on whether to accept or reject a loan.

The institutions should review their current policies and procedures for providing notification to federal aid recipients. Corrective measures should be implemented to ensure that students are provided timely notifications which include required elements. Where applicable, the institutions should ensure that staff are informed of the federal requirements and/or identify training opportunities for staff involved in the federal aid process.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-106: Ensure Foundations Reimburse for University Employee Time

Applicable to: Virginia State University

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Higher Education_Institutional Aid - 84.031
Federal Award Number and Year: P031B120591 - 2015
Name of Federal Agency: Department of Education
Type of Compliance Requirement - Criteria: Activities Allowed or Unallowed - 34 CFR 608.10(b)(1)
Known Questioned Costs: $0

During fiscal year 2014 all foundations used University employees to perform work on their behalf, but only the VSU Foundation reimbursed the University for some of that time. Although the reimbursement covers the time spent by a University accountant who maintains the Foundation's financial records, the reimbursement was insufficient to pay for any other employee's time.

During the fiscal year 2013 audit we found instances where several University employees worked nearly exclusively for Foundations, but the University was never reimbursed. In March 2014

we verbally asked the University to seek reimbursement for prior unrecovered salary expenses and to obtain an agreement with each Foundation to deal with the matter moving forward. The University has drafted agreements, but they have not been finalized and each Foundation refuses to pay prior amounts because they have no legal responsibility to do so, leaving the University left with a liability to repay the state. In addition, although no agreements have been established, some employees continue to perform work for the Foundations while being paid by the University.

We also found instances of three University employees whose salaries are paid from Title III Federal funds that are also working on behalf of the Foundation. The estimated amount of salaries and fringe benefits misdirected to the Foundations is estimated at $68,030 in fiscal year 2014. The Code of Federal Regulations (CFR) section 608.10(b)(1) classifies unallowable activities under Title III as those that are not included in the grantee's approved application, and the University's application does not provide for University employees to work on Foundation activities. The University should repay these questioned costs to the Title III program, Catalog of Federal Domestic Assistance No. 84.031.

We are concerned about the financial burden from the practice of providing staff for the Foundations. Therefore, we recommend the University require the Foundations to hire their own staff unless they agree to reimburse the University for the time actually worked by University employees, a practice that is common at peer institutions. In addition, we are concerned that the University has no process to accurately account for employees actual hours worked on behalf of the Foundation. The current Kronos timekeeping system, implemented in 2012, is only used for hourly wage employees. However, the system is a total human resources package, which includes the ability to manage time and attendance for both wage and salaried employees, perform leave calculations, and track time charged to grants and specific projects for level of effort reporting. Requiring salaried employees to track their time by project would be the perfect solution to track how much time University employees spend on Foundation work. It would provide a detailed and accurate accounting to allow the University to bill each Foundation and recoup these monies spent. Finally, we recommend that the University not use employees paid with Title III Federal funds to support the Foundation without first obtaining the approval of the grantor agency; and that they obtain a $68,030 reimbursement from the Foundation for this amount, or repay Title III from local funds.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-020: Improve Database Security
2015-022: Develop Oracle Conflict Matrix
2015-023: Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System
2015-062: Obtain Assurance of Internal Control Effectiveness from Service Provider Agency
2015-066: Expand Change Management Process to Include all IT Environment Production Changes
2015-068: Correct Operating Environment and Security Issues Identified by their Security Compliance Audit
2015-089: Record Accurate Time and Effort Reporting

Each of these findings represents a compliance finding that could be material to the basic financial statements and are required to be reported under Government Auditing Standards. These findings relate to both the financial statements and federal awards. The details of these findings are reported within the section entitled "*Financial Statement Findings*."

2015-107: Enter into Contracts Using Required Procurement Principles

Applicable to: Virginia Health Workforce Development Authority

Prior Year Finding Number: 2014-100
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Affordable Care Act (ACA) State Health Care Workforce Development Grants - 93.509
Federal Award Number and Year: T55HP2028 - 2014
Name of Federal Agency: Department of Health and Human Services
Type of Compliance Requirement - Criteria: Allowable Costs/Cost Principles - Procurement and Suspension and Debarment – 2 CFR part 215
Known Questioned Costs: $44,000

The Virginia Health Workforce Development Authority (VHWDA) did not use proper procurement procedures in contracting services for VHWDA's Sustainability Plan. VHWDA entered into a $58,000 contract with Virginia Tech's Office of Economic Development to create a sustainability plan.

OMB Circular A-110 (2 CFR part 215), in place during state fiscal year 2014, states in §215.44 Procurement Procedures that "Recipients shall upon request make available for the Federal awarding agency, pre award review and procurement documents when…the procurement is expected to exceed the small purchase threshold (currently $25,000)…"

The Executive Director at the time stated that during this period, no bidding procedures were used by VHWDA. Without evidence of how VHWDA selected its contractors, entities granting funds to VHWDA may disallow related expenses if they are not able to determine if the costs are

reasonable. VHWDA should create and implement procurement policies which, at a minimum, conform to applicable federal requirements.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-108: Continue Addressing Weaknesses from the 2014 IRS Safeguard Review

Applicable to: Department of Social Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Child Support Enforcement - 93.563
Federal Award Number and Year: 1504VACSES - 2015
Name of Federal Agency: Department of Health and Human Services
Type of Compliance Requirement - Criteria: Other - OMB Circular A-133 §.300(b)
Known Questioned Costs: $0

On April 14, 2014, Social Services received a final report from the U.S. Internal Revenue Service (IRS) regarding the results of a federal safeguard review that took place in November 2013. The testwork conducted was limited to review the safeguards used to protect the confidentiality of federal tax return information, in which multiple significant deficiencies were identified in internal controls and federal compliance.

The Internal Revenue Code §6103(p)(4) requires Social Services to meet federal safeguards requirements and implement safeguards to the satisfaction of the IRS to prevent unauthorized access, disclosure, and use of all tax returns and return information, and maintain confidentiality of that information.

Non-compliance with federal regulations and safeguards creates a risk for federal tax information, which includes Personally Identifiable Information (PII) and other confidential data, to be compromised by malicious users.

Social Services has worked VITA during the last several years to develop and implement a Service-Oriented Architecture for eligibility programs used by multiple Commonwealth agencies. As this is an extensive project and is still ongoing in its final waves of implementations, Social Services has lacked the necessary resources to ensure that appropriate safeguards were in place to comply with IRS safeguard requirements.

Social Services should continue to dedicate the necessary resources for resolving the weaknesses identified in the IRS safeguard review, and ensure sensitive federal tax information is protected in accordance with state and federal laws and regulations.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

2015-109: Issue Management Decisions for Subrecipients

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Block Grants for Prevention and Treatment of Substance Abuse - 93.959
Federal Award Number and Year: 2B08TI010053-14 - 2014
Name of Federal Agency: Department of Health and Human Services
Type of Compliance Requirement - Criteria: Subrecipient Monitoring - OMB Circular A-133, Subpart D--Federal Agencies and Pass-Through Entities §___.400 (d)(5)
Known Questioned Costs: $0

DBHDS does not issue management decisions for audit findings related to the Community Service Boards that receive federal funds from the Block Grants for Prevention and Treatment of Substance Abuse, CFDA #93.959, and other federal funds.

OMB Circular A-133, Subpart D--Federal Agencies and Pass-Through Entities §___.400 (d)(5) requires that for audit findings pertaining to Federal awards, the pass-through entity must issue a management decision on each audit finding within six months after receipt of the subrecipient's audit report. Management decisions are defined as the "evaluation by the Federal awarding agency or pass-through entity of the audit findings and corrective action plan and the issuance of a written decision as to what corrective action is necessary."

Non-compliance runs the risk of the federal government withholding grant funds or not awarding federal grants to DBHDS. Non-issuance of management decisions is one of the three criterion, under OMB Circular A-133, Subpart C—Auditees §___.315 Audit findings follow-up (b)(4), that allows a subrecipient to deem the associated audit finding as not warranting further corrective action. Therefore, DBHDS is increasing the risk that the Community Service Boards will not properly address audit findings.

Management is not issuing written management decisions because management is relying on negative confirmation with the Community Service Boards to imply agreement with the corrective action taken.

Management should develop a process to issue and communicate written management decisions for audit findings relating to federal funds as required by OMB Circular A-133, Subpart D--Federal Agencies and Pass-Through Entities§___.400 (d)(5). Management should be aware that in fiscal year 2016 this requirement will be mandated by Uniform Code §200.331. Therefore, management should ensure compliance with the Code of Federal Regulations §200.331 at that time.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

U.S. DEPARTMENT OF LABOR

2015-004: Improve Database Security
2015-036: Document Separation of Duty Conflicts for Mission Critical Systems
2015-040: Continue Improving Oversight over IT Risk Assessments and Security Audits
2015-046: Continue to Effectively Allocate Resources to Reduce IT Security Risk
2015-057: Obtain Approval to Use End-of-Life Operating Systems
2015-060: Maintain Oversight over Third-Party Service Providers
2015-063: Continue to Improve Physical and Environmental Security
2015-069: Confirm VABS is Calculating Maximum Benefit Amount Consistently for All Claimants
2015-070: Withhold Child Support Obligations from Benefit Adjustment Payments

Each of these findings represents a compliance finding that could be material to the basic financial statements and are required to be reported under Government Auditing Standards. These findings relate to both the financial statements and federal awards. The details of these findings are reported within the section entitled "*Financial Statement Findings*."

2015-110: Strengthen Process for Monitoring Automated Reports Supporting Timesheet Approvals

Applicable to: Virginia Employment Commission

Prior Year Finding Number: N/A
Type of Finding: Internal Control and Compliance
CFDA Title and CFDA #: Unemployment Insurance - 17.225
Federal Award Number and Year: UI265651555A51 - 2015
Name of Federal Agency: Department of Labor
Type of Compliance Requirement - Criteria: Allowable Costs/Cost Principles - 2 CFR 200.303(a)
Known Questioned Costs: $0

The Commission's Division of Finance (Finance) is not conducting frequent reviews to monitor and evaluate the business rules supporting the employee timesheet approval function within its Financial Management System. In January 2015, the Commission replaced its legacy financial systems with an Enterprise Resource Planning system, which includes a modernized time and labor module. During implementation, the Commission elected to give supervisors the ability to delegate their approval authority to other supervisors. To enforce separation of duties, the Commission requested that its vendor implement a control that would prevent an individual from being able to approve their own timesheet. Finance evaluated this control, within its test environment, and determined it was effective. However, this control was not replicated in the production environment and there was a defect that allowed supervisors to delegate approval authority to any individual who has access to the time and labor module. Shortly after implementation, there was one instance

where an employee entered and approved their own timesheet because their supervisor delegated approval authority to them.

To maintain oversight over this process, Finance developed an automated report to monitor delegation of approval authorities. However, Finance did not conduct its first review of the automated report until July 2015, six months after it placed the system into production. Section 200.303 of the Code of Federal Regulations requires non-federal entities to establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award, in compliance with the federal statues, regulations, and the terms and conditions of the federal award. Without performing frequent reviews, the Commission cannot assure itself that supervisors are adhering to internal policies and complying with the federal statues, regulations, and terms and conditions of federal awards.

Finance is in the process of exploring technological solutions to correct this defect. Until it identifies and deploys a technological solution, Finance is reviewing the automated report on a more frequent basis and following up on exceptions as necessary. Additionally, Finance is providing supplemental training to supervisors to confirm they are aware of the policies related to delegation of approval authority. Finance should continue to pursue its current efforts to resolve this defect and perform ongoing monitoring until it has identified and deployed a technological solution to fix this defect.

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. Additionally, management's Corrective Action Plan is located in Appendix I.

COMMONWEALTH OF VIRGINIA
Summary Schedule of Prior Audit Findings
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Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	State Agency	Questioned Costs	Current Status
			FINANCIAL STATEMENT FINDINGS				
Virginia Employment Commission							
2014	12	2014-001	Allocate Adequate Resources to Reduce IT Security Risk	17.225	VEC	-	Corrective action is ongoing
2014	13	2014-002	Improve Organizational Placement of Information Security Officer	17.225	VEC	-	Resolved
2014	14	2014-003	Maintain Oversight Over the Information Security Program	17.225	VEC	-	Corrective action is ongoing
2014	16	2014-004	Upgrade Unsupported and Vulnerable Operating Systems	17.225	VEC	-	Corrective action is ongoing
2014	98	2014-058	Continue to Strengthen Tax - Wage Reconciliation Processes	17.225	VEC	-	Resolved
2013	63	2013-042	Improve Internal Controls Surrounding Employer Wage Discrepancies	N/A	VEC	-	See Finding Number 2014-058
2012	35	2012-027	Resolve Employer Wage Discrepancies Timely	N/A	VEC	-	See Finding Number 2013-042
2011	27	2011-015	Resolve Employer Wage Discrepancies Timely	N/A	VEC	-	See Finding Number 2012-027
2014	117	2014-070	Confirm VABS is Calculating Maximum Benefit Amount Consistently for All Claimants	17.225	VEC	$14,000	Corrective action is ongoing
2014	118	2014-071	Withhold Child Support Obligations from Benefit Adjustment	17.225	VEC	$937.20	Corrective action is ongoing
2013	59	2013-039	Improve Controls over Benefit Adjustment Payments	N/A	VEC	-	See Finding Number 2014-071
2014	122	2014-074	Continue to Strengthen Internal Controls over Financial Reporting	N/A	VEC	-	Resolved
2013	61	2013-041	Strengthen Financial Reporting Over Accounts Receivable	N/A	VEC	-	See Finding Number 2014-074
Department of Education - Direct Aid to Public Education							
2014	33	2014-018	Improve Information Security Policies and Procedures	N/A	DOE	-	Corrective action is ongoing
2014	34	2014-019	Improve Information Security Officer Designation	N/A	DOE	-	Resolved
2014	35	2014-020	Improve IT Risk Management Documentation	N/A	DOE	-	Corrective action is ongoing
2014	127	2014-078	Structure Contract Management to Prevent the Circumventing of Commonwealth Requirements	N/A	DOE	-	Resolved
University of Virginia - Academic Division							
2014	111	2014-066	Improve VNAV Reconciliations and Confirmations	N/A	UVA/AD	-	Corrective action is ongoing
2014	114	2014-069	Improve Procurement Processes	N/A	UVA/AD	-	Resolved
2013	60	2013-040	Comply with University Sole Source Policy	N/A	UVA/AD	-	See Finding Number 2014-069
2014	125	2014-076	Improve Controls over the Disposal of Fixed Assets	N/A	UVA/AD	-	Resolved
2014	128	2014-079	Ensure Tuition and Fee Rates are Approved by the Board of Visitors	N/A	UVA/AD	-	Resolved
Virginia Commonwealth University							
2014	58	2014-035	Improve Student Health Portal Security	N/A	VCU	-	Corrective action is ongoing
Department of Accounts							
2014	22	2014-009	Improve Payline Web Application and SQL Server Database Security	N/A	DOA	-	Corrective action is ongoing
2014	23	2014-010	Improve IT Security Audit Plan	N/A	DOA	-	Corrective action is ongoing
2014	24	2014-011	Improve Risk Management and Continuity Planning Documentation	N/A	DOA	-	Corrective action is ongoing
2014	76	2014-047	Improve Controls Over Cardinal Security	N/A	DOA	-	Corrective action is ongoing
Department of Planning and Budget							
2014	54	2014-032	Improve IT Risk Management and Disaster Recovery Planning Programs	N/A	DPB	-	Corrective action is ongoing
2014	70	2014-043	Enhance Performance Budgeting System Access Reviews	N/A	DPB	-	Corrective action is ongoing
2014	72	2014-044	Improve Internal Controls Over System Access	N/A	DPB	-	Corrective action is ongoing
Department of Taxation							
2014	49	2014-028	Improve IT Risk Management Plans	N/A	TAX	-	Corrective action is ongoing
2014	50	2014-029	Improve Physical Security to Server Room	N/A	TAX	-	Resolved
2014	80	2014-050	Improve Internal Controls Over Systems Access	N/A	TAX	-	Corrective action is ongoing
2013	22	2013-011	Improve Internal Controls over Advantage Revenue Access	N/A	TAX	-	See Finding Number 2014-050

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Department of Behavioral Health and Developmental Services							
2014	30	2014-015	Improve Database Security	N/A	DBHDS	-	Corrective action is ongoing
2013	33	2013-016	Improve SQL Server Database Security	N/A	DBHDS	-	See Finding Number 2014-015
2014	31	2014-016	Improve IDOLS Security	N/A	DBHDS	-	Corrective action is ongoing
2014	32	2014-017	Develop and Submit an IT Audit Plan	N/A	DBHDS	-	Corrective action is ongoing
2014	78	2014-048	Improve Controls Over Systems Access	N/A	DBHDS	-	Corrective action is ongoing
2013	21	2013-010	Remove Access Promptly Upon Employee Termination	N/A	DBHDS	-	See Finding Number 2014-048
2014	99	2014-059	Improve Controls Over Hours Worked	N/A	DBHDS	-	Resolved
2014	100	2014-060	Improve Controls Over Payroll	N/A	DBHDS	-	Resolved
2014	105	2014-063	Improve Controls Over VNAV	N/A	DBHDS	-	Corrective action is ongoing
Department of Health							
2014	40	2014-024	Improve Database Security	10.558	VDH	-	Resolved
2014	41	2014-025	Ensure Timely Security Awareness and Training	N/A	VDH	-	Resolved
2014	59	2014-036	Improve Access Controls for the Crossroads System	10.557	VDH	-	Resolved
2014	61	2014-037	Improve User Access Controls for ROAP System	10.558	VDH	-	Corrective action is ongoing
2013	17	2013-007	Implement User Access Controls for ROAP System - CACFP	N/A	VDH	-	See Finding Number 2014-037
2014	62	2014-038	Improve Access Management to Information Systems	N/A	VDH	-	Corrective action is ongoing
2013	19	2013-009	Promptly Remove WebVision Access for Separated Users	N/A	VDH	-	See Finding Number 2014-038
2014	85	2014-051	Account for All WIC EBT Food Instruments and Investigate Errors	10.557	VDH	$91,957	Resolved
2014	87	2014-052	Record Accurate Time and Effort Reporting	10.557	VDH	-	Resolved
2014	89	2014-053	Complete Local Agency Monitoring Reviews	10.557	VDH	-	Resolved
2014	91	2014-054	Submit Invoices for WIC Rebates and Medicaid Claims	10.557	VDH	-	Resolved
2014	93	2014-055	Improve Controls over Federal Reporting - CACFP	10.558	VDH	-	Resolved
2014	95	2014-056	Improve Internal Controls over the ROAP System Reconciliation Process for CACFP	10.558	VDH	-	Corrective action is ongoing
2014	102	2014-061	Improve Documentation to Support Salary Changes	N/A	VDH	-	Resolved
2014	103	2014-062	Improve Controls over Human Resources Transactions	N/A	VDH	-	Resolved
2014	106	2014-064	Improve VNAV Reconciliation and Confirmation Process	N/A	VDH	-	Resolved
2014	119	2014-072	Enforce Business Rules in Human Resource Transactions	N/A	VDH	-	Resolved
2014	123	2014-075	Improve Controls over Reporting Account Receivables	N/A	VDH	-	Resolved
2013	41	2013-023	Improve Web Application Security - CACFP	N/A	VDH	-	Resolved
Department of Medical Assistance Services							
2014	42	2014-026	Identify a Backup for Medicaid Management Information System Administration and Document the Process	Medicaid Cluster	DMAS	-	Resolved
2014	44	2014-027	Correct Operating Environment and Security Issues Identified by their Security Compliance Audit	Medicaid Cluster	DMAS	-	Corrective action is ongoing
2012	19	2012-014	Address Findings in Internal Audit Report	N/A	DMAS	-	See Finding Number 2014-027
2014	63	2014-039	Improve Access Reviews of the Medicaid Management Information System	Medicaid Cluster	DMAS	-	Corrective action is ongoing
2013	11	2013-002	Improve Access Management to the Medicaid Management Information System	N/A	DMAS	-	See Finding Number 2014-039
2014	65	2014-040	Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System	Medicaid Cluster	DMAS	-	Corrective action is ongoing
2014	67	2014-041	Strengthen Financial System Application Access	Medicaid Cluster	DMAS	-	Corrective action is ongoing
2013	10	2013-001	Improve Oracle Access Controls	N/A	DMAS	-	See Finding Number 2014-041

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Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	State Agency	Questioned Costs	Current Status
2014	69	2014-042	Confirm that Application Access is Appropriate	Medicaid Cluster	DMAS	-	Resolved
2014	97	2014-057	Rates Used by the System Should be Supported by a Signed Contract with the Same Rates	Medicaid Cluster	DMAS	-	Resolved
Department of Social Services							
2014	37	2014-021	Document IT Systems Backup and Restoration Policy and Procedure	N/A	DSS	-	Corrective action is ongoing
2014	38	2014-022	Develop Workable Solutions to Maintain Appropriate Balance of Internal Controls	Medicaid Cluster	DSS	-	Resolved
2013	13	2013-003	Develop Workable Solutions to Maintain Appropriate Balance of Internal Controls	N/A	DSS	-	See Finding Number 2014-022
2014	39	2014-023	Implement and Monitor a Change Management Process for Sensitive Applications	Medicaid Cluster	DSS	-	Resolved
2013	49	2013-030	Implement and Improve Change Management Process for Sensitive Applications	N/A	DSS	-	See Finding Number 2014-023
2012	12	2012-004	Create and Implement a Change Management Process for Sensitive Applications	N/A	DSS	-	See Finding Number 2013-030
2014	74	2014-045	Monitor Actions of Employees Granted Temporary Access in FAAS	N/A	DSS	-	Resolved
2014	75	2014-046	Review User Accounts and Privileges for Mission Critical Systems	93.568	DSS	-	Corrective action is ongoing
2013	14	2013-004	Review User Accounts and Privileges for Mission Critical Systems	N/A	DSS	-	See Finding Number 2014-046
2013	47	2013-028	Ensure the New Eligibility System is Properly Handling Cases Transferred from the Old System	N/A	DSS	-	Resolved
2013	48	2013-029	Automate an Eligibility Control	N/A	DSS	-	Corrective action is ongoing
Department of Corrections - Central Administration							
2014	126	2014-077	Ensure Oversight over Third-Party Vendors	N/A	DOC/CA	-	Resolved
Department of Alcoholic Beverage Control							
2014	25	2014-012	Continue to Improve IT Governance	N/A	ABC	-	Resolved
2013	38	2013-021	Continue to Improve IT Governance Model and IT Project Prioritization Processes	N/A	ABC	-	See Finding Number 2014-012
2012	28	2012-021	Update IT Risk Management and Contingency Plans	N/A	ABC	-	See Finding Number 2013-021
2014	27	2014-013	Improve Database Security	N/A	ABC	-	Corrective action is ongoing
2013	40	2013-022	Improve Database Security	N/A	ABC	-	See Finding Number 2014-013
2014	29	2014-014	Improve Information Security Officer Designation	N/A	ABC	-	Resolved
Department of Motor Vehicles							
2014	17	2014-005	Develop Database and Application Baseline Security Configurations	N/A	DMV	-	Corrective action is ongoing
2013	43	2013-025	Improve Database Management System Security	N/A	DMV	-	See Finding Number 2014-005
2012	13	2012-006	Improve Database Security	N/A	DMV	-	See Finding Number 2013-025
2011	23	2011-012	Improve Database Security	N/A	DMV	-	See Finding Number 2012-006
2014	18	2014-006	Improve Physical and Environmental Security Controls	N/A	DMV	-	Corrective action is ongoing
2014	19	2014-007	Improve IT Risk and Continuity Management Program	N/A	DMV	-	Corrective action is ongoing
2014	20	2014-008	Improve IT Security Audit Program Management	N/A	DMV	-	Corrective action is ongoing
2014	79	2014-049	Improve Termination Procedures Supporting Timely Removal of Commonwealth Systems' Access	N/A	DMV	-	Corrective action is ongoing
2014	109	2014-065	Improve Retirement Contribution Snapshot Certification Process	N/A	DMV	-	Corrective action is ongoing
2013	24	2013-012	Improve User Access Controls	N/A	DMV	-	Corrective action is ongoing
2012	25	2012-018	Improve User Access Control Across Systems	N/A	DMV	-	See Finding Number 2013-012

COMMONWEALTH OF VIRGINIA
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2015

Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	State Agency	Questioned Costs	Current Status
Department of Transportation							
2014	52	2014-030	Improve Web Application Security	N/A	VDOT	-	Resolved
2014	53	2014-031	Improve Information Security Officer Designation	N/A	VDOT	-	Corrective action is ongoing
2014	112	2014-067	Improve Restorative Maintenance Project Reviews	N/A	VDOT	-	Resolved
2014	113	2014-068	Improve the Voucher Review Process	N/A	VDOT	-	Resolved
2014	120	2014-073	Improve Controls over Financial Reporting	N/A	VDOT	-	Corrective action is ongoing
2013	52	2013-033	Improve Controls over Financial Reporting	N/A	VDOT	-	See Finding Number 2014-073
2012	34	2012-026	Improve Financial Reporting Procedures	N/A	VDOT	-	See Finding Number 2013-033
State Corporation Commission							
2014	56	2014-033	Improve Information Security Program	N/A	SCC	-	Corrective action is ongoing
2014	129	2014-080	Establish an Independent Line of Reporting for the Chief Internal Auditor	N/A	SCC	-	Resolved
Virginia Lottery[1]							
2014	57	2014-034	Improve End User Computer Controls	N/A	VAL	-	Corrective action is ongoing
			FEDERAL AWARD FINDINGS AND QUESTIONED COSTS				
U. S. Department of Agriculture							
2014	40	2014-024	Improve Database Security[2]	10.558	VDH	-	Resolved
2014	59	2014-036	Improve Access Controls for the Crossroads System[2]	10.557	VDH	-	Resolved
2014	61	2014-037	Improve User Access Controls for ROAP System[2]	10.558	VDH	-	Corrective action is ongoing
2013	68	2013-007	Implement User Access Controls for ROAP System - CACFP[2]	10.558	VDH	-	See Finding Number 2014-037
2014	85	2014-051	Account for All WIC EBT Food Instruments and Investigate Errors[2]	10.557	VDH	$91,957	Resolved
2014	87	2014-052	Record Accurate Time and Effort Reporting[2]	10.557	VDH	-	Resolved
2014	89	2014-053	Complete Local Agency Monitoring Reviews[2]	10.557	VDH	-	Resolved
2014	91	2014-054	Submit Invoices for WIC Rebates and Medicaid Claims[2]	10.557	VDH	-	Resolved
2014	93	2014-055	Improve Controls over Federal Reporting - CACFP[2]	10.558	VDH	-	Resolved
2013	73	2013-049	Improve Controls over Federal Reporting - CACFP	10.558	VDH	-	See Finding Number 2014-055
2014	95	2014-056	Improve Internal Controls over the ROAP System Reconciliation Process for CACFP[2]	10.558	VDH	-	Corrective action is ongoing
2014	131	2014-081	Improve Controls over Federal Reporting WIC	10.557	VDH	-	Resolved
2013	75	2013-050	Improve Controls over Federal Reporting - WIC	10.557	VDH	-	See Finding Number 2014-081
2014	133	2014-082	Improve Procurement Controls	10.557	VDH	-	Resolved
2014	135	2014-083	Review Subrecipient Single Audit Reports and Issue Management Decisions	10.558	VDH	-	Resolved
2013	82	2013-055	Review Sub-recipient Single Audit Reports and Issue Management Decisions - CACFP	10.558	VDH	-	See Finding Number 2014-083
2014	137	2014-084	Complete Subrecipient Monitoring Reviews	10.558	VDH	-	Resolved
2013	79	2013-053	Complete Sub-recipient Monitoring Reviews - CACFP	10.558	VDH	-	See Finding Number 2014-084
2012	47	2012-038	Complete Required Number of Sub-Recipient Reviews	10.558	VDH	-	See Finding Number 2013-053
2014	138	2014-085	Complete FFATA Reporting for CACFP	10.558	VDH	-	Resolved
2013	76	2013-051	Complete Federal Funding Accountability and Transparency Act Reporting -CACFP	10.558	VDH	-	See Finding Number 2014-085
2013	69	2013-023	Improve Web Application Security - CACFP[2]	10.558	VDH	-	Resolved
U. S. Department of Education							
2014	140	2014-086	Properly Perform Return to Title IV Calculations	Student Financial Assistance Programs	CWM RBC BRCC ESCC SWVCC	$6,376.73	Resolved Resolved Resolved Resolved Resolved

COMMONWEALTH OF VIRGINIA
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2015

Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	State Agency	Questioned Costs	Current Status
2014	143	2014-087	Promptly Return Title IV Funds	Student Financial Assistance Programs	BRCC JSRCC NRCC	-	Resolved Corrective action is ongoing Resolved
2014	145	2014-088	Perform and Document Monthly Reconciliations of Direct Loans	Student Financial Assistance Programs	BRCC JSRCC VWCC JMU	-	Resolved Resolved Resolved Corrective action is ongoing
2014	147	2014-089	Improve Compliance Over Enrollment Reporting	Student Financial Assistance Programs	BRCC SWVCC TNCC JMU	-	Corrective action is ongoing Corrective action is ongoing Resolved Corrective action is ongoing
2014	149	2014-090	Improve Reporting to the Common Origination and Disbursement System (COD)	Student Financial Assistance Programs	BRCC JSRCC NRCC SWVCC JMU	-	Resolved Resolved Resolved Resolved Resolved
2014	152	2014-091	Improve Notification of Awards to Students	Student Financial Assistance Programs	DSLCC JSRCC NRCC TNCC	-	Corrective action is ongoing Resolved Resolved Resolved
2014	154	2014-092	Improve Internal Control Environment	Student Financial Assistance Programs	SWVCC VWCC	-	Resolved Resolved
2014	156	2014-093	Reconcile Federal Funds Accounts	Student Financial Assistance Programs	NRCC SVCC	-	Resolved Resolved
2014	158	2014-094	Improve Procedures Over Cost of Attendance Calculations	Student Financial Assistance Programs	JSRCC	-	Resolved
2014	159	2014-095	Promptly Disburse Title IV Funds	Student Financial Assistance Programs	NRCC	-	Resolved
2014	160	2014-096	Properly Perform Drawdowns of Federal Student Aid Funds	Student Financial Assistance Programs	TNCC	-	Resolved
2014	161	2014-097	Return Unclaimed Aid to Department of Education within Required Timeframe	Student Financial Assistance Programs	JMU	-	Corrective action is ongoing
2013	87	2013-058	Properly Calculate and Return Title IV Funds	Student Financial Assistance Programs	PHCC	$27,018.29	Resolved
2010	39	2010-037	Promptly Return Title IV Refunds	Student Financial Assistance Programs	PHCC	-	See Finding Number 2013-058
2013	91	2013-060	Improve Documentation of Monthly Reconciliations of Direct Loans	Student Financial Assistance Programs	LFCC	-	Corrective action is ongoing
2013	93	2013-061	Develop and Improve Policies and Procedures	Student Financial Assistance Programs	DCC PHCC	-	Resolved Corrective action is ongoing
2013	94	2013-062	Improve Notification of Direct Loan Awards to Students	Student Financial Assistance Programs	DCC	-	Resolved

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Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2015

Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	State Agency	Questioned Costs	Current Status
2013	95	2013-063	Reconcile Federal Funds Accounts	Student Financial Assistance Programs	DCC RCC	-	Resolved Resolved
2012	57	2012-046	Improve Reporting to National Student Loan Data System	Student Financial Assistance Programs	CVCC	-	Corrective action is ongoing
U. S. Department of Health and Human Services							
2014	38	2014-022	Develop Workable Solutions to Maintain Appropriate Balance of Internal Controls[2]	Medicaid Cluster	DSS	-	Resolved
2013	98	2013-003	Develop Workable Solutions to Maintain Appropriate Balance of Internal Controls[2]	Medicaid Cluster	DSS	-	See Finding Number 2014-022
2014	39	2014-023	Implement and Monitor a Change Management Process for Sensitive Applications[2]	Medicaid Cluster	DSS	-	Resolved
2013	100	2013-030	Implement and Improve Change Management Processes for Sensitive Applications[2]	Medicaid Cluster	DSS	-	See Finding Number 2014-023
2014	42	2014-026	Identify a Backup for Medicaid Management Information System Administration and Document the Process[2]	Medicaid Cluster	DMAS	-	Resolved
2014	44	2014-027	Correct Operating Environment and Security Issues Identified by their Security Compliance Audit[2]	Medicaid Cluster	DMAS	-	Corrective action is ongoing
2014	63	2014-039	Improve Access Reviews of the Medicaid Management Information System[2]	Medicaid Cluster	DMAS	-	Corrective action is ongoing
2013	98	2013-002	Improve Access Management to the Medicaid Management Information System[2]	Medicaid Cluster	DMAS	-	See Finding Number 2014-039
2014	65	2014-040	Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System[2]	Medicaid Cluster	DMAS	-	Corrective action is ongoing
2014	67	2014-041	Strengthen Financial System Application Access[2]	Medicaid Cluster	DMAS	-	Corrective action is ongoing
2013	98	2013-001	Improve Oracle Access Controls[2]	Medicaid Cluster	DMAS	-	See Finding Number 2014-041
2014	69	2014-042	Confirm that Application Access is Appropriate[2]	Medicaid Cluster	DMAS	-	Resolved
2014	75	2014-046	Review User Accounts and Privileges for Mission Critical Systems[2]	93.568	DSS	-	Corrective action is ongoing
2013	99	2013-004	Review User Accounts and Privileges for Mission Critical Systems[2]	93.563	DSS	-	See Finding Number 2014-046
2014	97	2014-057	Rates Used by the System Should be Supported by a Signed Contract with the Same Rates[2]	Medicaid Cluster	DMAS	-	Resolved
2014	162	2014-098	Complete FFATA Reporting for Preparedness Grants	93.074	VDH	-	Resolved
2014	163	2014-099	Ensure Compliance with the Federal Funding Accountability and Transparency Act	93.575	DSS	-	Resolved
2014	164	2014-100	Evaluate Existing Contracts Using Required Procurement Principles	93.509	VHWDA	$64,185	Corrective action is ongoing
2013	99	2013-028	Ensure the New Eligibility System is Properly Handling Cases Transferred from the Old System[2]	93.575 93.596	DSS	-	Resolved
2013	99	2013-029	Automate an Eligibility Control[2]	Medicaid Cluster	DSS	-	Corrective action is ongoing
U. S. Department of Labor							
2014	12	2014-001	Allocate Adequate Resources to Reduce IT Security Risk[2]	17.225	VEC	-	Corrective action is ongoing
2014	13	2014-002	Improve Organizational Placement of Information Security Officer[2]	17.225	VEC	-	Resolved
2014	14	2014-003	Maintain Oversight Over the Information Security Program[2]	17.225	VEC	-	Corrective action is ongoing
2014	16	2014-004	Upgrade Unsupported and Vulnerable Operating Systems[2]	17.225	VEC	-	Corrective action is ongoing
2014	98	2014-058	Continue to Strengthen Tax - Wage Reconciliation Processes[2]	17.225	VEC	-	Resolved
2014	117	2014-070	Confirm VABS is Calculating Maximum Benefit Amount Consistently for All Claimants[2]	17.225	VEC	$14,000	Corrective action is ongoing

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Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2015

Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	State Agency	Questioned Costs	Current Status
2014	118	2014-071	Withhold Child Support Obligations from Benefit Adjustment Payments[2]	17.225	VEC	$937.20	Corrective action is ongoing
2014	165	2014-101	Review Policies over Benefit Overpayment Reviews	17.225	VEC	-	Resolved
U. S. Department of Transportation							
2014	167	2014-102	Improve Controls over Sub-recipient Monitoring	Highway Planning and Construction Cluster	VDOT	-	Corrective action is ongoing
2013	102	2013-067	Improve Controls over Sub-recipient Monitoring	Various	VDOT	-	See Finding Number 2014-102
2014	168	2014-103	Improve Controls over FFATA Reporting	Highway Planning and Construction Cluster	VDOT	-	Resolved
2013	104	2013-068	Improve Controls over FFATA Reporting	Various	VDOT	-	See Finding Number 2014-103
2014	169	2014-104	Comply with the Code of Federal Regulations	Highway Planning and Construction Cluster	VDOT	-	Resolved
U. S. Department of Treasury							
2014	170	2014-105	Strengthen Procedures for Administering Federal Programs	21.000	OAG	-	Resolved

(1) As of March 26, 2015, the State Lottery Department (SLD) became the known as the Virginia Lottery (VAL).
(2) This Finding is also in the "Financial Statement Findings" Section of the "Resolution of Prior Year Findings."

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
U.S. DEPARTMENT OF AGRICULTURE				
Non-Stimulus:				
Agricultural Research - Basic and Applied Research	10.001		2,547	
Plant and Animal Disease, Pest Control, and Animal Care	10.025		1,348,480	
Conservation Reserve Program	10.069		38,111	
Federal-State Marketing Improvement Program	10.156		7,461	
Market Protection and Promotion	10.163		66,059	
Farmers' Market and Local Food Promotion Program	10.168		10,681	
Specialty Crop Block Grant Program - Farm Bill	10.170		506,046	
Grants for Agricultural Research, Special Research Grants	10.200		30,052	
Pass-Through From University of Florida	10.200			6,936
Higher Education Graduate Fellowship Grant Program	10.210		4,268	
Sustainable Agriculture Research and Education	10.215			
Pass-Through From University of Georgia	10.215			28,775
Higher Education - Challenge Grants Program	10.217		177,419	
Agricultural and Rural Economic Research, Cooperative Agreements and Collaborations	10.250		109,539	
Integrated Programs	10.303			
Pass-Through From North Carolina State University	10.303			318
Homeland Security-Agricultural	10.304			
Pass-Through From University of Florida	10.304			18,781
Specialty Crop Research Initiative	10.309			
Pass-Through From Cornell University	10.309			12,729
Agriculture and Food Research Initiative (AFRI)	10.310		232,814	
Pass-Through From University of Tennessee	10.310			101,818
Beginning Farmer and Rancher Development Program	10.311		23,968	
Crop Protection and Pest Management Competitive Grants Program	10.329		172,091	
Outreach and Assistance for Socially Disadvantaged and Veteran Farmers and Ranchers	10.443		48,120	
Rural Community Development Initiative	10.446		39,965	
Cooperative Agreements with States for Intrastate Meat and Poultry Inspection	10.475		1,870,858	
Cooperative Extension Service	10.500		15,570,743	
Pass-Through From Kansas State University	10.500			86,883
Pass-Through From Michigan State University	10.500			22,772
Pass-Through From North Carolina State University	10.500			177
Pass-Through From Pennsylvania State University	10.500			3,233
Pass-Through From University of Arkansas Cooperative	10.500			5,403
Pass-Through From University of Arkansas Fayetteville	10.500			14,526
Pass-Through From University of Georgia	10.500			20,618
Pass-Through From University of Illinois	10.500			20,423
Pass-Through From University of Nebraska	10.500			275,320
Food Donation	10.550			
Pass-Through From Virginia Local Governments	10.550			10,007
Special Supplemental Nutrition Program for Women, Infants, and Children	10.557		96,371,705	
Pass-Through From State of North Carolina	10.557			119,380
Child and Adult Care Food Program	10.558		46,072,927	
State Administrative Expenses for Child Nutrition	10.560		4,704,727	
WIC Farmers' Market Nutrition Program (FMNP)	10.572		24,386	
Farm to School Grant Program	10.575		20,748	
Senior Farmers Market Nutrition Program	10.576		447,970	
WIC Grants To States(WGS)	10.578		66,475	
Child Nutrition Discretionary Grants Limited Availability	10.579		1,384	
Fresh Fruit and Vegetable Program	10.582		3,830,083	
Cooperative Forestry Assistance	10.664		4,268,081	
Pass-Through From Center for Natural Capital	10.664			7,014
Pass-Through From Kentucky Division of Forestry	10.664			10,434
Pass-Through From North Carolina Division of Forest Resources	10.664			55,124

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Wood Utilization Assistance	10.674		30,082	
Forest Legacy Program	10.676		11,073	
Forest Stewardship Program	10.678		128,860	
Forest Health Protection	10.680		222,512	
Wood Education and Resource Center (WERC)	10.681		683	
International Forestry Program	10.684		96	
Technical Assistance and Training Grants	10.761		929	
Resource Conservation and Development	10.901		5,000	
Soil and Water Conservation	10.902		68,498	
Soil Survey	10.903		8,150	
Environmental Quality Incentives Program	10.912		116,561	
Agricultural Statistics Reports	10.950		2,756	
Technical Agricultural Assistance	10.960		121,872	
Scientific Cooperation and Research	10.961		7,882	
Other Assistance:				
Agricultural Statistics Service	10.000		588	
Agricultural Statistics Service Surveys	10.000		180	
Food Distribution - Salvage	10.000		14,994	
Other Assistance	10.000	13-CS-11330152-089	26,918	
Other Assistance	10.000	58-0510-4-064 N	29,329	
Other Assistance	10.000	PO# 4500060094	130	
Other Assistance	10.000	RD2VA-14-02	614	
Total Excluding Clusters Identified Below			176,865,415	820,671
Child Nutrition Cluster:				
School Breakfast Program	10.553		67,607,706	
National School Lunch Program	10.555		241,027,233	
Special Milk Program for Children	10.556		7,584	
Summer Food Service Program for Children	10.559		10,848,717	
Total Child Nutrition Cluster			319,491,240	-
Food Distribution Cluster:				
Emergency Food Assistance Program (Administrative Costs)	10.568		1,414,145	
Emergency Food Assistance Program (Food Commodities)	10.569		8,532,864	
Total Food Distribution Cluster			9,947,009	-
Forest Service Schools and Roads Cluster:				
Schools and Roads - Grants to States	10.665		1,507,191	
Total Forest Service Schools and Roads Cluster:			1,507,191	-
SNAP Cluster:				
Supplemental Nutrition Assistance Program - ARRA	10.551		1,242,054,910	
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561		104,089,729	
Total SNAP Cluster			1,346,144,639	-
Research and Development Cluster:				
Agricultural Research - Basic and Applied Research	10.001		1,208,132	
Plant and Animal Disease, Pest Control, and Animal Care	10.025		676,821	
Wildlife Services	10.028		226	
Federal-State Marketing Improvement Program	10.156		70,954	
Specialty Crop Block Grant Program - Farm Bill	10.170		3,189	
Grants for Agricultural Research, Special Research Grants	10.200		117,896	
Pass-Through From University of Florida	10.200			11,371
Pass-Through From University of Maine	10.200			6,069

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From Washington State University	10.200			42,279
Cooperative Forestry Research	10.202		1,047,058	
Payments to Agricultural Experiment Stations Under the Hatch Act	10.203		4,281,985	
Payments to 1890 Land-Grant Colleges and Tuskegee University	10.205		3,597,115	
Animal Health and Disease Research	10.207		48,127	
Higher Education - Graduate Fellowship Grant Program	10.210		34,044	
Sustainable Agriculture Research and Education	10.215		22,361	
Pass-Through From University of Georgia	10.215			113,941
Pass-Through From University of Kentucky	10.215			30,646
Pass-Through From University of Rhode Island	10.215			4,584
1890 Institution Capacity Building Grants	10.216		1,094,838	
Pass-Through From North Carolina Agricultural and Technical	10.216			14,081
Pass-Through From University of Maryland	10.216			19,882
Pass-Through From University of Maryland, Eastern Shore	10.216			5,512
Agricultural and Rural Economic Research, Cooperative Agreements and Collaborations	10.250		127,963	
Consumer Data and Nutrition Research	10.253		23,123	
Pass-Through From Cornell University	10.253			5,882
Agricultural Market and Economic Research	10.290		7,097	
Integrated Programs	10.303		58,211	
International Science and Education Grants	10.305		41,900	
Organic Agriculture Research and Extension Initiative	10.307			
Pass-Through From Rutgers, The State University of New Jersey	10.307			58,531
Pass-Through From West Virginia University	10.307			1,955
Specialty Crop Research Initiative	10.309		1,538,499	
Pass-Through From Clemson University	10.309			98,099
Agriculture and Food Research Initiative (AFRI)	10.310		6,345,746	
Pass-Through From Cornell University	10.310			52,286
Pass-Through From Iowa State University	10.310			151,995
Pass-Through From Kansas State University	10.310			2,821
Pass-Through From Michigan State University	10.310			31,139
Pass-Through From Montclair State University	10.310			21,004
Pass-Through From North Carolina State University	10.310			28,118
Pass-Through From Southern Illinois University	10.310			4,558
Pass-Through From Temple University	10.310			174,187
Pass-Through From University of Arkansas Fayetteville	10.310			61,990
Pass-Through From University of California, Davis	10.310			48,241
Pass-Through From University of California, Riverside	10.310			18,942
Pass-Through From University of Delaware	10.310			18,389
Pass-Through From University of Florida	10.310			781,838
Pass-Through From University of Nebraska	10.310			116,988
Alfalfa and Forage Research Program	10.330		20,997	
Cooperative Extension Service	10.500		211,331	
Pass-Through From Michigan State University	10.500			45,745
Forestry Research	10.652		503,105	
Pass-Through From Georgia Forestry Commission	10.652			17,375
Pass-Through From US Endowment For Forests & Communities	10.652			61,910
Cooperative Forestry Assistance	10.664		29,374	
Pass-Through From US Endowment For Forests & Communities	10.664			84,939
Urban and Community Forestry Program	10.675		55,306	
Pass-Through From National Association of Regional Councils	10.675			52,508
Forest Health Protection	10.680		734,867	
Wood Education and Resource Center (WERC)	10.681		64,616	
Distance Learning and Telemedicine Loans and Grants	10.855		236,482	
Soil and Water Conservation	10.902		309,864	
Soil Survey	10.903		15,102	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Environmental Quality Incentives Program	10.912		119,578	
Pass-Through From American Farmland Trust	10.912			17,239
Pass-Through From Chesapeake Bay Foundation Incorporated	10.912			4,020
Pass-Through From Eastern Shore Resource Conservation & Development Council Incorporated	10.912			8,722
Pass-Through From Pennsylvania State University	10.912			35,035
Agricultural Statistics Reports	10.950		13,570	
Technical Agricultural Assistance	10.960		12	
Scientific Cooperation and Research	10.961		28,785	
Other Assistance:				
Other Assistance	10.000		6,100	
Other Assistance	10.000	11-JV-11242305-130	126,014	
Other Assistance	10.000	11-JV-11330152-104	36,377	
Other Assistance	10.000	12-2000-0047-CA	16	
Other Assistance	10.000	12-CA-11420004-069	19,023	
Other Assistance	10.000	12-CA-11420004-070	21,189	
Other Assistance	10.000	12-JV-11242303-036	3,056	
Other Assistance	10.000	12-JV-11330143-106	26,239	
Other Assistance	10.000	13-CA-11330134-090	4,030	
Other Assistance	10.000	13-CA-11420004-061	9,425	
Other Assistance	10.000	13-DG-11132762-399	265,156	
Other Assistance	10.000	13-JV-11242301-080	21,452	
Other Assistance	10.000	13-JV-11242309-057	11,536	
Other Assistance	10.000	13-JV-11330145-045	17,108	
Other Assistance	10.000	13-JV-11330145046	14,257	
Other Assistance	10.000	13-JV-11330145-054	26,069	
Other Assistance	10.000	13-JV-11330145-084	4,683	
Other Assistance	10.000	14-CS-11330140-125	62,979	
Other Assistance	10.000	14-CS-11330140-126	36,810	
Other Assistance	10.000	14-JV-11330142-070	20,849	
Other Assistance	10.000	14-JV-11330143-066	18,796	
Other Assistance	10.000	14-JV-11330143-067	29,964	
Other Assistance	10.000	14-JV-11330145-058	62,503	
Other Assistance	10.000	14-JV-11330145-108	1,334	
Other Assistance	10.000	14-PA-11080821-006	9,321	
Other Assistance	10.000	15-CA-11420004-088	1,748	
Other Assistance	10.000	58-1235-3-128	169,450	
Other Assistance	10.000	FS#12-JV-11261976-077	42,742	
Pass-Through From University of Arizona	10.000	006430-00001 PO 150779		4,734
Total Research and Development Cluster			23,756,500	2,257,555
Total U.S. Department of Agriculture			1,877,711,994	3,078,226
U.S. DEPARTMENT OF COMMERCE				
Non-Stimulus:				
Economic Development-Technical Assistance	11.303		90,079	
Interjurisdictional Fisheries Act of 1986	11.407		5,052	
Sea Grant Support	11.417		835,609	
Coastal Zone Management Administration Awards	11.419		1,348,339	
Coastal Zone Management Estuarine Research Reserves	11.420		416,715	
Fisheries Development and Utilization Research and Development Grants and Cooperative Agreements Program	11.427		10,375	
Marine Fisheries Initiative	11.433		149,259	
Unallied Industry Projects	11.452		242,986	
Unallied Management Projects	11.454		782,044	
Pass-Through From Chesapeake Bay Trust	11.454			4,536
Pass-Through From National Oceanic and Atmospheric Administration	11.454			2,635
Chesapeake Bay Studies	11.457		176,548	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Habitat Conservation	11.463		270,181	
Unallied Science Program	11.472		472,269	
Atlantic Coastal Fisheries Cooperative Management Act	11.474		193,784	
State and Local Implementation Grant Program	11.549		161,328	
Manufacturing Extension Partnership	11.611		2,322,631	
Pass-Through From California Manufacturing Technical Consulting	11.611			10,243
Pass-Through From Illinois Manufacturing Extension Center	11.611			67,812
Congressionally-Identified Projects	11.617			11,591
Other Assistance:				
18th Annual Conference	11.000	203203	2,013	
US Department of Commerce-International Trade Administration-Fiscal Year 15-Emergent Teamwork	11.000	209751	3,385	
Other Assistance	11.000	EA-133F-13-SE-0122	6,277	
Pass-Through From National Geographic Society	11.000	203165		22,089
Total Non-Stimulus			7,488,874	118,906
Stimulus (ARRA):				
State Broadband Data and Development Grant Program - ARRA	11.558		1,083,385	
Total Stimulus (ARRA)			1,083,385	-
Economic Development Cluster:				
Economic Adjustment Assistance	11.307		19,645,455	
Total Economic Development Cluster:			19,645,455	-
Total Excluding Clusters Identified Below			28,217,714	118,906
Research and Development Cluster:				
Non-Stimulus:				
NOAA Mission-Related Education Awards	11.008			
Pass-Through From National Geographic Society	11.008			13,963
Integrated Ocean Observing System (IOOS)	11.012		4,520	
Pass-Through From Rutgers, the State University of New Jersey	11.012			55,345
Pass-Through From Southeastern University Research Association	11.012			106,254
Sea Grant Support	11.417		1,490,576	
Pass-Through From Clark University	11.417			61,699
Pass-Through From Southern Illinois University	11.417			1,224
Pass-Through From Texas A&M University	11.417			152
Coastal Zone Management Administration Awards	11.419		864,833	
Pass-Through From Middle Peninsula Planning District	11.419			8,404
Pass-Through From State of Maryland Department of Natural Resources	11.419			15,023
Pass-Through From University of South Carolina	11.419			1,928
Coastal Zone Management Estuarine Research Reserves	11.420		185,050	
Fisheries Development and Utilization Research and Development Grants and Cooperative Agreements Program	11.427		154,075	
Climate and Atmospheric Research	11.431		214,993	
National Oceanic and Atmospheric Administration (NOAA) Cooperative Institutes	11.432			
Pass-Through From University of Miami	11.432			93,732
Environmental Sciences, Applications, Data, and Education	11.440		334,938	
Pass-Through From University Of Maryland	11.440			38,508
Unallied Management Projects	11.454		1,834,391	
Pass-Through From Coonamesset Farm Foundation Incorporated	11.454			12,410
Pass-Through From University of Delaware	11.454			28,860
Chesapeake Bay Studies	11.457		291,232	
Pass-Through From Chesapeake Research Consortium	11.457			82,005

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From Fairfax County Public Schools	11.457			4,212
Pass-Through From University of Maryland	11.457			69,918
Habitat Conservation	11.463		48,456	
Pass-Through From National Fish and Wildlife Foundation	11.463			69,925
Meteorologic and Hydrologic Modernization Development	11.467		5,552	
Pass-Through From Oregon Department of Geology and Mineral	11.467			6,761
Congressionally Identified Awards and Projects	11.469		179,007	
Unallied Science Program	11.472		45,821	
Atlantic Coastal Fisheries Cooperative Management Act	11.474		38,666	
Center for Sponsored Coastal Ocean Research-Coastal Ocean Program	11.478		128,439	
Pass-Through From Texas Agricultural and Mechanical University	11.478			30,910
Pass-Through From University of Rhode Island	11.478			13,357
Measurement and Engineering Research and Standards - ARRA	11.609		646,665	
Pass-Through From Research Foundation of State University of New York at Binghamton	11.609			186,477
Science, Technology, Business and/or Education Outreach	11.620		30,626	
Other Assistance:				
Calibration and Validation of Global Land Parameters	11.000	203095	58,410	
Calibration and Validation of Surface and Atmospheric Variables from National Oceanic Atmospheric Administration Satellites	11.000	202740	30,906	
Enhancements to Geographic Information System Tools and Methods for Mapping American Community Survey Estimates and Data Quality	11.000	202748	2,651	
Satellite Data Reprocessing in Support of National Oceanic Atmospheric Administration Program	11.000	203089	27,039	
Satellite Data Reprocessing in Support of National Oceanic Atmospheric Administration Program	11.000	203343	70,745	
Pass-Through From Dakota Consulting, Incorporated	11.000	203375		58,105
Total Non-Stimulus			6,687,591	959,172
Stimulus (ARRA):				
Measurement and Engineering Research and Standards - ARRA	11.609		74	
Total Stimulus (ARRA)			74	-
Total Research and Development Cluster			6,687,665	959,172
Total U.S. Department of Commerce			34,905,379	1,078,078
U.S. DEPARTMENT OF DEFENSE				
Non-Stimulus:				
Procurement Technical Assistance For Business Firms	12.002		739,911	
Payments to States in Lieu of Real Estate Taxes	12.112		67,125	
State Memorandum of Agreement Program for the Reimbursement of Technical Services	12.113		733,517	
Electronic Absentee Systems for Elections	12.217		101,018	
Basic and Applied Scientific Research	12.300		83,647	
Pass-Through From University of Michigan - Ann Arbor	12.300			525,674
Navy Command, Control, Communications, Computers, Intelligence, Surveillance, and Reconnaissance	12.335		24,478	
ROTC Language and Culture Training Grants	12.357			
Pass-Through From Institute of International Education	12.357			371,356
National Guard Military Operations and Maintenance (O&M) Projects - ARRA	12.401		54,308,617	
National Guard Challenge Program	12.404		3,920,121	
Basic Scientific Research - ARRA	12.431		17,862	
Community Economic Adjustment Assistance for Establishment, Expansion, Realignment, or Closure of a Military Installation	12.607		2,098,481	
Community Economic Adjustment Assistance for Advance Planning and Economic Diversification	12.614		52,471	
Economic Adjustment Assistance for State Governments	12.617		3,424,129	
Basic, Applied, and Advanced Research in Science and Engineering - ARRA	12.630		8,722,407	
Uniformed Services University Medical Research Projects	12.750			
Pass-Through From Henry M. Jackson Foundation for the Advancement of Military Medicine	12.750			14,876
Language Grant Program	12.900		255,978	
Information Security Grants	12.902		163,973	
Other Assistance:				
Building Business Acumen	12.000	202757	198,759	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Department of Defense Human Resources Directorate for Executive and Political Personnel- Claude Kicklighter	12.000	202395	162	
Dept of the Army reimbursed DVS for Interment of Active Duty Veteran	12.000		734	
Enlisted to Medical Degree Preparatory Program	12.000	203291	249,442	
State-Wide Procurement Technical Assistance Program	12.000	Year 24 202986	34,422	
State-Wide Procurement Technical Assistance Program	12.000	Year 24 202987	35,032	
United States Coast Guard-Transportation Security Administration-Fiscal Year 15-Strength Based Leadership Training	12.000	209766	2,160	
Other Assistance	12.000	Contract N00178-13-P-4475	6,243	
Other Assistance	12.000		2,419	
Pass-Through From Auburn University	12.000	13-BGCA-ARMY-VT		241
Pass-Through From BAE (British Aerospace) Systems Advanced Technologies, Incorporated	12.000	HHM402-13-C-0034 203131 203132		112,911
Pass-Through From BAE (British Aerospace) Systems Advanced Technologies, Incorporated	12.000	W9113M-12-C-0066 202859 203124		107,350
Pass-Through From Battelle Memorial Institute	12.000	N62473 202840		13,790
Pass-Through From Battelle Memorial Institute	12.000	N62473 203170 230171		46,233
Pass-Through From Booz Allen Hamilton	12.000	203390		25,435
Pass-Through From Chenega Technology Services Corporation	12.000	202557 202558		37,308
Pass-Through From Computer Sciences Corporation (CSC)	12.000	203371		26,532
Pass-Through From Computer Sciences Corporation (CSC)	12.000	203477		96,110
Pass-Through From Dwight D. Eisenhower Memorial Commission	12.000	203501		694
Pass-Through From Hewlett Packard Company	12.000	203209		43,071
Pass-Through From Hewlett Packard Company	12.000	203295		1,095
Pass-Through From Hewlett Packard Company	12.000	203322		1,315
Pass-Through From Historically Black Colleges and Universities Minority Institutions Project Office Incorporated	12.000	203479		312
Pass-Through From Institute of International Education	12.000	PO 2603-VTECH-23-GO-015-PO1		290,808
Pass-Through From Leidos Incorporated	12.000	203354		738
Pass-Through From Leidos Incorporated	12.000	203401		53,052
Pass-Through From Leidos Incorporated	12.000	203474		13,915
Pass-Through From Leidos Incorporated	12.000	HM0177 202655		296
Pass-Through From Leidos Incorporated	12.000	HM0177 202815		8,156
Pass-Through From Leidos Incorporated	12.000	HM0177 202827		77,958
Pass-Through From Leidos Incorporated	12.000	HM0177 203143		1,248
Pass-Through From Leidos Incorporated	12.000	HM0177 203205		22,249
Pass-Through From Raytheon Systems	12.000	203435		48,071
Pass-Through From Raytheon Systems	12.000	FA7014-13-C-1008 203161 203162		101,737
Pass-Through From TASC, Incorporated	12.000	202539 202540		67,955
Pass-Through From TASC, Incorporated	12.000	203046 203215		92,442
Total Excluding Clusters Identified Below			75,243,108	2,202,928
Research and Development Cluster:				
Aquatic Plant Control	12.100			
Pass-Through From BAE Systems NA, Incorporated	12.100			49,146
Pass-Through From EA Engineering Science & Technology, Incorporated	12.100			20,720
Flood Control Projects	12.106			
Pass-Through From Fugro Fuller Eustis Burns Joint Venture Limited Liability Corporation	12.106			135,212
Estuary Habitat Restoration Program	12.130		202,728	
Basic and Applied Scientific Research	12.300		15,333,978	
Pass-Through From Advanced Scientific Concepts Incorporated	12.300			122,307
Pass-Through From Aerospace Testing Alliance	12.300			21,873
Pass-Through From Alion Science Technology Corporation	12.300			4,159
Pass-Through From Berrie Hill Research Corporation	12.300			121,640
Pass-Through From Colorado State University	12.300			9,041
Pass-Through From Cortana Corporation	12.300			7,310
Pass-Through From Joseph W Jones Ecological Research Center	12.300			818
Pass-Through From Lockheed Martin Corporation	12.300			19,757
Pass-Through From MacAulay-Brown Incorporated	12.300			513,054
Pass-Through From NanoSonic Incorporated	12.300			28,279

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From New York Institute of Technology	12.300			39,118
Pass-Through From NextGen Aeronautics Incorporated	12.300			11
Pass-Through From Northwestern University	12.300			85,450
Pass-Through From Pennsylvania State University	12.300			85,004
Pass-Through From Royal Institute of Technology	12.300			223,799
Pass-Through From Royal Melbourne Institute of Technology University	12.300			2,716
Pass-Through From Shared Spectrum Company	12.300			8,998
Pass-Through From Simpson Weather Associates, Incorporated	12.300			29,535
Pass-Through From SMD Corporation	12.300			5,534
Pass-Through From Spectral Energies Limited Liability Corporation	12.300			16,561
Pass-Through From Stevens Institute of Technology	12.300			4,493
Pass-Through From Taras Research Limited Liability Corporation	12.300			60,991
Pass-Through From Techulon Incorporated	12.300			42,075
Pass-Through From TORC Robotics Limited Liability Corporation	12.300			51,353
Pass-Through From Trustees of Dartmouth College	12.300			1,214,460
Pass-Through From Universal Technology Corporation	12.300			27,689
Pass-Through From University of California, Santa Barbara	12.300			145,242
Pass-Through From University of Maryland	12.300			183,882
Pass-Through From University of Michigan - Ann Arbor	12.300			381,667
Pass-Through From University of Notre Dame	12.300			128,423
Pass-Through From University of Richmond	12.300			28,622
Pass-Through From University of Tennessee	12.300			524
Pass-Through From Vencore	12.300			36,805
Pass-Through From Vorbeck Materials Corporation	12.300			19,723
Science, Technology, Engineering & Mathematics (STEM) Education, Outreach, and Workforce Program	12.330		340,175	
Naval Medical Research and Development	12.340			
Pass-Through From Henry M. Jackson Foundation	12.340			18,074
Basic Scientific Research - Combating Weapons of Mass Destruction	12.351		2,245,128	
Pass-Through From University of Maryland	12.351			105,855
Military Medical Research and Development	12.420		14,881,349	
Pass-Through From Avita Medical Limited Liability Company	12.420			3,522
Pass-Through From Case Western Reserve University	12.420			20,465
Pass-Through From Georgia Institute of Technology	12.420			236,369
Pass-Through From Henry M. Jackson Foundation for the Advancement of Military Medicine	12.420			75,248
Pass-Through From Indiana University	12.420			30,507
Pass-Through From Johns Hopkins University	12.420			35,165
Pass-Through From Laureate Institute for Brain Research	12.420			157,157
Pass-Through From Massachusetts Institute of Technology	12.420			96,644
Pass-Through From McGuire Research Institute	12.420			16,922
Pass-Through From Michigan State University	12.420			39,342
Pass-Through From The Geneva Foundation	12.420			(1)
Pass-Through From The Medical College of Wisconsin	12.420			7,699
Pass-Through From University of Cincinnati	12.420			1,979
Pass-Through From University of Colorado	12.420			70,764
Pass-Through From University of Maryland	12.420			190,745
Pass-Through From University Of Miami	12.420			8,287
Pass-Through From University of Michigan	12.420			1,493
Pass-Through From University of Pittsburgh	12.420			267,425
Pass-Through From University of Texas Health Science Center at San Antonio	12.420			5,151
Pass-Through From University of Washington	12.420			469,876
Pass-Through From Veterans Affairs Foundation Detroit	12.420			48,858
Pass-Through From Wake Forest University Health Sciences	12.420			100,411
Basic Scientific Research - ARRA	12.431		6,287,387	
Pass-Through From Carnegie Mellon University	12.431			62,640
Pass-Through From Case Western Reserve University	12.431			(72,420)

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From Pennsylvania State University	12.431			81,298
Pass-Through From The University of Texas at Austin	12.431			17,808
Pass-Through From University of Connecticut	12.431			21,490
Pass-Through From University of North Carolina, Chapel Hill	12.431			15,631
Pass-Through From University of Texas, Austin	12.431			10,791
Pass-Through From University Of Washington	12.431			9,321
National Security Education Program David L. Boren Fellowships	12.552			
Pass-Through From Institute Of International Education	12.552			436,889
Basic, Applied, and Advanced Research in Science and Engineering - ARRA	12.630		1,300,687	
Pass-Through From Dubac Cox Shumaker Corporation	12.630			31,993
Pass-Through From Soar Technologies	12.630			29,174
Uniformed Services University Medical Research Projects	12.750			
Pass-Through From Henry M. Jackson Foundation for the Advancement of Military Medicine	12.750			302,610
Pass-Through From The Geneva Foundation	12.750			33,351
Air Force Defense Research Sciences Program	12.800		10,456,908	
Pass-Through From Carnegie Mellon University	12.800			107,098
Pass-Through From Columbia University	12.800			95,224
Pass-Through From Echo Ridge Limited Liability Corporation	12.800			45,339
Pass-Through From Innovative Scientific Solutions Incorporated	12.800			5,732
Pass-Through From MicroXact Incorporated	12.800			8,510
Pass-Through From NanoSonic Incorporated	12.800			39,623
Pass-Through From Ohio State University	12.800			114,627
Pass-Through From Pennsylvania State University	12.800			40,698
Pass-Through From Prime Photonics Limited Company	12.800			48,970
Pass-Through From SA Photonics Limited Liability Corporation	12.800			80,798
Pass-Through From Shared Spectrum Company	12.800			235,401
Pass-Through From Texas A&M University	12.800			57,615
Pass-Through From Universal Technology Corporation	12.800			43,522
Pass-Through From University of Arizona	12.800			51,035
Pass-Through From University of California at Berkeley	12.800			59,568
Pass-Through From University Of Pittsburgh	12.800			197,992
Pass-Through From University of Utah	12.800			141,677
Pass-Through From Wright State University	12.800			89,748
Pass-Through From Wyle Aerospace Group	12.800			83,122
Pass-Through From Yale University	12.800			87,703
Mathematical Sciences Grants Program	12.901		83,471	
Information Security Grants	12.902		3,279	
Research and Technology Development	12.910		5,069,574	
Pass-Through From California Institute of Technology	12.910			193,159
Pass-Through From Columbia University	12.910			327,474
Pass-Through From Raytheon Company	12.910			62,390
Pass-Through From University of Michigan - Ann Arbor	12.910			111,995
Pass-Through From University of Southern California	12.910			114,312
Other Assistance:				
Allen Duplantier	12.000	202776	82,182	
An Automated Approach for Detecting and Mitigating Security Vulnerabilities in Mobile Applications	12.000	203053	64,223	
Artificial Market Oriented Approaches for Problem Decomposition	12.000	203172	127,767	
Assessing the Value of Neo-Geographic Information	12.000	202369	128,079	
Atomistic Modeling and Simulations of Immiscible Alloy Systems	12.000	203232	13,142	
Department of Defense Human Resources Directorate for Executive and Political Personnel	12.000	Claude Kicklighter 202395	140,938	
Discovering Latent Relationships and Ontological Structures in Massive Spatiotemporal Datasets	12.000	202843	63,805	
ED WALTZ	12.000	IPA EXECUTED 6-12-14	287,702	
Hi-Span: Hierarchical Multiscale Structure of Spatiotemporal Neighborhoods in Human Terrain	12.000	202784	75,069	
History of the Norfolk Dist.	12.000	Contract #W91236-14-C-0052	35,151	
Molecular Validation of Water Quality Sensors	12.000	203084	22,225	
OBLIGATION # IPA DR. BRANDON	12.000		3,693	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Phosphoproteomic Profiling and Functional Characterization of Host Response to Pathogens through Intracellular and Intercellular Signaling	12.000	203446	75,617	
Testing the Situational Strength Process Model: The Important Role of Motivational States	12.000	202785	196,794	
Understanding Network Socio-Geographic Dynamics	12.000	203106	182,434	
Uniformed Services University	12.000	HT9404-13-1-TS05(N13-P01)	1,224	
User Interface Improvement Roadmap	12.000	202714	106,128	
Validating Conditionally Reprogrammed Cells to Advance Personalized Medicine for Prostate Cancer	12.000	203096	89,357	
White Paper: Translational Peptide Research for Personal Protection	12.000	202590	1,541,278	
Other Assistance	12.000	HDTRA 1-11-D-0016/0003	476,559	
Other Assistance	12.000	HDTRA1-11-D-0016/0001	3,649,213	
Other Assistance	12.000	HDTRA1-11-D-0016/0004	679,576	
Other Assistance	12.000	HHM402-12-1-0012	289,336	
Other Assistance	12.000	LOG-LOG-FA9550-11-1-0313	167,422	
Other Assistance	12.000	LOG-LOG-W81XWH-11-2-0187	262,531	
Other Assistance	12.000	MISC11DT627MAT	106,145	
Other Assistance	12.000	N00178-13-D-1031/0009	69,868	
Other Assistance	12.000	N00178-13-D-1031/0010	60,363	
Other Assistance	12.000	Proposal 202606	187,023	
Other Assistance	12.000	US GOVT (07-C-0378)	3,063,192	
Other Assistance	12.000	W9132T-11-2-0017	2,284	
Other Assistance	12.000	W91CRB-13-C-0048	162,875	
Pass-Through From Ahmic Aerospace Limited Liability Corporation	12.000	AT-22882		36,110
Pass-Through From Alion Science & Technology Corporation	12.000	202608		43,351
Pass-Through From Aptima, Incorporated	12.000	203188		62,725
Pass-Through From AVID Limited Liability Corporation	12.000	AVIDW15QKN14C0046VT		1,853
Pass-Through From Azure Summit Technology Incorporated	12.000	14-M-0007-VPI-001		19,634
Pass-Through From Battelle	12.000	435582		129,035
Pass-Through From Berkeley Research Associates, Incorporated	12.000	202352 202657		124,262
Pass-Through From CACI Technologies, Incorporated	12.000	203310		81,721
Pass-Through From Carnegie Mellon University	12.000	203279		80,746
Pass-Through From CDM Smith, Incorporated	12.000	AGMT SIGNED 02/19/15 AT-23139		25,699
Pass-Through From Ceres Nanosciences, Incorporated	12.000	202800		35,181
Pass-Through From Columbia University	12.000	202527		268,576
Pass-Through From Cortana Corporation	12.000	SUBCONTRACT NUMBER 13-01		112,626
Pass-Through From Creare Incorporated	12.000	SUBCONTRACT NO. 71805		64,616
Pass-Through From Cycorp, Incorporated	12.000	HQ0147-13-C-7701 203069 203070		145,633
Pass-Through From Echo Ridge Limited Liability Corporation	12.000	FA8650-13-C-1619 202976		50,661
Pass-Through From Exelis Visual Information Solutions	12.000	203455		24,525
Pass-Through From ExoAnalytic Solutions, Incorporated	12.000	203228		26,698
Pass-Through From FirstGuard Technologies Corporation	12.000	203216		964
Pass-Through From General Dynamics Information Technology	12.000	F5702-11-04-SC10-01		704
Pass-Through From Geneva Foundation	12.000	203088		34,142
Pass-Through From Geneva Foundation	12.000	203195		9,342
Pass-Through From Harris Corporation	12.000	A000267311		10,325
Pass-Through From Harris Corporation	12.000	A000310455		109,964
Pass-Through From Heron Systems, Incorporated	12.000	203272		36,719
Pass-Through From High Performance Technologies Incorporated	12.000	GS04T09DBC0017 203204		23,594
Pass-Through From HRL (Hughes Research) Laboratories	12.000	FA8650-13-C-7356 203117		94,646
Pass-Through From Inova Healthcare	12.000	D10-I-AR-J6-828 203057		129,944
Pass-Through From Intelligent Fusion Technology, Incorporated	12.000	203138		40,723
Pass-Through From Invincea Labs, Limited Liability Corporation	12.000	203176		195,944
Pass-Through From Johns Hopkins University	12.000	12050800010 202923		56,347
Pass-Through From Johns Hopkins University	12.000	124205		136,996
Pass-Through From Lockheed Martin Corporation	12.000	25088		165,816
Pass-Through From Lockheed Martin Enterprise Business Services	12.000	4100518489		354,139
Pass-Through From Mantech Systems Engineering Company	12.000	203306		87,239

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From Massachusetts Institute of Technology	12.000	MIT PO 7000187122 - FA8721-050C-0002		7,029
Pass-Through From Massachusetts Institute of Technology	12.000	MIT PO 7000243697 - FA8721-050C-0002		26,504
Pass-Through From Massachusetts Institute of Technology	12.000	MIT PO 7000270342 - FA8721-050C-0002		63,168
Pass-Through From McQ, Incorporated	12.000	203212		21,400
Pass-Through From Millennium Space Systems	12.000	SUB-SHD0001-006		791,817
Pass-Through From N5 Sensors Incorporated	12.000	203416		32,780
Pass-Through From NanoSonic Incorporated	12.000	N-0346		23,918
Pass-Through From NanoSonic Incorporated	12.000	NANO#AF-0054		836
Pass-Through From NanoSonic Incorporated	12.000	NANO#AR-P001		2,765
Pass-Through From NextGen Aeronautics Incorporated	12.000	PO 14-09		82,088
Pass-Through From NIITEK, Incorporated	12.000	202973		96,921
Pass-Through From NIITEK, Incorporated	12.000	203445		37,773
Pass-Through From Northrop Grumman Corporation	12.000	7500124898		41,798
Pass-Through From ObjectVideo Incorporated	12.000	202983		1,405
Pass-Through From ObjectVideo Incorporated	12.000	203285		181,311
Pass-Through From PAR Government Systems Corporation	12.000	203469		80,236
Pass-Through From Parabon NanoLabs, Incorporated	12.000	203012		19,368
Pass-Through From Parabon NanoLabs, Incorporated	12.000	203253		43,769
Pass-Through From Parabon NanoLabs, Incorporated	12.000	203405		16,992
Pass-Through From Parabon NanoLabs, Incorporated	12.000	203415		7,966
Pass-Through From Perceptronics Solutions, Incorporated	12.000	202890		103,527
Pass-Through From Quanterion Solutions Incorporated	12.000	203341		39,678
Pass-Through From Research Triangle Institute	12.000	TO#3-312-0123589 WO T-4		78,938
Pass-Through From Sandia Research Corporation	12.000	203422		8,531
Pass-Through From Science & Engineering Services Limited Liability Corporation	12.000	R14SP00002		349,059
Pass-Through From Service Disabled Contracting Group, Incorporated	12.000			50,533
Pass-Through From Sierra Nevada Corporation	12.000	FA8750-13-C-0057 203158		15,421
Pass-Through From SMD Corporation	12.000	AGREEMENT SIGNED 6/18/12		200,899
Pass-Through From Strategic Analysis Incorporated	12.000	203382		3,461
Pass-Through From Strategic Analysis Incorporated	12.000	203496		2,540
Pass-Through From Systems & Technology Research	12.000	203304		29,999
Pass-Through From TORC Robotics Limited Liability Corporation	12.000	AFR-03-101/VT-01		101,753
Pass-Through From Truestone, Limited Liability Corporation	12.000	GS-02F-0188Y 203194 203223		36,483
Pass-Through From Uncharted (formerly Oculus Info, Incorporated)	12.000	N41756-13-C-3058 203154		113,855
Pass-Through From University Of Maryland	12.000	Phase 1 202899 203400		17,427
Pass-Through From University of Maryland	12.000	SUB NO 8558 Z974004		67,294
Pass-Through From University of Michigan - Ann Arbor	12.000	3000685438		13,157
Pass-Through From University Of Southern California	12.000	N66001-11-C-4021 203155		73,203
Pass-Through From VECTARE Limited Liability Corporation	12.000	203218		78,817
Pass-Through From VECTARE Limited Liability Corporation	12.000	203457		25,833
Pass-Through From VECTARE Limited Liability Corporation	12.000	1071-00-REV B 203159		31,369
Pass-Through From Ventura Solutions	12.000	PO. 1044-10/TTO 1		23,673
Pass-Through From Ventura Solutions	12.000	PO: 1044-10/ TTO 6		9,466
Pass-Through From Virginia Tech Applied Research Corp	12.000	TASK ORDER 0004		87,416
Pass-Through From Webworld Technologies, Incorporated (WTI)	12.000	203449		164,793
Pass-Through From Zel Technologies, Limited Liability Corporation	12.000	202956		20,928
Total Research and Development Cluster			68,617,859	15,456,953
Total U.S. Department of Defense			143,860,967	17,659,881
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT				
Non-Stimulus:				
Community Development Block Grants/Entitlement Grants	14.218			
Pass-Through From City of Richmond	14.218			86,747

COMMONWEALTH OF VIRGINIA
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2015

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Community Development Block Grants/State's Program and Non-Entitlement Grants in Hawaii	14.228		17,735,431	
Emergency Solutions Grant Program	14.231		2,507,493	
Supportive Housing Program	14.235		154,144	
Home Investment Partnerships Program	14.239		6,938,940	
Housing Opportunities for Persons with AIDS	14.241		697,877	
Pass-Through From City of Richmond	14.241			22,334
Fair Housing Assistance Program-State and Local	14.401		235,012	
Historically Black Colleges and Universities Program	14.520		188,566	
Other Assistance:				
Pass-Through From New River Valley Planning District	14.000	EXECUTED 7/6/2011		21
Total Excluding Clusters Identified Below			28,457,463	109,102
Research and Development Cluster:				
Other Assistance:				
Pass-Through From German Marshall Fund of the United States	14.000	AGREEMENT DATED 6/6/12		43,778
Total Research and Development Cluster			-	43,778
Total U.S. Department of Housing and Urban Development			28,457,463	152,880
U.S. DEPARTMENT OF THE INTERIOR				
Non-Stimulus:				
Regulation of Surface Coal Mining and Surface Effects of Underground Coal Mining	15.250		3,628,335	
Abandoned Mine Land Reclamation (AMLR) Program	15.252		10,761,828	
Bureau of Ocean Energy Management Renewable Energy Program	15.408		2,041	
Fish and Wildlife Management Assistance	15.608		132,509	
Cooperative Endangered Species Conservation Fund	15.615		133,214	
Clean Vessel Act Program	15.616		169,847	
Sportfishing and Boating Safety Act	15.622		19,594	
Enhanced Hunter Education and Safety Program	15.626		180,000	
Landowner Incentive Program	15.633		380,487	
State Wildlife Grants	15.634		1,672,114	
Migratory Bird Joint Ventures	15.637			
Pass-Through From American Bird Conservancy	15.637			338
Endangered Species Conservation - Recovery Implementation Funds	15.657		18,500	
National Resource Damage Assessment, Restoration, and Implementation	15.658		134,000	
Endangered Species - Candidate Conservation Action Funds	15.660		270	
National Fish and Wildlife Foundation	15.663			
Pass-Through From National Fish & Wildlife Foundation	15.663			14,514
Fish and Wildlife Coordination and Assistance Programs	15.664			
Pass-Through From Wildlife Management Institute	15.664			36,551
U.S. Geological Survey- Research and Data Collection	15.808		13,937	
National Cooperative Geologic Mapping Program	15.810		1,844	
National Geological and Geophysical Data Preservation Program	15.814		15,723	
National Land Remote Sensing - Education Outreach and Research	15.815			
Pass-Through From AmericaView Incorporated	15.815			41,247
Historic Preservation Fund Grants-In-Aid	15.904		892,806	
Outdoor Recreation-Acquisition, Development and Planning	15.916		1,215,079	
Rivers, Trails and Conservation Assistance	15.921		85,422	
American Battlefield Protection	15.926		406,825	
Civil War Battlefield Land Acquisition Grants	15.928		303,662	
Chesapeake Bay Gateways Network	15.930		15,591	
Conservation Activities by Youth Service Organizations - ARRA	15.931		79,896	
National Trails System Projects - ARRA	15.935		15,634	
Cooperative Research and Training Programs – Resources of the National Park System	15.945		6,863	
National Park Service Conservation, Protection, Outreach, and Education	15.954		63,309	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Historic Preservation Fund Grants to Provide Disaster Relief to Historic Properties Damaged by Hurricane Sandy	15.957		84,514	
Other Assistance:				
International Symposium on Weather and Climate Extremes, Food Security and Biodiversity	15.000	203441	3,226	
National Park Service War of 1812 Bicentennial Commemoration: Content Development for Subject Site and Embedded Virtual Exhibit	15.000	202957	49,605	
Total Excluding Clusters Identified Below			20,486,675	92,650
Fish and Wildlife Cluster:				
Sport Fish Restoration Program	15.605		6,309,370	
Wildlife Restoration and Basic Hunter Education	15.611		7,771,870	
Total Fish and Wildlife Cluster			14,081,240	-
Research and Development Cluster:				
Hurricane Sandy Disaster Relief - Coastal Resiliency Grants	15.153			
Pass-Through From National Fish and Wildlife Foundation	15.153			12,347
Pass-Through From The Nature Conservancy	15.153			37,783
Bureau of Ocean Energy Management Renewable Energy Program	15.408		33,979	
Minerals Management Service (MMS) Environmental Studies Program (ESP)	15.423		503,222	
Pass-Through From Rutgers, The State University	15.423			82,086
Marine Minerals Activities - Hurricane Sandy	15.424		73,270	
Safety and Environmental Enforcement Research and Data Collection for Offshore Energy and Mineral Activities	15.441		8,844	
Fish and Wildlife Management Assistance	15.608		567	
Coastal Program	15.630		1,391	
Pass-Through From Fish and Wildlife Service-North Carolina	15.630			2,902
Partners for Fish and Wildlife	15.631		3,183	
State Wildlife Grants	15.634			
Pass-Through From Wildlife Management Institute	15.634			11
Migratory Bird Joint Ventures	15.637			
Pass-Through From American Bird Conservancy	15.637			47,909
Research Grants (Generic)	15.650		534,431	
Wildlife Without Borders - Africa Program	15.651		24,924	
Migratory Bird Monitoring, Assessment and Conservation	15.655		8,751	
Recovery Act Funds - Habitat Enhancement, Restoration, and Improvement	15.656		63,068	
Endangered Species Conservation - Recovery Implementation Funds	15.657		617,275	
National Resource Damage Assessment, Restoration, and Implementation	15.658		93,209	
National Fish and Wildlife Foundation	15.663		33,076	
Fish and Wildlife Coordination and Assistance Programs	15.664		2	
Hurricane Sandy Disaster Relief Activities-FWS	15.677		189,208	
Assistance to State Water Resources Research Institutes	15.805		97,572	
Earthquake Hazards Research and Monitoring Assistance	15.807		158,948	
U.S. Geological Survey- Research and Data Collection	15.808		622,590	
National Cooperative Geologic Mapping Program	15.810		245,586	
Cooperative Research Units Program	15.812		1,153,734	
Rivers, Trails and Conservation Assistance	15.921		18,898	
Cooperative Research and Training Programs – Resources of the National Park System	15.945		624,287	
Cultural Resources Management	15.946		1,181	
Hurricane Sandy Program	15.979		30,191	
Other Assistance:				
Assistance with an Accuracy Assessment of Land Cover Maps for Columbia, South America	15.000	G14PD00746 203297	2,897	
Biophysical Remote Sensing	15.000	202761	6,429	
Climate Communication Internships	15.000	202634	74,002	
Environmental Chemistry to Evaluate Risks Associated with Past and Future Mining in the Lake Superior Region	15.000	203255	1,752	
Mineral-Environmental Assessment Project	15.000	G14PD00647 203269	15,019	
National Geologic Map Database Project	15.000	G14PD00726 203296	6,566	
National Park Service Resource Management Internship Program	15.000	203135	3,747	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
National Park Service Resource Management Internship Program	15.000	203328	24,750	
Pliocene Research, Interpretation and Synoptic Mapping (PRISM) Project	15.000	G14PD00663 203268	4,893	
Pliocene Research, Interpretation and Synoptic Mapping Project	15.000	203060	704	
Public Comment Analysis on the National Mall Plan Alternatives and Socioeconomic Impacts Analysis	15.000	202710	109,961	
Science and Technology Forecasting	15.000	202312	3,950,937	
Teaching Historic Places with Diverse Population	15.000	202465	25,009	
Visitor Perceptions of Climate Change in United States National Parks	15.000	203086	22,527	
Wind Energy Impact Assessment Methodology Project	15.000	G13PD00263 202918	1,773	
Wind Energy Impact Assessment Methodology Project	15.000	G13PD00264 202919	347	
Wind Energy Impact Assessment Methodology Project	15.000	G14PD00590 203261	30,563	
Wind Energy Impact Assessment Methodology Project	15.000	G14PD00591 203262	22,211	
Other Assistance	15.000	D12PC00337/MOD 9	7,873,916	
Other Assistance	15.000	F11PC00489-MODS 1 & 2	7,377	
Other Assistance	15.000	P13AC00572-H500009504	2,779	
Pass-Through From Appalachian Trail Conservancy	15.000	2014-2000-001		13,288
Pass-Through From Minnesota Pollution Control Agency	15.000	17134MES		931
Pass-Through From Minnesota Pollution Control Agency	15.000	LEAK000017134		3,819
Pass-Through From University of Illinois	15.000	D6628		18,631
Pass-Through From West Virginia University	15.000	14-035-VPI		28,471
Total Research and Development Cluster			17,329,546	248,178
Total U.S. Department of the Interior			51,897,461	340,828
DEPARTMENT OF JUSTICE				
Non-Stimulus:				
Law Enforcement Assistance-Narcotics and Dangerous Drugs Training	16.004		144,358	
Violence Against Women Act Court Training and Improvement Grants	16.013		11,860	
Sexual Assault Services Formula Program	16.017		367,917	
Juvenile Accountability Block Grants	16.523		375,943	
Grants to Reduce Domestic Violence, Dating Violence, Sexual Assault, and Stalking on Campus	16.525		60,527	
Pass-Through From University of Richmond	16.525			80,158
Enhanced Training and Services to End Violence and Abuse of Women Later in Life	16.528		91,742	
Juvenile Justice and Delinquency Prevention-Allocation to States	16.540		297,989	
Missing Children's Assistance	16.543		303,852	
State Justice Statistics Program for Statistical Analysis Centers	16.550		65,981	
National Criminal History Improvement Program (NCHIP)	16.554		208,481	
National Institute of Justice Research, Evaluation, and Development Project Grants	16.560		826,053	
Crime Victim Assistance	16.575		10,299,155	
Crime Victim Compensation	16.576		568,000	
Edward Byrne Memorial State and Local Law Enforcement Assistance Discretionary Grants Program	16.580		279,259	
Crime Victim Assistance/Discretionary Grants	16.582		42,272	
Drug Court Discretionary Grant Program	16.585		527,822	
Violence Against Women Formula Grants - ARRA	16.588		3,140,564	
Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program	16.590		235,609	
Residential Substance Abuse Treatment for State Prisoners	16.593		244,854	
Corrections-Training and Staff Development	16.601		125,000	
State Criminal Alien Assistance Program	16.606		921,040	
Project Safe Neighborhoods	16.609		81,812	
Pass-Through From District of Columbia Government	16.609			20,505
Public Safety Partnership and Community Policing Grants - ARRA	16.710		132,432	
Pass-Through From VTV Family Outreach Foundation, Incorporated	16.710			71,332
Juvenile Mentoring Program	16.726		69,251	
Pass-Through From National 4-H Council	16.726			100,996

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Enforcing Underage Drinking Laws Program	16.727		54,006	
PREA Program: Demonstration Projects to Establish "Zero Tolerance" Cultures for Sexual Assault in Correctional Facilities	16.735		51,611	
Edward Byrne Memorial Justice Assistance Grant Program	16.738		2,676,668	
DNA Backlog Reduction Program	16.741		1,756,749	
Paul Coverdell Forensic Sciences Improvement Grant Program	16.742		181,619	
Edward Byrne Memorial Competitive Grant Program	16.751		377,581	
Economic High-Tech and Cyber Crime Prevention	16.752		64,095	
Second Chance Act Reentry Initiative	16.812		352,104	
NICS Act Record Improvement Program	16.813		220,833	
Equitable Sharing Program	16.922		3,375,252	
Other Assistance:				
Research Assistants Program	16.000	201936	11,470	
Total Excluding Clusters Identified Below			28,543,761	272,991
Research and Development Cluster:				
Legal Assistance for Victims	16.524		39,746	
Juvenile Justice and Delinquency Prevention-Allocation to States	16.540		31,541	
Pass-Through From The Johns Hopkins University Applied Physics Laboratory	16.540			27,536
Part E - Developing, Testing and Demonstrating Promising New Programs	16.541		150,975	
National Institute of Justice Research, Evaluation, and Development Project Grants	16.560		667,611	
Pass-Through From Los Angeles Police Foundation	16.560			72,871
Pass-Through From Manpower Demonstration Research Corporation	16.560			50,676
Pass-Through From State of South Dakota	16.560			9,252
Criminal Justice Research and Development-Graduate Research Fellowships	16.562		30,845	
Edward Byrne Memorial State and Local Law Enforcement Assistance Discretionary Grants Program	16.580		157,571	
Drug Court Discretionary Grant Program	16.585			
Pass-Through From Jefferson Parish	16.585			1,564
Juvenile Mentoring Program	16.726		108,897	
Edward Byrne Memorial Competitive Grant Program	16.751			
Pass-Through From County of Santa Cruz	16.751			3,677
Pass-Through From State of Oregon	16.751			20,935
Justice Reinvestment Initiative	16.827			
Pass-Through From County of Yolo	16.827			20,695
Other Assistance:				
Evaluating the Crime Control and Cost-Benefit Effectiveness of License Plate Recognition Technology in Patrol and Investigations	16.000	203080	262,625	
Implementing and Evaluating Community Policing Strategies in Juvenile Hot Spots	16.000	202807	88,848	
Research Assistantship Program	16.000	203309	13,894	
Sensitive Site Exploitation Through Trace Chemical Analysis of Latent Fingerprints	16.000	202749	17,227	
Skills for Offenders Assessment and Reponsivity in New Goals	16.000	202197	105,450	
Translating into Practice	16.000	202507	63,237	
Other Assistance	16.000	2012-IJ-CX-0003	35,275	
Pass-Through From American Institutes for Research in Behavioral Science	16.000	203456		48,634
Pass-Through From Arkansas State University	16.000	14-678-15		27,149
Pass-Through From City of Brooklyn Park	16.000	2013-DB-BX-0030 203168		116,330
Pass-Through From City of Philadelphia	16.000	2013-SM-BX-0004 203189		204,426
Pass-Through From City of Seattle	16.000	202958		110,351
Pass-Through From Council Of State Governments	16.000	203520		3,240
Total Research and Development Cluster			1,773,742	717,336
Total U.S. Department of Justice			30,317,503	990,327

COMMONWEALTH OF VIRGINIA
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2015

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
U.S. DEPARTMENT OF LABOR				
Non-Stimulus:				
Labor Force Statistics	17.002		1,496,214	
Compensation and Working Conditions	17.005		117,389	
Unemployment Insurance - ARRA	17.225		504,631,910	
Senior Community Service Employment Program	17.235		1,828,185	
Trade Adjustment Assistance	17.245		3,087,575	
WIA Dislocated Workers	17.260			
Pass-Through From Bay Consortium Workforce Investment Board	17.260			315,610
Pass-Through From Capital Region Workforce Partnership	17.260			15,500
Pass-Through From Crater Regional Investment Board	17.260			171,133
WIA/WOIA Pilots, Demonstrations, and Research Projects	17.261		306,553	
Incentive Grants- WIA Section 503	17.267		245	
H-1B Job Training Grants	17.268			
Pass-Through From Greater Peninsula Workforce Development Consortium	17.268			54,903
Pass-Through From Shenandoah Valley Workforce Investment Board	17.268			57,465
Work Opportunity Tax Credit Program (WOTC)	17.271		358,719	
Temporary Labor Certification for Foreign Workers	17.273		494,091	
WIOA National Dislocated Worker Grants/WIA National Emergency Grants	17.277		888,054	
Pass-Through From Bay Consortium Workforce Investment Board, Incorporated	17.277			5,047
Pass-Through From Capital Region Workforce Partnership	17.277			6,696
Pass-Through From Shenandoah Valley Workforce Investment Board	17.277			36,776
WIA/WIOA Dislocated Workers National Reserve Demonstration Grants	17.280		197,674	
Trade Adjustment Assistance Community College and Career Training (TAACCCT) Grants	17.282		12,752,063	
Pass-Through From Bellevue College	17.282			207,673
Pass-Through From Henry Ford Community College	17.282			259,280
Workforce Innovation Fund	17.283		173,278	
Pass-Through From Capital Region Workforce Partnership	17.283			460,870
Pass-Through From SkillSource Group, Incorporated	17.283			194,945
Occupational Safety and Health-State Program	17.503		3,921,398	
Consultation Agreements	17.504		1,194,201	
Mine Health and Safety Grants	17.600		131,076	
Brookwood-Sago Grant	17.603		36,607	
Other Assistance:				
EEOC	17.000		16,550	
Pass-Through From West Piedmont Workforce Investment	17.000	FFP AGREEMENT AT-14679		668
Total Non-Stimulus			531,631,782	1,786,566
Stimulus (ARRA):				
Unemployment Insurance - ARRA	17.225		105,321	
Total Stimulus (ARRA)			105,321	-
Total Excluding Clusters Identified Below			531,737,103	1,786,566
Employment Service Cluster:				
Employment Service/Wagner - Peyser Funded Activities	17.207		17,662,902	
Disabled Veterans' Outreach Program (DVOP)	17.801		2,578,386	
Local Veterans' Employment Representative Program	17.804		1,974,959	
Total Employment Service Cluster			22,216,247	-
WIA Cluster:				
WIA/WIOA Adult Program	17.258		12,371,192	
Pass-Through From Bay Consortium Workforce Investment Board	17.258			483,437
Pass-Through From Crater Regional Investment Board	17.258			168,328
Pass-Through From Region 2000 Regional Commission	17.258			425,611

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From South Central Workforce Investment Board	17.258			51,623
WIA/WIOA Youth Activities	17.259		12,568,437	
Pass-Through From Bay Consortium Workforce Investment Board, Incorporated	17.259			270,221
Pass-Through From Opportunity, Incorporated	17.259			96,601
Pass-Through From People Incorporated of Southwest Virginia	17.259			21,345
Pass-Through From Region 2000 Regional Commission	17.259			34,254
Pass-Through From South Central Workforce Investment Board	17.259			450,808
WIA/WIOA Dislocated Worker Formula Grants	17.278		15,203,775	
Pass-Through From Bay Consortium Workforce Investment Board, Incorporated	17.278			80,737
Pass-Through From Region 2000 Regional Commission	17.278			227,007
Pass-Through From South Central Workforce Investment Board	17.278			59,339
Total WIA Cluster			40,143,404	2,369,311
Research and Development Cluster:				
Workforce Innovation Fund	17.283			
Pass-Through From Opportunity Incorporated	17.283			324,986
Other Assistance:				
Other Assistance	17.000	CONTRACT 200-2013-56425	500	
Total Research and Development Cluster			500	324,986
Total U.S. Department of Labor			594,097,254	4,480,863
U.S. DEPARTMENT OF STATE				
Non-Stimulus:				
Academic Exchange Programs - Undergraduate Programs	19.009		4,331,585	
Pass-Through From International Research and Exchanges Board	19.009			89,500
Pass-Through From IREX	19.009			30,460
Academic Exchange Programs - Hubert H. Humphrey Fellowship Program	19.010			
Pass-Through From Institute of International Education	19.010			420,300
Professional and Cultural Exchange Programs - Special Professional and Cultural Programs	19.012		192,752	
Pass-Through From International Research & Exchange Board	19.012			53,379
Investing in People in the Middle East and North Africa	19.021			
Pass-Through From Meridian International Center	19.021			141,139
Public Diplomacy Programs	19.040		30,480	
International Programs to Support Democracy, Human Rights and Labor	19.345		559,704	
Academic Exchange Programs-Graduate Students	19.400			
Pass-Through From Institute of International Education	19.400			113,018
Professional and Cultural Exchange Programs - International Visitor Leadership Program	19.402			
Pass-Through From International Research and Exchanges Board	19.402			87,506
Academic Exchange Programs-Teachers	19.408			
Pass-Through From International Research and Exchanges	19.408			176,334
Professional and Cultural Exchange Programs Citizen Exchanges	19.415		1,328,934	
Pass-Through From World Learning	19.415			97,918
Public Diplomacy Programs for Afghanistan and Pakistan	19.501		349,461	
Trans-National Crime	19.705		183,629	
Bureau of Western Hemisphere Affairs (WHA) Grant Programs (including Energy and Climate Partnership for the Americas)	19.750			
Pass-Through From Instituto Tecnologico Y De Estudios	19.750			13,494
Weapons Removal and Abatement	19.800		856,307	
AEECA/ESF PD Programs	19.900			
Pass-Through From WSOS Community Action Commission, Incorporated	19.900			4,870
Other Assistance:				
Pass-Through From Energy & Climate Partnership of the Americas	19.000	GRANT NUMBER 2		12,020

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Total Excluding Clusters Identified Below			7,832,852	1,239,938
Research and Development Cluster:				
Professional and Cultural Exchange Programs - Special Professional and Cultural Programs	19.012		48,827	
Investing in People in the Middle East and North Africa	19.021			
Pass-Through From Institute of International Education	19.021			24,298
Antiterrorism Assistance-Domestic Training Programs	19.030			
Pass-Through From Cardno Limited	19.030			15,898
International Programs to Support Democracy, Human Rights and Labor	19.345			
Pass-Through From Due Process of Law Foundation	19.345			28,140
Weapons Removal and Abatement	19.800		1,818	
AEECA/ESF PD Programs	19.900		212,280	
Other Assistance:				
Workplan for Russia	19.000	202490	2,469	
Other Assistance	19.000	PC-12-8-062	19,748	
Total Research and Development Cluster			285,142	68,336
Total U.S. Department of State			8,117,994	1,308,274
U.S. DEPARTMENT OF TRANSPORTATION				
Non-Stimulus:				
Airport Improvement Program	20.106		354,184	
Highway Training and Education	20.215		20,730	
National Motor Carrier Safety	20.218		4,813,729	
Performance and Registration Information Systems Management	20.231		125,533	
Commercial Driver License Program Improvement Grant	20.232		17,984	
Safety Data Improvement Program	20.234		255,553	
Commercial Motor Vehicle Operator Training Grants	20.235		23,589	
Commercial Vehicle Information Systems and Networks	20.237		987,541	
Fuel Tax Evasion-Intergovernmental Enforcement Effort	20.240		51,508	
High Speed Rail Corridors and Intercity Passenger Rail Service-Capital Assistance Grants - ARRA	20.319		6,195,173	
Metropolitan Transportation Planning and State and Non-Metropolitan Planning and Research	20.505		2,651,472	
Formula Grants for Rural Areas	20.509		17,235,597	
Public Transportation Research, Technical Assistance and Training	20.514		171,780	
Alternatives Analysis	20.522		8,672	
Rail Fixed Guideway Public Transportation System State Safety Oversight Formula Grant Program	20.528		40,680	
Alcohol Open Container Requirements	20.607		13,901,764	
National Highway Traffic Safety Administration (NHTSA) Discretionary Safety Grants	20.614		16,300	
Pipeline Safety Program State Base Grant	20.700		1,685,472	
Interagency Hazardous Materials Public Sector Training and Planning Grants	20.703		417,359	
Other Assistance:				
Fatal Accident and Reporting	20.000	DTNH22-12	90,358	
Total Non-Stimulus			49,064,978	-
Stimulus (ARRA):				
High Speed Rail Corridors and Intercity Passenger Rail Service-Capital Assistance Grants - ARRA	20.319		9,500,707	
Total Stimulus (ARRA)			9,500,707	-
Total Excluding Clusters Identified Below			58,565,685	-
Federal Transit Cluster:				
Federal Transit-Capital Investment Grants	20.500		302,199	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From National Academy of Sciences	20.500			152,876
Total Federal Transit Cluster			302,199	152,876
Highway Planning and Construction Cluster:				
Non-Stimulus:				
Highway Planning and Construction	20.205		1,252,269,933	
Pass-Through From Iowa State University	20.205			15,000
Pass-Through From University of Arizona	20.205			38,060
Recreational Trails Program	20.219		1,519,674	
Total Non-Stimulus			1,253,789,607	53,060
Stimulus (ARRA):				
Highway Planning and Construction	20.205		23,900,747	
Total Stimulus (ARRA)			23,900,747	-
Total Highway Planning and Construction Cluster			1,277,690,354	53,060
Highway Safety Cluster:				
State and Community Highway Safety	20.600		5,605,260	
Pass-Through From Battelle	20.600			16,459
Pass-Through From Booz Allen & Hamilton	20.600			34,229
Pass-Through From Crash Avoidance Metric Partnership	20.600			28,850
Alcohol Impaired Driving Countermeasures Incentive Grants I	20.601		1,357,189	
Occupant Protection Incentive Grants	20.602		63	
State Traffic Safety Information System Improvement Grants	20.610		233,641	
Incentive Grant Program to Increase Motorcyclist Safety	20.612		141,743	
Child Safety and Child Booster Seats Incentive Grants	20.613		280,309	
National Priority Safety Programs	20.616		1,733,566	
Total Highway Safety Cluster			9,351,771	79,538
Transit Services Programs Cluster:				
Enhanced Mobility of Seniors and Individuals with Disabilities	20.513		3,701,675	
Job Access and Reverse Commute Program	20.516		261,519	
New Freedom Program	20.521		624,054	
Total Transit Services Programs Cluster			4,587,248	-
Research and Development Cluster:				
Aviation Research Grants	20.108			
Pass-Through From University of Maryland	20.108			79,960
Highway Research and Development Program	20.200		913,352	
Pass-Through From Battelle	20.200			1,529
Pass-Through From Crash Avoidance Metric Partnership	20.200			55,687
Pass-Through From Engineering & Software Consultants	20.200			66,622
Pass-Through From Leidos Incorporated	20.200			298,378
Pass-Through From National Academy of Sciences	20.200			570,869
Pass-Through From Purdue University	20.200			15,699
Pass-Through From The National Academies	20.200			2,141,331
Pass-Through From Western Research Institute	20.200			7,597
Highway Training and Education	20.215		42,467	
National Motor Carrier Safety	20.218		1,131,727	
Motor Carrier Research and Technology Programs	20.239		1,926,985	
Railroad Research and Development	20.313		536,076	
High Speed Rail Corridors and Intercity Passenger Rail Service-Capital Assistance Grants - ARRA	20.319		136,232	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Railroad Safety Technology Grants	20.321		4,953	
Capital Assistance Program for Reducing Energy Consumption and Greenhouse Gas Emissions - ARRA	20.523			
Pass-Through From Blacksburg Town	20.523			301,377
National Highway Transportation Safety Administration (NHTSA) Discretionary Safety Grants	20.614		744,799	
University Transportation Centers Program	20.701		2,439,560	
Pass-Through From Michigan Technological University	20.701			19,618
Pass-Through From Pennsylvania State University	20.701			295,994
Pass-Through From Rutgers, The State University of New Jersey	20.701			129,683
Pass-Through From The Research Foundation of State University of Nevada	20.701			107,945
Pass-Through From University of Idaho	20.701			135,144
Transportation Planning, Research and Education	20.931		327,324	
Other Assistance:				
Mapping into Wireless Frequency Intervals for High-Speed Rail	20.000	202885	36,337	
Material Model Development and Its Application Using Finite Element Methods in Engine Failure Analysis	20.000	203093	412,073	
Operate and Maintain the Federal Outdoor Impacts Laboratory	20.000	203242	420,532	
Provide Analysis and Evaluation Research Support for Roadside Safety Team	20.000	203241	428,380	
Using Social Networks and Commercial Remote Sensing to Assess Impacts of Natural Events on Transportation	20.000	202717 203018	211,199	
Other Assistance	20.000	DTFH61-10-C-00016	2,220	
Other Assistance	20.000	DTFH61-10-C-00016	171,077	
Other Assistance	20.000	DTFH61-10-C-00019	126,383	
Other Assistance	20.000	DTFH61-10-C-00032	284,799	
Other Assistance	20.000	DTFH61-10-D-00023-T-11002	367,961	
Other Assistance	20.000	DTFH61-10-D-0023/5004	41,444	
Other Assistance	20.000	DTFH64-13-G-00034	771	
Other Assistance	20.000	DTFH6414G00029	6,647	
Other Assistance	20.000	DTMC75-14-D-000011.700001	233,063	
Other Assistance	20.000	DTMC75-14-D-00011/7002	7,151	
Other Assistance	20.000	DTMC7514D00011/7003	1,630,547	
Other Assistance	20.000	DTNH22-11-D-00231/0001	648,765	
Other Assistance	20.000	DTNH22-11-D-00236/0001	881	
Other Assistance	20.000	DTNH22-11-D-00236/0008	36,794	
Other Assistance	20.000	DTNH22-11-D-00236/TO 0009	1,335,697	
Other Assistance	20.000	DTNH22-11-D-00236/TO0011	511,854	
Other Assistance	20.000	DTNH22-11-D-00236L/0003	266,429	
Other Assistance	20.000	DTNH22-11-D-00236L/0007 TO 7	423,929	
Other Assistance	20.000	GG11746146795	4,264	
Pass-Through From Board of Regents of the University of Wisconsin	20.000	203391		30,957
Pass-Through From Booz Allen & Hamilton	20.000	SUBCONTRACT 105895B44		133,228
Pass-Through From Booz Allen Hamilton	20.000	203508		899
Pass-Through From Crash Avoidance Metric Partnership	20.000	PO CAMP0000002		597,580
Pass-Through From Electricore, Incorporated	20.000	203056		7,063
Pass-Through From Howard University	20.000	SUB AGMT. # 0008226-1000053072		16,122
Pass-Through From Iowa State University	20.000	ISU ACCT NO. 428-17-13		37,615
Pass-Through From Leidos Incorporated	20.000	PO10123518-01		1,216
Pass-Through From MaineWay Services	20.000	FIRM FIXED PRICE AGMT 5/28/15		2,483
Pass-Through From NanoSonic Incorporated	20.000	D-0051		4,524
Pass-Through From National Academy of Sciences	20.000	NAS 144 T.O.3.2		448,095
Pass-Through From National Academy of Sciences	20.000	SUB0000051		71,909
Pass-Through From National Academy of Sciences	20.000	SUB0000349, TO 1.6		292,365
Pass-Through From Pennsylvania State University	20.000	4995-VT-USDOT-TC03		10,000
Pass-Through From Pennsylvania State University	20.000	SUB NO. 4609-VT-USDOT-TC03		306,362
Pass-Through From Texas A&M Research Foundation	20.000	S110052		23,838
Pass-Through From The National Academies	20.000	NAS 144 TO 1.7		299,672
Pass-Through From The National Academies	20.000	SHRP S-05		725,148
Pass-Through From The National Academies of Sciences	20.000	203260		80,971
Pass-Through From Transportation Research Board	20.000	HR 17-43		34,454

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From Transportation Research Board	20.000	HR 22-26		77,703
Pass-Through From University Of Maryland	20.000	203243		91,507
Pass-Through From University Of Maryland	20.000	Phase 1 202553		1,779
Pass-Through From University of Maryland	20.000	Z985701		148,697
Pass-Through From University of Maryland	20.000	Z990006		22,276
Pass-Through From University of Texas at Austin	20.000	203417		202
Pass-Through From Wake Forest University Health Sciences	20.000	WFUHS 10144		4,168
Pass-Through From Wake Forest University School of Medicine	20.000	LOG-WFUHS 30045		19,778
Pass-Through From Washington State Department of Transportation	20.000	GCB 1973		20,320
Pass-Through From Westat, Incorporated	20.000	202501		107
Pass-Through From Westat, Incorporated	20.000	203153		160,591
Pass-Through From Westat, Incorporated	20.000	203411		42,741
Total Research and Development Cluster			15,812,672	7,941,803
Total U.S. Department of Transportation			1,366,309,929	8,227,277
DEPARTMENT OF THE TREASURY				
Other Assistance:				
Asset Forfeiture Funds - Federal Treasury	21.000		10,202,124	
Asset Forfeiture Funds Federal Treasury/Regional Police Training Facility and Range	21.000		1,079,676	
Monetary Seizure Proceeds	21.000	202896	21,774	
Total Department of the Treasury			11,303,574	-
APPALACHIAN REGIONAL COMMISSION				
Appalachian Area Development	23.002		460,273	
Pass-Through From Friends of Southwest Virginia	23.002			6,431
Appalachian Research, Technical Assistance, and Demonstration Projects	23.011		1,683,628	
Pass-Through From East Tennessee State University	23.011			3,429
Total Excluding Clusters Identified Below			2,143,901	9,860
Research and Development Cluster:				
Appalachian Research, Technical Assistance, and Demonstration Projects	23.011			
Pass-Through From East Tennessee State University	23.011			3,998
Total Research and Development Cluster			-	3,998
Total Appalachian Regional Commission			2,143,901	13,858
GENERAL SERVICES ADMINISTRATION				
Donation of Federal Surplus Personal Property	39.003		1,385,608	
Election Reform Payments	39.011		18,908	
Total General Services Administration			1,404,516	-
LIBRARY OF CONGRESS				
Research and Development Cluster:				
Books for the Blind and Physically Handicapped	42.001		33,528	
Total Research and Development Cluster			33,528	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Total Library of Congress			33,528	-
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION				
Science	43.001		246,850	
Pass-Through From Virginia Space Grant Consortium	43.001			41,471
Aeronautics	43.002		647,137	
Cross Agency Support	43.009		26,870	
Total Excluding Clusters Identified Below			920,857	41,471
Research and Development Cluster:				
Science	43.001		5,878,084	
Pass-Through From Arizona State University	43.001			35,388
Pass-Through From Bigelow Laboratory for Ocean Science	43.001			34,783
Pass-Through From Decision Science Research Institute	43.001			187,274
Pass-Through From Dixie State University	43.001			17,338
Pass-Through From Johns Hopkins University	43.001			16,157
Pass-Through From Massachusetts Institute of Technology	43.001			69,359
Pass-Through From National Institute of Aerospace Associates	43.001			361,459
Pass-Through From Planetary Science Institute	43.001			6,477
Pass-Through From Remote Sensing Solutions Incorporated	43.001			10,947
Pass-Through From Rensselaer Polytechnic Institute	43.001			50,358
Pass-Through From Research Foundation of the City University of New York	43.001			23,952
Pass-Through From Science Systems & Applications Incorporated	43.001			128,844
Pass-Through From Smithsonian Astrophysical Observatory	43.001			70,023
Pass-Through From Space Telescope Science Institute	43.001			77,467
Pass-Through From The Smithsonian Institution	43.001			16,418
Pass-Through From University of Alaska	43.001			30,084
Pass-Through From University of Arizona	43.001			13,163
Pass-Through From University of California at Berkeley	43.001			17,060
Pass-Through From University of California, Santa Barbara	43.001			82,309
Pass-Through From University Of Michigan	43.001			58,495
Pass-Through From University of Oklahoma	43.001			8,112
Pass-Through From Woods Hole Research Center	43.001			17,278
Aeronautics	43.002		48,940	
Pass-Through From Space Telescope Science Institute	43.002			86,660
Pass-Through From The National Institute of Aerospace Associates	43.002			31,133
Pass-Through From University of Illinois	43.002			51,112
Pass-Through From University of Minnesota Twin Cities	43.002			64,902
Pass-Through From Virginia Space Grant Consortium	43.002			86,149
Exploration	43.003		24,465	
Education	43.008		33,001	
Pass-Through From Old Dominion University Research Foundation	43.008			11,474
Pass-Through From Texas State University	43.008			9,583
Pass-Through From Virginia Space Grant Consortium	43.008			12,406
Cross Agency Support	43.009		230,938	
Other Assistance:				
A Multiwavelength Investigation of Galaxy Interactions: An Unexplained Fronitier	43.000	202651	14,761	
A Quantitative Description of Ionospheric Variability for the International Reference Ionosphere: On Average and in Real-Time	43.000	201817	14,516	
Arnauld Nicogossian	43.000	201825	102,713	
Establishing Links Between Solar-Wind and Topside-Ionspheric Parameters	43.000	201875	4,167	
Mars Cartography and Landing Site Characterization	43.000	201842	9,708	
Modeling Effects of Ion-Neutral Coupling on Reconnection & Flux Emergence in the Chromosphere	43.000	202173	50,640	
Russian Phobos Sample Return Mission	43.000	201827	7	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Other Assistance	43.000	2907-VT:SUP 152, 163, 169, 176	31,561	
Other Assistance	43.000	2917-VT-SUPPLEMENT 158	250,118	
Other Assistance	43.000	2A03-VT	7,830	
Other Assistance	43.000	2A08-VT	13,228	
Other Assistance	43.000	2A24-VT	23,034	
Other Assistance	43.000	2A70-VT	441	
Other Assistance	43.000	3771-006-VT	285,140	
Other Assistance	43.000	4740-020-VT	3,787	
Other Assistance	43.000	4740-022-VT	40,970	
Other Assistance	43.000	6516-VT	60,189	
Other Assistance	43.000	NNX11AM61H	2,289	
Other Assistance	43.000	NNX14AH15G	58,835	
Other Assistance	43.000	T13-6500-VT	36,283	
Other Assistance	43.000	T13-6500-VT 6539-VT	113,991	
Other Assistance	43.000	T13-6500-VT TASK ORDER 6541-VT	86,334	
Other Assistance	43.000	VT-03+01,4740-014-VT SUPP153	8,482	
Other Assistance	43.000	VT-03-01 ACTIVITY 4730-006-VT	2,866	
Other Assistance	43.000	VT-03-01; 2921-VT; SPLMNT 160	18,221	
Pass-Through From ASRC (Arctic Slope Regional Corporation) Management Services	43.000	203406		1,370,582
Pass-Through From ASRC (Arctic Slope Regional Corporation) Management Services	43.000	NNG10CR16C 202308		996,332
Pass-Through From Boeing Company	43.000	1024849		95,162
Pass-Through From Boeing Company	43.000	592042		50,259
Pass-Through From Boeing Company	43.000	PO 505907		5,041
Pass-Through From Catholic University Libraries	43.000	503502		1,549
Pass-Through From Catholic University Libraries	43.000	NNG11PL10A 202948		58,583
Pass-Through From Catholic University Libraries	43.000	Science Support 202961		185,975
Pass-Through From Hampton University	43.000	06-001		296,472
Pass-Through From Hampton University	43.000	202772 201933 220820		10,849
Pass-Through From Intelligent Automation Incorporated	43.000	995-1		54,705
Pass-Through From InuTeq Limited Liability Corporation	43.000	INU96		4,362
Pass-Through From Jet Propulsion Laboratory	43.000	202818		49,375
Pass-Through From Jet Propulsion Laboratory	43.000	202819		34,249
Pass-Through From M4 Engineering Incorporated	43.000	AGREEMENT DATED 6/27/2014		37,833
Pass-Through From Manufacturing Technical Services, Incorporated	43.000	203381		22,849
Pass-Through From Metron Aviation Incorporated	43.000	202625		66,180
Pass-Through From Prime Photonics Limited Company	43.000	NAS 02-402-VT-TO-007		89,961
Pass-Through From Science Systems and Applications Incorporated	43.000	203388		24,501
Pass-Through From Sierra Lobo	43.000	PO 051562		28,488
Pass-Through From Southwest Research Institute	43.000	201716 202675 220629		52,818
Pass-Through From Southwest Research Institute	43.000	NASA JPL - NAS703001		95,176
Pass-Through From Southwest Research Institute	43.000	NASA JPL - NNX13AG36A		40,825
Pass-Through From Southwest Research Institute	43.000	NASA JPL - NNX13AH84G		7,369
Pass-Through From Space Telescope Science Institute	43.000	202387		31,082
Pass-Through From Space Telescope Science Institute	43.000	48020		67,455
Pass-Through From Space Telescope Science Institute	43.000	HST-AR-13233.01-A		29,521
Pass-Through From Space Telescope Science Institute	43.000	HST-GO-12585.15-A		27,076
Pass-Through From Space Telescope Science Institute	43.000	HSTGO-12916.01-A		1,256
Pass-Through From Space Telescope Science Institute	43.000	HST-GO-13184-04-A		21,622
Pass-Through From The Johns Hopkins University Applied Physics Laboratory	43.000	119554		124,828
Pass-Through From University of California at Berkeley	43.000	Stereo Impact Team 203443		41,875
Pass-Through From University of Colorado at Boulder	43.000	1535979		1,371
Pass-Through From Wyle Laboratories Incorporated	43.000	PO T72287		49,763
Total Research and Development Cluster			7,455,539	5,761,508
Total National Aeronautics and Space Administration			8,376,396	5,802,979

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES				
Promotion of the Arts-Grants to Organizations and Individuals	45.024		198,783	
Promotion of the Arts - Partnership Agreements	45.025		726,990	
Pass-Through From Mid-Atlantic Arts Foundation	45.025			1,000
Promotion of the Humanities-Federal/State Partnership	45.129		814,906	
Promotion of the Humanities-Division of Preservation and Access	45.149		104,132	
Promotion of the Humanities-Research	45.161		126,258	
Promotion of the Humanities-Teaching and Learning Resources and Curriculum Development	45.162		221,126	
Promotion of the Humanities-Professional Development	45.163		244,286	
Pass-Through From Old Dominion University Research Foundation	45.163			668
Promotion of the Humanities-Public Programs	45.164		131,546	
Promotion of the Humanities-Office of Digital Humanities	45.169		244,194	
Museum Grants for African American History and Culture	45.309		5,053	
Grants to States	45.310		3,227,808	
National Leadership Grants	45.312		129,409	
Pass-Through From Science Museum of Virginia Foundation	45.312			50,049
Laura Bush 21st Century Librarian Program	45.313		111,854	
Total Excluding Clusters Identified Below			6,286,345	51,717
Research and Development Cluster:				
Promotion of the Arts-Grants to Organizations and Individuals	45.024		38,316	
Promotion of the Humanities-Challenge Grants	45.130			
Pass-Through From MetaArchived Services Group - Educopia	45.130			2,284
Promotion of the Humanities-Division of Preservation and Access	45.149		5,635	
Promotion of the Humanities-Fellowships and Stipends	45.160		128,091	
Pass-Through From American Antiquarian Society	45.160			19,289
Promotion of the Humanities-Research	45.161		579,674	
Promotion of the Humanities-Public Programs	45.164		42,165	
Promotion of the Humanities-Office of Digital Humanities	45.169		115,675	
Museum for America	45.301		22,920	
Pass-Through From National Audubon Society	45.301			76,933
National Leadership Grants	45.312		290,561	
Pass-Through From University of California, Santa Cruz	45.312			11,746
Total Research and Development Cluster			1,223,037	110,252
Total National Foundation on the Arts and the Humanities			7,509,382	161,969
NATIONAL SCIENCE FOUNDATION				
Non-Stimulus:				
Engineering Grants	47.041		652,786	
Pass-Through From New College Foundation	47.041			4,984
Mathematical and Physical Sciences	47.049		195,941	
Geosciences	47.050		236,511	
Pass-Through From El Paso Community College	47.050			3,899
Pass-Through From National Science Foundation	47.050			20,600
Computer and Information Science and Engineering	47.070		481	
Pass-Through From University of Colorado	47.070			167,482
Biological Sciences	47.074		109,685	
Pass-Through From National Science Foundation	47.074			5,098
Social, Behavioral, and Economic Sciences	47.075		65,416	
Pass-Through From University of Southern Mississippi	47.075			6,338
Pass-Through From University of Wisconsin-Madison	47.075			104,026

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From Virginia Space Grant Consortium	47.075			89,310
Education and Human Resources	47.076		4,982,621	
Pass-Through From Bowie State University	47.076			18,659
Pass-Through From Illinois State University	47.076			491
Pass-Through From Kentucky Community and Technical College System	47.076			5,156
Pass-Through From National Center for Science and Civic Engagement	47.076			1,453
Pass-Through From Old Dominion University Research Foundation	47.076			90,540
Pass-Through From Prince George's Community College	47.076			46,960
Pass-Through From Stevens Institute of Technology	47.076			3,967
Office of International Science and Engineering	47.079		30,815	
Other Assistance:				
Advancing an Online Project in the Diagnosis and Effective Teaching of Calculus	47.000	202729	6,966	
Advancing an Online Project in the Diagnosis and Effective Teaching of Calculus	47.000	202730	7,088	
Anthony Kelly	47.000	203356	151,066	
Margret Hjalmarson	47.000	203355	105,158	
Other Assistance	47.000	CMMI 1041460	44,244	
Other Assistance	47.000	ENG-1341205	209,194	
Pass-Through From Georgia State University	47.000	EMAIL AWARD DATED 8/22/14		1,135
Pass-Through From Stevens Institute of Technology	47.000	203082		6,946
Total Non-Stimulus			6,797,972	577,044
Stimulus (ARRA):				
Trans-NSF Recovery Act Research Support	47.082		171,014	
Total Stimulus (ARRA)			171,014	-
Total Excluding Clusters Identified Below			6,968,986	577,044
Research and Development Cluster:				
Non-Stimulus:				
Engineering Grants	47.041		15,513,003	
Pass-Through From Ball State University	47.041			27,666
Pass-Through From Biosensor Technology Limited Liability Company	47.041			45,000
Pass-Through From Cell Free Bioinnovation Incorporated	47.041			122,559
Pass-Through From Iowa State University	47.041			255,322
Pass-Through From JKM Technologies Limited Liability Company	47.041			28,400
Pass-Through From Johns Hopkins University	47.041			3,815
Pass-Through From MaxPower Incorporated	47.041			704
Pass-Through From NBE Technologies Limited Liability Corporation	47.041			9,686
Pass-Through From North Carolina State University	47.041			719,427
Pass-Through From Pennsylvania State University	47.041			66,636
Pass-Through From Power Fingerprinting Incorporated	47.041			97,727
Pass-Through From Purdue University	47.041			5,019
Pass-Through From Rensselaer Polytechnic Institute	47.041			41,580
Pass-Through From Texas A&M University	47.041			124,938
Pass-Through From University of Arizona	47.041			91,025
Pass-Through From University of Connecticut	47.041			40,235
Pass-Through From University of Minnesota	47.041			21,847
Pass-Through From University of Wisconsin Milwaukee	47.041			6,839
Pass-Through From VoltMed	47.041			68,493
Mathematical and Physical Sciences	47.049		13,996,797	
Pass-Through From Case Western Reserve University	47.049			52,680
Pass-Through From Cornell University	47.049			93,779
Pass-Through From Pennsylvania State University	47.049			50,400

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From The University of Texas - Pan American	47.049			5,945
Pass-Through From The University of Texas at Austin	47.049			42,549
Pass-Through From University of Chicago	47.049			42,718
Pass-Through From University of Minnesota Twin Cities	47.049			9,187
Pass-Through From University of North Carolina at Chapel Hill	47.049			23,798
Pass-Through From University of Notre Dame	47.049			4,185
Pass-Through From University of Pennsylvania	47.049			38,442
Pass-Through From University of Texas at San Antonio	47.049			71,545
Pass-Through From University of Washington	47.049			33,729
Geosciences	47.050		7,161,713	
Pass-Through From Arizona State University	47.050			118,538
Pass-Through From Bermuda Institute of Ocean Sciences	47.050			30,241
Pass-Through From Colorado State University	47.050			78,898
Pass-Through From Columbia University	47.050			42,183
Pass-Through From Consortium For Ocean Leadership	47.050			9,362
Pass-Through From Florida International University	47.050			7,193
Pass-Through From The University of Texas at Arlington	47.050			56,080
Pass-Through From University of Alaska	47.050			22,532
Pass-Through From University of Chicago	47.050			20,924
Pass-Through From University of Colorado at Boulder	47.050			90,073
Pass-Through From University of New Mexico	47.050			21,724
Pass-Through From University of Southern California	47.050			9,181
Computer and Information Science and Engineering	47.070		13,095,763	
Pass-Through From Computing Research Association, Incorporated	47.070			24,580
Pass-Through From George Washington University	47.070			54,528
Pass-Through From Indiana University	47.070			33,733
Pass-Through From Rutgers, The State University of New Jersey	47.070			92,257
Pass-Through From The College Board	47.070			1,315
Pass-Through From University of Arizona	47.070			33,496
Pass-Through From University of Colorado	47.070			45,441
Pass-Through From University of Florida	47.070			27,201
Pass-Through From University of Illinois	47.070			395,866
Pass-Through From University of Wisconsin Madison	47.070			87,791
Biological Sciences	47.074		10,144,815	
Pass-Through From Auburn University	47.074			7,716
Pass-Through From College of Charleston	47.074			615
Pass-Through From Cornell University	47.074			10,271
Pass-Through From Dartmouth College	47.074			26,790
Pass-Through From Duke University	47.074			429,746
Pass-Through From Michigan State University	47.074			202,985
Pass-Through From Nanofoundry Limited Liability Company	47.074			20,411
Pass-Through From Northeastern University	47.074			4,546
Pass-Through From Oregon State University	47.074			32,579
Pass-Through From Texas A&M University	47.074			17,014
Pass-Through From The New York Botanical Garden	47.074			4,969
Pass-Through From The Smithsonian Institution	47.074			42,163
Pass-Through From University of California, Davis	47.074			224,550
Pass-Through From University of Georgia	47.074			79,205
Pass-Through From University of Michigan	47.074			7,813
Pass-Through From University of South Florida	47.074			5,450
Pass-Through From Wake Forest University	47.074			17,820
Pass-Through From Washington University	47.074			5,456
Social, Behavioral, and Economic Sciences	47.075		1,982,857	
Pass-Through From Arizona State University	47.075			15,810
Pass-Through From Carnegie Mellon University	47.075			20,463

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From Georgia Institute of Technology	47.075			4,993
Pass-Through From Johns Hopkins University	47.075			47,441
Pass-Through From Santa Fe Institute	47.075			169,207
Pass-Through From Temple University	47.075			29,613
Pass-Through From The Pennsylvania State University	47.075			19,395
Pass-Through From University of California San Diego	47.075			61,028
Pass-Through From University of Southern Mississippi	47.075			2,054
Pass-Through From University Of Washington	47.075			19,286
Education and Human Resources	47.076		12,357,099	
Pass-Through From American Association of Community Colleges	47.076			14,826
Pass-Through From American Educational Research Association	47.076			53,180
Pass-Through From Biological Sciences Curriculum Study	47.076			83,287
Pass-Through From George Washington University	47.076			43,609
Pass-Through From Howard University	47.076			134,995
Pass-Through From Michigan State University	47.076			743
Pass-Through From National Center for Science & Civic Engagement	47.076			1,772
Pass-Through From Research Triangle Institute	47.076			51,203
Pass-Through From Stevens Institute of Technology	47.076			14,739
Pass-Through From The Concord Consortium	47.076			20,881
Pass-Through From University of California at Los Angeles	47.076			20,028
Pass-Through From University of Maryland	47.076			29,270
Pass-Through From University of Pittsburgh	47.076			29,581
Pass-Through From University of Wisconsin	47.076			36,963
Pass-Through From Vanderbilt University	47.076			7,613
Pass-Through From Villanova University	47.076			14,485
Polar Programs	47.078		278,362	
Pass-Through From Columbia University	47.078			25,617
Pass-Through From University of Colorado at Boulder	47.078			91,024
Office of International Science and Engineering	47.079		401,559	
Pass-Through From University of New Mexico	47.079			32
Office of Cyberinfrastructure	47.080		792,567	
Pass-Through From Indiana University	47.080			(6,881)
Pass-Through From Purdue University	47.080			3,126
Pass-Through From University of Colorado at Boulder	47.080			1,817
Pass-Through From University of Illinois at Urbana-Champaign	47.080			82,466
Pass-Through From University of Maryland	47.080			392,781
Pass-Through From University of North Carolina-Chapel Hill	47.080			62,057
Pass-Through From Utah State University	47.080			76,154
Trans-NSF Recovery Act Research Support	47.082			
Pass-Through From University of New Mexico	47.082			8,735
Pass-Through From University of South Carolina	47.082			18,354
Other Assistance:				
Deborah Goodings	47.000	203450	110,000	
National Science Foundation James Olds	47.000		142,699	
Probabilistic Methods in Computational Topology	47.000	202470	21,065	
Research, Education & Training in Computational Math and Nonlinear Dynamics	47.000	202381	5,638	
Research, Education and Training in Computational Math	47.000	202380	4	
Other Assistance	47.000	DGE-1324586	693,974	
Other Assistance	47.000	DUE - 1245673	16,958	
Other Assistance	47.000	MCB-1517298	3,048	
Pass-Through From National Parks Conservation Association	47.000	1440460		5,978
Pass-Through From Predictive Science, Incorporated	47.000	AGS-1249270 202906		44,127
Total Non-Stimulus			76,717,921	6,440,963

COMMONWEALTH OF VIRGINIA
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2015

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Stimulus (ARRA):				
Trans-NSF Recovery Act Research Support	47.082		786,865	
Total Stimulus (ARRA)			786,865	-
Total Research and Development Cluster			77,504,786	6,440,963
Total National Science Foundation			84,473,772	7,018,007
SMALL BUSINESS ADMINISTRATION				
Small Business Development Centers	59.037		2,993,675	
Pass-Through From Community Business Partnership	59.037			119,321
Federal and State Technology Partnership Program	59.058		84,563	
Entrepreneurial Development Disaster Assistance (Disaster Relief Appropriations Act)	59.064		38,349	
Total Small Business Administration			3,116,587	119,321
DEPARTMENT OF VETERANS AFFAIRS				
Grants to States for Construction of State Home Facilities	64.005		6,004,550	
Veterans State Domiciliary Care	64.014		651,078	
Veterans State Nursing Home Care	64.015		15,690,890	
Burial Expenses Allowance for Veterans	64.101		411,756	
Veterans Information and Assistance	64.115		5,468	
All-Volunteer Force Educational Assistance	64.124		744,895	
State Cemetery Grants	64.203		82,330	
Other Assistance:				
Pass-Through From The Green Technology Group, Limited Liability Corporation	64.000	203187		38,768
Total Excluding Clusters Identified Below			23,590,967	38,768
Research and Development Cluster:				
Veterans State Hospital Care	64.016			
Pass-Through From James A Haley Veteran's Hospital	64.016			44,547
Other Assistance:				
Asympotomactic Carotid Stenosis: Cognitive Function and Plaque Correlates	64.000	202962	13,314	
Asymptomatic Carotid Stenosis and Cognitive Correlates of Function	64.000	203380	24,254	
Collaborative Research: Learning Relationships between Climate Extremes and Climate Change	64.000	203239	26,727	
Extension for Doctor Wojtusiak	64.000	203427	24,361	
Janusz Wojtusaik	64.000	203151	7,791	
Phan Giang	64.000	203196	13,002	
Phan Giang	64.000	203429	13,588	
Total Research and Development Cluster			123,037	44,547
Total Department of Veterans Affairs			23,714,004	83,315
ENVIRONMENTAL PROTECTION AGENCY				
State Indoor Radon Grants	66.032		84,091	
Surveys Studies, Research, Investigations Demonstrations and Special Purpose Activities Relating to the Clean Air Act	66.034		528,259	
State Clean Diesel Grant Program - ARRA	66.040		72,282	
Congressionally Mandated Projects	66.202		10,507	
State Public Water System Supervision	66.432		2,038,086	
Water Quality Management Planning - ARRA	66.454		168,899	
Nonpoint Source Implementation Grants	66.460		2,934,011	
Chesapeake Bay Program	66.466		6,723,594	
Pass-Through From National Fish & Wildlife Foundation	66.466			418,380

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Beach Monitoring and Notification Program Implementation Grants	66.472		183,980	
Water Protection Grants to the States	66.474		61,043	
P3 Award: National Student Design Competition for Sustainability	66.516		7,357	
Performance Partnership Grants	66.605		9,835,430	
Environmental Information Exchange Network Grant Program and Related Assistance	66.608		266,481	
TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals	66.707		173,522	
Pollution Prevention Grants Program	66.708		33,905	
Source Reduction Assistance	66.717		23,205	
Superfund State, Political Subdivision, and Indian Tribe Site-Specific Cooperative Agreements - ARRA	66.802		327,353	
Underground Storage Tank Prevention, Detection, and Compliance Program	66.804		681,484	
Leaking Underground Storage Tank Trust Fund Corrective Action Program - ARRA	66.805		1,069,410	
Superfund State and Indian Tribe Core Program Cooperative Agreements	66.809		192,763	
Total Excluding Clusters Identified Below			25,415,662	418,380
Clean Water State Revolving Fund Cluster:				
Capitalization Grants for Clean Water State Revolving Funds - ARRA	66.458		32,024,791	
Total Clean Water State Revolving Fund Cluster			32,024,791	-
Drinking Water State Revolving Fund Cluster:				
Capitalization Grants for Drinking Water State Revolving Funds - ARRA	66.468		15,564,264	
Total Drinking Water State Revolving Fund Cluster			15,564,264	-
Research and Development Cluster:				
Air Pollution Control Program Support	66.001			
Pass-Through From Research Triangle Institute	66.001			12,452
Water Quality Management Planning - ARRA	66.454		110,281	
Nonpoint Source Implementation Grants	66.460		3,627	
Regional Wetland Program Development Grants	66.461		412,112	
Chesapeake Bay Program	66.466		2,429,435	
Pass-Through From Farm Pilot Project Coordination Incorporated	66.466			57,041
Pass-Through From National Fish & Wildlife Foundation	66.466			264,389
Pass-Through From Northern Shenandoah Valley Regional Commission	66.466			10,647
Pass-Through From University of Maryland	66.466			18,871
Beach Monitoring and Notification Program Implementation Grants	66.472		16,916	
Senior Environmental Employment Program - ARRA	66.508		248,569	
Science To Achieve Results (STAR) Research Program	66.509		163,298	
Pass-Through From Washington University	66.509			169,017
Office of Research and Development Consolidated Research/Training/Fellowships	66.511		79,615	
Science To Achieve Results (STAR) Fellowship Program	66.514		35,824	
P3 Award: National Student Design Competition for Sustainability	66.516		2,150	
Performance Partnership Grants	66.605		937,731	
Environmental Policy and Innovation Grants	66.611		9,523	
Brownfields Training, Research, and Technical Assistance Grants and Cooperative Agreements	66.814		13,344	
Other Assistance:				
Pass-Through From CDM Chicago	66.000	AGRMT DTD 2/1/11		166
Total Research and Development Cluster			4,462,425	532,583
Total Environmental Protection Agency			77,467,142	950,963
NUCLEAR REGULATORY COMMISSION				
U.S. Nuclear Regulatory Commission Nuclear Education Grant Program	77.006		12,878	
U.S. Nuclear Regulatory Commission Scholarship and Fellowship Program	77.008		129,667	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Total Excluding Clusters Identified Below			142,545	-
Research and Development Cluster:				
U.S. Nuclear Regulatory Commission Nuclear Education Grant Program	77.006			
Pass-Through From University of California, Berkeley	77.006			9,726
U.S. Nuclear Regulatory Commission Minority Serving Institutions Program (MSIP)	77.007		32,613	
Other Assistance:				
Other Assistance	77.000		161,402	
Total Research and Development Cluster			194,015	9,726
Total Nuclear Regulatory Commission			336,560	9,726
U.S. DEPARTMENT OF ENERGY				
Non-Stimulus:				
State Energy Program	81.041		1,195,969	
Weatherization Assistance for Low-Income Persons	81.042		5,000,088	
Renewable Energy Research and Development	81.087		11,354	
Pass-Through From Dominion Virginia Power	81.087			2,230
Nuclear Energy Research, Development and Demonstration	81.121		50,073	
Other Assistance:				
Oak Ridge Associated Universities-Fiscal Year 15-Essentals of Project Management Training	81.000		9,319	
US Department of Energy-Energy Information Administration-FY15-Leadership Certificate Program	81.000	209767	22,009	
Other Assistance	81.000	IPA EXECUTED 10/6/11	277,872	
Other Assistance	81.000	IPA MIEE12270	273,859	
Total Non-Stimulus			6,840,543	2,230
Stimulus (ARRA):				
State Energy Program	81.041		124,730	
Electricity Delivery and Energy Reliability, Research, Development and Analysis	81.122		33,785	
Energy Efficiency and Conservation Block Grant Program (EECBG)	81.128		280,038	
Total Stimulus (ARRA)			438,553	-
Total Excluding Clusters Identified Below			7,279,096	2,230
Research and Development Cluster:				
Non-Stimulus:				
State Energy Program	81.041		261,179	
Pass-Through From Argonne National Laboratory	81.041			16,069
Office of Science Financial Assistance Program	81.049		10,496,164	
Pass-Through From Case Western Reserve University	81.049			(229)
Pass-Through From Cornell University	81.049			134,461
Pass-Through From Giner Incorporated	81.049			135,741
Pass-Through From Institute for Advanced Learning & Research	81.049			1,619
Pass-Through From Kyma Technologies Incorporated	81.049			10,354
Pass-Through From Louisiana State University	81.049			46,140
Pass-Through From Michigan State University	81.049			168,478
Pass-Through From Ohio State University Research Foundation	81.049			63,597
Pass-Through From Old Dominion University Research Foundation	81.049			81,824
Pass-Through From Oregon State University	81.049			24,750
Pass-Through From Pennsylvania State University	81.049			192,293
Pass-Through From Reservoir Labs, Incorporated	81.049			138,052
Pass-Through From University of California at Berkeley	81.049			41,149
Pass-Through From University of Michigan - Ann Arbor	81.049			38,490

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Regional Biomass Energy Programs	81.079		147,338	
Pass-Through From South Dakota State University	81.079			40,708
Conservation Research and Development	81.086		599,117	
Pass-Through From North Carolina State University	81.086			79,836
Pass-Through From Pennsylvania State University	81.086			156,884
Renewable Energy Research and Development	81.087		623,289	
Pass-Through From Antares Group Incorporated	81.087			25,591
Pass-Through From California Polytechnic State University	81.087			37,808
Pass-Through From Giner Incorporated	81.087			3,836
Pass-Through From South Dakota State University	81.087			7,786
Pass-Through From University of Florida	81.087			27,901
Pass-Through From Virginia Electric & Power Company	81.087			100,630
Pass-Through From Wichita State University	81.087			(616)
Fossil Energy Research and Development	81.089		4,363,206	
Stewardship Science Grant Program	81.112			
Pass-Through From Regents University of California Los Angeles	81.112			46,771
Defense Nuclear Nonproliferation Research	81.113		233,928	
Pass-Through From CRDF Global	81.113			42,104
State Energy Program Special Projects	81.119		95,076	
Nuclear Energy Research, Development and Demonstration	81.121		702,807	
Pass-Through From Fermi Research Alliance, Limited Liability Company	81.121			3,217
Pass-Through From Ohio State University Research Foundation	81.121			82,908
Pass-Through From University of Utah	81.121			7,604
Electricity Delivery and Energy Reliability, Research, Development and Analysis	81.122		129,678	
National Nuclear Security Administration (NNSA) Minority Serving Institutions (MSI) Program	81.123		582,997	
Pass-Through From Lawrence Livermore National Laboratory	81.123			24,827
Pass-Through From Los Alamos National Security Limited Liability Corporation	81.123			195,043
Advanced Research Projects Agency - Energy	81.135		124,528	
Pass-Through From General Electric Energy	81.135			127,050
Pass-Through From General Electric Global Research	81.135			9,910
Pass-Through From Hughes Research Laboratories Limited Liability Corporation	81.135			8,272
Pass-Through From Microlink Devices Incorporated	81.135			85,244
Pass-Through From Texas A&M AgriLife Research	81.135			108,784
Other Assistance:				
Grain Boundary Diffusion in Electronic and Structural Materials	81.000	203351	64,276	
Grain Boundary Diffusion in Electronic and Structural Materials	81.000	202519	64,497	
Nuclear Physics	81.000	JSA07-C0317101	140,634	
Theory of Optical Physics of Nanocrystals for Solar Energy Utilization	81.000	202076	104,941	
Other Assistance	81.000	40000135182	29,915	
Other Assistance	81.000	4000099824	24,042	
Other Assistance	81.000	4000129265	64,371	
Other Assistance	81.000	4000135195	88,471	
Other Assistance	81.000	4000135204	29,578	
Other Assistance	81.000	4000135335	18,931	
Other Assistance	81.000	4000135583	24,977	
Other Assistance	81.000	DE-FG02-05ER15658	30,822	
Other Assistance	81.000	DE-FG02-05ER15751	123,007	
Other Assistance	81.000	SUBCONTRACT 4000122683	1,353	
Other Assistance	81.000	SUBCONTRACT NO. XHD-4-42003-01	131,110	
Other Assistance	81.000	TASK ORDER 4000138064	5,857	
Other Assistance	81.000	4000126808	275,868	
Pass-Through From Babcock & Wilcox Pantex	81.000	PO 0000023257		57,344
Pass-Through From Battelle	81.000	CONTRACT 253433		51,325
Pass-Through From Bechtel Marine Propulsion	81.000	PURCHASE ORDER 7015060		111,181
Pass-Through From Brookhaven National Laboratory	81.000	NO. 200916		201
Pass-Through From Delta Products Corporation	81.000	AGMT EFFCT 10/01/14 AT-21583		83,177

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From Georgia Institute of Technology	81.000	RD537-S4		166,841
Pass-Through From Hughes Research Laboratories Limited Liability Corporation	81.000	13047-401292-DS		69,242
Pass-Through From Kohana Technologies	81.000	PO 1004		5,465
Pass-Through From Lawrence Berkeley National Laboratory	81.000	7048974		94,442
Pass-Through From Lawrence Livermore National Laboratory	81.000	B612600		9,394
Pass-Through From Los Alamos National Laboratory	81.000	87690-001-11		19,347
Pass-Through From Los Alamos National Security Limited Liability Corporation	81.000	203448		6,703
Pass-Through From Pacific Northwest National Laboratory	81.000	233298		94,584
Pass-Through From Pacific Northwest National Laboratory	81.000	CONTRACT NUMBER 215648		20,299
Pass-Through From Savannah River Nuclear Solutions Limited Liability Corporation	81.000	0000138740		34,722
Pass-Through From South Dakota State University	81.000	3TK676		10,263
Pass-Through From Southeastern Universities Research	81.000	13A0910200		16,595
Pass-Through From United Research Services Corporation	81.000	TO 58.4000.4.605.920.012.821		49,513
Pass-Through From United Research Services Corporation	81.000	TO 59: 4000.3.622.053.002.234		61,490
Pass-Through From United Research Services Corporation	81.000	TO 61:4000.2.683.062.002.612		58,468
Pass-Through From United Research Services Corporation	81.000	TO 62:4000.2.683.062.002.655		7,640
Pass-Through From United Research Services Corporation	81.000	TO 64: 4000.3.671.052.002.411		25,881
Pass-Through From United Research Services Corporation	81.000	TO 65: 4000.2.683.068.002.216		103,556
Pass-Through From United Research Services Corporation	81.000	TO 66: 4000.4.605.920.012.522		40,226
Pass-Through From United Research Services Corporation	81.000	TO 67: 2.600.220.001.541		38,096
Pass-Through From United Research Services Corporation	81.000	TO 68: 4000.4.641.061.002.513		32,645
Pass-Through From United Research Services Corporation	81.000	TO 69: 4000.4.641.061.002.511		30,608
Pass-Through From United Research Services Corporation	81.000	TO 70:4000.3.684.051.001.433		47,114
Pass-Through From United Research Services Corporation	81.000	TO: 63:4000.4.605.920.012.532		43,153
Pass-Through From University of Kentucky	81.000	3048111742-15-009		180,288
Total Non-Stimulus			19,581,957	3,884,689
Stimulus (ARRA):				
State Energy Program	81.041		44,493	
Office of Science Financial Assistance Program	81.049		35,928	
Pass-Through From Pennsylvania State University	81.049			40,096
Pass-Through From University of Southern California	81.049			29,729
Total Stimulus (ARRA)			80,421	69,825
Total Research and Development Cluster			19,662,378	3,954,514
Total U.S. Department of Energy			26,941,474	3,956,744
FEDERAL EMERGENCY MANAGEMENT ADMINISTRATION				
Other Assistance:				
Pass-Through From International Association of Fire Chiefs	83.000	203252		46,032
Total Federal Emergency Management Administration			-	46,032
U.S. DEPARTMENT OF EDUCATION				
Non-Stimulus:				
Adult Education-Basic Grants to States	84.002		13,168,576	
Title I Grants to Local Educational Agencies	84.010		230,063,351	
Pass-Through From Virginia Association of Elementary School Principals	84.010			130,007
Migrant Education-State Grant Program	84.011		895,357	
Title I State Agency Program for Neglected and Delinquent Children and Youth	84.013		1,723,504	
National Resource Centers Program for Foreign Language and Area Studies or Foreign Language and International Studies Program and Foreign Language and Area Studies Fellowship Program	84.015		56,217	
Undergraduate International Studies and Foreign Language Programs	84.016		77,287	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Overseas Programs-Group Projects Abroad	84.021		16,203	
Higher Education-Institutional Aid	84.031		12,267,680	
Career and Technical Education-Basic Grants to States	84.048		21,931,180	
Fund for the Improvement of Postsecondary Education	84.116		25,188	
Rehabilitation Services-Vocational Rehabilitation Grants to States	84.126		85,341,155	
Rehabilitation Long-Term Training	84.129		187,291	
National Institute on Disability and Rehabilitation Research	84.133		26,955	
Migrant Education-Coordination Program	84.144		116,104	
Independent Living-State Grants	84.169		424,364	
Javits Fellowships	84.170		4,070	
Rehabilitation Services-Independent Living Services for Older Individuals Who are Blind	84.177		1,121,963	
Special Education-Grants for Infants and Families	84.181		11,095,849	
Safe and Drug-Free Schools and Communities-National Programs	84.184		18,100	
Supported Employment Services for Individuals with the Most Significant Disabilities	84.187		604,316	
Education for Homeless Children and Youth	84.196		859,397	
Graduate Assistance in Areas of National Need	84.200		258,089	
Assistive Technology	84.224		2,055,931	
Rehabilitation Services Demonstration and Training Programs	84.235		151,951	
Rehabilitation Training-State Vocational Rehabilitation Unit In-Service Training	84.265		123,759	
Ready to Teach	84.286		72,279	
Twenty-First Century Community Learning Centers	84.287		17,690,285	
Pass-Through From Caroline County Virginia Public Schools	84.287			1,800
Education Research, Development and Dissemination	84.305		835	
Special Education-State Personnel Development	84.323		901,542	
Special Education-Personnel Development to Improve Services and Results for Children with Disabilities	84.325		643,146	
Special Education-Technical Assistance and Dissemination to Improve Services and Results for Children with Disabilities	84.326		191,323	
Advanced Placement Program (Advanced Placement Test Fee: Advanced Placement Incentive Program Grants)	84.330		522,108	
Gaining Early Awareness and Readiness for Undergraduate Programs	84.334		2,172,177	
Child Care Access Means Parents in School	84.335		150,817	
Teacher Quality Partnership Grants	84.336		374,255	
Transition to Teaching	84.350		125,489	
Rural Education	84.358		2,139,243	
School Leadership	84.363		282,079	
English Language Acquisition State Grants	84.365		12,103,876	
Mathematics and Science Partnerships	84.366		1,706,115	
Pass-Through From Old Dominion University Research Foundation	84.366			8,011
Improving Teacher Quality State Grants	84.367		42,390,129	
Pass-Through From National Writing Project	84.367			50,095
Grants for State Assessments and Related Activities	84.369		4,631,032	
Statewide Longitudinal Data Systems	84.372			
Pass-Through From Nevada Department of Education	84.372			1,444,719
College Access Challenge Grant Program	84.378		579,374	
Strengthening Minority-Serving Institutions	84.382		774,872	
State Fiscal Stabilization Fund (SFSF) - What Works and Innovation Fund, Recovery Act	84.396		81,811	
Transition Programs for Students with Intellectual Disabilities into Higher Education	84.407		317,476	
Preschool Development Grants	84.419		82,221	
Other Assistance:				
Pass-Through From Loudoun County	84.000	202293		6,826
Pass-Through From Salus University	84.000	H325V090001 203014 203423		25,632
Total Excluding Clusters Identified Below			470,546,321	1,667,090
Stimulus (ARRA):				
Statewide Data Systems, Recovery Act	84.384		531,953	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Teacher Quality Partnerships, Recovery Act	84.405		1,656,931	
Total Stimulus (ARRA)			2,188,884	-
School Improvement Grants Cluster:				
Non-Stimulus:				
School Improvement Grants	84.377		4,367,720	
Total Non-Stimulus			4,367,720	-
Stimulus (ARRA):				
School Improvement Grants, Recovery Act	84.388		380,478	
Total Stimulus (ARRA)			380,478	-
Total School Improvement Grants Cluster			4,748,198	-
Special Education Cluster (IDEA):				
Special Education-Grants to States	84.027		284,528,704	
Special Education-Preschool Grants	84.173		7,782,546	
Total Special Education Cluster (IDEA)			292,311,250	-
Student Financial Assistance Programs Cluster:				
Federal Supplemental Educational Opportunity Grants	84.007		9,860,693	
Federal Work-Study Program - ARRA	84.033		10,704,481	
Federal Perkins Loan Program-Federal Capital Contributions	84.038		76,322,773	
Federal Pell Grant Program - ARRA	84.063		438,909,921	
Federal Direct Student Loans	84.268		1,307,543,149	
Teacher Education Assistance for College and Higher Education Grants (TEACH Grants)	84.379		322,512	
Postsecondary Education Scholarships for Veterans Dependents	84.408		21,262	
Total Student Financial Assistance Programs Cluster			1,843,684,791	-
TRIO Cluster:				
TRIO-Student Support Services	84.042		4,917,247	
TRIO-Talent Search	84.044		1,555,225	
TRIO-Upward Bound	84.047		4,573,531	
TRIO-Educational Opportunity Centers	84.066		516,164	
Total TRIO Cluster			11,562,167	-
Research and Development Cluster:				
Non-Stimulus:				
Fund for the Improvement of Postsecondary Education	84.116		44,401	
National Institute on Disability and Rehabilitation Research	84.133		1,317,903	
Pass-Through From Southwestern Educational Development Laboratory	84.133			163,491
Pass-Through From Transcen Incorporated	84.133			245,688
Javits Gifted and Talented Students Education	84.206		392,592	
Twenty-First Century Community Learning Centers	84.287			
Pass-Through From Norfolk Public Schools	84.287			87,084
Education Research, Development and Dissemination	84.305		10,410,055	
Pass-Through From American Institutes for Research	84.305			75,625
Pass-Through From Fordham University	84.305			73,778
Pass-Through From Harvard University	84.305			41,016
Pass-Through From Institute of Education Sciences	84.305			8,674

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From Oregon State University	84.305			12,338
Pass-Through From Stanford University	84.305			169,203
Pass-Through From University of Cambridge	84.305			117,965
Pass-Through From University of Connecticut	84.305			78,102
Pass-Through From University of Pittsburgh	84.305			7,418
Research in Special Education	84.324		806,698	
Pass-Through From University of Florida	84.324			477,464
Special Education-Personnel Development to Improve Services and Results for Children with Disabilities	84.325		83,209	
Special Education-Educational Technology Media and Materials for Individuals with Disabilities	84.327		440,867	
Mathematics and Science Partnerships	84.366		372,919	
Teacher Incentive Fund	84.374			
Pass-Through From The Community Training and Assistance Center	84.374			62,246
Other Assistance:				
Democratic North Africa: Strengthening the Study of North African Culture, Language and Society	84.000	202778	55,846	
Pass-Through From American Institutes for Research in Behavioral Science	84.000	202619		54,672
Pass-Through From Council for Opportunity in Education	84.000	203489		2,306
Total Non-Stimulus			13,924,490	1,677,070
Stimulus (ARRA):				
State Fiscal Stabilization Fund (SFSF) - What Works and Innovation Fund, Recovery Act	84.396		6,369,111	
Pass-Through From Oregon State University	84.396			657,490
Total Stimulus (ARRA)			6,369,111	657,490
Total Research and Development Cluster			20,293,601	2,334,560
Total U.S. Department of Education			2,645,335,212	4,001,650
SCHOLARSHIP AND FELLOWSHIP FOUNDATIONS				
Other Assistance:				
Smithsonian Institute-Fiscal Year 13-Principles of Facility Management Training	85.000	209787	621	
Smithsonian Institution-Fiscal Year 14 Facilities Planning, Design and Construction Management Training	85.000	209777	29	
Smithsonian Institution-Fiscal Year 15-Facility Management Certificate	85.000	209765	14,333	
Total Excluding Clusters Identified Below			14,983	-
Research and Development Cluster:				
Woodrow Wilson Center Fellowships in the Humanities and Social Sciences	85.300		66,740	
Smithsonian Institution Fellowship Program	85.601		3,306	
Other Assistance:				
Other Assistance	85.000	15-PO-331-0000312344	9,698	
Total Research and Development Cluster			79,744	-
Total Scholarship and Fellowship Foundations			94,727	-
U.S. NATIONAL ARCHIVES AND RECORDS ADMINISTRATION				
National Historical Publications and Records Grants	89.003		68,204	
Other Assistance:				
Other Assistance	89.000	ABMC-14-08 (TN)	2,046	
Total Excluding Clusters Identified Below			70,250	-
Research and Development Cluster:				
National Historical Publications and Records Grants	89.003		836,442	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Total Research and Development Cluster			836,442	-
Total U.S. National Archives and Records Administration			906,692	-
ELECTIONS ASSISTANCE COMMISSION				
Help America Vote Act Requirements Payments	90.401		5,271,405	
Total Elections Assistance Commission			5,271,405	-
U.S. INSTITUTE OF PEACE				
Research and Development Cluster:				
Annual Grant Competition	91.001		24,137	
Total Research and Development Cluster			24,137	-
Total U.S. Institute of Peace			24,137	-
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				
Non-Stimulus:				
Medical Reserve Corps Small Grant Program	93.008			
Pass-Through From National Association of County & City Health Officials	93.008			131,471
Special Programs for the Aging-Title VII, Chapter 3-Programs for Prevention of Elder Abuse, Neglect, and Exploitation	93.041		87,505	
Special Programs for the Aging-Title VII, Chapter 2-Long Term Care Ombudsman Services for Older Individuals	93.042		386,578	
Special Programs for the Aging-Title III, Part D-Disease Prevention and Health Promotion Services	93.043		438,583	
Special Programs for the Aging-Title IV-and Title II-Discretionary Projects - ARRA	93.048		366,724	
National Family Caregiver Support, Title III, Part E	93.052		3,228,780	
Global AIDS	93.067			
Pass-Through From Republic of Rwanda, Minister of Health	93.067			636,959
Medicare Enrollment Assistance Program	93.071		435,037	
Lifespan Respite Care Program	93.072		86,574	
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074		23,298,854	
Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance	93.079		51,460	
Enhance The Safety of Children Affected by Substance Abuse	93.087			
Pass-Through From Rockingham Memorial Hospital	93.087			20,200
Advancing System Improvements for Key Issues in Women's Health	93.088			
Pass-Through From Futures Without Violence	93.088			983
Affordable Care Act (ACA) - Personal Responsibility Education Program	93.092		465,988	
Food and Drug Administration-Research	93.103		1,128,546	
Pass-Through From National Association of County & City Health Officials	93.103			21,026
Area Health Education Centers Point of Service Maintenance and Enhancement Awards	93.107		802,877	
Maternal and Child Health Federal Consolidated Programs	93.110		503,320	
Pass-Through From The Children's Hospital of Philadelphia	93.110			7,256,721
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116		1,758,017	
Nurse Anesthetist Traineeships	93.124		73,946	
Emergency Medical Services for Children	93.127		131,261	
Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices	93.130		189,747	
Grants to Increase Organ Donations	93.134		214,981	
Injury Prevention and Control Research and State and Community Based Programs	93.136		782,040	
AIDS Education and Training Centers	93.145			
Pass-Through From University of Pittsburgh	93.145			262,237

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Projects for Assistance in Transition from Homelessness (PATH)	93.150		1,420,754	
Coordinated Services and Access to Research for Women, Infants, Children, and Youth	93.153		284,568	
Grants to States for Loan Repayment Program	93.165		388,550	
Nursing Workforce Diversity	93.178		633,947	
Disabilities Prevention	93.184			
Pass-Through From The Children's Hospital of Philadelphia	93.184			39,308
Graduate Psychology Education Program and Patient Navigator and Chronic Disease Prevention Program	93.191		173,510	
Telehealth Programs	93.211		88,341	
Family Planning-Services	93.217		3,317,451	
Traumatic Brain Injury State Demonstration Grant Program	93.234		245,184	
Affordable Care Act (ACA) Abstinence Education Program	93.235		499,160	
Grants to States to Support Oral Healthcare Workforce Activities	93.236		412,290	
State Capacity Building	93.240		236,936	
State Rural Hospital Flexibility Program	93.241		331,570	
Substance Abuse and Mental Health Services-Projects of Regional and National Significance	93.243		10,380,674	
Pass-Through From American Nurses Association	93.243			5,000
Pass-Through From National Association of State Mental Health Program Directors	93.243			35,136
Pass-Through From University of California at San Francisco	93.243			(521)
Advanced Nursing Education Grant Program	93.247		977,308	
Public Health Training Centers Grant Program	93.249			
Pass-Through From Eastern Virginia Medical School	93.249			143
Universal Newborn Hearing Screening	93.251		186,305	
Poison Center Support and Enhancement Grant Program	93.253		379,678	
Immunization Cooperative Agreements	93.268		66,216,629	
Adult Viral Hepatitis Prevention and Control	93.270		153,877	
Drug-Free Communities Support Program Grants	93.276		128,107	
Pass-Through From Blue Ridge Behavioral Healthcare	93.276			629
Centers for Disease Control and Prevention-Investigations and Technical Assistance	93.283		4,741,500	
Pass-Through From Council of State and Territorial Epidemiologist	93.283			7,923
Pass-Through From National Association of County & City Health Officials	93.283			3,591
Small Rural Hospital Improvement Grant Program	93.301		230,956	
National State Based Tobacco Control Programs	93.305		30,401	
Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program	93.314		178,385	
State Health Insurance Assistance Program	93.324		963,800	
National Implementation and Dissemination for Chronic Disease Prevention	93.328			
Pass-Through From City of Richmond	93.328			36,083
Behavioral Risk Factor Surveillance System	93.336		18,423	
Nurse Education, Practice Quality and Retention Grants	93.359		616,671	
Pass-Through From Marquette University	93.359			599
Sickle Cell Treatment Demonstration Program	93.365			
Pass-Through From Johns Hopkins University	93.365			17,226
ACL Independent Living State Grants	93.369		5,008	
Cancer Centers Support Grants	93.397			
Pass-Through From University of Kentucky Research Foundation	93.397			84,168
ACL National Institute on Disability, Independent Living, and Rehabilitation Research	93.433		648,766	
Family to Family Health Information Centers	93.504		97,565	
Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	93.505		7,290,024	
PPHF National Public Health Improvement Initiative	93.507		394,548	
Affordable Care Act (ACA) State Health Care Workforce Development Grants	93.509		149,607	
Affordable Care Act (ACA) Primary Care Residency Expansion Program	93.510		391,259	
Affordable Care Act (ACA) Public Health Training Centers Program	93.516			
Pass-Through From Eastern Virginia Medical School	93.516			8,818
The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infectious Disease (ELC) and Emerging Infections Program (EIP) Cooperative Agreements;PPHF	93.521		1,819,202	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Building Capacity of the Public Health System to Improve Population Health through National, Non-Profit Organizations - financed in part by Prevention and Public Health Funds (PPHF)	93.524			
Pass-Through From Association of State and Territorial Health Officials	93.524			94,603
Pass-Through From National Association of County & City Health Officials	93.524			9,850
State Planning and Establishment Grants for the Affordable Care Act (ACA)'s Exchanges	93.525		7,838,741	
PPHF Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by Prevention and Public Health Funds	93.539		181,907	
The Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) Authorizes Coordinated Chronic Disease Prevention and Health Promotion Program	93.544		3,615	
Promoting Safe and Stable Families	93.556		4,805,642	
Child Support Enforcement	93.563		62,258,120	
Refugee and Entrant Assistance-State Administered Programs	93.566		9,143,773	
Low-Income Home Energy Assistance	93.568		83,433,542	
Pass-Through From City of Richmond	93.568			78,515
Community Services Block Grant	93.569		10,346,862	
Refugee and Entrant Assistance-Discretionary Grants	93.576		830,965	
Refugee and Entrant Assistance-Targeted Assistance Grants	93.584		255,680	
State Court Improvement Program	93.586		740,150	
Community-Based Child Abuse Prevention Grants	93.590		662,618	
Grants to States for Access and Visitation Programs	93.597		149,417	
Chafee Education and Training Vouchers Program (ETV)	93.599		294,873	
Head Start	93.600		202,495	
Pass-Through From Total Action for Progress in Roanoke	93.600			6,854
Assets for Independence Demonstration Program	93.602			
Pass-Through From Abt Associates Incorporated	93.602			162,210
Adoption and Legal Guardianship Incentive Payments	93.603		135,379	
Health Care Innovation Awards (HCIA)	93.610			
Pass-Through From Carilion Clinic	93.610			420,142
Strong Start for Mothers and Newborns	93.611		235,965	
Voting Access for Individuals with Disabilities-Grants to States	93.617		10,948	
ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	93.624		93,372	
Affordable Care Act State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center Options Counseling for Medicare-Medicaid Individual in States with Approved Financial Alignment Models	93.626		102,918	
Developmental Disabilities Basic Support and Advocacy Grants	93.630		1,480,104	
University Centers for Excellence in Developmental Disabilities Education, Research, and Service	93.632		635,277	
Pass-Through From Association of University Centers on Disabilities	93.632			8,057
ACA Support for Demonstration Ombudsman Programs Serving Beneficiaries of State Demonstrations to Integrate Care for Medicare-Medicaid	93.634		116,097	
Children's Justice Grants to States	93.643		403,025	
Stephanie Tubbs Jones Child Welfare Services Program	93.645		5,976,827	
Foster Care-Title IV-E	93.658		53,230,757	
Adoption Assistance - ARRA	93.659		45,716,548	
Social Services Block Grant	93.667		50,514,766	
Child Abuse and Neglect State Grants	93.669		746,012	
Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services	93.671		2,263,480	
Chafee Foster Care Independence Program	93.674		1,463,714	
Mental and Behavioral Health Education and Training Grants	93.732		163,802	
Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by the Prevention and Public Health Fund (PPHF)	93.733		488,493	
Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs financed in part by Prevention and Public Health Funds (PPHF)	93.734		490,905	
State Public Health Approaches for Ensuring Quitline Capacity Funded in Part by Prevention and Public Health Funds (PPHF)	93.735		343,384	
Prevention Public Health Fund: Viral Hepatitis Prevention	93.736		12,171	
State and Local Public Health Actions to Prevent Obesity, Heart Disease and Stroke (PPHF)	93.757		843,944	
Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	93.758		1,941,258	
Children's Health Insurance Program	93.767		195,706,311	
Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	93.779		242,526	
Alternatives to Psychiatric Residential Treatment Facilities for Children	93.789		32,564	
Money Follows the Person Rebalancing Demonstration	93.791		10,163,488	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Domestic Ebola Supplement to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC).	93.815		3,855	
Biomedical Research and Research Training	93.859		960,763	
Child Health and Human Development Extramural Research	93.865		23,278	
Medical Library Assistance	93.879		261,960	
Pass-Through From University of Maryland	93.879			(12)
Pass-Through From Vanderbilt University	93.879			46,198
Rural Health Care Services Outreach and Rural Health Network Development Program and Small Health Care Provider Quality Improvement Programs	93.912		242,247	
Grants to States for Operation of Offices of Rural Health	93.913		190,566	
HIV Emergency Relief Project Grants	93.914			
Pass-Through From City of Norfolk	93.914			116,644
HIV Care Formula Grants	93.917		49,261,305	
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918		1,116,199	
Ryan White HIV/AIDS Dental Reimbursements\Community Based Dental Partnership Grants	93.924		4,030	
Healthy Start Initiative	93.926		850,109	
Special Projects of National Significance	93.928		809,304	
HIV Prevention Activities-Health Department Based	93.940		9,466,235	
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	93.944		2,573,503	
Assistance Programs for Chronic Disease Prevention and Control	93.945		798,089	
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	93.946		140,183	
Block Grants for Community Mental Health Services	93.958		11,190,188	
Block Grants for Prevention and Treatment of Substance Abuse	93.959		41,339,054	
PPHF Geriatric Education Centers	93.969		486,698	
Preventive Health Services-Sexually Transmitted Diseases Control Grants	93.977		1,708,774	
Preventive Health Services-Sexually Transmitted Diseases Research, Demonstrations, and Public Information and Education Grants	93.978		426,773	
Cooperative Agreements for State-Based Diabetes Control Programs and Evaluation of Surveillance Systems	93.988		118,998	
Preventive Health and Health Services Block Grant	93.991		585,624	
Maternal and Child Health Services Block Grant to the States	93.994		11,307,634	
Other Assistance:				
Avian Influenza	93.000	AG-6395-P-15-0328	86,901	
Center for Disease Control-Fiscal Year 15-Communication Strategies for Effective Public Health Intervention Training	93.000	209760 203206	16,305	
Center for Disease Control-Fiscal Year 15-Crafting Success Stories for Effective Communication Training	93.000	209757	4,559	
Center for Disease Control-Fiscal year 15-Data Interpretation in Program Evaluation Training	93.000	209748	2,506	
Center for Disease Control-Fiscal Year 15-Data Interpretation in Program Evaluation Training	93.000	209759	5,414	
Center for Disease Control-Fiscal Year 15-Persuasion Theories for Public Health Communication Practice Training	93.000	209749	4,442	
Center for Disease Control-Fiscal Year 15-Persuasion Theories for Public Health Communication Practice Training	93.000	209755	2,569	
Center for Disease Control-Fiscal Year 15-Qualitative Research Approaches for Public Health Communication, Marketing and Education Training	93.000	209756	6,618	
FDA Tobacco Compliance Checks	93.000	Contract # HHSF223201110080C	128,858	
Feed Inspection	93.000	HHSF223201310094C	25,244	
Food Inspection	93.000	HHSF223201310075C	500,256	
Food Inspection	93.000	HHSF223201400088C	14,182	
Mammography	93.000	HHSF223201210123C	161,572	
NIMH Neuropathology	93.000	HHSN271201300584P	194,074	
Tissue Inspection	93.000	HHSF22320130032I	625	
US Department of Health and Human Services-Fiscal Year 15-Professional Writing Workshop	93.000	209761	2,844	
Vital Statistics Program	93.000	200-2012-50846	480,811	
Pass-Through From JBS International, Incorporated	93.000	HHSS2832007000031 203227		2,642
Pass-Through From JBS International, Incorporated	93.000	HHSS2832007000031 203178		4,527
Pass-Through From JBS International, Incorporated	93.000	HHSS2832007000031 203197		5,050
Total Non-Stimulus			828,667,356	9,522,980

COMMONWEALTH OF VIRGINIA
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2015

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Stimulus (ARRA):				
Special Programs for the Aging-Title IV-and Title II-Discretionary Projects - ARRA	93.048		14,041	
Health Information Technology Regional Extension Centers Program - ARRA	93.718			
Pass-Through From VHQC	93.718			12,653
Total Stimulus (ARRA)			14,041	12,653
Total Excluding Clusters Identified Below			828,681,397	9,535,633
Aging Cluster:				
Special Programs for the Aging-Title III, Part B-Grants for Supportive Services and Senior Centers	93.044		11,563,590	
Special Programs for the Aging-Title III, Part C-Nutrition Services	93.045		12,410,421	
Nutrition Services Incentive Program	93.053		2,128,830	
Total Aging Cluster			26,102,841	-
CCDF Cluster:				
Child Care and Development Block Grant	93.575		79,609,928	
Pass-Through From Child Development Resources, Incorporated	93.575			228,780
Pass-Through From Virginia Early Childhood Foundation	93.575			13,219
Child Care Mandatory and Matching Funds of the Child Care and Development Fund	93.596		64,719,870	
Total CCDF Cluster			144,329,798	241,999
Hurricane Sandy Relief Cluster:				
HHS Programs for Disaster Relief Appropriations Act - Non Construction	93.095			
Pass-Through From Rowan University	93.095			31,465
Total Hurricane Sandy Relief Cluster			-	31,465
Medicaid Cluster:				
State Medicaid Fraud Control Units	93.775		8,611,600	
State Survey and Certification of Health Care Providers and Suppliers (Title XVIII Medicare)	93.777		7,627,425	
Medical Assistance Program	93.778		4,416,883,695	
Total Medicaid Cluster			4,433,122,720	-
Student Financial Assistance Programs Cluster:				
Nurse Faculty Loan Program (NFLP)	93.264		535,478	
Health Professions Student Loans, Including Primary Care Loans/Loans for Disadvantaged Students	93.342		9,251,873	
Nursing Student Loans	93.364		2,048,016	
Total Student Financial Assistance Programs Cluster			11,835,367	-
TANF Cluster:				
Temporary Assistance for Needy Families	93.558		103,152,107	
Total TANF Cluster			103,152,107	-
Research and Development Cluster:				
Non-Stimulus:				
Alzheimer's Disease Demonstration Grants to States	93.051		81,721	
Birth Defects and Developmental Disabilities - Prevention and Surveillance	93.073			
Pass-Through From Operation Smile, Incorporated	93.073			6,329

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074		6,591	
Family Smoking Prevention and Tobacco Control Act Regulatory Research	93.077		3,681,940	
Pass-Through From Pennsylvania State University	93.077			2,780
Pass-Through From University of Alabama	93.077			2,148
Pass-Through From University Of Maryland	93.077			103,488
Food and Drug Administration-Research	93.103		204,641	
Pass-Through From Georgia Institute of Technology	93.103			139,299
Pass-Through From University of Pennsylvania	93.103			6
Maternal and Child Health Federal Consolidated Programs	93.110		856,076	
Pass-Through From Association of University Centers on Disabilities	93.110			3,040
Pass-Through From North Shore University Health Systems	93.110			120,183
Pass-Through From The Children's Hospital of Philadelphia	93.110			19,361
Pass-Through From Thomas Jefferson University	93.110			1,266
Environmental Health	93.113		1,142,356	
Pass-Through From Georgetown University Medical Center	93.113			108,501
Pass-Through From Luna Innovations Incorporated	93.113			53,153
Pass-Through From The University of Texas at Arlington	93.113			15,898
Pass-Through From University of Illinois at Chicago	93.113			30,516
Pass-Through From Wake Forest University	93.113			78,626
Oral Diseases and Disorders Research	93.121		1,695,562	
Pass-Through From Emory University	93.121			31,535
Pass-Through From Georgia Institute of Technology	93.121			(34)
Pass-Through From Medical University of South Carolina	93.121			45,698
Injury Prevention and Control Research and State and Community Based Programs	93.136		1,103,931	
Pass-Through From Johns Hopkins University	93.136			32,227
NIEHS Superfund Hazardous Substances-Basic Research and Education	93.143		310,831	
Human Genome Research	93.172		357,675	
Pass-Through From University of Utah	93.172			77,310
Research Related to Deafness and Communication Disorders	93.173		2,512,875	
Pass-Through From University of Louisville Research Foundation, Incorporated	93.173			128,556
Disabilities Prevention	93.184			
Pass-Through From The Children's Hospital of Philadelphia	93.184			28,373
Telehealth Programs	93.211		366,233	
Research and Training in Complementary and Integrative Medicine	93.213		741,836	
Pass-Through From Massachusetts General Hospital	93.213			9,961
Pass-Through From Wayne State University	93.213			68,182
Research on Healthcare Costs, Quality and Outcomes	93.226		1,901,392	
Pass-Through From RAND Corporation	93.226			80,018
Pass-Through From University of Chicago	93.226			39,021
Pass-Through From University Of Illinois	93.226			34,376
National Center on Sleep Disorders Research	93.233		236,765	
Pass-Through From Brigham and Women's Hospital, Incorporated	93.233			49,494
State Capacity Building	93.240		1,013	
Mental Health Research Grants	93.242		9,581,284	
Pass-Through From Boston University	93.242			63,873
Pass-Through From Brown University	93.242			57,393
Pass-Through From Indiana University	93.242			180,167
Pass-Through From Michigan State University	93.242			60,153
Pass-Through From RAND Corporation	93.242			18,668
Pass-Through From Research Foundation for Mental Hygiene	93.242			6,042
Pass-Through From Rhode Island Hospital	93.242			188,257
Pass-Through From The Salk Institute for Biological Studies	93.242			13,314
Pass-Through From Trustees of University of Columbia	93.242			542
Pass-Through From University of California, Berkeley	93.242			29,255
Pass-Through From University of North Carolina at Chapel Hill	93.242			154,630

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From University of Pittsburgh	93.242			10,690
Substance Abuse and Mental Health Services-Projects of Regional and National Significance	93.243		85,610	
Pass-Through From Morehouse School of Medicine	93.243			6,071
Advanced Nursing Education Grant Program	93.247		218,836	
Occupational Safety and Health Program	93.262		893,227	
Pass-Through From Johns Hopkins University	93.262			93
Pass-Through From Northeast Center for Agriculture & Occupational Safety	93.262			9,576
Pass-Through From University of Kentucky	93.262			10,909
Comprehensive Geriatric Education Program (CGEP)	93.265		280,560	
Alcohol Research Programs	93.273		8,275,916	
Pass-Through From Marquette University	93.273			577
Pass-Through From The Research Foundation of State University of New York	93.273			133,342
Pass-Through From University of Washington	93.273			16,624
Drug Abuse and Addiction Research Programs	93.279		16,375,498	
Pass-Through From American Institutes for Research	93.279			12,999
Pass-Through From Arizona State University	93.279			252,698
Pass-Through From Barron Associates, Incorporated	93.279			24,045
Pass-Through From Brigham and Women's Hospital Incorporated	93.279			18,757
Pass-Through From Davidson College	93.279			5,006
Pass-Through From Duke University	93.279			16,320
Pass-Through From Florida International University	93.279			11,063
Pass-Through From Johns Hopkins University	93.279			243,614
Pass-Through From Lund University	93.279			69,516
Pass-Through From Michigan State University	93.279			7,994
Pass-Through From Organix Incorporated	93.279			42,336
Pass-Through From Research Foundation for Mental Hygiene Incorporated	93.279			11,539
Pass-Through From Research Triangle Institute	93.279			101,380
Pass-Through From Scripps Research Institute	93.279			333,905
Pass-Through From Seton Hall University	93.279			187,236
Pass-Through From Southern Research Institute	93.279			12,779
Pass-Through From The University of Texas	93.279			532,993
Pass-Through From University of North Carolina at Chapel Hill	93.279			48,533
Pass-Through From University of North Texas Health Science	93.279			305,182
Pass-Through From University of Pittsburgh	93.279			237,133
Pass-Through From University of Washington	93.279			128,418
Pass-Through From Yale University	93.279			369,646
Pass-Through From University of Kentucky	93.279			177,132
Mental Health Research Career/Scientist Development Awards	93.281		333,486	
Centers for Disease Control and Prevention-Investigations and Technical Assistance	93.283		24,309	
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286		1,442,018	
Pass-Through From University of California, Santa Barbara	93.286			6,446
Pass-Through From University of Iowa	93.286			90,321
Pass-Through From Wake Forest University Health Sciences	93.286			21,184
Minority Health and Health Disparities Research	93.307		2,384,561	
Pass-Through From City College of New York	93.307			35,196
Pass-Through From University of Michigan	93.307			8,760
Trans-NIH Research Support	93.310		4,659,495	
Pass-Through From Case Western Reserve University	93.310			84,224
Pass-Through From City College of New York	93.310			11,700
National Center for Advancing Translational Sciences	93.350		3,504,219	
Pass-Through From Dartmouth College	93.350			32,565
Pass-Through From Medical Cyberworlds, Incorporated	93.350			7,859
Research Infrastructure Programs	93.351		1,105,181	
Nurse Education, Practice Quality and Retention Grants	93.359		373,159	
Nursing Research	93.361		1,761,117	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From Cincinnati Children's Hospital	93.361			13,321
Pass-Through From Cubist Pharmaceuticals, Incorporated	93.361			26,704
Pass-Through From Medical University of South Carolina	93.361			6,570
Pass-Through From Rhode Island Hospital	93.361			12,001
Pass-Through From University of Maryland	93.361			170,835
National Center for Research Resources	93.389			
Pass-Through From University of Georgia	93.389			92,091
Cancer Cause and Prevention Research	93.393		7,915,266	
Pass-Through From American Legacy Foundation	93.393			1,611
Pass-Through From Duke University	93.393			71,105
Pass-Through From Fred Hutchinson Cancer Research Center	93.393			4,832
Pass-Through From International Tobacco Control Policy Research Program	93.393			13,758
Pass-Through From San Diego State University Research Foundation	93.393			31,100
Pass-Through From University of Arizona	93.393			106,894
Pass-Through From University of Miami	93.393			659
Pass-Through From University of Michigan	93.393			21,651
Cancer Detection and Diagnosis Research	93.394		3,821,582	
Pass-Through From American College of Radiology Imaging Network	93.394			15,332
Pass-Through From Georgetown University	93.394			69,806
Pass-Through From Johns Hopkins University	93.394			142,208
Pass-Through From Luna Innovations Incorporated	93.394			109,285
Pass-Through From Rutgers, The State University of New Jersey	93.394			158,443
Pass-Through From University of California Los Angeles	93.394			197,909
Cancer Treatment Research	93.395		6,174,347	
Pass-Through From American College of Radiology	93.395			31,572
Pass-Through From Brigham and Women's Hospital, Incorporated	93.395			1,806
Pass-Through From Fred Hutchinson Cancer Research Center	93.395			3,923
Pass-Through From Georgetown University	93.395			62,412
Pass-Through From H Lee Moffit Cancer Center and Research Institute	93.395			17,987
Pass-Through From Leidos Incorporated	93.395			63,458
Pass-Through From Mayo Clinic Rochester	93.395			11,405
Pass-Through From National Surgical Adjuvant Breast and Bowel Program	93.395			1,602
Pass-Through From NRG Oncology Foundation Incorporated	93.395			228
Pass-Through From Pennsylvania State University	93.395			606,456
Pass-Through From Progenra Incorporated	93.395			12,631
Pass-Through From Sanford-Burnham Medical Research Institute	93.395			92,289
Pass-Through From Temple University	93.395			334,796
Pass-Through From The Children's Hospital of Philadelphia	93.395			39,450
Pass-Through From University of Pennsylvania	93.395			10,908
Pass-Through From University of Pittsburgh	93.395			3,405
Pass-Through From Wake Forest University School of Medicine	93.395			13,185
Cancer Biology Research	93.396		7,738,517	
Pass-Through From Duke University	93.396			12,732
Pass-Through From Georgetown University	93.396			15,950
Pass-Through From Regents of the University of Colorado	93.396			37,629
Cancer Centers Support Grants	93.397		1,668,404	
Pass-Through From Georgetown University Medical Center	93.397			220,238
Pass-Through From Johns Hopkins University	93.397			10,726
Pass-Through From University of Texas M.D. Anderson Cancer Center Science Park	93.397			240,148
Cancer Research Manpower	93.398		1,264,816	
Pass-Through From Temple University	93.398			420,666
Cancer Control	93.399		204,489	
Pass-Through From National Surgical Adjuvant Breast and Bowel Program	93.399			47,136
Pass-Through From University of Michigan	93.399			1,192
Centers for Disease Control and Prevention –Affordable Care Act (ACA) – Communities Putting Prevention to Work	93.520			

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From Cardno Limited	93.520			26,361
Health Promotion and Disease Prevention Research Centers: PPHF; Affordable Care Act Projects	93.542			
Pass-Through From University of Washington	93.542			7,053
Head Start	93.600			
Pass-Through From United Negro College Fund	93.600			25,661
Pass-Through From University of Washington	93.600			937,874
Health Care Innovation Awards (HCIA)	93.610		881,033	
Pass-Through From Association of American Medical Colleges	93.610			192,702
Trans-NIH Recovery Act Research Support	93.701			
Pass-Through From Mount Sinai School of Medicine	93.701			7,604
Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	93.779		10,782	
Pass-Through From Mitre Corporation	93.779			95,916
Cardiovascular Diseases Research	93.837		23,551,689	
Pass-Through From American Lung Association	93.837			975
Pass-Through From Arizona State University	93.837			1,261
Pass-Through From Baylor Research Institute	93.837			41,526
Pass-Through From Children's Hospital Boston	93.837			40,885
Pass-Through From Duke University	93.837			7,810
Pass-Through From Emory University	93.837			816
Pass-Through From Johns Hopkins University	93.837			256,015
Pass-Through From Joslin Diabetes Center Incorporated	93.837			80,591
Pass-Through From La Jolla Institute for Allergy and Immunology	93.837			801,219
Pass-Through From Mayo Clinic Rochester	93.837			8,132
Pass-Through From Mount Sinai School of Medicine	93.837			38,796
Pass-Through From New York University School of Medicine	93.837			(1,101)
Pass-Through From Ohio State University Research Foundation	93.837			4,809
Pass-Through From Puget Sound Blood Center Research Institute	93.837			136
Pass-Through From Rensselaer Polytechnic Institute	93.837			29,489
Pass-Through From Soundpipe, Limited Liability Company	93.837			900
Pass-Through From The Miriam Hospital	93.837			11,796
Pass-Through From University of California, San Diego	93.837			87,629
Pass-Through From University of Connecticut	93.837			211,166
Pass-Through From University of Louisville	93.837			208,577
Pass-Through From University Of Maryland	93.837			403,323
Pass-Through From University of Pittsburgh	93.837			49,964
Pass-Through From University of Rochester	93.837			2,630
Pass-Through From University of Washington	93.837			61,577
Pass-Through From Veterans Medical Research Foundation	93.837			8,374
Pass-Through From Wake Forest University	93.837			583,227
Pass-Through From Wake Forest University Health Sciences	93.837			119,686
Pass-Through From West Virginia University	93.837			89,085
Pass-Through From Yale University	93.837			5,600
Lung Diseases Research	93.838		3,829,570	
Pass-Through From American Lung Association	93.838			29,798
Pass-Through From Case Western Reserve University	93.838			833,934
Pass-Through From Columbia University	93.838			14,302
Pass-Through From Covenant Therapeutics, Limited Liability Company	93.838			29,976
Pass-Through From Duke University	93.838			52,226
Pass-Through From Fred Hutchinson Cancer Research Center	93.838			9,302
Pass-Through From Pennsylvania State University	93.838			5,770
Pass-Through From Seattle Children's Hospital	93.838			1,003
Pass-Through From University of Washington	93.838			27,206
Pass-Through From Wake Forest University	93.838			6,724
Pass-Through From Wake Forest University Health Sciences	93.838			6,456
Pass-Through From Xemed Limited Liability Company	93.838			241,404

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Blood Diseases and Resources Research	93.839		4,051,399	
Pass-Through From Childhood Cancer Foundation	93.839			10,208
Pass-Through From Dana Farber Cancer Institute	93.839			2,439
Pass-Through From HemoSonics, Limited Liability Company	93.839			4,745
Pass-Through From Ohio State University Research Foundation	93.839			37,001
Pass-Through From Wake Forest University	93.839			46,258
Pass-Through From Washington University in St. Louis	93.839			1,183
Arthritis, Musculoskeletal and Skin Diseases Research	93.846		5,255,781	
Pass-Through From Cell and Tissue Systems Incorporated	93.846			35,443
Pass-Through From Indiana University Purdue University Indianapolis	93.846			106,982
Pass-Through From Miami University	93.846			49,403
Pass-Through From Ohio State University	93.846			20,900
Pass-Through From Rivanna Medical Limited Liability Company	93.846			19,999
Pass-Through From University of Pittsburgh	93.846			20,551
Pass-Through From Washington University in St. Louis	93.846			17,064
Diabetes, Digestive and Kidney Disease Extramural Research	93.847		18,282,650	
Pass-Through From Arkansas Children's Hospital Research Institute	93.847			5,116
Pass-Through From Baylor College of Medicine	93.847			89,631
Pass-Through From Biotherapeutics Incorporated	93.847			53,904
Pass-Through From Children's Research Institute	93.847			(1,847)
Pass-Through From Georgia Health Sciences University	93.847			32,144
Pass-Through From Johns Hopkins University	93.847			2,838
Pass-Through From Joslin Diabetes Center Incorporated	93.847			31,045
Pass-Through From Massachusetts General Hospital	93.847			9,997
Pass-Through From Mayo Clinic Rochester	93.847			53,013
Pass-Through From Northwestern University	93.847			2,257
Pass-Through From Pennington Biomedical Research Center	93.847			25,584
Pass-Through From Pennsylvania State University	93.847			7,375
Pass-Through From Rensselaer Polytechnic Institute	93.847			34,731
Pass-Through From Temple University	93.847			31,764
Pass-Through From The Children's Hospital of Philadelphia	93.847			8,687
Pass-Through From University of California, Santa Barbara	93.847			202,758
Pass-Through From University of Maryland	93.847			248,626
Pass-Through From University of North Carolina at Chapel Hill	93.847			14,861
Pass-Through From University of South Florida	93.847			312,745
Pass-Through From University of Tennessee	93.847			19,417
Pass-Through From University of Texas Southwestern Medical Center at Dallas	93.847			79,090
Pass-Through From University of Toledo	93.847			(934)
Pass-Through From Wake Forest University	93.847			198,912
Pass-Through From Wake Forest University Health Sciences	93.847			7,900
Digestive Diseases and Nutrition Research	93.848		669,690	
Pass-Through From University of Texas Southwestern Medical Center at Dallas	93.848			19,902
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853		14,411,626	
Pass-Through From Barron Associates, Incorporated	93.853			22,467
Pass-Through From Beth Israel Deaconess Medical Center	93.853			8,300
Pass-Through From Chicago Association for Research and Education in Science	93.853			21,730
Pass-Through From Children's National Medical Center	93.853			32,440
Pass-Through From Columbia University	93.853			125,356
Pass-Through From Emory University	93.853			57,015
Pass-Through From Georgia State University	93.853			87,582
Pass-Through From Johns Hopkins University	93.853			51,003
Pass-Through From Mayo Clinic	93.853			217,088
Pass-Through From Mount Sinai School of Medicine	93.853			66,443
Pass-Through From Northwestern University	93.853			43,664
Pass-Through From University of California at San Francisco	93.853			232,486

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From University of Cincinnati	93.853			51,135
Pass-Through From University of Maryland	93.853			163,042
Pass-Through From University of Medicine and Dentistry of New Jersey	93.853			9,757
Pass-Through From University of Michigan	93.853			64,795
Pass-Through From University of North Carolina, Chapel Hill	93.853			47,153
Pass-Through From University of Pittsburgh	93.853			75,393
Pass-Through From Yale University	93.853			4,470
Pass-Through From Yeshiva University	93.853			304,919
Allergy and Infectious Diseases Research	93.855		24,992,745	
Pass-Through From Alexander BioDiscoveries, Limited Liability Company	93.855			330,508
Pass-Through From Baylor College of Medicine	93.855			70,569
Pass-Through From Brigham and Women's Hospital, Incorporated	93.855			42,312
Pass-Through From Cincinnati Children's Hospital	93.855			237,949
Pass-Through From Duke University	93.855			303,790
Pass-Through From Emory University	93.855			60,164
Pass-Through From George Washington University	93.855			35,423
Pass-Through From IASIS Molecular Sciences Limited Liability Company	93.855			40,957
Pass-Through From Indiana University	93.855			56,842
Pass-Through From Infectious Disease Research Institute	93.855			71,025
Pass-Through From Institute of Clinical Research	93.855			80,405
Pass-Through From Johns Hopkins University	93.855			151,696
Pass-Through From Mayo Clinic	93.855			532
Pass-Through From National Jewish Health	93.855			48,209
Pass-Through From Oregon Health & Science University	93.855			7,858
Pass-Through From Sequella, Incorporated	93.855			229,941
Pass-Through From Techlab Research	93.855			2,918
Pass-Through From University of Alabama	93.855			37,755
Pass-Through From University of Colorado	93.855			166,997
Pass-Through From University of Maryland	93.855			659,553
Pass-Through From University of Missouri	93.855			2,248
Pass-Through From University of North Carolina at Chapel Hill	93.855			75,411
Pass-Through From University of Notre Dame	93.855			47,624
Pass-Through From University of Oregon	93.855			36,478
Pass-Through From University of Pittsburgh	93.855			228,838
Pass-Through From University of Rochester	93.855			93,810
Pass-Through From University of South Carolina	93.855			26,697
Pass-Through From University of Washington	93.855			28,598
Pass-Through From University of Wisconsin	93.855			39,806
Microbiology and Infectious Diseases Research	93.856		583,252	
Biomedical Research and Research Training	93.859		23,121,057	
Pass-Through From Albert Einstein College of Medicine	93.859			302,666
Pass-Through From Baylor College of Medicine	93.859			11,684
Pass-Through From Baylor University	93.859			25,000
Pass-Through From Georgetown University	93.859			8,544
Pass-Through From Hauptman-Woodward Medical Research Institute, Incorporated	93.859			267,181
Pass-Through From IP Advantage, Limited Liability Company	93.859			48,898
Pass-Through From Lynntech Incorporated	93.859			162,168
Pass-Through From Novion Technologies	93.859			47,471
Pass-Through From Ohio State University	93.859			39,871
Pass-Through From Rutgers, The State University of New Jersey	93.859			104,895
Pass-Through From Sanford-Burnham Medical Research Institute	93.859			194,792
Pass-Through From SphynKx Therapeutics, Limited Liability Company	93.859			64,021
Pass-Through From The Trustees of Columbia University in the City of New York	93.859			19,504
Pass-Through From University of Alabama	93.859			49,049
Pass-Through From University of Chicago	93.859			342,815

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Pass-Through From University of Illinois	93.859			135,169
Pass-Through From University of Newcastle upon Tyne	93.859			55,281
Pass-Through From University of North Carolina at Chapel Hill	93.859			20,112
Pass-Through From University of Philadelphia	93.859			34,112
Pass-Through From University of Texas Southwestern Medical Center at Dallas	93.859			107,672
Pass-Through From University of Utah	93.859			274,649
Pass-Through From University of Wisconsin Madison	93.859			15,291
Child Health and Human Development Extramural Research	93.865		9,948,653	
Pass-Through From Barron Associates, Incorporated	93.865			100,512
Pass-Through From Boston University	93.865			128,529
Pass-Through From Cedars-Sinai Medical Center	93.865			89,692
Pass-Through From Cincinnati Children's Hospital	93.865			76,527
Pass-Through From Duke University	93.865			312
Pass-Through From Indiana University	93.865			14,914
Pass-Through From Johns Hopkins University	93.865			262,461
Pass-Through From Northeastern University	93.865			63,338
Pass-Through From Seattle Children's Research Institute	93.865			31,697
Pass-Through From Temple University	93.865			185,224
Pass-Through From The Regents of the University of California	93.865			49,661
Pass-Through From University of California, Los Angeles	93.865			144,383
Pass-Through From University of Minnesota	93.865			83,020
Pass-Through From University of Texas at Dallas	93.865			47,735
Pass-Through From Yale University	93.865			205,976
Aging Research	93.866		2,712,312	
Pass-Through From Barron Associates, Incorporated	93.866			6,285
Pass-Through From Boston College	93.866			9,181
Pass-Through From Boston University	93.866			7,362
Pass-Through From Empirical Technologies Corporation	93.866			8,520
Pass-Through From Parabon Computation, Incorporated	93.866			68,599
Pass-Through From Rush University Medical Center	93.866			134,163
Pass-Through From Texas A&M University	93.866			12,606
Pass-Through From University of California San Diego	93.866			123,776
Pass-Through From University of Chicago	93.866			35,236
Pass-Through From University Of Maryland	93.866			50,427
Pass-Through From University of Oklahoma	93.866			19,566
Pass-Through From University of Pittsburgh	93.866			22,567
Pass-Through From University of Washington	93.866			30,516
Pass-Through From Wake Forest University	93.866			24,526
Vision Research	93.867		2,462,497	
Pass-Through From Barron Associates	93.867			17,894
Pass-Through From Harvey Mudd College	93.867			1,504
Pass-Through From Jaeb Center for Health Research	93.867			7,115
Pass-Through From St. Luke's-Roosevelt Institute for Health Sciences	93.867			9
Pass-Through From University of Alabama at Birmingham	93.867			266,284
Pass-Through From University of Maryland	93.867			23,092
Pass-Through From University of Oklahoma Health Sciences Center	93.867			22,888
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Program	93.912		27,925	
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918		86,064	
International Research and Research Training	93.989		903,962	
Pass-Through From The Aga Khan University	93.989			11,145
Other Assistance:				
Agreement for Lisa Chin	93.000	202939	71,513	
Computerized Social-Emotional Assessment Battery for School Readiness	93.000	202588	34,731	
Computerized Social-Emotional Assessment Battery for School Readiness	93.000	203236	26,901	
Fiscal Year 14 Agreement-Randall Keyser	93.000	203107	20,965	

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Food and Drug Administration Tobacco Regulatory Science Fellowship	93.000	202950	20,177	
FY 15 Agreement- Randall Keyser	93.000	203414	32,553	
John Collins Interagency Personnel Agreement	93.000	203359	28,198	
Liansheng Tang	93.000	203263	72,647	
Research Support for Food and Drug Administration Youth Tobacco Education Campaigns	93.000	203293	29,056	
Other Assistance	93.000	200-2014-59646	73,933	
Other Assistance	93.000	200-2014-59669	175,173	
Other Assistance	93.000	HHSN272200900040C	3,162,200	
Other Assistance	93.000	HHSN272201000056C	2,051,101	
Other Assistance	93.000	HHSN275201100015C	196,827	
Other Assistance	93.000	LOG-200-2011-40313	263,792	
Other Assistance	93.000	NIH-NIAID - HHSN272201000056C	52,497	
Pass-Through From George Washington University School	93.000	13-M65		8,127
Pass-Through From Health Research and Educational Trust	93.000	203147		15,414
Pass-Through From JBS International, Incorporated	93.000	HHSS283200700003I/HHSS28300002T 203386		57,701
Pass-Through From SRA International, Incorporated	93.000	203230		42,152
Pass-Through From The Arc of the United States	93.000	1 203439		5,021
Pass-Through From The Arc of the United States	93.000	2 203440		5,054
Pass-Through From The EMMES Corporation	93.000	AGREEMENT 3610		353,393
Pass-Through From The EMMES Corporation	93.000	EMMES SUBCONTRACT AGMT SMARTPH		18,301
Pass-Through From The EMMES Corporation	93.000	SUBCONTRCT UNIFORM NATURALISTI		17,652
Pass-Through From Unified Prevention Coalition of Fairfax County	93.000	203404		24,555
Pass-Through From University of Chicago	93.000	FP043521-02-A		1,293,871
Pass-Through From University of Minnesota Twin Cities	93.000	LOG-P003398401		392,611
Pass-Through From University of Washington	93.000	INV689546		1,650
Pass-Through From Virginia Center for Health Innovation	93.000	203468		53,982
Pass-Through From Westat, Incorporated	93.000	Evaluation 203315		14,940
Pass-Through From Westat, Incorporated	93.000	Evaluation Year 2 203407		11,893
Total Non-Stimulus			237,382,286	28,801,423
Stimulus (ARRA):				
Trans-NIH Recovery Act Research Support	93.701			
Pass-Through From American College of Radiology	93.701			35,342
Pass-Through From The Emmes Corporation	93.701			25,248
Total Stimulus (ARRA)			-	60,590
Total Research and Development Cluster			237,382,286	28,862,013
Total U.S. Department of Health and Human Services			5,784,606,516	38,671,110
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE				
State Commissions	94.003		250,887	
AmeriCorps - ARRA	94.006		2,921,085	
Program Development and Innovation Grants	94.007		16,423	
Training and Technical Assistance	94.009		2,623	
Volunteers in Service to America	94.013		8,161	
Volunteer Generation Fund	94.021		16,503	
Total Excluding Clusters Identified Below			3,215,682	-
Research and Development Cluster:				
Social Innovation Fund	94.019			
Pass-Through From WINGS for kids, Incorporated	94.019			511,682

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Other Assistance	94.000	DCKA-2014-C-0032	4,529	
Total Research and Development Cluster			4,529	511,682
Total Corporation for National and Community Service			3,220,211	511,682
EXECUTIVE OFFICE OF THE PRESIDENT				
High Intensity Drug Trafficking Areas Program	95.001		104,741	
Total Executive Office of the President			104,741	-
SOCIAL SECURITY COMMISSION				
Disability Insurance/SSI Cluster:				
Social Security-Disability Insurance	96.001		44,777,449	
Total Disability Insurance/SSI Cluster			44,777,449	-
Research and Development Cluster:				
Social Security-Research and Demonstration	96.007		8,475	
Pass-Through From Mathematica Policy Research	96.007			81,633
Total Research and Development Cluster			8,475	81,633
Total Social Security Commission			44,785,924	81,633
DEPARTMENT OF HOMELAND SECURITY				
Boating Safety Financial Assistance	97.012		1,436,639	
Community Assistance Program State Support Services Element (CAP-SSSE)	97.023		454,864	
Flood Mitigation Assistance	97.029		105,039	
Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036		31,925,469	
Hazard Mitigation Grant	97.039		4,790,840	
National Dam Safety Program	97.041		541,083	
Emergency Management Performance Grants	97.042		6,834,155	
State Fire Training Systems Grants	97.043		22,225	
Cooperating Technical Partners	97.045		62,239	
Pre-Disaster Mitigation	97.047		64,423	
Port Security Grant Program	97.056		42,670	
Scientific Leadership Awards	97.062		70,672	
Homeland Security Grant Program	97.067		9,865,169	
Pass-Through From District of Colombia	97.067			562,537
Pass-Through From Office of the Deputy Major Public Safety	97.067			1,670,159
Pass-Through From Richmond City	97.067			7,841
Metropolitan Medical Response System	97.071			
Pass-Through From Metropolitan Medical Response System	97.071			39,225
Homeland Security Outreach, Education, and Technical Assistance	97.086		563,166	
Repetitive Flood Claims	97.092		122,036	
Homeland Security-related Science, Technology, Engineering and Mathematics (HS STEM) Career Development Program	97.104		57,016	
Pass-Through From Texas AgriLife Research	97.104			28,157
Severe Loss Repetitive Program	97.110		1,112,442	
Regional Catastrophic Preparedness Grant Program	97.111		1,272,240	
Pass-Through From District of Columbia	97.111			114,000
Interoperable Communications and Training Project	97.124		149,460	
Other Assistance:				

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Continuity of Operations Plan Site Telework Center Fiscal Year 2010	97.000	201876	1,554	
Department of Homeland Security-Federal Emergency Management Agency-Fiscal Year 15-Business Writing Training Online	97.000	209750	10,368	
Department of Homeland Security-Federal Emergency Management Agency-FY15-Professional Writing Training	97.000		3,289	
Other Assistance	97.000	IPA SIGNED 12/13/10 & 6/4/12	145,072	
Other Assistance	97.000		16,096	
Total Excluding Clusters Identified Below			59,668,226	2,421,919
Research and Development Cluster:				
Hazard Mitigation Grant	97.039		152,838	
Centers for Homeland Security	97.061			
Pass-Through From Ceres Nanosciences, Incorporated	97.061			51,745
Pass-Through From Electric Power Research Institute	97.061			58,864
Pass-Through From Texas AgriLife Research	97.061			50,395
Pass-Through From University Of Maryland	97.061			233,669
Homeland Security Grant Program	97.067			
Pass-Through From Arlington County	97.067			65,342
Staffing for Adequate Fire and Emergency Response (SAFER)	97.083			
Pass-Through From International Association of Fire Chiefs	97.083			20,720
Homeland Security, Research, Testing, Evaluation, and Demonstration of Technologies	97.108		2,665	
Other Assistance:				
Higher Education Initiative	97.000	202825	249,965	
Higher Education Initiative	97.000	203100	147	
Higher Education Initiative	97.000	203347	6,390	
Tools for Automated Detection and Assessment of Security Vulnerabilities in Mobile Applications	97.000	203368	9,264	
Pass-Through From Maryland Department of the Environment	97.000	U00P5400403		23,489
Pass-Through From Schafer Corporation	97.000	203042		26,348
Pass-Through From Trustees of Purdue University	97.000	203067		154,947
Pass-Through From University Of Maryland	97.000	203432		32,679
Pass-Through From University Of Maryland	97.000	203519		3,246
Pass-Through From Virginia Fire Chiefs Association	97.000	202915		24,556
Total Research and Development Cluster			421,269	746,000
Total Department of Homeland Security			60,089,495	3,167,919
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT				
USAID Development Partnerships for University Cooperation and Development	98.012			
Pass-Through From Michigan State University	98.012			110,878
Other Assistance:				
Georgian-Abkhaz and Georgian-Ossetian People-to-People Reconciliation	98.000	203271	28,246	
Georgian-Abkhaz and Georgian-Ossetian People-to-People Reconciliation	98.000	203270	374,116	
Total Excluding Clusters Identified Below			402,362	110,878
Research and Development Cluster:				
USAID Foreign Assistance for Programs Overseas	98.001		12,476,867	
Pass-Through From Institute of International Education	98.001			98,925
Pass-Through From International Potato Center	98.001			49,405
Pass-Through From Kansas State University	98.001			57,234
Pass-Through From Michigan State University	98.001			42,746
Pass-Through From Ohio State University	98.001			524,585
Pass-Through From Oregon State University	98.001			14,916
Pass-Through From Winrock International	98.001			86,578
Pass-Through From Woods Hole Research Center	98.001			57,951
Pass-Through From Yale University	98.001			43,943

Federal Department/Program/Federal Pass-Through Entity	CFDA#	Other Identifying Numbers	Direct Cost	Indirect Cost
Global Development Alliance	98.011			
Pass-Through From Tibetan Buddhist Resource Center	98.011			47,168
USAID Development Partnerships for University Cooperation and Development	98.012		95,905	
Pass-Through From American Council on Education	98.012			171,353
Pass-Through From Michigan State University	98.012			406,955
Pass-Through From North Carolina State University	98.012			76,752
Pass-Through From University of California, Davis	98.012			17,739
Pass-Through From University of Georgia	98.012			63,786
Other Assistance:				
Other Assistance	98.000	685-A-00-10-00194-00	4,091,467	
Other Assistance	98.000	AID-OAA-LA-10-00008	99,853	
Pass-Through From International Food Policy Research	98.000	RESEARCH CONTRACT 2011X383.VPI		170,526
Pass-Through From Purdue University	98.000	41060000-8000021024		112,974
Total Research and Development Cluster			16,764,092	2,043,536
Total U.S. Agency for International Development			17,166,454	2,154,414
OTHER FEDERAL ASSISTANCE				
Other Assistance:				
Central Intelligence Agency-Fiscal Year 14-Big Data Solutions Certificate	99.000	2 209770	5,805	
Central Intelligence Agency-Fiscal Year 14-Systems Engineering Certificate	99.000	2 209771	9,583	
Central Intelligence Agency-Fiscal Year 15-Big Data Certificate	99.000	209763	14,513	
Central Intelligence Agency-Fiscal Year 15-Systems Engineering Certificate	99.000	209764	27,574	
Central Intelligence Agency-Fiscal Year15-Big Data Certificate-Spring	99.000	209753	11,610	
Central Intelligence Agency-Fiscal Year15-Lecture Series: Cyber Fluency	99.000	209762	32,859	
Central Intelligence Agency-Fiscal Year15-System Engineering Certificate for Spring	99.000	209754	22,930	
Electronic Burial Register Revisions	99.000	203460	35,651	
Pass-Through From National History Day Incorporated	99.000	203292		62,042
Pass-Through From University of North Carolina, Chapel Hill	99.000	555076		24,401
Total Excluding Clusters Identified Below			160,525	86,443
Research and Development Cluster:				
Other Assistance:				
Pass-Through From The Bode Technology Group, Incorporated	99.000	203430		5,721
Cyber Attack Signature Analysis	99.000	203342	9,748	
Federal Deposit Insurance Corporation Ramirez Visiting Scholar	99.000	203360	43,714	
Federal Deposit Insurance Corporation Ramirez Visiting Scholar	99.000	203527	5,188	
Federal Deposit Insurance Corporation Ramirez Visiting Scholar	99.000	203234	26,137	
United States Postal Service Office of the Inspector General - Ames Finkelstein	99.000	202727	12,647	
Total Research and Development Cluster			97,434	5,721
Total Other Federal Assistance			257,959	92,164
Total Federal Grantor Agencies			12,944,360,253	104,160,120

The accompanying notes to the Schedule of Federal Expenditures of Federal Awards are an integral part of this schedule.

COMMONWEALTH OF VIRGINIA
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2015

1. PURPOSE OF THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, requires a schedule of expenditures of federal awards showing total federal expenditures for each federal financial assistance program as identified in the Catalog of Federal Domestic Assistance (CFDA). The accompanying schedule includes all expenditures of federal awards of the Commonwealth of Virginia's departments, institutions, authorities, and component units except for the entities that were not audited by the Auditor of Public Accounts. Other auditors issued reports for the following organizations within the Commonwealth: Virginia Commonwealth University Health System Authority, Virginia Port Authority and Virginia International Terminals, Institute for Advanced Learning and Research, Virginia Housing Development Authority, Virginia Outdoors Foundation, Virginia Resources Authority, Fort Monroe Authority, Science Museum of Virginia Foundation, Library of Virginia Foundation, and the Commission on Virginia Alcohol Safety Action Program.

2. SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Presentation

The information in the accompanying "Schedule of Expenditures of Federal Awards" is presented in accordance with OMB Circular A-133. The schedule presents a summary of direct and indirect federal financial assistance by federal department and CFDA Number.

Federal Financial Assistance – The Single Audit Act Amendments of 1996 (Public Law 104-156) and OMB Circular A-133 define federal financial assistance as grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, or other assistance. Nonmonetary federal assistance including food stamps, food commodities, and surplus property, is considered federal assistance and, therefore, is reported on the "Schedule of Expenditures of Federal Awards." Federal financial assistance does not include direct federal cash assistance to individuals. Solicited contracts in a vendor relationship between the Commonwealth of Virginia and the federal government for which the federal government procures tangible goods or services are not considered to be federal financial assistance.

Direct Federal Assistance – Assistance received directly from the Federal government or received in a pass-through relationship from other State entities is classified as direct expenditures on the "Schedule of Expenditures of Federal Awards."

Indirect Federal Assistance – Assistance received in a pass-through relationship from entities other than the Federal government or other State entities is classified as indirect expenditures on the "Schedule of Expenditures of Federal Awards."

Major Programs – The Single Audit Act Amendments of 1996 and OMB Circular A-133 establish the criteria to be used in defining major programs. Major programs for the Commonwealth of Virginia were determined using a risk-based approach in accordance with OMB Circular A-133.

Catalog of Federal Domestic Assistance – The Catalog of Federal Domestic Assistance (CFDA) is a government-wide compendium of individual federal programs. Each program included in the catalog is assigned a five-digit program identification number (CFDA Number) and program name. The accompanying schedule and footnotes reflect the program names and CFDA numbers assigned by the www.cfda.gov website.

Cluster of Programs – Closely related programs that share common compliance requirements are grouped into clusters of programs. A cluster of programs is considered as one federal program for determining major programs. The following are the clusters administered by the Commonwealth:

Aging
CCDF (Child Care)
Child Nutrition
Clean Water State Revolving Fund
Disability Insurance/SSI
Drinking Water State Revolving
Economic Development
Employment Service
Federal Transit
Fish and Wildlife
Food Distribution
Forest Service Schools and Roads
Highway Planning and Construction
Highway Safety
Hurricane Sandy Relief
Medicaid
Research and Development
School Improvement Grants
SNAP
Special Education (IDEA)
Student Financial Assistance Programs
TANF
Transit Services Programs
TRIO
Workforce Investment Act (WIA)

Student Financial Assistance and Research and Development clusters expend funds from several federal departments. The amounts expended for these clusters are reported under the appropriate federal department in the accompanying schedule and are also summarized as follows.

The total amount expended for Student Financial Assistance was $1,855,520,158 consisting of the following federal departments:

Federal Department	Amount Expended
Department of Education (Non-Stimulus)	$1,843,684,791
Department of Health and Human Services (Non-Stimulus)	11,835,367
Total	$1,855,520,158

The total direct amount expended for Research and Development was $ 520,834,380 consisting of the following federal departments:

Federal Department	Detail	Amount Expended
Department of Health and Human Services		$ 237,382,286
National Science Foundation - Stimulus ARRA Portion	$ 786,865	
National Science Foundation - Non-Stimulus ARRA Portion	76,717,921	
National Science Foundation Total		77,504,786
Department of Defense		68,617,859
Department of Agriculture		23,756,500
Department of Education - Stimulus ARRA Portion	6,369,111	
Department of Education - Non-Stimulus ARRA Portion	13,924,490	
Department of Education Total		20,293,601
Department of Energy - Stimulus ARRA Portion	80,421	
Department of Energy - Non-Stimulus ARRA Portion	19,581,957	
Department of Energy Total		19,662,378
Department of the Interior		17,329,546
Agency for International Development		16,764,092
Department of Transportation		15,812,672
National Aeronautics and Space Administration		7,455,539
Department of Commerce - Stimulus ARRA Portion	74	
Department of Commerce - Non-Stimulus ARRA Portion	6,687,591	
Department of Commerce Total		6,687,665
Environmental Protection Agency		4,462,425
Department of Justice		1,773,742
National Foundation on the Arts and the Humanities		1,223,037
National Archives and Records Administration		836,442
Department of Homeland Security		421,269
Department of State		285,142
Nuclear Regulatory Commission		194,015
Department of Veterans Affairs		123,037
Other Federal Assistance		97,434
Scholarship and Fellowship Foundations		79,744
Library of Congress		33,528
U.S. Institute of Peace		24,137
Social Security Commission		8,475
Corporation for National and Community Service		4,529
Department of Labor		500
		$ 520,834,380

B. Basis of Accounting

Federal program expenditures included in the accompanying schedule are presented using the cash basis of accounting. Under the cash basis of accounting, expenditures are recognized when paid rather than when the obligation is incurred. Federal non-cash assistance and loan/loan guarantee program activities are presented as described in Notes 2-C and 2-D below.

C. Non-Cash Assistance

The Commonwealth of Virginia participated in several federal programs in which non-cash benefits are provided through the state to eligible program participants. These include:

Food Distribution Programs (CFDA Numbers 10.550, 10.555, 10.558, 10.559, 10.569) The value of food commodities was calculated using the U.S. Department of Agriculture's Food and Nutrition Service commodity price lists. The accompanying schedule includes commodity distributions of:

CFDA #	Non-Stimulus
10.555	$27,393,364
10.558	$ 1,961
10.559	$ 106,393
10.569	$ 8,553,534

The accompanying schedule does not include Commonwealth-stored undistributed food commodities of:

CFDA #	Non-Stimulus
10.550	$ 2,766
10.555	$ 50,427
10.569	$ 16,735

Donation of Federal Surplus Personal Property (CFDA Number 39.003) – Donated federal surplus property is valued at 23.3 percent of the original acquisition cost as assigned by the federal government. The amount included in the accompanying schedule reflects distribution to other governmental entities during the year ended June 30, 2015. Administrative expenditures of $391,279 are not included in the accompanying schedule. The value of surplus property on hand at June 30, 2015 totaled $1,324,664. These amounts represent Non-Stimulus dollars.

Childhood Immunization Grants (CFDA Number 93.268) – The U.S. Department of Health and Human Services purchases and distributes immunizations through McKesson, the federal national distribution vendor, directly to our local health departments. The amount presented in the accompanying schedule reflects the cost of immunizations to the federal government of $60,461,481 (Non-stimulus).

The remaining amount of $5,743,823 (Non-stimulus) is administrative expenditures. The value of inventory on hand at June 30, 2015 is $2,767,065.

D. Loan/Loan Guarantee Programs

Federal Perkins Loans - Federal Capital Contributions (CFDA Number 84.038) – The amount in the accompanying schedule includes administrative costs during the fiscal year as well as the outstanding balance of loans receivable at June 30, 2015.

Federal Direct Loan Program (CFDA Number 84.268) – The amount in the accompanying schedule reflects the value of new Federal Direct Loans disbursed to students during the fiscal year.

Health Professions Student Loans, Including Primary Care Loans/Loans for Disadvantaged Students (CFDA Number 93.342) – The amount in the accompanying schedule includes administrative costs during the fiscal year as well as the outstanding balance of loans receivable at June 30, 2015.

Nurse Faculty Loan Program (CFDA Number 93.264) – The amount in the accompanying schedule includes administrative costs during the fiscal year as well as the outstanding balance of loans receivable at June 30, 2015.

Nursing Student Loans (CFDA Number 93.364) – The amount in the accompanying schedule includes administrative costs during the fiscal year as well as the outstanding balance of loans receivable at June 30, 2015.

Capitalization Grants for Clean Water State Revolving Funds (CFDA Number 66.458) and Capitalization Grants for Drinking Water State Revolving Funds (CFDA Number 66.468) – The Commonwealth receives capitalization grants to create and maintain the Clean Water State Revolving Fund (CWSRF) program (CFDA # 66.458) and the Drinking Water State Revolving Fund (DWSRF) program, (CFDA # 66.468). Both programs offer long-term, low interest rate loans to enable the loan recipients to construct or maintain infrastructures necessary to comply with the Clean Water Act and Safe Drinking Water Act requirements. Capitalization grants received for the CWSRF for the year ended June 30, 2015 were $32,024,791 in Non-Stimulus dollars and are included on the schedule. Capitalization grants received for the DWSRF for the fiscal year ended June 30, 2015, were $15,564,264 in Non-Stimulus dollars and are also included on the schedule. In addition, the Commonwealth distributed additional second generation CWSRF and DWSRF loan disbursements totaling $52,052,066 for the fiscal year ended June 30, 2015, which are not included on the schedule. These amounts represent Non-Stimulus dollars.

Economic Adjustment Assistance (CFDA Number 11.307) – The amount in the accompanying schedule reflects the cash on hand and the outstanding balance of loans receivable from sub-recipients at June 30, 2015.

E. Emergency Unemployment Benefits

The amount included in the accompanying schedule for Unemployment Insurance (CFDA Number 17.225) includes $48,454,666 Non-Stimulus and $588,118 Stimulus (ARRA) administrative costs, $20,484,821 Non-Stimulus federal unemployment benefits paid to federal employees, a recoupment of $1,202,509 in Non-Stimulus overpayments and a recoupment of $482,797 Stimulus (ARRA) Temporary Extended Unemployment Compensation overpayments, and $436,894,932 Non-Stimulus state unemployment benefits paid to non-federal employees.

F. Program Expenditures

Certain transactions relating to federal financial assistance may appear in the records of more than one state recipient agency. To avoid duplication and the overstatement of the aggregate level of federal financial assistance expended by the Commonwealth of Virginia, the following policies have been adopted:

1. When federal financial assistance is received by one state recipient agency and redistributed to another state agency (i.e., a pass-through of funds by the primary recipient state agency to a sub-recipient state agency), the federal financial assistance will be reflected as expenditures by the sub-recipient state agency.

2. When federal financial assistance is received by one state agency to purchase goods or services from another state agency, the federal financial assistance will be reflected as expenditures by the recipient (purchaser) agency.

3. OTHER ASSISTANCE PROGRAMS

Federal financial assistance programs that have not been assigned a CFDA Number have been included in the accompanying "Schedule of Expenditures of Federal Awards." Programs for which the grantor agency is known are reported as other assistance and are identified as CFDA Number XX.000, where XX represents the federal grantor agency.

4. ASSISTANCE PROVIDED TO NON-STATE SUBRECIPIENTS

The following pages contain pass-through amounts disbursed by the Commonwealth of Virginia to non-state sub-recipients.

CFDA #	Federal Program Name	Amount
10.156	Federal-State Marketing Improvement Program	$ 3,139
10.217	Higher Education - Institution Challenge Grants Program	102,877
10.310	Agriculture and Food Research Initiative (AFRI)	93,740
10.311	Beginning Farmer and Rancher Development Program	12,362
10.446	Rural Community Development Initiative	39,965
10.500	Cooperative Extension Service	113,745
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	4,678,974
10.558	Child and Adult Care Food Program	45,801,182
10.572	WIC Farmers' Market Nutrition Program (FMNP)	14,390
10.576	Senior Farmers Market Nutrition Program	420,850
10.582	Fresh Fruit and Vegetable Program	3,830,083
10.664	Cooperative Forestry Assistance	527,693
10.678	Forest Stewardship Program	123,053
10.761	Technical Assistance and Training Grants	929
10.903	Soil Survey	6,999
11.417	Sea Grant Support	59,433
11.419	Coastal Zone Management Administration Awards	433,054
11.457	Chesapeake Bay Studies	11,850
11.472	Unallied Science Program	30,000
11.611	Manufacturing Extension Partnership	113,579
12.000	Other Assistance	315,687
12.112	Payments to States in Lieu of Real Estate Taxes	67,125
12.607	Community Economic Adjustment Assistance for Establishment, Expansion, Realignment, or Closure of a Military	121,504
12.617	Economic Adjustment Assistance for State Governments	1,824,666
12.630	Basic, Applied, and Advanced Research in Science and Engineering	7,803,584
14.228	Community Development Block Grants/State's Program and Non-Entitlement Grants in Hawaii	17,735,431
14.231	Emergency Solutions Grant Program	2,507,493
14.235	Supportive Housing Program	154,144
14.239	Home Investment Partnerships Program	6,938,940
14.241	Housing Opportunities for Persons with AIDS	697,877
14.401	Fair Housing Assistance Program_State and Local	36,975
15.250	Regulation of Surface Coal Mining and Surface Effects of Underground Coal Mining	3,628,335
15.252	Abandoned Mine Land Reclamation (AMLR) Program	10,761,828
15.616	Clean Vessel Act Program	48,779
15.622	Sportfishing and Boating Safety Act	19,444
15.808	U.S. Geological Survey_ Research and Data Collection	3,000
15.814	National Geological and Geophysical Data Preservation Program	15,723
15.904	Historic Preservation Fund Grants-In-Aid	72,632
15.916	Outdoor Recreation_Acquisition, Development and Planning	1,013,414
15.926	American Battlefield Protection	406,825
15.928	Civil War Battlefield Land Acquisition Grants	303,662
15.935	National Trails System Projects	15,634
15.957	Historic Preservation Fund Grants to Provide Disaster Relief to Historic Properties Damaged by Hurricane Sandy	84,514
16.017	Sexual Assault Services Formula Program	367,917
16.523	Juvenile Accountability Block Grants	199,232
16.540	Juvenile Justice and Delinquency Prevention_Allocation to States	178,988
16.575	Crime Victim Assistance	9,894,365
16.582	Crime Victim Assistance/Discretionary Grants	3,893
16.585	Drug Court Discretionary Grant Program	95,630
16.588	Violence Against Women Formula Grants	2,387,777
16.590	Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program	71,113
16.593	Residential Substance Abuse Treatment for State Prisoners	73,883
16.609	Project Safe Neighborhoods	6,832
16.726	Juvenile Mentoring Program	40,800
16.738	Edward Byrne Memorial Justice Assistance Grant Program	1,852,505

CFDA #	Federal Program Name	Amount
16.812	Second Chance Act Reentry Initiative	42,655
17.235	Senior Community Service Employment Program	1,674,577
17.277	WIOA) National Dislocated Worker Grants/WIA National Emergency Grants	335,671
17.282	Trade Adjustment Assistance Community College and Career Training (TAACCCT) Grants	2,418,623
17.600	Mine Health and Safety Grants	131,076
17.603	Brookwood-Sago Grant	36,607
19.345	International Programs to Support Democracy, Human Rights and Labor	83,290
19.415	Professional and Cultural Exchange Programs - Citizen Exchanges	48,625
19.800	Weapons Removal and Abatement	83,596
20.505	Metropolitan Transportation Planning and State and Non-Metropolitan Planning and Research	2,484,719
20.509	Formula Grants for Rural Areas	17,196,207
20.522	Alternatives Analysis	8,672
20.607	Alcohol Open Container Requirements	3,276,683
20.703	Interagency Hazardous Materials Public Sector Training and Planning Grants	53,801
21.000	Other Assistance	3,502,833
23.002	Appalachian Area Development	431,706
23.011	Appalachian Research, Technical Assistance, and Demonstration Projects	1,594,589
45.163	Promotion of the Humanities_Professional Development	6,758
45.169	Promotion of the Humanities_Office of Digital Humanities	13,971
45.313	Laura Bush 21st Century Librarian Program	5,592
47.000	Other Assistance	676
47.074	Biological Sciences	15,765
47.076	Education and Human Resources	27,765
59.037	Small Business Development Centers	819,832
66.040	State Clean Diesel Grant Program	72,037
66.454	Water Quality Management Planning	16,907
66.460	Nonpoint Source Implementation Grants	1,285,989
66.466	Chesapeake Bay Program	2,339,893
66.605	Performance Partnership Grants	180,010
81.041	State Energy Program	1,159,168
81.042	Weatherization Assistance for Low-Income Persons	5,000,088
84.002	Adult Education - Basic Grants to States	9,731,007
84.010	Title I Grants to Local Educational Agencies	227,741,091
84.011	Migrant Education_State Grant Program	716,926
84.013	Title I State Agency Program for Neglected and Delinquent Children and Youth	895,713
84.016	Undergraduate International Studies and Foreign Language Programs	8,000
84.048	Career and Technical Education -- Basic Grants to States	16,005,952
84.116	Fund for the Improvement of Postsecondary Education	15,188
84.144	Migrant Education_Coordination Program	56,616
84.181	Special Education-Grants for Infants and Families	8,063,215
84.196	Education for Homeless Children and Youth	570,825
84.287	Twenty-First Century Community Learning Centers	16,240,409
84.323	Special Education - State Personnel Development	304,609
84.330	Advanced Placement Program (Advanced Placement Test Fee; Advanced Placement Incentive Program Grants)	340,728
84.334	Gaining Early Awareness and Readiness for Undergraduate Programs	1,879,845
84.335	Child Care Access Means Parents in School	94,059
84.350	Transition to Teaching	15,677
84.358	Rural Education	2,077,093
84.365	English Language Acquisition State Grants	11,526,432
84.366	Mathematics and Science Partnerships	483,685
84.367	Improving Teacher Quality State Grants	39,567,049
84.378	College Access Challenge Grant Program	579,374
93.000	Other Assistance	14,529
93.041	Special Programs for the Aging_Title VII, Chapter 3_Programs for Prevention of Elder Abuse, Neglect, and Exploitation	87,505

CFDA #	Federal Program Name	Amount
93.042	Special Programs for the Aging_Title VII, Chapter 2_Long Term Care Ombudsman Services for Older Individuals	203,816
93.043	Special Programs for the Aging_Title III, Part D_Disease Prevention and Health Promotion Services	438,583
93.048	Special Programs for the Aging_Title IV_and Title II_Discretionary Projects	207,327
93.052	National Family Caregiver Support, Title III, Part E	3,049,322
93.071	Medicare Enrollment Assistance Program	391,210
93.074	Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative	8,311,007
93.092	Affordable Care Act (ACA) Personal Responsibility Education Program	90,020
93.107	Area Health Education Centers Point of Service Maintenance and Enhancement Awards	515,473
93.110	Maternal and Child Health Federal Consolidated Programs	3,053
93.116	Project Grants and Cooperative Agreements for Tuberculosis Control Programs	411,594
93.136	Injury Prevention and Control Research and State and Community Based Programs	312,829
93.150	Projects for Assistance in Transition from Homelessness (PATH)	1,347,761
93.211	Telehealth Programs	2,976
93.217	Family Planning_Services	108,581
93.236	Grants to States to Support Oral Health Workforce Activities	28,230
93.241	State Rural Hospital Flexibility Program	6,000
93.243	Substance Abuse and Mental Health Services_Projects of Regional and National Significance	2,906,101
93.247	Advanced Nursing Education Grant Program	2,970
93.268	Immunization Cooperative Agreements	237,507
93.276	Drug-Free Communities Support Program Grants	600
93.283	Centers for Disease Control and Prevention_Investigations and Technical Assistance	1,420,621
93.301	Small Rural Hospital Improvement Grant Program	200,190
93.433	ACL National Institute on Disability, Independent Living, and Rehabilitation Research	229,936
93.504	Family to Family Health Information Centers	7,500
93.505	Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	5,360,181
93.509	Affordable Care Act (ACA) State Health Care Workforce Development Grants	98,660
93.510	Affordable Care Act (ACA) Primary Care Residency Expansion Program	391,262
93.539	PPHF Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by Prevention and Public Health Funds	103,576
93.556	Promoting Safe and Stable Families	4,141,606
93.566	Refugee and Entrant Assistance_State Administered Programs	4,606,804
93.568	Low-Income Home Energy Assistance	17,343,665
93.569	Community Services Block Grant	9,873,966
93.576	Refugee and Entrant Assistance_Discretionary Grants	596,266
93.584	Refugee and Entrant Assistance_Targeted Assistance Grants	255,680
93.590	Community-Based Child Abuse Prevention Grants	569,995
93.597	Grants to States for Access and Visitation Programs	149,387
93.599	Chafee Education and Training Vouchers Program (ETV)	279,482
93.600	Head Start	113,785
93.603	Adoption and Legal Guardianship Incentive Payments	129,891
93.611	Strong Start for Mothers and Newborns	53,433
93.630	Developmental Disabilities Basic Support and Advocacy Grants	12,487,961
93.645	Stephanie Tubbs Jones Child Welfare Services Program	5,925,765
93.658	Foster Care_Title IV-E	49,734,343
93.659	Adoption Assistance	43,722,370
93.667	Social Services Block Grant	45,013,707
93.669	Child Abuse and Neglect State Grants	419,329
93.671	Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services	2,173,098
93.674	Chafee Foster Care Independence Program	1,312,195
93.734	Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs – financed by Prevention and Public Health Funds (PPHF)	429,405
93.735	State Public Health Approaches for Ensuring Quitline Capacity – Funded in part by Prevention and Public Health Funds (PPHF)	307,781
93.757	State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF)	116,641
93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	341,516

CFDA #	Federal Program Name	Amount
93.767	Children's Health Insurance Program	2,603,127
93.779	Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	185,844
93.917	HIV Care Formula Grants	3,664,650
93.926	Healthy Start Initiative	296,224
93.928	Special Projects of National Significance	188,053
93.940	HIV Prevention Activities_Health Department Based	4,170,079
93.944	Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	7,083
93.945	Assistance Programs for Chronic Disease Prevention and Control	172,077
93.958	Block Grants for Community Mental Health Services	8,698,731
93.959	Block Grants for Prevention and Treatment of Substance Abuse	38,399,906
93.969	PPHF Geriatric Education Centers	51,941
93.977	Preventive Health Services_Sexually Transmitted Diseases Control Grants	1,189
93.991	Preventive Health and Health Services Block Grant	130,923
93.994	Maternal and Child Health Services Block Grant to the States	2,621,641
94.006	AmeriCorps	1,849,094
94.021	Volunteer Generation Fund	16,503
97.029	Flood Mitigation Assistance	104,664
97.036	Disaster Grants - Public Assistance (Presidentially Declared Disasters)	22,960,396
97.039	Hazard Mitigation Grant	3,778,209
97.042	Emergency Management Performance Grants	2,065,306
97.047	Pre-Disaster Mitigation	64,423
97.056	Port Security Grant Program	63,498
97.067	Homeland Security Grant Program	2,957,945
97.092	Repetitive Flood Claims	122,036
97.110	Severe Repetitive Loss Program	1,112,442
97.111	Regional Catastrophic Preparedness Grant Program (RCPGP)	5,999
98.000	Other Assistance	214,429
	Stimulus (ARRA) Programs	837,671
	Stimulus (ARRA) Research and Development	117,871
	Research and Development Cluster	78,442,452
	Child Nutrition Cluster	316,392,222
	SNAP Cluster	79,852,344
	Food Distribution Cluster	8,509,752
	Forest Schools and Roads Cluster	1,474,151
	Economic Development Cluster	96,062
	WIA Cluster	35,902,950
	Highway Planning and Construction Cluster	119,084,127
	Federal Transit Cluster	12,759
	Transit Services Programs Cluster	1,522,325
	Highway Safety Cluster	4,714,390
	Clean Water State Revolving Fund Cluster	31,143,742
	Drinking Water State Revolving Fund Cluster	11,743,436
	Special Education Cluster (IDEA)	261,009,292
	TRIO Cluster	611,480
	School Improvement Grants Cluster	4,698,127
	Aging Cluster	5,383,296
	TANF Cluster	55,424,143
	CCDF Cluster	18,941,848
	Medicaid Cluster	92,261,788
	Grand Total	**$ 1,958,699,553**

2015-001: Improve Information Security Officer Independence and Grant Proper Authority to Regional Information Security Officers

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Tim Bass, Chief Information Officer*
Planned Corrective Action:
The Department does not concur with the audit comment. While the ISO reports to the Agency CIO, that reporting structure does not limit effective security assessments or recommendations. The ISO has been given, and will continue to be given, full access to communicate directly with all Department executives, including the Interim Commissioner, and allowed to present objective materials and determinations wherever and whenever needed. The reasons behind the reporting relationship to the CIO involve coordination of service delivery, proper resourcing, project organization, organizational collaboration, and solution design.

Anticipated Completion Date: *N/A*

2015-002: Improve Information Security Officer Independence

Prepared by: *Department of Motor Vehicles*
Responsible for Corrective Action: *Dave Burhop, Deputy Commissioner (CIO) Richard Holcomb, DMV Commissioner*
Planned Corrective Action:
Corrective Action #1: DMV will evaluate the organizational placement of the ISO.

Corrective Action #2: DMV will implement the organizational placement of the ISO as determined by the evaluation.

Anticipated Completion Date: March 31, 2016

2015-003: Improve Information Security Officer Independence

Prepared by: *Department of Health*
Responsible for Corrective Action: *Debbie Condrey, CIO*
Planned Corrective Action:
The ISO designation and organizational structure have been evaluated and are considered appropriate. In order to provide additional controls to minimize the potential for conflicts of interest, a Security Committee chaired by the VDH Commissioner and consisting of Senior Leadership will be created. The ISO and Deputy ISO will staff this Committee and report quarterly on security challenges and initiatives. Additionally, the ISO will be tasked with creating a security dashboard that

demonstrates VDH's security status with Commonwealth Security (VITA) and our own VDH Information Technology Security Polices.

Anticipated Completion Date: *March 31, 2016*

2015-004: Improve Database Security

Prepared by: *Virginia Employment Commission*
Responsible for Corrective Action: *Chandos Carrow, Information Security Officer*
Planned Corrective Action:
The security of the database is going to be reviewed and evaluated by the vendor, and then the modifications necessary to get up to industry and/or SEC 501-09 standards will be performed by VEC staff.

Anticipated Completion Date: June 30, 2016

2015-005: Develop Baseline Configurations for Information Systems

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Tim Bass, Chief Information Officer Don Tyson, Business Solutions Development Manager John Willinger, Production Support Manager*
Planned Corrective Action:
The Department will do the following to address this issue:

- *In consultation with the Agency IT Advisory Committee (AITAC), the Department's Business Solutions Development (BSD) and Production Support (PS) teams will draft an outline categorization of the applicable hardware/software standards and types of testing that need detailing.*
- *The BSD and PS teams will then draft, based upon CO knowledge and experience, the details for each category and (when complete) that draft material will be reviewed and adjusted by the AITAC membership.*
- *After the AITAC review/modifications, the materials will be presented to the Chief Information Officer for approval and appropriate publication within the Department.*

Anticipated Completion Date: March 31, 2016

2015-006: Improve Database Security

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Tim Bass, Chief Information Officer Don Tyson, Business Solutions Development Manager John Willinger, Production Support Manager*
Planned Corrective Action:
The Department will do the following to address this issue:

- *The Department has completed all FMS upgrades as of December 25, 2015. The corrected SQL deficiencies in FMS will be verified.*
- *The Department's Business Solutions Development (BSD), in collaboration with the Department's Production Support (PS) team and the Agency IT Advisory Committee, will complete a schedule for remediating all hardware and software (according to Commonwealth standards).*

Anticipated Completion Date: *February 1, 2016*

2015-007: Improve IDOLS Security

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Tim Bass, Chief Information Officer Suzanne Battaglia, Acting Chief Information Security Officer*
Planned Corrective Action:
The Department will do the following to address this issue:

- *The Department sought but did not receive funding for the requested log monitoring software or related position and, as a result, will need to mitigate (to the greatest extent possible) this deficit.*
- *The Department's Information Security (IS) team and Production Support (PS) team will consult with two sources – the Agency IT Advisory Committee (AITAC) and the VITA Information Security team – to brainstorm and develop options for gaining access to log monitoring tools that already exist in the Commonwealth and may be available through free trials or limited license extensions. This will also include a review of all existing tools and utilities that may (when combined) offer monitoring capabilities.*
- *The IS and PS teams will develop a specific log monitoring approach and plan (in collaboration with the AITAC) based upon the previous analysis.*
- *The IS and PS teams will present this plan to the Chief Information Officer for review, approval and initial implementation by December 31, 2016.*

Anticipated Completion Date: *December 31, 2016*

2015-008: Improve System Authentication Controls

Prepared by: *Department of Motor Vehicles*
Responsible for Corrective Action: *Douglas Mack, IT Security Director (ISO)Dave Burhop, Deputy Commissioner (CIO) Charlie Sheldon, Digital Services Director*
Planned Corrective Action:
DMV will research and implement industry best practices to align with COV ITRM SEC 501 requirements for strong authentication.

Anticipated Completion Date: September 30, 2016

2015-009: Continue to Improve Database and Application Baseline Security Configurations

Prepared by: *Department of Motor Vehicles*
Responsible for Corrective Action: *Douglas Mack, IT Security Director (ISO) Dave Burhop, Deputy Commissioner (CIO) Biju Bashir, DMV DBA Beau Hurley, IT Security Analyst Senior*
Planned Corrective Action:
Corrective Action #1: DMV will continue to develop and implement baseline security configurations for the specified sensitive systems.

Corrective Action #2: DMV will continue to develop and implement appropriate baseline security configurations for all mission critical and sensitive systems.

Corrective Action #3: DMV will reapply baseline security configurations after any system upgrade to ensure that minimum security requirements are met.

Anticipated Completion Date: September 30, 2016

2015-010: Improve System Security for the Time, Attendance, and Leave System

Prepared by: *Department of Human Resource Management*
Responsible for Corrective Action: *Brad Paul, DHRM Systems Engineer*
Planned Corrective Action:
DHRM will address findings that APA communicated to DHRM management in separate Freedom of Information Act (FOIA) Exempt document.

Anticipated Completion Date: *December 31, 2016*

2015-011: Improve Controls over the Personnel Management Information System

Prepared by: *Department of Human Resource Management*
Responsible for Corrective Action: *Belchior Mira, DHRM IT Director*
Planned Corrective Action:
DHRM will address findings that APA communicated to DHRM management in separate Freedom of Information Act (FOIA) Exempt document.

Anticipated Completion Date: *December 31, 2016*

2015-012: Improve Cardinal System Security Controls

Prepared by: *Department of Accounts*
Responsible for Corrective Action: *Frank Pitera, Information Security Officer*
Planned Corrective Action:
From the inception of the Cardinal initiative, Accounts and the Department of Transportation partnered in the planning, design and implementation of the Cardinal System. Between 2011 and 2014, there have been three successful implementations of the system at nearly half of the Commonwealth's agencies. As Accounts prepares for the final implementation of the Cardinal base financial system to the remaining agencies (February 2016), the agency has also made great strides during Fiscal Year 2016 to fully transition all components of the system ownership and the management of the application to Accounts (excluding components managed by Northrop Grumman (NG) under the Commonwealth's Information Technology (IT) Partnership agreement).

While there has been much activity related to the Cardinal implementations and the transition noted above, Accounts and the Cardinal support team understand the importance of ensuring adequate controls, particularly in the area of system security. There has always been a high focus level placed on the system security by the agency and the team. Accounts is committed to implementing the security control improvements recommended in this report.

Anticipated Completion Date: *Ongoing*

2015-013: Continue to Improve Payline Security

Prepared by: *Department of Accounts*
Responsible for Corrective Action: *Frank Pitera, Information Security Officer*
Planned Corrective Action:
Accounts is committed to implementing the security control improvements recommended in this report.

Anticipated Completion Date: *September 30, 2016*

2015-014: Improve Virtual Private Network Security Controls

Prepared by: *University of Virginia-Academic Division*
Responsible for Corrective Action: *Teresa Wimmer, Assistant Vice President for Enterprise Applications*

Planned Corrective Action:
The University concurs with the finding and will perform a risk assessment on the configuration of the VPN. If UVA must in certain cases continue to use the current VPN configuration, we will provide mitigating and reasonable controls to handle those devices. In addition, the University has plans as part of the Security Enhancement Project, to implement end-point detection and monitoring on key workstations, develop further segmentation of the network, and enhance the scanning, monitoring and alerting through managed security services of servers and key workstations, which would have access to highly sensitive data. These tools will provide mitigating controls for devices requiring the current VPN configuration.

Anticipated Completion Date: *June 30, 2016*

2015-015: Improve System Activity Monitoring Controls

Prepared by: *University of Virginia-Academic Division*
Responsible for Corrective Action: *Teresa Wimmer, Assistant Vice President for Enterprise Applications*

Planned Corrective Action:
The University concurs and is implementing a Security Enhancement Project (SEP) to address these findings. The project planning is underway and vendor negotiations are wrapping up for a managed security service. The SEP also provides dollars for both internal and external resources to implement this comprehensive security plan. As part of the SEP, the University will implement the following log and monitoring tools that will comply with ISO 27002:2013:

1. *The University will implement a log management system that will store log files for information related to high-security systems, including logs from the Oracle EBS environments, like operating system and database logs, as well as VPN logs. In addition, the log management system will ensure Enterprise Applications (EA) separation of duties by providing a place for log files other than EA file servers. There are current and longer term plans underway to implement this.*
2. *The University will be implementing a managed security service that will review log files and use standards developed by the industry for potentially suspicious and malicious activities. The University will work with the vendor to ensure appropriate rules-based monitoring is in place.*
3. *The University will implement changes to the Oracle Database Management log files, creating them more frequently, so they can be written to the log management system more frequently.*

Anticipated Completion Date: *June 30, 2016*

2015-016: Improve Database Security

Prepared by: *Virginia Commonwealth University*
Responsible for Corrective Action: *Dan Han, Information Security Officer*
Planned Corrective Action:
VCU will conduct periodic reviews of its database configurations and standard operating procedures to ensure that the requirements are adequate and meet the University's needs. Additionally, VCU will work with its vendors to ensure adequate security controls are placed on vendor supplied applications, and continue to ensure the implementation of adequate controls to strengthen sensitive systems.

Anticipated Completion Date: *March 31, 2016*

2015-017: Improve Mobile Device Security

Prepared by: *Virginia Commonwealth University*
Responsible for Corrective Action: *Dan Han, Information Security Officer*
Planned Corrective Action:
VCU currently has policies and other administrative controls in place to help manage the risks associated with access to data using mobile devices. Further, an enterprise mobile management platform is in place and used by University owned and sometimes personal devices in major departments and high risk areas. However, with the maturation of the "Bring-Your-Own-Device" trend, many of the risks currently mitigated on University owned devices are not as well addressed on personal devices assessing University data. VCU has identified a potential solution to address the issue, and is beginning a pilot project with the goal of extending this solution to all mobile devices that access sensitive data.

Anticipated Completion Date: *March 31, 2016*

2015-018: Develop and Implement IT Hardening Procedures

Prepared by: *Department of Transportation*
Responsible for Corrective Action: *Mary Winslow, IT-Systems Engineering Manager*
Planned Corrective Action:
VDOT will formally document and approve an IT hardening procedure for infrastructure within our control.

Anticipated Completion Date: *December 31, 2016*

2015-019: Improve VVESTS Web Application Security

Prepared by: *Department of Health*
Responsible for Corrective Action: *Debbie Condrey, CIO*
Planned Corrective Action:
The controls discussed in the FOAIE communication will be implemented, and we'll continue working with VITA to ensure controls they are responsible for are implemented.

Anticipated Completion Date: *December 31, 2016*

2015-020: Improve Database Security

Prepared by: *Department of Social Services*
Responsible for Corrective Action: *Robert Hobbelman, Chief Information Officer FAAS System Owner*
Planned Corrective Action:
VDSS will work with VITA Commonwealth Security to secure an exception to the COV policies due to business application functionality requirements. VDSS will identify and implement mitigating controls in database account and access management documentation.

Anticipated Completion Date: *June 30, 2016*

2015-021: Improve Database Change Management Controls

Prepared by: *Department of Taxation*
Responsible for Corrective Action: *Ed Cooper, IT Director*
Planned Corrective Action:
Improve Database Change Management Controls. TAX will review its database change management process to ensure that it is properly documented and includes applicable VITA security requirements. Employees will be properly trained on the revised process.

Anticipated Completion Date: *September 30, 2016*

2015-022: Develop Oracle Conflict Matrix

Prepared by: *Department of Medical Assistance Services*
Responsible for Corrective Action: *Karen Stephenson, DMAS Fiscal and Purchases Division, Controller Jonathan Dodd, DMAS Fiscal and Purchases Division, Fiscal Systems Administrator*

Planned Corrective Action:
The DMAS Fiscal and Purchases Division (Fiscal) will incorporate the conflict matrix documentation into the following processes:

1. *Approving requests for an employee to have Oracle Financials System access.*

2. *Performing access evaluations in the annual Oracle Financials security access reviews.*

Fiscal initially used the conflict matrix on October 23, 2015 when adding a new employee on the Oracle Financials System and will continue to use it when adding the new system users.

Anticipated Completion Date: *The corrective action plan (CAP) was partially completed beginning on October 23, 2015, when initially used for employee requests for Oracle Financials System Access. Full implementation is expected on June 30, 2016, the date for annual Oracle Financials*

2015-023: Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System

Prepared by: *Department of Medical Assistance Services*
Responsible for Corrective Action: *Mukundan Srinivasan, DMAS Chief Information Officer, Information Management Division Theresa Fleming, DMAS Information Security Officer, Office of Compliance and Security*

Planned Corrective Action:
The DMAS Office of Compliance and Security (OCS) plans the following steps to address the APA recommendations:

1. *The MOU between DMAS and DSS was modified in April 2015 to require DSS to complete an annual review of all DSS MMIS users. OCS created a listing of DSS users with the associated privileges and has been working with DSS since October 2015 for the access review and expects to complete the review by February 2016.*

2. *OCS has produced reports from MMIS that list all other systems users (except DSS users) with the associated privileges. OCS will stagger distribution of the reports to the division managers/supervisors to review and confirm user assignment, beginning in January 2016. OCS will advise the supervisors and managers how to assign and approve privileges for their staff in MMIS. Division managers/supervisors will either respond with modifications*

to OCS to make changes or will respond that employee access is appropriate. (Estimated Completion Date: May 31, 2016)

3. *After the reviews are completed by May 31, 2016, OCS will provide formal training to DMAS directors, managers, and supervisors to ensure an agency-wide understanding of MMIS user privileges assigned by the supervisors and managers. (Estimated Completion Date: September 30, 2016)*

In the long term, DMAS plans to purchase a COTS product to more efficiently document MMIS privileges and automate the distribution of listings of users and associated privileges to system owners and managers; however, the purchase has been delayed due to the ongoing work toward developing the Medicaid Enterprise System (MES) RFP (MMIS replacement). In order to integrate a COTS product into the future MES environment, a COTS purchase may not occur until the end of 2017.

Anticipated Completion Date: *September 30, 2016*

2015-024: Limit Access to the 1099 Adjustment and Reporting System

Prepared by: *Department of Medical Assistance Services*
Responsible for Corrective Action: *Karen Stephenson, DMAS Fiscal and Purchases Division, Controller Jonathan Dodd, DMAS Fiscal and Purchases Division, Fiscal Systems Administrator*

Planned Corrective Action:
Corrective Action is complete.

Seven of the 13 employees referenced in the finding had their ARS Access removed on August 22, 2015.

On October 23, 2015, the CARS Security Officer conferred with a Department of Accounts General Accounting representative and obtained a detailed report of ARS access and used it when performing a comprehensive review for the CARS Security Certification. Utilizing the detailed report from DOA will continue with every review of CARS Access Security.

Controls Implemented.

The Fiscal Policy and Procedure Manual has been updated to include specifics for granting CARS Security access and for the semiannual review process relating to ARS access and obtaining detailed data.

Anticipated Completion Date: *October 23, 2015*

2015-025: Improve Access Management for the eVA System

Prepared by: *Department of Medical Assistance Services*
Responsible for Corrective Action: *Karen Stephenson, DMAS Fiscal and Purchases Division, Controller Theresa Fleming, DMAS Information Security Officer, Office of Compliance and Security*
Planned Corrective Action:
The OCS Information Security Manager (ISO) is coordinating the identification of DMAS eVA security officers through appropriate eVA Designation forms. DMAS developed the following steps:

1. *The DMAS ISO met with the two divisions that access the eVA System, Budget and Fiscal. Each identified primary and secondary leads within their Divisions. We also discussed the purchase level of authority for the Budget and Fiscal leads. The ISO also identified two backup security officers for OCS. (Completed December 17, 2015)*

2. *The ISO consulted with the Department of General Services to gain an understanding of eVA security standards and procedures, critical eVA controls, and employee access levels. Based on DGS' instructions the ISO is preparing the eVA Designation forms. She will then obtain appropriate signatures/approvals and file those with DGS for review. (Estimated Completion Date: January 31, 2016)*

3. *Obtain documentation of DGS approval of the eVA Designation forms. (Estimated Completion Date: February 29, 2016)*

4. *The ISO will develop an internal checklist for use when performing eVA Quarterly Access Reviews and train the Backup ISOs to conduct the review process. (Estimated Completion Date: January 31, 2016)*

5. *The ISO will perform and document the Quarterly Access Reviews beginning with the Quarter ending December 31, 2015. (Estimated Completion Date: January 31, 201)*

Anticipated Completion Date: February 29, 2016

2015-026: Improve Access Management for Critical Systems

Prepared by: *Department of Health*
Responsible for Corrective Action: *Debbie Condrey, CIO*
Planned Corrective Action:
VDH will continue developing a user access management system to centralize, consolidate, and streamline processes associated with granting system access, revoking system access, and reconciling user access. Individual short term solutions have been developed for the critical systems noted during the course of this audit.

Anticipated Completion Date: *June 30, 2016*

2015-027: Improve Access Management at Local Agencies and Divisions

Prepared by: *Department of Health*
Responsible for Corrective Action: *Richard Corrigan, Deputy Commissioner for Administration*
Planned Corrective Action:
The user access management process noted above will be utilized for F&A once developed. Until then, a monthly reminder to all offices with instructions for completing the monthly F&A access certification will be sent from the Deputy Commissioner for Administration's office. The VDH Information Security Officer will provide the Deputy's office a Security Portal report listing those in compliance and those not in compliance on a quarterly basis. A second reminder will be sent to those delinquent offices, copying the Operations Director and Deputy for the offices.

Anticipated Completion Date: *March 31, 2016*

2015-028: Improve Administrative Access Controls

Prepared by: *Department of Taxation*
Responsible for Corrective Action: *Grayson Walters, Information Security Officer*
Planned Corrective Action:
In response to this management recommendation, TAX will implement an identity management application. Although the timeline for full implementation of this application extends to 2017, TAX will implement this application sufficiently by September 30, 2016 to address the issues noted in this recommendation.

Anticipated Completion Date: *September 30, 2016*

2015-029: Continue to Strengthen Controls over Advantage Revenue Access

Prepared by: *Department of Taxation*
Responsible for Corrective Action: *Grayson Walters, Information Security Officer*
Planned Corrective Action:
Although the comment is a repeat comment TAX has completed all the actions that could be taken to address the issue except for completing the identity management application implementation. TAX has completed the following actions to address the issues noted in the previous comment:

1) *Procured and prototyped a new identity management application(Sailpoint) that will facilitate the management of privileges at the granular level suggested by APA,*

2) *Revised the process for voucher approvers so that approvers do no edit the same voucher they have approved,*

3) *Reengineered the process for reviewing large dollar individual refunds so that the ability to approve these transactions could be removed from 136 individuals,*

4) *Performed an independent review of 1,576 user's access privileges to 27 financial functions within the Advantage Revenue application and removed the access where it was not needed on a regular basis, and;*

5) *Performed a management review of all user access privileges for all systems and applications managed by the existing identity management application (SAFE).*

In response to this management recommendation, TAX will implement an identity management application. Although the timeline for full implementation of this application extends to 2017, TAX will implement this application sufficiently by September 30, 2016 to address the issues noted in this recommendation.

Anticipated Completion Date: *September 30, 2016*

2015-030: Improve Web Application Security

Prepared by: *Department of Alcoholic Beverage Control*
Responsible for Corrective Action: *Stephen Fox, Chief Information Officer*
Planned Corrective Action:
ABC is currently addressing the website security concerns identified by the APA. ABC has already internally remediated one of the issues, is in the process of addressing more long term solutions for the remaining 4 items with solutions planned for January 2016, and has implemented some interim, compensating controls to address the residual risk.

ABC is currently in the procurement process for Phase 2 of the website redesign project, and the project should begin in December 2015. The remaining security issues that internal ABC personnel are not addressing are included in the requirements for Phase 2 of the web redesign and will be incorporated into the second phase of the project.

Anticipated Completion Date: *June 2016*

2015-031: Implement Automated User Access System

Prepared by: *Department of Alcoholic Beverage Control*
Responsible for Corrective Action: *Andrew Hallberg, Information Security Officer*
Planned Corrective Action:
ABC recognizes the need for user access reviews, and the business owners at ABC are currently conducting periodic review of user access to their systems. And as stated, ABC did not conduct one cross system access review in FY14.

As the APA has recognized, ABC has made substantial progress since the original finding was identified. ABC is mitigating its risk by eliminating network and VPN access for separated employees, and has also completed development of nearly 80 percent of the Identity Manager functionality necessary to standardize user access reviews and conduct cross system reviews. Beginning in November 2015, ABC will have the resources available to begin to complete the final functionality for Identity Manager. We hope to have the application complete by March 2016. Finally, ABC maintains a separation checklist, initiated by the separated employee's supervisor, that ensures agency supplied equipment is returned and serves as a vehicle to initiate system access removal. This process further mitigates ABC's risks involving separated employees as noted above.

Anticipated Completion Date: *March 2016*

2015-032: Improve Internal Controls over Systems Access

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Tim Bass, Chief Information Officer Suzanne Battaglia, Acting Chief Information Security Officer*
Planned Corrective Action:
The Department will do the following to address this issue:

- *The Department's Information Security (IS) team will (on a bi-monthly basis, thus six times per year) provide a Department-wide security awareness email (in addition to the normal security awareness email campaign) that reminds all management of their responsibility to (1) ensure their staffs' access is supported by accurate and (appropriately) approved security request documentation, and (2) that requests for access must be based on the concept of "least required privilege."*
- *The IS team will establish a spot-check process whereby (on a bi-monthly basis, thus six times per year) the access privileges for two randomly selected staff from CO and each of the facilities are reviewed for completeness and accuracy (needed adjustments will be coordinated with management as needed).*
- *The IS team will establish a process whereby (on a monthly basis) an email will be distributed to all HR departments requesting a list of staff who have resigned, retired or otherwise been terminated for any reason within the past calendar month. Follow-up communications with the appropriate management will immediately occur if action to remove their access privileges has not yet been initiated.*

Anticipated Completion Date: *July 1, 2016*

2015-033: Improve End User Computer Controls

Prepared by: *State Lottery Department*
Responsible for Corrective Action: *Joe Hubbell, Information Security Manager*
Planned Corrective Action:
The Virginia Lottery remains committed to addressing this concern and has developed an action plan which advances our efforts in this area in a controlled fashion.

Anticipated Completion Date: *December 31, 2015*

2015-034: Improve Access Controls to Information Systems

Prepared by: *Department of Transportation*
Responsible for Corrective Action: *Janice S. Long, Controller*
Planned Corrective Action:
VDOT will strengthen its internal controls over this process by performing more frequent reviews of employees with CIPPS access, adding an additional Payroll Security Officer as a back-up, working with district personnel to ensure timely notification of employee transfers and terminations, to include working with the Department of Accounts to set up system termination dates in advance whenever possible.

Anticipated Completion Date: *April 1, 2016*

2015-035: Improve Controls for Granting and Restricting Elevated Workstation Privileges

Prepared by: *University of Virginia-Academic Division*
Responsible for Corrective Action: *Teresa Wimmer, Assistant Vice President for Enterprise Applications*
Planned Corrective Action:
The University concurs with the finding and will assess the risk, implementation timing, approach, and compensating controls in place for workstations that have elevated access or access sensitive data and update policies and standards as appropriate. Considerations will be given to the recommendations of: (1) a formal authorization process, (2) limited access to administrative rights to users who have a documented job related functions that requires the elevated privileges, (3) a documented record of end-users with elevated workstation privileges, (4) an end-user agreement for users with elevated privileges, and (5) additional security training that communicates the associated end user responsibilities and the University's expectations.

The University, through the Security Enhancement Project, is implementing end-point detection tools that will enable visibility, prevention, detection and response to workstations that are used by individuals that have access to the highest risk data. Tools that are being considered are leading tools

in the security industry and the project has been kicked-off. These tools will be implemented on workstations that have elevated privileges or access highly sensitive data. In addition, the University is implementing a managed workstation solution for users with elevated and privilege access to University systems and those workstations will have these controls.

Anticipated Completion Date: *June 30, 2016*

2015-036: Document Separation of Duty Conflicts for Mission Critical Systems

Prepared by: *Virginia Employment Commission*
Responsible for Corrective Action: *Chandos Carrow, Information Security Officer*
Planned Corrective Action:
Separation of duties conflicts will be identified within the security plan for each sensitive IT system and a cross application security matrix will be created to determine separation of duty conflicts that result from access levels across multiple applications.

Anticipated Completion Date: December 31, 2017

2015-037: Continue to Improve Risk Management and Continuity Planning Documentation

Prepared by: *Department of Accounts*
Responsible for Corrective Action: *Frank Pitera, Information Security Officer*
Planned Corrective Action:
Accounts recognizes and understands the requirements to ensure that the agency's framework documentation is current and compliant. Accounts has made significant gains in documenting the sensitive business processes and associating applications within the Business Impact Analysis and Risk Assessments. Accounts has participated in Disaster Recovery planning and execution annually including 2015. The COOP plan has been updated as of April 2013 and will be undergoing another update incorporating the business changes associated with Cardinal. Although not complete, Accounts will dedicate the necessary resources to complete the agency's Business Impact Analysis and Risk Assessment plans.

Anticipated Completion Date: *September 30, 2016*

2015-038: Improve Risk Management Process

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Tim Bass, Chief Information Officer Suzanne Battaglia, Acting Chief Information Security Officer*
Planned Corrective Action:
The Department will do the following to address this issue:

- *The Department's Information Security (IS) team will review current risk assessments to ensure that they are completed and filed in accordance with SEC501-09 by April 30, 2016.*

Anticipated Completion Date: *April 30, 2016*

2015-039: Continue to Improve IT Risk Management

Prepared by: *Department of Education - Central Office Operations*
Responsible for Corrective Action: *Brian Gibbs-Wilson, Chief Data Security Officer*
Planned Corrective Action:
DOE will reclassify IT systems in accordance with Commonwealth Security Standards. DOE will document risks in accordance with Commonwealth Security Standards. DOE will document the regulatory requirements for data according to each sensitive system. DOE will document the roles and resonsibilities of System Owner, Data Owner, Data Custodian, and System Administrator for each sensitive IT system. DOE will comple an IT Risk Assessment for Oracle Financials and the Teacher Licensure system.

Anticipated Completion Date: May 31, 2016

2015-040: Continue Improving Oversight over IT Risk Assessments and Security Audits

Prepared by: *Virginia Employment Commission*
Responsible for Corrective Action: *Chandos Carrow, Information Security Officer*
Planned Corrective Action:
The completion of all risks assessments for sensitive IT systems is funded by the recent additional federal funds. The entire information security program for VEC is being worked on, but not everything can be completed at once due to the dependencies of these documents within one another. The overhaul of the entire program is expected to take two – three years to complete.

The IT security audit plan will be submitted every year as required by SEC 501-09.

IT security audits will be completed once every three years for all IT systems classified as sensitive.

Anticipated Completion Date: December 31, 2017

2015-041: Improve IT Risk Management and Disaster Recovery Planning

Prepared by: *Department of Human Resource Management*

Responsible for Corrective Action:
a. *Sara R. Wilson, DHRM Agency Director and Belchior Mira, DHRM IT Director*
b. *Sara R. Wilson, DHRM Agency Director*
c. *Pam Watson, DHRM COOP Coordinator and Belchior Mira, DHRM IT Director*
d. *Belchior Mira, DHRM IT Director and Bob Auton, VITA ISO resource*

Planned Corrective Action:

a. *DHRM will document evaluation of data stored in mission essential/sensitive systems (including regulatory requirements to which the date is subject) as well as potential damages to the agency and Commonwealth if the confidentiality, integrity or availability of this data is compromised.*

b. *DHRM will formally designate system owners, data owners, system administrators and data custodians and educate/train the designees in their respective roles.*

c. *DHRM will update agency continuity plan and list of IT systems so that they are consistent with each other and adequately identify/define sensitive systems within DHRM's environment.*

d. *DHRM will perform risk assessments for mission essential and sensitive systems not already having these assessments.*

e. *DHRM will Document baseline configurations for mission essential and sensitive IT system.*

Anticipated Completion Date:
a. *December 31, 2016*
b. *December 31, 2016*
c. *June 30, 2016*
d. *December 31, 2016*
e. *December 31, 2016*

2015-042: Continue to Improve IT Risk and Continuity Management Program

Prepared by: *Department of Motor Vehicles*
Responsible for Corrective Action: *Douglas Mack, DMV IT Security Director (ISO) Dave Burhop, Deputy Commissioner (CIO) Kenny Updike, DMV Emergency Operations Manager ImpactMakers*
Planned Corrective Action:
Corrective Action #1: DMV will ensure the system sensitivity classifications identified in DMV's Business Impact Analysis (BIA) are consistent with those identified within the documented IT System Risk Assessment (RAs).

Corrective Action #2: DMV will ensure there is a process in place for conducting annual assessments for each of their sensitive system RAs.

Corrective Action #3: DMV will ensure the Mission Essential Functions (MEFs) identified in the BIA are consistent with those in DMV's Continuity of Operations Plans (Agency COOP).

Corrective Action #5: DMV will ensure the Agency COOP will identify the Primary Business Functions (PBFs) that support MEFs.

Corrective Action #5: DMV will ensure the BIA and IT COOP identifies Recovery Time Objective (RTOs) for MEFs.

Corrective Action #6: DMV will ensure the Agency COOP and IT COOP are consistent in the RTOs identified for systems that support MEFs and PBFs.

Corrective Action #7: DMV will ensure the IT Disaster Recovery Plan (IT DRP) is tested twice a year.

Anticipated Completion Date: March 31, 2016 *(7), September 30, 2016 (1-7)*

2015-043: Update Contingency Planning Documentation

Prepared by: *Department of Planning and Budget*
Responsible for Corrective Action: *Michelle Vucci, Associate Director for Administrative Services*
Planned Corrective Action:
This issue was addressed by the agency in December of 2015. The agency resubmitted its Business Impact Analysis to the Virginia Information Technologies Agency (VITA) and subsequently revised its Continuity of Operations Plan (COOP) and Disaster Recovery Plan (DRP) to ensure that Mission Essential Functions and Recovery Time Objectives were aligned.

Anticipated Completion Date: *December 2015*

2015-044: Complete System Security Plans

Prepared by: *Department of Taxation*
Responsible for Corrective Action: *Grayson Walters, Information Security Officer*
Planned Corrective Action:
TAX received funding in the 2015 Appropriation Act for a resource to complete the System Security Plans. Although the staff resource has been hired and work has been completed, there was not sufficient time to complete the System Security Plans before the audit testing. TAX will complete a System Security Plan for each mission critical or sensitive system.

Anticipated Completion Date: September *30, 2016*

2015-045: Improve the Sensitive System Classification Process

Prepared by: *Department of Transportation*
Responsible for Corrective Action: *Murali Rao, Information Security Officer*
Planned Corrective Action:
VDOT will enhance documentation of sensitive system classification methodology by including the Information Security Officer justification of the list of sensitive system ratings.

Anticipated Completion Date: *December 31, 2016*

2015-046: Continue to Effectively Allocate Resources to Reduce IT Security Risk

Prepared by: *Virginia Employment Commission*
Responsible for Corrective Action: *Chandos Carrow, Information Security Officer*
Planned Corrective Action:
The ISO has developed a strategy for the IT security program and the VEC will continue to seek additional resources for the development and implementation of the security program. Current resources are being dedicated to reducing IT security risk and will continue to be dedicated to the task for the foreseeable future.

Anticipated Completion Date: *December 31, 2016*

2015-047: Continue to Improve Information Security Policies and Procedures

Prepared by: *Department of Education - Central Office Operations*
Responsible for Corrective Action: *Brian Gibbs-Wilson, Chief Data Security Officer*
Planned Corrective Action:
DOE will document its backup and restoration plans in accordance with Commonwealth Security Standards. DOE will implement Change Controls to guide the testing and implementation of internal database updates and patches. DOE will document its System Hardening Policy. DOE will scan all sensitive systems for vulnerabilities.

Anticipated Completion Date: *May 31, 2016*

2015-048: Improve Information Security Awareness Training Program

Prepared by: *Department of Education - Central Office Operations*
Responsible for Corrective Action: *Becky Marable, Director of Human Resources*
Planned Corrective Action:
DOE has assigned tracking and compliance assurance to the Office of Human Resources. DOE-HR will monitor for training completion and enforce compliance for all employees annually, including identifying employees who did not complete the training, notifying employees of additional time to comply, and enforcing consequences for employees that fail to comply. DOE-HR will utilize the Knowledge Center for documentation of compliance. DOE-HR will update its documented procedures to reflect these process improvements.

Anticipated Completion Date: *January 31, 2016*

2015-049: Improve Information Technology Governance

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Tim Bass, Chief Information Officer*
Planned Corrective Action:
The Department will do the following to address this issue:

- *November 2015, the Department established the Agency IT Advisory Committee (AITAC) whose purpose is to identify enterprise opportunities, establish standards, reduce the number of applications, ensure security compliance, and improve service delivery. This committee reports through the DBHDS CIO, to the Agency IT Strategic Planning Committee (AITSPC) for the purpose of coordinating IT related activities towards those goals. Meetings and conference calls and various IT collaborations are underway.*
- *December 2015, the Department established the agency-wide Change Management forum that coordinates operational activities to help ensure smooth, secure*

implementations. Meetings and conference calls with published action items are underway.

Anticipated Completion Date: *December 31, 2015*

2015-050: Improve Security Awareness and Training

Prepared by: *Department of Human Resource Management*
Responsible for Corrective Action:
a. *Sara R. Wilson, DHRM Agency Director & Bob Auton, VITA ISO resource assisting DHRM*
b. *Sara R. Wilson, DHRM Agency Director*
c. *Bob Auton, VITA ISO resource assisting DHRM & Sara R. Wilson, DHRM Agency Director*

Planned Corrective Action:

a. *DHRM will develop and distribute (to DHRM employees) a Security Awareness and Training policy.*

b. *DHRM will require that all DHRM end users receive basic security awareness training annually.*

c. *DHRM will provide role based security training to staff with role-based assignments*

Anticipated Completion Date:
a. *March 31, 2016*
b. *June 30, 2016*
c. *December 31, 2016*

2015-051: Develop Vulnerability Assessment Process

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Tim Bass, Chief Information Officer Suzanne Battaglia, Acting Chief Information Security Officer*

Planned Corrective Action:

The Department will do the following to address this issue. However, please note that the Department sought but did not receive funding for the requested vulnerability assessment software or related position and, as a result, will need to mitigate (to the greatest extent possible) this deficit.

- *The Department's Information Security (IS) team will consult with two sources – the Agency IT Advisory Committee (AITAC) and the VITA Information Security team – to brainstorm and develop options for gaining access to vulnerability assessment tools that already exist in the Commonwealth and may be available through free trials or limited*

license extensions. This will also include a review of all existing tools and utilities that may (when combined) offer evidence of vulnerabilities.

- *The IS team will develop a specific vulnerability assessment approach and plan (in collaboration with the AITAC) based upon the previous analysis. This plan will also address appropriate system logging, compliant with security related standards.*
- *The IS team will present this plan to the Chief Information Officer for review, approval and initial implementation by December 31, 2016.*

Anticipated Completion Date: *December 31, 2016*

2015-052: Approve Vulnerability Scanning Procedures and Review System Vulnerability Scanning Tools

Prepared by: *Department of Health*
Responsible for Corrective Action: *Debbie Condrey, CIO*
Planned Corrective Action:
The Information System Vulnerability Scanning Policy has been created, and procedure documents for performing scans every 90 days have been drafted for implementation.

Anticipated Completion Date: *March 31, 2016*

2015-053: Improve IT Software Maintenance and Management Controls

Prepared by: *Department of Motor Vehicles*
Responsible for Corrective Action: *Douglas Mack, IT Security Director (ISO) Dave Burhop, Deputy Commissioner (CIO) Nick Danforth, DMV Chief Architect*
Planned Corrective Action:
Corrective Action #1: DMV will ensure all IT software that supports critical business processes within the IT Environment will be upgraded on a timely basis before they are unsupported by their associated vendor or have an approved IT Security Exception on file.

Corrective Action #2: DMV will ensure all servers running end-of-life Server operating systems will be upgraded to current vendor supported operating systems.

Anticipated Completion Date: July *31, 2016*

2015-054: Improve Vulnerability Scanning and Remediation Procedures

Prepared by: *Department of Transportation*
Responsible for Corrective Action: *Mary Winslow, IT-Systems Engineering Manager*
Planned Corrective Action:
VDOT will develop a plan and perform vulnerability scans on our public-facing and/or sensitive systems. Remediation plans will be developed to address significant vulnerabilities that are identified as a result.

Anticipated Completion Date: *December 31, 2016*

2015-055: Finalize Security Exception Requests for Unsupported Databases

Prepared by: *Department of Alcoholic Beverage Control*
Responsible for Corrective Action: *Stephen Fox, Chief Information Officer*
Planned Corrective Action:
ABC Applied to VITA for two Security Exception Requests on May 8, 2015. Initially ABC had obtained verbal approval; VITA then subsequently asked that two additional requirements be completed before VITA will formally grant the exceptions. ABC has completed one of the requirements and is in the process of completing the other. VITA has again provided a provisional verbal approval and we hope to have the formal, written approval in December 2015.

Anticipated Completion Date: *December 2015*

2015-056: Upgrade Unsupported Technology

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Tim Bass, Chief Information Officer*
Planned Corrective Action:
The Department will do the following to address this issue:

- *The Department continues to make adjustments to its IT governance structure in an effort to achieve modernization and improved security and service levels -- reference implementation of the Agency IT Advisory Committee (AITAC), November 2015, and the Change Management forum, December 2015, discussed in our response to the management comment titled "Improve Information Techonology Governance."*

- *As of December 2015, the Department has identified 437 applications, largely because of a previous deficit in Enterprise IT collaboration. By June 30, 2016, the office of the Chief Information Officer will publish an Application Modernization Plan (developed in collaboration with the AITAC membership) that will reduce the number of applications*

from the current level of 437 to 215 by December 31, 2017. The plan will provide reduction milestones for December 31, 2016, June 30, 2017, and December 31, 2017.

Anticipated Completion Date: *December 31, 2017*

2015-057: Obtain Approval to Use End-of-Life Operating Systems

Prepared by: *Virginia Employment Commission*
Responsible for Corrective Action: *Chandos Carrow, Information Security Officer*
Planned Corrective Action:
The VEC has a limited number of machines with end-of-life systems in the network and the remaining machines are scheduled for replacement.

The exception request is still being negotiated between VEC and CSRM, but is expected to be approved soon.

Anticipated Completion Date: July 31, 2016

2015-058: Upgrade End-of-Life Technology

Prepared by: *Department of Transportation*
Responsible for Corrective Action: *Mary Winslow, IT-Systems Engineering Manage*
Planned Corrective Action:
VDOT will continue executing our End-of-Life server remediation plan, which may include security exceptions, and expect to have it completed by December 2016. Successful implementation of our plan is contingent on the availability of NG staff and their ability to provide replacement servers in a timely basis. We will work closely with NG staff during our remediation efforts. As noted above, for applications and servers that are unable to be migrated or upgraded due to software limitations and other constraining dependencies, security exceptions will be filed with the VITA's Commonwealth Security office, until the application can be redeveloped and redeployed onto supported infrastructure.

Anticipated Completion Date: *December 31, 2016*

2015-059: Increase Oversight over Third-Party Providers

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Tim Bass, Chief Information Officer*
Suzanne Battaglia, Acting Chief Information Security Officer
Planned Corrective Action:
The Department will do the following to address this issue:

- *The Department's Information Security (IS) team will create an accurate (ongoing) list of all third party IT service providers to DBHDS.*
- *For each relevant Third Party, the appropriate control reports they are obligated to provide by state/federal statute (and by way of established contracts with the Department and/or Commonwealth) will be determined.*
- *The IS team (through the Chief Information Security Officer) will, for each relevant Third Party, make a recommendation to the Chief Information Officer and as to which report(s) will be most informative and helpful in determining proper security/data controls are in place.*
- *The Chief Information Officer will review the recommendations, make adjustments and give final approval.*
- *Once approved, a process will be established within the IS team (through the Chief Information Security Officer) to review and report on the appropriate reports (per relevant Third Party) within 60 days of publication (with "publication" meaning available to the Department).*
- *Each report will contain a security/data safety assessment as well as any recommended actions for the Department to pursue.*
- *The Chief Information Officer will review these reports and inform the DBHDS Executive Team of issues and recommended next steps (if any).*

Anticipated Completion Date: *May 30, 2016*

2015-060: Maintain Oversight over Third-Party Service Providers

Prepared by: *Virginia Employment Commission*
Responsible for Corrective Action: *Chandos Carrow, Information Security Officer*
Planned Corrective Action:
A framework to ensure that Providers are adhering to our security controls will be developed and implemented for all existing and new Providers that have access to our data.

Anticipated Completion Date: *December 31, 2016*

2015-061: Create Processes for Review and Assessment of Third Party Vendors' Controls

Prepared by: *Department of Motor Vehicles*
Responsible for Corrective Action: *Individual Responsible: Scott Cummings, Assistant Commissioner for Finance*
Executive Responsible: David Mitchell, Deputy Commissioner
Planned Corrective Action:
The Department of Motor Vehicles (DMV) will conduct an evaluation of service providers of significant processes and functions affecting our operations. DMV anticipates construction of this framework will be a large scale project completed in phases over an extended period. Such a project will consist of several development stages. We expect the project will consist of the following parts:

1. *An analysis will need to be provided of all third-party contracts and identify the need for assurance, whether it is a service organization, if current contract agreements require assurances, and whether a SOC report will satisfy the requirements or another type of report is needed. This may include vendors outside of the ARMICS and SEC 501 requirements.*

2. *Contracts will need to be amended to include the assurance reports needed for those that do not currently have an assurance requirement. This may need to be coordinated with Commonwealth Security or the Department of General Services.*

3. *For each of the vendor reports needed, review procedures will be developed as well as assigning responsibility for reviewing the reports. Training will be provided to those who require it.*

4. *A centralized repository will be created to track the timely receipt of the reports, their acceptance and/or required remediation steps for the vendor.*

The items identified above may not be executed in that order. We have to prepare a project plan with resource requirements that will better identify the tasks involved and subtasks. But the items above reflect the requirements we've identified thus far.

Anticipated Completion Date: June 30, 2016 *and Ongoing*

2015-062: Obtain Assurance of Internal Control Effectiveness from Service Provider Agency

Prepared by: *Department of Social Services*
Responsible for Corrective Action: *Barry Davis, Information Security Officer*
Planned Corrective Action:
VDSS has requested from the VITA/MITA team a Certification of Internal Controls for the Business Rules Engine application. The Agency has requested an independent, SOC Type 2, internal controls assessment report. Agency CISO has opened a service ticket and is in communication with VITA

representatives Bob Baskette, Rich Barns, and David Froggatt to facilitate the assessment of internal controls. Further, VDSS will develop a process to annually review Certifications of Internal Controls or other formal assurances for sensitive systems hosted by third party services.

Anticipated Completion Date: *December 30, 2016*

2015-063: Continue to Improve Physical and Environmental Security

Prepared by: *Virginia Employment Commission*
Responsible for Corrective Action: *Chandos Carrow, Information Security Officer*
Planned Corrective Action:
Safeguards to protect sensitive IT systems and data residing on the premises will be identified, documented, taught, monitored, and audited.

All information security related policies, standards, guidelines, and procedures are going to be reviewed and modified to meet and/or exceed our necessary compliance regulations.

Anticipated Completion Date: *December 31, 2016*

2015-064: Continue to Improve Physical and Environmental Security Controls

Prepared by: *Department of Motor Vehicles*
Responsible for Corrective Action: *Douglas Mack, IT Security Director (ISO) Dave Burhop, Deputy Commissioner (CIO) Nick Danforth, DMV Chief Architect Facilities*
Planned Corrective Action:
Corrective Action #1: DMV will ensure that adequate physical and environmental security policies and procedures are in place.

Corrective Action #2: DMV will ensure that adequate physical and environmental security controls are in place.

Anticipated Completion Date: September 30, 2016

2015-065: Improve Access Controls to IT Hardware

Prepared by: *Department of Transportation*
Responsible for Corrective Action: *Mary Winslow, IT-Systems Engineering Manager*
Planned Corrective Action:
VDOT will review and edit the current access list to ensure that only those individuals with justifiable business needs are permitted entry to the VDOT computer rooms.

Anticipated Completion Date: *July 1, 2016*

2015-066: Expand Change Management Process to Include all IT Environment Production Changes

Prepared by: *Department of Social Services*
Responsible for Corrective Action: *Robert Hobbelman, Chief Information Officer VDSS System Owners*
Planned Corrective Action:
VDSS has dedicated resources over the past year to implementing the change management process and change control board. These efforts have encompassed many critical systems, including VaCMS. VDSS will continue requiring production changes to be routed through the change management process. We will work to instill a culture of stringent change management by training system owners and business applications owners on the necessary steps to properly release new production changes. The determination of adherence to the overall policy is discussed in the quarterly DSS IT Investment Board as to ensure all levels of management are aware and can assist in ensuring compliance of this adherence.

Anticipated Completion Date: *June 30, 2016*

2015-067: Improve Change Management Process and Controls

Prepared by: *Department of the Treasury*
Responsible for Corrective Action: *Patrick Cornish, Director Information Systems*
Planned Corrective Action:
Treasury has already discontinued its practice of allowing IT developers who created or modified the source code from migrating the code into production. Additionally, Treasury will complete its work on a more robust, written change management procedure.

Anticipated Completion Date: *July 31, 2016*

2015-068: Correct Operating Environment and Security Issues Identified by their Security Compliance Audit

Prepared by: *Department of Medical Assistance Services*
Responsible for Corrective Action: *Mukundan Srinivasan, DMAS Chief Information Officer, Information Management Division, Theresa Fleming, DMAS Information Security Officer, Office of Compliance and Security*

Planned Corrective Action:
Of the original 15 audit findings, 11 CAPs were previously completed. CAPs for the four remaining findings from the DMAS Internal Audit Security Compliance Audit have been revised to include recent status with completion milestones.

Risk Assessment Procedures

In 2014, DMAS hired a third party contract vendor, Assura, Inc., to conduct a full risk assessment and a business impact analysis using the most current Commonwealth Security Policy. Assura is on target to complete this project by the end of March 2016. After the completion of the risk assessment, DMAS will develop a process to address the risks identified in the assessment. (Estimated completion Date: March 31, 2016)

Logical Access Controls

OCS has taken steps to strengthen controls for granting access to DMAS applications. The ISO trained a back-up ISO to help process access request forms. OCS will not grant access to systems without a signed access agreement.

When an employee is terminated, the supervisor must complete an Exit Clearance Form with a checklist that includes obtaining an approval sign-off from OCS to remove user access. When OCS receives the Exit Clearance Form, they notify VITA to suspend the network account. OCS is responsible for suspending the MMIS account. When HR sends emails about staff changes, OCS performs a cross-check to see if it has received and processed the Exit Clearance Form.

Once OCS completes MMIS user access reviews, OCS will produce reports that list all other systems users (excluding MMIS users) with the associated privileges. OCS will stagger distribution of the reports to the application system's owner to review and confirm user assignment, beginning in June 2016. The application system's owner will either respond with modifications to OCS to make changes or will respond that employee access is appropriate. (Estimated Completion Date: December 31, 2016)

In the long term, DMAS plans to purchase a COTS product to more efficiently document privileges internal applications and automate the distribution of listings of users and associated privileges to system owners and managers; however, the purchase has been delayed due to the ongoing work toward developing the Medicaid Enterprise System RFP (MMIS replacement). In order to integrate a

COTS product into the evolving DMAS environment, a COTS purchase may not occur until the end of 2017.

Training Materials

OCS is scheduled to complete the update to the training materials on the Managed Online Awareness Training (MOAT) by January 31, 2015. The updates will address the concepts of separation of duties and intellectual property rights. (Estimated Completion Date: January 31, 2016)

Policy and Procedures Review

Part of the work that Assura, Inc. is completing will include a gap analysis on DMAS's policy and procedures and the requirements of the Commonwealth Security Standards (SEC 501-08 and SEC 501-09). The work is on target to be completed by March 31, 2016. OCS will use this analysis to update the security policy and procedures to ensure they are in compliance with the Commonwealth Security Standards. (Estimated Completion Date: December 31, 2016)

Anticipated Completion Date: *December 31, 2016*

2015-069: Confirm VABS is Calculating Maximum Benefit Amount Consistently for All Claimants

Prepared by: *Virginia Employment Commission*
Responsible for Corrective Action: *William Walton, UI Director*
Planned Corrective Action:
IT has made changes to VABS and all current claims are being calculated based on the table in the Act. The older claims identified by the APA in the last review that were still not corrected are being worked on individually because many of them involved EUC and EB benefits are various Tiers. Each of those claims requires careful and thorough review to ensure that they are paid at the correct rate as each Tier involved a different calculation and formula as enacted by Federal legislation. There are approximately 16 of these claims left for review and edit to ensure that their monetary entitlement is calculated based on the table in the Act.

Anticipated Completion Date: March 31, 2016

2015-070: Withhold Child Support Obligations from Benefit Adjustment Payments

Prepared by: *Virginia Employment Commission*
Responsible for Corrective Action: *William Walton, UI Director*
Planned Corrective Action:
An automated report created to ensure accuracy of child support withholdings. No new errors have been detected to date. An Application Change/Enhancement Request Ticket was submitted to address the issue where a claim had multiple effective dates and multiple child support percentage

deductions where a deduction was made at only the most recent effective date and percentage rate. The programmer is exploring options to see if VABS is capable of storing and applying various dates and percentages on the same claim at the same time. To date a resolution has not been offered. The ACERT has a due date of February 1, 2015.

Anticipated Completion Date: *June 30, 2016*

2015-071: Continue to Improve IT Security Audit Plan

Prepared by: *Department of Accounts*
Responsible for Corrective Action: *Frank Pitera, Information Security Officer*
Planned Corrective Action:
Accounts recognizes the importance of having the agency's framework documentation kept up to date and as current as possible. Accounts has made significant gains in documenting the sensitive business processes and associating applications within the Business Impact Analysis and Risk Assessments. Although not complete, Accounts will dedicate the necessary resources to complete the agency's documentation as well as incorporate the findings into the required three year audit plan for sensitive systems. Accounts will finalize the contract with an outside auditing firm to conduct IT security audits of the agency's sensitive systems.

Anticipated Completion Date: *June 30, 2016*

2015-072: Develop and Submit an Information Technology Audit Plan

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Randy Sherrod, Internal Audit Director*
Planned Corrective Action:
DBHDS is committed to completing all of the requirements of Commonwealth's Information Technology Security Audit Standard, SEC 502-02.2. DBHDS submitted an IT Audit Plan to VITA on November 9, 2015. In addition, the Governor's budget for the 2016-2018 biennium includes funding for additional resources to complete the audits listed in the audit plan. DBHDS has also committed one-time funds to outsource the completion of some sensitive IT systems audits.

Implementation of the response to this audit finding is ongoing. The audit plan was submitted to VITA on November 9, 2015. Once the Governor's budget is approved by the Virginia General Assembly, DBHDS will begin recruiting for an IT auditor.

Anticipated Completion Date: *On-going*

2015-073: Improve Controls over Financial Reporting

Prepared by: *Department of Transportation*
Responsible for Corrective Action: *Janice S. Long, Controller*
Planned Corrective Action:
VDOT will review the preparation and review process to determine how it can be strengthened, including advance preparation (where possible) and additional resources. Enhanced reviews and analytical procedures will include cross checking submissions with other submissions of similar information and other steps to ensure accuracy. VDOT will ensure that the policy and procedure for allowance for doubtful accounts is updated to reflect the current allowance methodology and the excel formula in the worksheet is corrected. Fiscal and Construction Divisions will work to revise the Year End procedures for providing commitments information.

Anticipated Completion Date: *June 30, 2016*

2015-074: Document the Impact Funding has on Highway Infrastructure Capitalization

Prepared by: *Department of Transportation*
Responsible for Corrective Action: *Janice S. Long, Controller*
Planned Corrective Action:
Fiscal Division will work with VDOT leadership to identify legislative and other funding changes that could potentially impact the capitalization process. The review process of new legislation will be documented annually and the capitalizaton process updated as required.

Anticipated Completion Date: *June 30, 2016*

2015-075: Improve Internal Controls over Lease Reporting

Prepared by: *Department of General Services*
Responsible for Corrective Action: *Bryan Wagner, DGS Controller*
Planned Corrective Action:
Obtain guidance from the Department of Accounts (DOA) regarding reporting of future commitments on our yearend financial statements. Establish the necessary reporting processes with the Division of Real Estate Services to ensure lease transactions are reported in accordance with DOA guidance prior to preparing our next yearend financial statements.

Anticipated Completion Date: *June 30, 2016*

2015-076: Improve Procedures Around Accounts Receivables Reporting

Prepared by: *Department of Motor Vehicles*
Responsible for Corrective Action: *Individual Responsible: Curtis Chisholm, Controller*
Executive Responsible: Scott Cummings, Assistant Commissioner for Finance
Planned Corrective Action:
Written procedures will be developed by Account Receivables to have a Monthly/Quarterly review process to identify motor fuel and wholesale sales tax account receivables for FMS purposes.

Written procedures will be developed to ensure that there is an annual review of the methodology for the allowance for doubtful accounts to include Motor fuel and wholesale sales taxes.

Anticipated Completion Date: *March 1, 2016*

2015-077: Improve Process for Reporting Investments to the Comptroller

Prepared by: *Virginia Retirement System*
Responsible for Corrective Action: *Barry C. Faison, CFO, Virginia Retirement System*
Planned Corrective Action:
The Virginia Retirement System (VRS) will review all of its procedures related to the preparation of the financial and other information for the VRS CAFR and those that relate to the attachments and other submissions required by the Department of Accounts, including the information contained in Attachment 24. VRS will also evaluate the need for additional and/or modified data from BNY Mellon to support the preparation process and whether additional reconciliations and reviews might be appropriate. In addition to these data quality efforts, we will ensure that the submissions to DOA, including Attachment 24, have the required approvals documented and are submitted in accordance with the schedule established by DOA.

Anticipated Completion Date: *June 15, 2016 for the review of the procedures related to the preparation of the financial and other information for the VRS CAFR and DOA's submission schedule for the delivery of Attachment 24 and other submissions.*

2015-078: Improve Financial Reporting

Prepared by: *Department of the Treasury*
Responsible for Corrective Action: *Vicki Bridgeman, Director Unclaimed Property*
Planned Corrective Action:
Unclaimed Property staff has requested a meeting with the Department of Accounts to discuss the expected new GASB standard related to fiduciary funds. Staff is also in the process of drafting

procedures for completing the financial statement template and related processes. Additionally, Unclaimed Property staff will work with the custodian to receive more detailed reports where available to aid in the financial reporting process.

Anticipated Completion Date: *September 30, 2016*

2015-079: Improve Controls over Inventory Reporting

Prepared by: *Department of Health*
Responsible for Corrective Action: *Carla Bennett, OEPI Administrative Deputy*
Planned Corrective Action:
OEPI administration will work with both the pharmacy and immunization services to ensure internal policies and procedures are followed, and improve the data provided to administration for the year-end inventory.

Anticipated Completion Date: *June 30, 2016*

2015-080: Improve the Reconciliation to the Retirement System

Prepared by: *Department of Transportation*
Responsible for Corrective Action: *Emily Elliot, HR Division Administrator and Janice S. Long, Controller*
Planned Corrective Action:
VDOT will document and communicate Standards of Practice - VRS Reconciliations. Target audience - Human Resources staff. VDOT will also increase communication between payroll staff and HR staff statewide of NVAV exceptions, document understanding of NVAV exceptions and steps to resolve them, and establish timeframes for resolving exceptions.

Anticipated Completion Date: *April 1, 2016*

2015-081: Improve Controls over the myVRS Navigator System

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Stacy Pendleton, Assistant Human Resources Director Randy Sherrod, Internal Audit Director*
Planned Corrective Action:
DBHDS will ensure that VNAV snapshot reconciliations are completed in a timely manner. In addition, policies and procedures will be enhanced to adequately describe how the reconciliations of FMS and CIPPS to VNAV are to be completed. DBHDS will also ensure that no employee has duplicate accounts in VNAV by reviewing the access levels in that system.

Anticipated Completion Date: *June 30, 2016*

2015-082: Improve myVRS Navigator Reconciliation Process

Prepared by: *Department of Motor Vehicles*
Responsible for Corrective Action: *Individual Responsible: Jeannie Thorpe, Director of Human Resources*
Executive Responsible: David Mitchell, Deputy Commissioner
Planned Corrective Action:
DMV has created a template to reconcile data in MyVRS Navigator (VNAV). We have also put in place procedures that require that the documentation of the reconciliations be kept.

Anticipated Completion Date: *Completed*

2015-083: Improve myVRS Navigator Reconciliation and Confirmation

Prepared by: *University of Virginia-Academic Division*
Responsible for Corrective Action: *Darell Kozuch, Assistant Vice President for Human Resources; Lori O'Connor, Payroll Manager*
Planned Corrective Action:
Human Resources and Information Technology are continuing the review of the current exception-based query and reconciliation processes to identify opportunities for improvement. As discussed with the APA, UVA's process has been uniquely complex and time-consuming because the interface between our systems and the state's systems are not aligned. Nonetheless, we have made significant progress during the past twelve months. All 100 employees whose records were out of sync have been reconciled. 85 of the 100 were faculty with contributions over nine months in the university system compared to 12 months in the VRS system. This has been corrected with VRS effective 25-August-2015. VRS has confirmed this update. We have modified our reconciliation procedure to account for the reconciliation issues created by nine-month faculty. The remaining 15 employee records that were out of sync were for a variety of reasons. However, all have been corrected. Funding for the account is in order and no additional funds need to be passed between VRS and the University. The University devotes substantial resources already, but will direct additional resources to it in order to meet the VRS monthly due date.

Anticipated Completion Date: *December 31, 2015*

2015-084: Improve myVRS Navigator Reconciliation and Confirmation

Prepared by: *University of Virginia Medical Center*
Responsible for Corrective Action: *Kim Holdren, UVAMC Controller*
Planned Corrective Action:
The Medical Center agrees that the VNAV reconciliation should be completed in a timely fashion. New steps have been added to the reconciliation procedure to ensure that due dates, deliverables

and responsible parties are clearly specified, and that appropriate documentation of the reconciliation is retained.

A calendar will be developed and distributed to Health Sciences Technical Services (HSTS), Payroll and Human Resources showing due dates and deliverables for each responsible department. HSTS will send an email to Payroll and Human Resources when the Medical Center file has been sent and loaded at VRS. HR will send an email to Payroll when the errors have been corrected (Payroll will print and save this email). Payroll will process payment and submit file and print out confirmation from VRS.

Anticipated Completion Date: *December 31, 2015*

2015-085: Improve Procedures for myVRS Navigator Reconciliations and Data Discrepancies

Prepared by: *Department of Taxation*
Responsible for Corrective Action: *Karen Doty, Human Resource Director*
Planned Corrective Action:
The comment notes that there were 38 discrepancies between myVRS Navigator system and TAX's human resources and payroll systems as of February 2015. As of December 1, 2015; 32 of the discrepancies have been resolved. One of the discrepancies will be resolved by September 30, 2016 and the remaining five discrepancies will never be resolved. These seven discrepancies all involve deceased employees where TAX was not notified of the discrepancy in a timely enough manner to resolve the discrepancy through the employee's estate. These seven discrepancies will be reflected on the reconciliation as a permanent difference.

Anticipated Completion Date: *September 30, 2016*

2015-086: Document myVRS Navigator Reconciliations

Prepared by: *Department of Medical Assistance Services*
Responsible for Corrective Action: *Kathleen B. Guinan, DMAS Human Resources Division Director*
Patricia B. Pride, DMAS Human Resources Division, Benefits & Operations Manager
Planned Corrective Action:
DMAS' Human Resources Division has begun development of internal policies and procedures to ensure compliance with myVRS Navigator requirements. A step-by-step manual will be available for cross-training and to ensure the process is well-documented. Additionally, the Human Resources Division will ensure its internal human resources data and myVRS Navigator properly reconciles. Because of past issues with the myVRS Navigator and PMIS interface, whenever issues arise, the Operations Manager immediately addresses each with VRS. DMAS will develop a form to be completed for the reconciliation process to provide sufficient documentation of the reconciliation.

That documentation will be retained in confidential files in the Operations Unit and will demonstrate the identification and correction of reconciliation discrepancies.

Anticipated Completion Date: *April 1, 2016*

2015-087: Retain Documentation of myVRS Navigator to PMIS Reconciliations

Prepared by: *Department of Education - Central Office Operations*
Responsible for Corrective Action: *Becky Marable, Director of Human Resources*
Planned Corrective Action:
DOE has assigned tracking and compliance assurance to the Office of Human Resources. DOE-HR will retain supporting documentation of monthly PMIS to myVRS Navigator reconciliations prior to submitting its Contribution Snapshot to VRS. DOE-HR will retain sufficient documentation tor the review process and any resulting adjustments to demonstrate proper performance of reconciliation. DOE-HR will update its documented procedures to reflect these process improvements.

Anticipated Completion Date: *January 31, 2016*

2015-088: Improve Controls over Payroll

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Randy Sherrod, Internal Audit Director*
Planned Corrective Action:
The Department concurs with the audit comments as the payroll testwork was completed by the DBHDS Office of Internal Audit. In addition, the Department has agreed with the responses to the findings that were given by the four facilities where payroll testwork was completed. The responses will satisfy the recommendations made in this finding.

Anticipated Completion Date: *June 30, 2016*

2015-089: Record Accurate Time and Effort Reporting

Prepared by: *Department of Health*
Responsible for Corrective Action: *Carla Bennett, OEPI Administrative Deputy*
Planned Corrective Action:
OPEI will ensure VDH Policy 6.05 is implemented. Implementation and documentation of this agency-wide policy will provide reasonable assurance that OEPI is recording and reconciling time and effort in compliance with all applicable federal requirements.

Anticipated Completion Date: *January 31, 2016*

2015-090: Improve the Billing Process

Prepared by: *Department of Transportation*
Responsible for Corrective Action: *Janice S. Long, Controller*
Planned Corrective Action:
VDOT will document procedures for manually processing invoices to federal agencies, monitor the authorizations for federal projects and submit a request for additional funds in advance of project expenditures. A backup person will be established to support the function when the responsible person is absent. VDOT will ensure the Open Container billing policies and procedures are documented and coordinate with DMV to ensure billings are processed by the last day of the month following the quarter end.

Anticipated Completion Date: *June 30, 2016*

2015-091: Improve Sole Source Procurement Documentation

Prepared by: *University of Virginia-Academic Division*
Responsible for Corrective Action: *Steve Heldreth, Major Procurement Manager*
Planned Corrective Action:
With respect to the sole source procurements addressed above, the University stands by its selection of the sole source procurement method as appropriate and also understands the APA's assertion that contract files need to contain a more explicit audit trail to support the selection of the sole source procurement method. For the sole source procurements managed by Procurement and Supplier Diversity Services (PSDS) similar to those referenced in paragraphs 1 and 2, the University will take steps to ensure that its internal sole source approval form is completed and retained as documentation. Additionally, as a number of the documentation shortcomings were related to maintenance contracts, the University will specifically amend the sole source policy to clarify that sole source maintenance transactions require the same essential documentation as for other sole source transactions. For capital sole source procurements, Facilities Planning and Construction commits to reviewing the HECOM with respect to how sole sources are addressed and initiating any necessary relevant edits to the HECOM to ensure requisite clarity, specificity, and consistency with other relevant sections of the law.

Anticipated Completion Date: *June 30, 2016*

2015-092: Improve Capital Asset Management

Prepared by: *State Lottery Department*
Responsible for Corrective Action: *Valerie Henshaw, Accounting Control Manager*
Planned Corrective Action:
The Lottery owns and manages capital fixed assets mainly comprised of equipment used in retailer locations to sell Lottery products, vehicles, information technology infrastructure equipment and intangible property including information technology systems. We believe that significant improvements have been completed, but that we are not fully complete with all of the planned improvements. We would like to note the following additional information:

- *The auditor notes that one department did not properly conduct a physical audit. The telecommunications area within Information Technology did conduct an inventory audit, but not all assets were identified.*
- *The auditor notes that one department did not indicate or investigate inventory reconciling items. This is related to a $2,002 difference for two electronic billboard number packs, and the difference was subsequently resolved.*
- *We concur that two fixed assets totaling $40,123.02 were misclassified that should have been expensed or classified as intangible software.*
- *We concur that 39 fixed assets totaling $1,037,815.53 were not removed from the system timely; however, 37 of these 39 assets were fully depreciated, and the total book value of these assets written-off was less than$ 2,000.*
- *We concur that all assets were not given a unique identifier, such as serial numbers, in the Fixed Assets System. Some assets do not have serial numbers for unique identifiers. However, with the implementation of Microsoft Dynamics we will explore the use of other identification methods, including digital photographs and GPS coordinates for items such as the electronic billboard number packs.*
- *We concur that assets' useful lives were sometimes underestimated. Useful life of assets were generally overstated, resulting in a more conservative approach of escalating the depreciation expense. Beginning in 2016, we will review and evaluate the useful life of assets every two years, using an asset group formula to evaluate the lives of the groups.*
- *We concur that Inventory Policies and Procedures are not detailed for 4 out of the 11 areas. We will update the policy to include a responsible position for each area, along with the unique inventory procedures.*

Surplus property procedures do include notification of Finance when assets are disposed. The practice cannot have a preventative control mechanism by nature, which is why we do agree that conducting periodic inventory confirmations are an effective detective control mechanism. We will continue to coordinate with the surplus property coordinator, as well as the responsible position in the inventory areas, to help ensure complete and timely information and updates to the fixed asset records.

The net financial value of capital assets is $6.5 million, or two percent of the total lottery assets.

Anticipated Completion Date: *FY 2016*

2015-093: Improve Equipment Inventory Process

Prepared by: *University of Virginia-Academic Division*
Responsible for Corrective Action: *Dave Boling, AVP Finance and University Comptroller; Randy Ellis, Associate Comptroller*
Planned Corrective Action:
Before an inventory write-off occurs, the University's operating practice requires that an item be reported as "not found" for two inventory cycles and that the department certify that the item cannot be found. This provides maximum opportunity for units to locate items or determine that items have been disposed or sent to surplus property and helps to prevent premature write-off of missing items. The University agrees that the completion of equipment inventory certifications needs to improve. The Comptroller's Office is currently conducting a comprehensive review of the equipment inventory process. This includes collaboration with the schools and departments to develop a more effective process for completing, verifying, and certifying the accuracy of units' inventories on a timelier basis. One meeting with the largest unit has resulted in positive changes that are currently being implemented and will help to ensure completion of inventory certifications.

Anticipated Completion Date: *March 31, 2016*

2015-094: Improve the Process of Disclosing Economic Interests

Prepared by: *Department of Transportation*
Responsible for Corrective Action: *Emily Elliot, HR Division Administrator*
Planned Corrective Action:
VDOT will document and communicate Standards of Practice - Statement of Economic Interest Position Designation, Training and Submissions. Target audience - All VDOT employees and Human Resources staff

Anticipated Completion Date: *May 1, 2016*

2015-095: Comply with the Code of Virginia Economic Interest Requirements

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Chris Foca, Director of Procurement and Administrative Services*
Planned Corrective Action:
DBHDS Office of Procurement and Administrative Services (OAS) tracks employee compliance of the Statement of Economic Interests reporting requirement using the Secretary of the Commonwealth's electronic system. Reminder emails are sent in advance of the reporting deadline to employees as needed. DHBDS, however, will increase the frequency used to monitor the online system. Further, DBHDS will increase the number of reminder emails sent through the Secretary of the

Commonwealth's system to employees. Finally internal emails will be sent to stress the importance of the filing.

DBHDS will develop a tool to track and record employee attendance of the biennial Conflict of Interest training. Records will be maintained for five years. DBHDS was operating under the posted guidance from DHRM whereas this training was required of employees once.

Anticipated Completion Date: *June 30, 2016*

2015-096: Ensure Employees Complete Statement of Economic Interest Training

Prepared by: *Department of Education - Central Office Operations*
Responsible for Corrective Action: *Becky Marable, Director of Human Resources*
Planned Corrective Action:
DOE has assigned tracking and compliance assurance to the Office of Human Resources. DOE-HR has secured documentation that all eligible employees have completed the required training in CY2015. DOE-HR will secure documentation for all new eligible employees within two months of hire date and at least once during each consecutive two-year period. DOE-HR will maintain records of training completion for five years as required by Code of Virginia. DOE-HR will update its documented procedures to reflect these process improvements.

Anticipated Completion Date: *January 31, 2016*

2015-097: Improve Controls over SOAR Program Administration

Prepared by: *Virginia College Savings Plan*
Responsible for Corrective Action: *Beth Miller, Director Scholarship and Education Outreach Mike Henry, Director of IT Operations*
Planned Corrective Action:
This memorandum is to provide you with additional facts in regard to the observation made during your audit of Virginia College Savings Plan. Thank you for the opportunity to provide this written response.

APA's Finding:

"Virginia529 has not implemented adequate internal controls or segregation of duties over the SOAR Virginia program. The SOAR Virginia Program Coordinator (Coordinator) compiles program enrollment data, can alter records, and initiate distribution requests without any supervisory review or approval."

Concern #1: Lack of review and approval of enrollment process.

Responsible Person: Beth Miller and Mike Henry

Anticipated Completion Date: January 31, 2016

For the 2014-15 school year, the Coordinator compiled the enrollment data from the access providers and the Director verified that the number of students enrolled in total and by access provider was reconciled between the master spreadsheet sent to ITO to upload to the database and the resulting enrollment report from the database. When the database became available in 2014, the Director reconciled student counts by access provider and by program status for all prior years to ensure all was loaded correctly. After the 2014-15 enrollment cycle, the Director again reconciled student counts by access provider and by program status to ensure the current year enrollees were also loaded correctly. Also for the 2014-15 school years, the Coordinator pulled a report from the database of students enrolled at each high school to gather certification results from the advisors. This same process will occur in the spring for the 2015-2016 school years. These spreadsheets were distributed to the advisors and had there been any students missing, the advisors would have notified Virginia529. That exception did not occur. While, as a result of these actions, there were checks to identify missing students and students who were not submitted by advisors, the process has been improved to independently ensure the enrollment prepared by the Coordinator is complete and accurate not only in total but also by student name, high school and access provider.

Actions:

For the 2015-16 academic year, SOAR Virginia is in the midst of the annual enrollment season. To ensure the review is independent, the Director and Coordinator will each receive a separate copy of the files directly from the access providers. Files from access providers will be independently loaded into the database. The Director will conduct a review of the records. The review will include,

- *reviewing that each student listed on the access provider's list is listed in the file loaded to the database, and that none are listed that are not listed on the original file from the access provider, and;*

- *reconcile the total number of new students by high school and access provider.*

Enrollment files are due to Virginia529 by November 30 so we anticipate we will implement the two steps above during January 2016.

Concern #2: Program Coordinator can alter student records.

Responsible Person: Beth Miller and Mike Henry

Anticipated Completion Date: January 31, 2016

While the Coordinator can and needs to be able to alter student records when necessary as part of her job responsibilities, there is an internal control in that each change and all uploads are logged

with a date and an author of the change. If the reason for the change isn't evident, such as adding missing data, a note is added to the student record explaining the change. This transparency is a control in and of itself to prevent unsubstantiated or unauthorized changes to student records.

Action:

To enhance control in this area, a new report will show all edits to the student records in the SOAR VA database to be reviewed and signed off on weekly beginning in January 2016.

Concern #3: Coordinator initiates distribution requests.

Responsible Person: Beth Miller

Completion Date: September 23, 2015

On the distribution side, there has been segregation of duties between the Coordinator who initiates the distributions and Financial Operations which processes them. The Coordinator receives the distribution requests, ensures they meet program rules and records them in a spreadsheet with a specific format which allows Financial Operations to upload the spreadsheet for the distributions to be processed in Banner. The Banner process has program rules in place to make sure that,

- *the maximum total award does not exceed $2,000, and*
- *the date of the distribution request is after the expected usage (graduation) date, and*
- *the requested amount if for the first year following high school graduation is not more than 50 percent of the total awards earned, and*
- *if the requested amount exceeds the account balance, the distribution is processed for the amount of the account balance, consistent with standard operating procedure for non-SOAR inVEST accounts, and*
- *distributions can only be made directly to qualified institutions of higher education.*

Actions: Since the APA reviewed the SOAR VA policies and procedures, the SEO team has transferred all processing of SOAR VA distributions to Financial Operations. This change was effective September 23, 2015. Distribution requests from participating students are sent directly to Financial Operations who then processes them according to SOAR Virginia program rules. This completes the separation of duties with regard to distribution processing between SEO who processes enrollment and Financial Operations who processes distributions.

Anticipated Completion Date: January 31, 2016

2015-098: Improve Compliance Over Enrollment Reporting

Prepared by: *Blue Ridge Community College*
Responsible for Corrective Action: *Franki Hampton, Interim Vice President of Administration and Finance*
Planned Corrective Action:
The VCCS IT representative who acts as a liaison with National Student Clearinghouse is rewriting the enrollment extract that will correctly capture data for students who have "unofficially" withdrawn. Blue Ridge is communicating with National Student Clearinghouse to discuss the cross-term comparison issue. In the interim, the Financial Aid Office, Admission and Records, and Information Technology departments will collaborate to perform a manual cross-check of actual enrollment data to reported National Student Clearinghouse data no less frequently than every 60 days.

Anticipated Completion Date: *April 1, 2016*

Prepared by: *Central Virginia Community College*
Responsible for Corrective Action: *Michael Farris, Dean of Enrollment Management*
Planned Corrective Action:
The VCCS is working to enhance the unofficial withdrawal reporting process to NSLDS through the National Student Clearinghouse. Until a solution can be identified, the College will be completing reporting of unofficial withdrawals directly through the website interface.

Anticipated Completion Date: *March 1, 2016*

Prepared by: *Germanna Community College*
Responsible for Corrective Action: *Aaron Whitacre, Director of Financial Aid*
Planned Corrective Action:
Procedures were improved to ensure the timely and accurate reporting of enrollment changes. NSLDS will be updated for unofficial withdrawals when an R2T4 is processed. VCCS will be adding logic to the custom National Student Clearinghouse process to capture and report to NSLDS correctly. Verification of enrollment status, enrollment changes, and graduation data will be performed to ensure that students are reported properly.

Anticipated Completion Date: *January 22, 2016*

Prepared by: *James Madison University*
Responsible for Corrective Action: *Kurt Johnson, Associate Registrar*
Planned Corrective Action:
The Registrar's Office will send a degree verification report every 30 days to National Student Clearinghouse that is based on the action date of the completion of the program row in the student administration system. After 30 days, a query of the system will be pulled to identify any new students that have not been previously reported to avoid mass duplications to the National Student

Clearinghouse. The querying for August degree completers only begins after the August conferral date so the group of students we found did not get picked up because of the action date was in June (met degree requirements in June), so it was excluded from the transmission as the June action date, based upon our new transmission schedule, was tied to May degree conferrals, not a conferral date in the future: August. To address the "gap" issue for summer 2015, the Office of the Registrar will continue to send monthly degree verification reports to Clearinghouse. Beginning June 2016, reports will be run for both May and August conferrals to ensure we pick up those students who complete their final requirements in June (June completion row in the PeopleSoft system) but have an August conferral date.

Anticipated Completion Date: *September 1, 2016*

Prepared by: *John Tyler Community College*
Responsible for Corrective Action: *Dr. Bill Fiege, Vice President of Learning and Student Success and Joy James, Director of Admissions and Records*

Planned Corrective Action:
John Tyler personnel will request a file to analyze after each reporting date with National Student Clearinghouse to make sure the data being reported is updated correctly. An additional reporting date has been added which will provide a report to National Student Clearinghouse every month within the semester. A data extract will be pulled from SIS and compared to information provided in NSLDS. Administration will continue to require faculty to report stopped attending forms in a timely manner. Administration will attempt to restrict the change of F and U grades that should be W's at the end of the term. The Registrar will manually update any student who graduates in a term that has not attended for 120 days since National Student Clearinghouse has indicated that they will not report this student to NSLDS with a graduate row. The College will collaborate with the VCCS IT to review the program that pulls data needed for the National Student Clearinghouse.

Anticipated Completion Date: *January 29, 2016*

Prepared by: *Mountain Empire Community College*
Responsible for Corrective Action: *Kristy Hall, Dean of Enrollment Services; Della Bays, Coordinator of Financial Aid; and Tonya Slone, Business Process Technologist*

Planned Corrective Action:
The enrollment and graduate reporting process has been transitioned from the Computing and Information Technology Office to the Enrollment Services/Admissions and Financial Aid area. Enrollment Services has already started developing step-by-step instructions for submitting enrollment status, enrollment changes and graduation data and has designated employees responsible for submission and verification in both the National Student Clearinghouse and NSLDS.

Anticipated Completion Date: *December 14, 2015*

Prepared by: *Norfolk State University*
Responsible for Corrective Action: *Michael Carpenter, Registrar*
Planned Corrective Action:
Effective immediately, the following changes have been implemented to the procedures we have in place for processing our Enrollment Verification reporting to the National Student Clearinghouse. When the The Enrollment Verification Coordinator receives and processes the withdrawal form, the Coordinator will log into the National Student Clearinhouse website and update their enrollment status to reflect the withdrawn status and date of withdrawal. The National Student Clearinghouse file is transmitted every 30 days. The Office Manager will run a report of students who withdrew from the University to make sure that their statuses have populated correctly within the National Student Clearinghouse file before sending. The Registrar will complete monthly checks in the National Student Clearinghouse website to make sure that the withdrawn statuses have populated correctly on the students that have withdrawn from the University. The Registrar will meet with the Default Manager who handles NSLDS to make sure the withdrawn students are correctly reflected in NSLDS.

Anticipated Completion Date: *October 5, 2015*

Prepared by: *Paul D. Camp Community College*
Responsible for Corrective Action: *Donna Douglas, Registrar; Teresa Harrison, Franklin Financial Aid Officer; Marie Linton, Suffolk Financial Aid Officer; Dr. Tara Atkins-Brady, Vice President of Academic and Student Services; and Joe Edenfield, Vice President of Administration and Technology*
Planned Corrective Action:
The required IT setups for the NSLDS upload will be reviewed, maintained and updated on a semester basis. The Admissions Department/Registrar will notify the Financial Aid Office when the upload has been completed. Both the College calendars for the Admissions Department/Registrar and the Financial Aid Office will be updated to ensure follow-up.

Anticipated Completion Date: *January 12, 2016*

Prepared by: *Radford University*
Responsible for Corrective Action: *Matthew Brunner, Registrar*
Planned Corrective Action:
The Registrar's Office has implemented new departmental procedures to ensure this compliance requirement is met. The procedures will define the responsbility of the requirement to the Associate Registrar and the Registrar will review the completion of each transmission to ensure timliness. The procedures further define the timeline requirements for the notification process to be performed by term.

Anticipated Completion Date: *December 8, 2015*

Prepared by: *Southwest Virginia Community College*
Responsible for Corrective Action: *Jennifer Hale, Information Technology Specialist*
Planned Corrective Action:
The existing policies and procedures at SWVCC have been enhanced and the degree submission schedule has been revised to ensure compliance with federal requirements. The Information Technology Specialist will collaborate with the Registrar to ensure that graduation data is reported timely.

Anticipated Completion Date: *January 13, 2016*

Prepared by: *Virginia Highlands Community College*
Responsible for Corrective Action: *Nancy Pope, Coordinator of Financial Aid*
Planned Corrective Action:
Procedures have been enhanced to ensure enrollment changes are reported to NSLDS within the required timeframe. VCCS queries, rather than manual procedures, will be used to identify potential graduates for each term and to confer graduates. Graduate submissions will be completed within 30 days after the official degree conferral date on the academic calendar. Subsequent degree awards will be reported after degree confer date weekly until all graduates have been reported for the graduation term.

Anticipated Completion Date: *January 13, 2016*

Prepared by: *Virginia Military Institute*
Responsible for Corrective Action: *Janet Battaglia, Registrar*
Planned Corrective Action:
A defined submission schedule has been established for enrollment and enrollment status changes. A data verification process will be implemented to ensure that all enrollment data is verified through Colleague queries. When necessary, a manual update will be completed through the National Student Clearinghouse Correction Screen.

Anticipated Completion Date: *May 1, 2016*

2015-099: <u>Perform and Document Monthly Reconciliation of Direct Loans</u>
Prepared by: *Central Virginia Community College*
Responsible for Corrective Action: *Michael Farris, Dean of Enrollment Management*
Planned Corrective Action:
The College will be hiring a Coordinator of Financial Aid that will be responsible for performing reconciliations. Under his or her guidance, proper training will be conducted for this business function. The Coordinator of Financial Aid will be communicating on a monthly basis to the Dean of Enrollment Management.

Anticipated Completion Date: *March 1, 2016*

Prepared by: *George Mason University*
Responsible for Corrective Action: *Dr. Sandra Tarbox, Financial Aid Director; Larry Atienze, Financial Aid Account Manager; and Cassandra Thomas, IT Business Analyst*

Planned Corrective Action:
While we believe that the reconciliation took place in October 2014, we could not locate the document in question in this finding. Currently the loan reconciliation reports are generated by COD and sent to our SAIG mailbox. George Mason will be moving to the use of a job in Banner that will allow the reconciliation of Direct Loans within Banner in the Financial Aid Office, instead of documents being sent to the Fiscal Servcies area. Information will still be required from the Fiscal Services area to make sure that there is agreement, but the new process will allow for all files to be retained internally. Monthly output will be saved on a secure server.

Anticipated Completion Date: *February 15, 2016*

Prepared by: *Germanna Community College*
Responsible for Corrective Action: *Aaron Whitacre, Director of Financial Aid; Joyce Warnacut, Director of Finance*

Planned Corrective Action:
Financial Aid personnel will perform a comprehensive review of the reconciliation requirements. The reconciliation will be performed monthly and an audit trail will be retained. Procedures will be documented to detail the reconciliation between the Business Office and the Financial Aid Office.

Anticipated Completion Date: *April 1, 2016*

Prepared by: *James Madison University*
Responsible for Corrective Action: *Lisa Tumer, Director of Office of Financial Aid and Scholarships*
Planned Corrective Action:
James Madison has improved the Direct Loan Reconciliation process since the audit. An updated policy details monthly reconciliation, year-end closeout and daily/weekly efforts to resolve data conflicts between COD and PeopleSoft. Immediately following each disbursement (usually on a weekly basis), James Madison sends disbursement information via files transmitted to COD through EDConnect. Following each disbursement and return of funds, James Madison will update the monthly and annual Drawdowns and Refunds of Cash spreadsheets. This tracks when James Madison requests a transaction, when that transaction shows up in COD, University Business Office return of funds information, and any potential discrepancies between the Office of Financial Aid and Scholarships, COD and the University Business Office. The spreadsheet is also used in monthly reconciliation to determine how much cash is outstanding for a particular month. Loan informatiion, including disbursement information, is sometimes rejected by COD. What that occurs, COD will send a response file to James Madison with information about rejected loans, as well as the reason the loans were rejected. That file is uploaded into PeopleSoft and results in a loan "hold." James Madison runs a query at least weekly to identify these loans and resolves the issues within PeopleSoft or COD as necessary. If the resolution affect James Madison's cash balance, then this is documented on a

monthly action item spreadsheet. This spreadsheet documents the loan, the error, and how the error was corrected. Following each monthly reconciliation, the Assistant Director for Loans and Associate Director for Operations will sign the monthly reconciliation reports to signify that the month's reconciliation is complete. These reconciliations will be maintained for audit purposes.

Anticipated Completion Date: *Complete*

Prepared by: *Radford University*
Responsible for Corrective Action: *Barbara Porter, Director of Financial Aid*
Planned Corrective Action:
The Financial Aid and Student Account offices currently prepare monthly reconciliations between internal financial records and external systems. These offices understand the synergy that needs to be created to ensure all required reconciliations elements are performed. The two offices have met on multiple occasions and discussed various ways to bridge their individual reconciliations into a comprehensive review. The offices will incorporate existing reports to ensure that all information that is being automatically fed between the two systems for student awards are in agreement. The two offices will collaborate on a desktop procedure detailing the format and assigning departmental responsibilities.

Anticipated Completion Date: *February 15, 2016*

Prepared by: *Virginia Military Institute*
Responsible for Corrective Action: *Thomas Brashears, Director of Financial Aid*
Planned Corrective Action:
The Financial Aid Office will retain an audit trail detailing the reconciliation for review. The Assistant Director of Financial Aid will be responsible for completing the reconciliation. The Director of Financial Aid will perform a second level of review. All information will be retained in a consolidated file.

Anticipated Completion Date: *May 1, 2016*

2015-100: <u>Properly Process Return of Title IV Calculations</u>
Prepared by: *Central Virginia Community College*
Responsible for Corrective Action: *Michael Farris, Dean of Enrollment Management*
Planned Corrective Action:
The College will be hiring a new Coordinator of Financial Aid that will work closely with the employee completing the R2T4 transactions to ensure that calculations are being completed in accordance with federal regulations. Enhanced staffing will provide for management and oversight of areas of responsibility. Duties will be divided between all of the full and part-time employees in the office. This will allow for proper separation of duties and prevent one person from performing all of the compliant sensitive activities within the office.

Anticipated Completion Date: *July 1, 2016*

Prepared by: *Germanna Community College*
Responsible for Corrective Action: *Aaron Whitacre, Director of Financial Aid*
Planned Corrective Action:
The Financial Aid Office will process students included on the R2T4 report on a weekly basis. A recurring reminder will be established to check on the prior semester for any grade changes that would cause the student to show late on the R2T4 list. A spreadsheet was created to track students as a secondary level of review to ensure that calculations are accurate. The calendar that is loaded in PeopleSoft is also reviewed and Sundays are now included in the calendar when calculating holiday breaks.

Anticipated Completion Date: *January 26, 2016*

Prepared by: *J. Sargeant Reynolds Community College*
Responsible for Corrective Action: *Kiesha Pope, Director of Financial Aid*
Planned Corrective Action:
The delay in returning unearned Title IV funds was identified by the R2T4 Specialist and was the result of the loan disbursement records being rejected by COD. The R2T4 Specialist will begin reviewing each student in COD after the updated disbursement records have been sent. The Director of Financial Aid will review each R2T4 report once it is completed by the R2T4 Specialist to ensure that all students have been processed and the calculations are accurate.

Anticipated Completion Date: *March 31, 2016*

Prepared by: *Radford University*
Responsible for Corrective Action: *Karen Hedge, Associate Director of Financial Aid*
Planned Corrective Action:
The University strives to comply with federal requirement for determining whether a student is considered an unofficial withdrawal. Backup processes have been established to address position vacancies. When grades are available at the end of each semester, a report will be run to identify students with a 0.00 GPA for the term. The Financial Aid Office will contact the Professors of each student to request the date of the last academic-related activity. A deadline for a response by the 20th calendar day following the last day of the semester will be established to determine if the student should be classified as an unofficial withdrawal. A similar report has been created to identify possible summer unofficial withdrawals. Each student will be reviewed for enrollment during subsequent summer terms and the student will be reviewed upon completion of that future term to determine if he or she should be classified as an unofficial withdrawal.

Anticipated Completion Date: *August 29, 2016*

Prepared by: *Virginia Military Institute*
Responsible for Corrective Action: *Thomas Brashears, Director of Financial Aid*
Planned Corrective Action:
R2T4 calculations will be performed by the Associate Director of Financial Aid. Upon completion of the calculation, the Director of Financial Aid will perform a second level of review to ensure that calculations are accurate.

Anticipated Completion Date: *May 1, 2016*

2015-101: Promptly Return Unclaimed Aid to Department of Education
Prepared by: *James Madison University*
Responsible for Corrective Action: *Linda Combs, Director of University Business Office and Lisa Tumer, Director of Office of Financial Aid and Scholarships*
Planned Corrective Action:
The University outsourced the student refund process to a third party vendor starting with the summer 2013 semester. It is the University's desire to take any and all actions to ensure that all students receive their refunds. Students who have made an "active" refund selection of a paper check with the vendor will be contacted repeatedly if the check remains uncashed for a period of up to 180 days. During this period, the University Business Office will use the vendor's reporting to identify students with outstanding checks and will also attempt to reach the student by email. After 180 days, the funds will be returned to James Madison and the University Business Office will notify the student by email until the 219th day after which the University Business Office will advise the Financial Aid Office to return the funds. Students that have not made an "active" refund selection with the vendor and have not responded to requests to set up a refund preference will be mailed a paper check after 21 days. If the check remains uncashed, the funds will be returned to James Madison and the University Business Office will continue to contact the student until the 219th day, after which the Financial Aid Office will return the funds. The University Business Office maintains the "fed-loan-refund-returns" spreadsheet of unclaimed funds nearing the 240/45 day return limit. When a refund is returned to the University, the University Business Office adds the student to the spreadsheet and notifies the loan team via email so the loans can be processed on the Financial Aid side. Financial Aid has until the end of the calendar month to process the return. The loan team makes the appropriate loan adjustment and disburses the loan down as needed beffore the end of the month. A return summary is sent to the University Business Office containing batch information. The University Business Office uses this information to return funds to the Department of Education.

Anticipated Completion Date: *Complete*

Prepared by: *Norfolk State University*
Responsible for Corrective Action: *Karla Amaya-Gordon, Controller and Sandra Riggs, Bursar*
Planned Corrective Action:
Compliance with all federal student financial aid program requirements is important to the University. Procedures have been put in place to ensure all outstanding checks are research timely and funds are

returned within the 240 day requirement if not cashed by the student. The frequency of the University's due diligence has increased. This willl aid in minimizing the number of outstanding checks.

Anticipated Completion Date: *October 30, 2015*

2015-102: Improve Reporting to the Common Origination and Disbursement System (COD)
Prepared by: *Paul D. Camp Community College*
Responsible for Corrective Action: *Teresa Harrison, Franklin Financial Aid Officer; Marie Linton, Suffolk Financial Aid Officer; and Joe Edenfield, Vice President of Administration and Technology*
Planned Corrective Action:
Paul D. Camp will devote the resources and time required to follow existing policies and procedures as related to updating COD files. Files will be updated on a weekly basis throughout the academic year. The Franklin and Suffolk Financial Aid Officers will meet at the end of each semester with the Vice President of Administration and Technology to review the updates and share any challenges encountered.

Anticipated Completion Date: *January 18, 2016*

Prepared by: *Virginia Highlands Community College*
Responsible for Corrective Action: *Nancy Pope, Coordinator of Financial Aid*
Planned Corrective Action:
Virginia Highlands personnel will report all disbursements and subsequent adjustments within federal requirements. Policies and procedures have been updated to reflect that communication to update COD will occur both verbally and followed by an email to ensure compliance with federal regulations.

Anticipated Completion Date: *January 13, 2016*

2015-103: Reconcile Federal Fund Accounts
Prepared by: *Central Virginia Community College*
Responsible for Corrective Action: *Daniel Chipman, Business Manager*
Planned Corrective Action:
A monthly reconciliation of each Title IV program and general ledger control account will be maintained. The College will dedicate the necessary resources to properly complete and document the reconciliation between the G5 activity reports and the internal accounting records. A new accounting position will be created to ensure the reconciliation process occurs accurately and on a monthly basis. The new accounting position will coordinate with Financial Aid and the Business Office personnel to ensure accurate checks and balances are in place.

Anticipated Completion Date: *June 1, 2016*

Prepared by: *John Tyler Community College*
Responsible for Corrective Action: *Natolyn Quash, Associate Vice President of Finance Services*
Planned Corrective Action:
John Tyler has established and enacted a plan of action. A monthly reconciliation of each Title IV program, AIS general ledger account and SIS accounts will be maintained. The College will complete and document the reconciliation between the G5 activity reports and the internal accounting records. Coordination is in place with Financial Aid and the Business Office personnel to ensure accurate checks and balances are in place.

Anticipated Completion Date: *December 31, 2015*

Prepared by: *Virginia Military Institute*
Responsible for Corrective Action: *Sandra Manuel, Bursar*
Planned Corrective Action:
VMI Management concur with the finding acknowledging that, while accounting records are reconciled when drawing down federal funds and no discrepancies have been noted, enhancements to the recording of the process will ensure compliance with federal regulations. The Institute has already updated procedures and implemented a reconciliation template. The "Request for Federal Funds" template includes such items as Program, Authorized/Received/Spent Amounts, Balance Unspent, Cash Account Balance, etc., providing the necessary reconciliation evidence ensuring accuracy and consistency in the financial accounts in accordance with federal regulations.

Anticipated Completion Date: *May 1, 2016*

2015-104: Ensure Verification is Complete Prior to Disbursing Federal Financial Aid

Prepared by: *Virginia Military Institute*
Responsible for Corrective Action: *Thomas Brashears, Director of Financial Aid*
Planned Corrective Action:
The Financial Aid Office will implement a second level of review to ensure all supporting documentation is present. Verifications will be performed by both the Director and Assistant Director of Financial Aid. Once a file is complete, it will be passed to the Enrollment Services Representative to ensure all documentation is present. Each file will be initialed accordingly indicating the verification and subsequent review has been completed.

Anticipated Completion Date: *May 1, 2016*

2015-105: Improve Notification of Awards to Students
Prepared by: *Central Virginia Community College*
Responsible for Corrective Action: *Michael Farris, Dean of Enrollment Management*
Planned Corrective Action:
The College has expanded its partnership with Tidewater Community College to include the awarding of and the notification of student borrowers. This process will begin to be performed by Tidewater beginning spring 2016 and continuing thereafter.

Anticipated Completion Date: *January 11, 2016*

Prepared by: *George Mason University*
Responsible for Corrective Action: *Dr. Sandra Tarbox, Director of Financial Aid*
Planned Corrective Action:
During the 2014-15 year, the process of sending Direct Loan notification letters was activated manually by the Operations Manager, following the disbursement of loans. This step was overlooked on the May 8, 2015 date. The process in Banner has been changed so that instead of requiring manual intervention for the job to run, the job will run automatically in the Workload Automation Suite following the disbursement function. As an additional safeguard, the Associate Director (IT Business Analyst) in the Financial Aid Office has created a process whereby she, the Director of Financial Aid, the Associate Director of Operations and the IT Coordinator will each receive a daily email generated by the system, that will give a job report to review to ensure that the loan notification process has successfully completed. The report will indicate the number of emails sent which can be compared to the number of loans disbursed. This process was tested on January 14, 2016 and worked correctly. One more test will be conducted January 15, 2016 and if successful, the process can be fully implemented by January 19, 2016. Finally, a separate report is being created which can be run to compare names of students with disbursed loans to the names of students who received the loan origination email if any discrepancy in the numbers does exist. This report should be set up and functioning by February 14, 2016.

Anticipated Completion Date: *February 14, 2016*

Prepared by: *Germanna Community College*
Responsible for Corrective Action: *Aaron Whitacre, Director of Financial Aid*
Planned Corrective Action:
The College will create a communication item in PeopleSoft to document and inform students of the rights, options, and loan requirements prior to loan disbursements by the Financial Aid Office to the student account.

Anticipated Completion Date: *January 29, 2016*

Prepared by: *Radford University*
Responsible for Corrective Action: *Kim Wilson, Assistant Manager of Student Accounts*
Planned Corrective Action:
The Student Accounts Office will modify its existing procedures to include completing the system process that sends the required notifications for every day of the week. This will ensure that all required notifications are sent regardless of the day in which the aid was awarded.

Anticipated Completion Date: *December 10, 2015*

Prepared by: *Virginia Military Institute*
Responsible for Corrective Action: *Sandra Manuel, Bursar*
Planned Corrective Action:
The Financial Aid Office will enhance its current procedures to provide first and second-year cadets notification through an award letter which can be accessed on the student portal, PostView. Additionally, first-year cadets will continue to be required to sign the Master Promissory Note depicting terms, conditions, rights and responsibilities.

Anticipated Completion Date: *May 1, 2016*

2015-106: Ensure Foundations Reimburse for University Employee Time

Prepared by: *Virginia State University*
Responsible for Corrective Action: *Kevin Davenport, Vice-President of Finance and Administration*
Planned Corrective Action:
The University discussed the APA comment with the Department of Education (DOE) and believes the work performed by the employees were allowable activities under Title III regulations. However, the University will seek an official response from DOE to confirm that the University's use of Title III was in compliance.

Anticipated Completion Date: *April 2016*

2015-107: Enter into Contracts Using Required Procurement Principles

Prepared by: *Virginia Health Workforce Development Authority*
Responsible for Corrective Action: *Keisha Smith, Executive Director*
Planned Corrective Action:
A new Executive Director was hired in July 2015, and management has since revised the internal Fiscal Procedures Manual to include procurement policies and procedures to facilitate compliance with federal and other funding source requirements pertaining to the purchase or lease of goods and services by the Virginia Health Workforce Development Authority (VHWDA). The policies establish minimum standards consistent with Code of Federal Regulations (CFR) Section 200.320; and all procurements shall comply with the procurement standards under Section 45 CFR 74.44. The revised

Fiscal Procedures Manual will be presented to the VHWDA Board of Directors for approval and adoption in March 2016.

Anticipated Completion Date: *Revise Fiscal Procedures Manual - Complete*
Final approval and adoption of revised Fiscal Procedures Manual – March 22, 2016

2015-108: Continue Addressing Weaknesses from the 2014 IRS Safeguard Review

Prepared by: *Department of Social Services*
Responsible for Corrective Action: *Barry Davis, Information Security Officer VITA/NG Partnership*
Planned Corrective Action:
VDSS will continue to dedicate the necessary resources toward resolving the remaining weaknesses identified by the 2013 IRS audit. VDSS will work with internal assets, VITA, and NG parties to address the outstanding issues. The VITA/NG partnership is responsible for certain outstanding findings. Work requests and service issues have been opened to facilitate the implementation of the identified controls. The IRS findings remediation will be an ongoing effort with the IRS auditors returning in 2016 to assess the new FTI environment.

Anticipated Completion Date: *Ongoing, next IRS audit scheduled for Fall 2016*

2015-109: Issue Management Decisions for Subrecipients

Prepared by: *Department of Behavioral Health and Developmental Services*
Responsible for Corrective Action: *Ken Gunn Budget Operations and Financial Reporting Director*
Randy Sherrod, Director of Internal Audit
Planned Corrective Action:
The Department concurs with the audit comment and will continue to strive to meet all Office of Management and Budget A-133 Sub-Recipient Monitoring requirements. This includes continuing to monitor the external audit reports of the CSBs, monitoring the Federal Clearing House, and notifying the CSBs that have findings related to federal funds to ensure proper corrective actions are being taken.

DBHDS has relied upon the adequacy of the CSB's corrective action plan and has considered this a crucial part of the risk assessment process. Written formal communication of this procedure indicating the acceptance or any required adjustment to the plan will be added to current procedures to ensure that the federal requirement of management decision is met.

Anticipated Completion Date: *June 30, 2016*

2015-110: Strengthen Process for Monitoring Automated Reports Supporting Timesheet Approvals

Prepared by: *Virginia Employment Commission*
Responsible for Corrective Action: *Cindy Pastorfield, Special Assistant Director of Finance*
Planned Corrective Action:
We are currently working with the vendor to make a change to FMS by reinstating an edit control to prevent an employee from being able to approve their own time card. In the meantime, we have:

1. *Issued directives to both employees and their supervisors emphasizing that no one has the authority to approve their own time card.*

2. *Instructed Supervisors on the level they should utilize FMS to delegate their approval authority in situations where they will not be available when approvals are due.*

3. *Re-emphasized to supervisor's their ultimate responsibility for accurate time reporting.*

4. *Reviewed reports showing non-supervisor approved time cards on a monthly basis to ensure no one has approved their own time car.*

Anticipated Completion Date: *Items 1-4 Complete*
FMS Change anticipated by June 30, 2016

ACRONYMS

Acronym	Definition
ABC	Department of Alcoholic Beverage Control
ACA	Affordable Care Act
ACERT	Application Change/Enhancement Request Ticket
AITAC	Agency IT Advisory Committee
AITSPC	Agency IT Strategic Planning Committee
APA	Auditor of Public Accounts
ARMICS	Agency Risk Management and Internal Control Standards
ARS	Adjustment and Reporting System
AVP	Associate Vice President
BIA	Business Impact Analysis
BPA	Best Practice Analyzer
BRCC	Blue Ridge Community College
BSD	Business Solutions Development
CACFP	Child and Adult Care Feeding Program
CAFR	Comprehensive Annual Financial Report
CAP	Corrective Action Plan
CAPP	Commonwealth Accounting Policies and Procedures
CARS	Commonwealth Accounting and Reporting System
CETR	Commonwealth Enterprise Technology Repository
CFDA	Code of Federal Domestic Assistance
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CIO	Chief Information Officer
CIPPS	Commonwealth Integrated Payroll and Personnel System
CISO	Chief Information Security Officer
COD	Common Origination and Disbursement System
COOP	Continuity of Operations Plan
COTS	Commercial Off-The-Shelf
CSRM	Commonwealth Security and Risk Management
CVCC	Central Virginia Community College
CWM	College of William and Mary
DBCR	Database Change Request
DBHDS	Department of Behavioral Health and Developmental Services
DCC	Danville Community College
DCL	Dear Colleague Letter
DGS	Department of General Services

Acronym	Definition
DHRM	Department of Human Resource Management
DLSS	Direct Loan Servicing System
DMAS	Department of Medical Assistance Services
DMV	Department of Motor Vehicles
DOA	Department of Accounts
DOC	Department of Corrections
DOE	Department of Education
DPB	Department of Planning and Budget
DRP	Disaster Recovery Plan
DSLCC	Dabney S. Lancaster Community College
DSS	Department of Social Services
EBS	Oracle E-Business Suite
EBT	Electronic Benefit Transfer
EFL	Eastern Federal Lands Division
ERP	Enterprise Management System
ESCC	Eastern Shore Community College
EUC	Emergency Unemployment Compensation
FAACS	Fixed Assets Accounting System
FAAS	Financial Accounting Analysis System
FAFSA	Free Application for Federal Student Aid
FFATA	Federal Funding Accountability and Transparency Act
FFEL	Federal Family Education Loan
FLSA	Fair Labor Standards Act
FMS	Financial Management System
FOIA	Freedom of Information Act
FOIAE	Freedom of Information Act Exempt
GAAP	Generally Accepted Accounting Principles
GASB	Governmental Accounting Standards Board
GPA	Grade Point Average
GPS	Global Positioning System
HECOM	Higher Education Capital Outlay Manual
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HPP	Hospital Preparedness Program
HSTS	Health Sciences Technical Services
IDEA	Individuals with Disabilities Education Act
IDOLS	Intellectual Disability On-line System
IIA	Institute of Internal Auditors

Acronym	Definition
IREMS	Integrated Real Estate Management System
IRS	Internal Revenue Service
ISO	Information Security Officer
ITRM	Information Technology Resource Management
JMU	James Madison University
JSRCC	J. Sargeant Reynolds Community College
LAS	Lease Accounting System
LFCC	Lord Fairfax Community College
MBSA	Microsoft Baseline Security Analyzer
MES	Medicaid Enterprise System
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
MOAT	Managed Online Awareness Training
MOU	Memorandum of Understanding
NIST	National Institute for Standards and Technology
NRCC	New River Community College
NSLDS	National Student Loan Data System
OAG	Office of the Attorney General
OAS	Office of Procurement and Administrative Services
OCS	Office of Compliance and Security
OEPI	Office of Epidemiology
OHR	Office of Human Resources
OMB	Office of Management and Budget
PHCC	Patrick Henry Community College
PHEP	Public Health Emergency Preparedness
PHI	Personal Health Information
PII	Personally Identifiable Information
PMIS	Personnel Management Information System
PSDS	Procurement and Supplier Diversity Services
RBC	Richard Bland College
RCC	Rappahannock Community College
RFP	Request for Proposal
ROAP	Regional Office Administered Program
SAFE	System Access for Employees
SAS	School Account Statements
SCC	State Corporation Commission
Security Standard	The Commonwealth's Information Security Standard, SEC 501-09
SEO	Scholarship & Education Outreach
SEP	Security Enhancement Project

Acronym	Definition
SLD	State Lottery Department
SNAP	Supplemental Nutrition Assistance Program
SOC	Service Organization Control
SOEI	Statement of Economic Interests
SQL	Structured Query Language
SRTS	Service Request Tracking System
SVCC	Southside Virginia Community College
SWVCC	Southwest Virginia Community College
TAL	Time, Attendance, and Leave system
TANF	Temporary Assistance for Needy Families
TAX	Department of Taxation
TNCC	Thomas Nelson Community College
UVA	University of Virginia
UVAMC	University of Virginia Medical Center
VABS	Virginia Automated Benefits System
VAL	Virginia Lottery
VASCUPP	Virginia Association of State College and University Purchasing Professionals
VATS	Virginia Automated Tax System
VCCS	Virginia Community College System
VCU	Virginia Commonwealth University
VDH	Virginia Department of Health
VDOT	Department of Transportation
VDSS	Virginia Department of Social Services
VEC	Virginia Employment Commission
VHWDA	Virginia Health Workforce Development Authority
VITA	Virginia Information Technology Agency
VMI	Virginia Military Institute
VNAV	*my*VRS Navigator
VPN	Virtual Private Network
VRS	Virginia Retirement System
VVESTS	Virginia Vital Events and Screening Tracking System
VWCC	Virginia Western Community College
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

COMMONWEALTH OF VIRGINIA
CONTACT LIST FOR FEDERAL
AUDIT FINDING REVIEW

Department of Behavioral Health and Development Services
Ken Gunn
Director, Budget and Financial Reporting
1220 Bank Street
Richmond, VA 23219
(804) 786-1555
ken.gunn@dbhds.virginia.gov

Department of Health
Alvie Edwards
Director of Internal Audit
109 Governor Street
Richmond, VA 23219
(804) 864-7450
alvie.edwards@vdh.virginia.gov

Department of Medical Assistance Services
Paul Kirtz
Internal Audit Director
600 East Broad Street Suite 1300
Richmond, VA 23219
(804) 225-4162
paul.kirtz@dmas.virginia.gov

Department of Social Services
Jack Frazier
Deputy Commissioner of Operations
801 East Main Street, 15th Floor
Richmond, VA 23219
(804) 726-7384
jack.b.frazier@dss.virginia.gov

George Mason University
Kimberly Shumadine
Associate Director, Compliance and Operations
440 University Drive
Fairfax, VA 22030
(703) 993-1000
kshumadi@gmu.edu

James Madison University
Lisa Tumer
Director – Financial Aid and Scholarships
235 Cantrell Avenue
Harrisonburg, VA 22801
(540) 568-7890
tumerll@jmu.edu

Norfolk State University
Karla Amaya Gordon
Controller
700 Park Avenue
Norfolk, VA 23504
(757) 823-2946
kjagordon@nsu.edu

Radford University
Stephanie Jennelle
Controller
801 East Main Street
Radford, VA 24142
(540) 831-6239
sjohnson17@radford.edu

Virginia Community College System
Randy Johnson
Controller
300 Arboretum Place, Suite 200
Richmond, VA 23236
(804) 819-4922
rjohnson@vccs.edu

Virginia Health Workforce Development Authority
Keisha Smith
Executive Director
6800 Paragon Place, Suite 620
Richmond, VA 23230
(804) 562-4928
ksmith@vhwda.org

Virginia State University
Kevin Davenport
Vice President of Administration and Finance
Box 9213
220 Virginia Hall
1 Hayden Drive
Virginia State University, VA 23806
(804) 524-5995
kdavenport@vsu.edu

Virginia Employment Commission
Joseph Young
Internal Audit Director
703 East Main Street
Richmond, VA 23219
(804) 786-4445
joseph.young@vec.virginia.gov

Virginia Military Institute
Kevin Ryan
Comptroller
309 Letcher Avenue
Lexington, VA 24450
(540) 464-7270
ryanka@vmi.edu