



COMMONWEALTH OF VIRGINIA SINGLE AUDIT REPORT

FOR THE YEAR ENDED
JUNE 30, 2016

Auditor of Public Accounts
Martha S. Mavredes, CPA
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EXECUTIVE SUMMARY

The results of our **financial statement audit** of the Commonwealth of Virginia for the year ended June 30, 2016, 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, 2016, 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 Uniform Guidance at 2 CFR Part 200;
- 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. As required and new for this year, we conducted our audit in accordance with Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).

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AUDITOR'S SECTION



Martha S. Mavredes, CPA
Auditor of Public Accounts

Commonwealth of Virginia

Auditor of Public Accounts

P.O. Box 1295
Richmond, Virginia 23218

February 8, 2017

The Honorable Terence R. McAuliffe
Governor of Virginia

The Honorable Robert D. Orrock, Sr.
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, 2016.

This report contains our:

- report on internal control over financial reporting and compliance;
- report on compliance for each major federal program;
- report on internal control over compliance;
- 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, with footnotes; and
- Corrective Action Plan.

The Commonwealth's [Comprehensive Annual Financial Report](#) for the year ended June 30, 2016, and our report thereon have been issued under separate cover.

New for this year, we included two listings of all findings in Appendix II of this report. The first list organizes all findings by topical area and the second list organizes all findings by the applicable entity. A reader of this report can use these lists to analyze audit findings by topical area or agency and to obtain a finding's number, which the reader can use to locate more information about a finding within this report.

Additionally, we are providing more information about information security findings. The Commonwealth of Virginia's Information Security Standard, SEC 501-09 (Security Standard) adopts the Information System Security Control Families (families) from the National Institute of Standards and Technology (NIST). The Security Standard uses these families to organize the

controls that the Commonwealth is required to apply to its information systems. According to NIST, a family “contains security controls related to the general security topic of the family. Security controls may involve aspects of policy, oversight, supervision, manual processes, actions by individuals, or automated mechanisms implemented by information systems and devices.”

For the last several years, findings associated with noncompliance with the Security Standard have consistently been the most prevalent control deficiencies related to financial reporting and federal awards. Each year we organized these security findings under headers that attempted to categorize them into their topical area; however, some of the findings addressed control deficiencies in multiple families that the headers alone did not convey. We used the families to organize the information security findings within this report. The specific family or families associated with each finding is listed within the sub-header “Information System Security Control Family” for each information security finding.

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

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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 the 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, 2016, 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, 2016. 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 first paragraph of this section 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**:

<u>Finding Numbers</u>	<u>Finding Titles</u>
2016-001	Improve Oversight and Review of Financial Reporting
2016-002	Strengthen Internal Controls over Budgeting and Fiscal Processes
2016-003	Improve Controls over Financial Reporting
2016-004	Improve Controls over Financial Reporting
2016-005	Improve Data Migration Process and Documentation Requirements
2016-009	Improve Database Security
2016-010	Improve Application and Database Controls over the Dynamics AX Financial System
2016-019	Continue to Improve End User Controls
2016-031	Upgrade End-of-Life Technology
2016-039	Improve Information Security Program and IT Governance
2016-067	Improve Inventory Valuation Procedures

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**:

Finding Numbers: 2016-

006	007	008	011	012	013	014	015
016	017	018	020	021	022	023	024
025	026	027	028	029	030	032	033
034	035	036	037	038	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
068	069	070	071	072	073	074	075
076	077	078	079	080			

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:

Finding Numbers: 2016-

001	002	003	005	007	009	010	011
012	013	014	015	016	017	018	019
020	022	023	024	025	026	027	028
029	030	031	032	033	034	035	036
037	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	068	070	071
072	073	074	075	076	077	079	080

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 them.

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 entity’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, VA
December 15, 2016



Martha S. Mavredes, CPA
Auditor of Public Accounts

Commonwealth of Virginia

Auditor of Public Accounts

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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 UNIFORM GUIDANCE

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, 2016. 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, 2016. 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 federal statutes, regulations, and the terms and conditions of its federal awards 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 the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Those standards and the Uniform Guidance 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 Program

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 identified in the "Summary of Auditor's Results" section of the accompanying "Schedule of Findings and Questioned Costs" for the year ended June 30, 2016.

Other Matters

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

Finding Numbers: 2016-

014	016	017	022	023	024	025	027
037	041	042	043	044	045	048	050
055	056	064	065	074	080	081	082
083	084	085	086	087	088	089	090
091	092						

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

The Commonwealth's response 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 the Uniform Guidance, 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.

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 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. 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.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section 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. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, we consider the deficiencies in internal control over compliance described in the accompanying “Schedule of Findings and Questioned Costs” to be **significant deficiencies**:

Finding Numbers: 2016-

014	016	017	022	023	024	025	027
037	041	042	043	044	045	048	050
055	056	064	065	074	078	080	081
082	083	084	085	086	087	088	089
090	091	092					

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 the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

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, 2016, 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, 2016, which contained unmodified opinions on those financial statements. We have not performed any procedures with respect to the audited financial statements subsequent to December 15, 2016. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the 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 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 financial statements or to the 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 financial statements as a whole.

Other Matters Related to the Schedule of Expenditures of Federal Awards

In conducting the procedures discussed in the previous paragraph we obtain an understanding of the Commonwealth's internal controls over financial reporting and determine whether the form and content of the supplementary information complies with the applicable criteria, but not for the purpose of expressing an opinion on the effectiveness of the Commonwealth's internal control or compliance related to the Schedule of Expenditures of Federal Awards. As a result, we express no opinion on the effectiveness of the Commonwealth's internal control or compliance related to the Schedule of Expenditures of Federal Awards. However, we identified a deficiency in internal controls related to the Schedule of Expenditures of Federal Awards that we are required to report as a significant deficiency in internal control over financial reporting. This deficiency is described in the accompanying "Schedule of Findings and Questioned Costs" as finding 2016-008 Adjust Practices as Needed and Request Identifying Numbers Assigned by Pass-Through Entities.

MARTHA S. MAVREDES
AUDITOR OF PUBLIC ACCOUNTS
RICHMOND, VA
February 8, 2017

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS
SUMMARY OF AUDITOR'S RESULTS
FOR THE YEAR ENDED JUNE 30, 2016**

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?	No
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 2 CFR 200.516(a)?	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. 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
10.553 10.555 10.556 10.559	Child Nutrition Cluster
17.225	Unemployment Insurance - ARRA
20.205 20.219 23.003	Highway Planning and Construction Cluster
20.319	High-Speed Rail Corridors and Intercity Passenger Rail Service Capital Assistance Grants
84.010	Title I Grants to Local Educational Agencies
84.027 84.173	Special Education Cluster (IDEA)
84.126	Rehabilitation Services-Vocational Rehabilitation Grants to States
84.367	Improving Teacher Quality State Grants
93.044 93.045 93.053	Aging Cluster
93.268	Immunization Cooperative Agreements
93.658	Foster Care-Title IV-E - ARRA
93.659	Adoption Assistance - ARRA
93.667	Social Services Block Grant
93.775 93.777 93.778	Medicaid Cluster
93.917	HIV Care Formula Grants
93.959	Block Grants for Prevention and Treatment of Substance Abuse
96.001 96.006	Disability Insurance/SSI Cluster
97.036	Disaster Grants – Public Assistance (Presidentially Declared Disasters)

SCHEDULE OF FINDINGS AND QUESTIONED COSTS FINANCIAL STATEMENT FINDINGS

FINANCIAL REPORTING

2016-001: Improve Oversight and Review of Financial Reporting

Applicable to: Department of Education - Direct Aid to Public Education

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Material Weakness

Education does not provide adequate oversight and review of the financial information it reports to Accounts for inclusion in the Commonwealth's CAFR. Education's original and multiple subsequent reporting of financial information to Accounts contained omissions and errors. Finally, Education did not retain accurate support for some of the material amounts it reported to Accounts.

- Education submitted to Accounts five versions of Attachment 21 - Accounts Receivable (Accounts Receivable) for Education's direct aid. The following is a chronological listing of Education's five submissions of Accounts Receivable information to Accounts along with omission and/or errors they each contain.
- Education first submitted its Accounts Receivable information to Accounts on its due date, August 25, 2016. Each year Education submits Accounts Receivable information within the required deadline along with a statement stating that it will revise and resubmit its Accounts Receivable information when it completes Attachment 29 Accounts Payable (Accounts Payable). Accounts allows Education to make one resubmission because Education's Accounts Receivable are derived from its Accounts Payable at year-end.
- Education submitted its second version of Accounts Receivable on September 1, 2016, to include an additional \$305,000 in receivables; however, the second version did not include all receivables.
- Education submitted its third version of Accounts Receivable on October 7, 2016; however, Education did not follow Accounts' instructions and incorrectly included its estimated collections from September 2016 within the amount it reported as being collected on or prior to August 31, 2016. Additionally, for this submission Education did not include evidence that it was reviewed, as the Certification Tab was not signed or dated by a reviewer.
- Education submitted its fourth version of Accounts Receivable on October 21, 2016; however, the net revenue receivables as of June 30, 2016, to be received after August 31, 2016, only included its estimated collections for September 2016 and did not

include estimated collections from subsequent months. Again, Education did not include evidence that it was reviewed, as the Certification Tab was not signed or dated by a reviewer.

- Education submitted its fifth and final version of Accounts Receivable on October 26, 2016. While we were able to deem this resubmission to be materially correct, for the third submission in a row Education did not include evidence that its Accounts Receivable information was reviewed, as the Certification Tab was not signed or dated by a reviewer. Additionally, Education did not complete the required questionnaire, which caused Accounts to make an extra communication to Education to obtain this information outside of the normal process instead of requiring Education to submit a sixth version.
- Education submitted to Accounts three versions of Attachment 29 - Accounts Payables (Accounts Payable) for Education's direct aid. The following is a chronological listing of Education's three submissions of Accounts Payable to Accounts along with omission and/or errors they each contain.
- Education first submitted its Accounts Payable on October 4, 2016, which was prior to the submission deadline of October 11, 2016.
- Education submitted its second version of Accounts Payable on October 11, 2016, because Accounts requested that Education complete all fields within the template. Education updated the fields as requested to state that they were "Not Applicable."
- Education submitted its third and final version of Accounts Payable information on October 26, 2016. While we were able to deem this resubmission to be materially correct through additional analytics, we could not rely upon Education's schedules and data it used to support its account payable estimate. Education used inaccurate data and queries it did not understand to support its assumptions in estimating its payables as of year-end.
- Education submitted to Accounts two versions of Attachment 29 - Accounts Payables for the Office of Children's Services (OCS-Accounts Payable). The following is a chronological listing of Education's two submissions of OCS-Accounts Payable to Accounts along with the errors the first version contained.
- Education first submitted OCS-Accounts Payable on October 4, 2016, prior to the submission deadline of October 11, 2016; however, it included manual errors within the calculations that did not support the new estimation process implemented for fiscal year 2016.

- Education submitted its second and final OCS-Accounts Payable on October 20, 2016, and reported amounts following the process it agreed to follow for estimating payables for the Office of Children's Services.

The Office of the Comptroller Directive No. 1-16 (Directive), titled Directive Compliance Guidelines for State Agencies, includes state agency reporting requirements that are necessary to compile the Commonwealth of Virginia's CAFR. The Directive requires Education to prepare work papers that clearly support the preparation of attachments and provide an adequate crosswalk and audit trail from the work papers to each attachment. For accountability, the directive requires all preparers and reviewers to complete the Certification Tab. Each time a revision is submitted the Certification Tab is to be updated with new signatures and dates. The reviewer's signature and date represents that the reviewer certifies that the attachment has been reviewed and is complete and accurate and that the reviewer has read and understood the instructions of the attachment.

Accounts uses the financial information submitted by Education to compile the CAFR for the Commonwealth. While we found the final submissions to be materially correct, lack of management review and adequate supporting documentation increases the risk of Education recording and reporting inaccurate financial information for the CAFR.

Education attributed most of its omission and errors submitted to Accounts to a lack of oversight and review caused by critical systems implementations during the fiscal year, such as the Oracle upgrade and Cardinal implementation that took precedence over the payables estimation process. Education should ensure its financial reporting procedures provide sufficient direction for personnel regarding the support needed to prepare the submissions to Accounts, including the specific system from which to obtain the data; the query criteria to be defined; and adequate oversight and review to prevent or detect and correct errors or omissions.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-002: Strengthen Internal Controls over Budgeting and Fiscal Processes

Applicable to: Department of Education - Direct Aid to Public Education

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Material Weakness

The Department of Education's (Education) internal controls did not identify errors in budgeting and fiscal processes during fiscal year 2016. The following exceptions occurred during the fiscal year:

- Education processed an error in recurring payments to local educational agencies (LEAs) in February 2016, resulting in an incorrect allocation variance of \$76,152,885.
- Education coded \$283,126 in expenses as “payroll” expenses for Agency 197 – Education Direct Aid as a result of a reclassification journal entry that was incorrectly coded. As a pass-through entity, Agency 197 does not incur payroll expenses since the agency has no employees.
- Education, within 24 hours on June 20 and 21, 2016, made two additional requests for federal appropriations totaling \$37 million due to an increase in federal reimbursements it did not anticipate.

Topic 10305 of the Commonwealth Accounting Policies and Procedures Manual requires agencies to evaluate controls over the agency’s significant fiscal processes to ensure the controls are properly designed, implemented, and operationally effective.

The exceptions noted above caused the following issues for Education, LEAs, and the Virginia Department of Planning and Budget (DPB):

- The LEAs that were overpaid were required to perform additional work to return the \$76 million in funding to Education, while the funding to the other LEAs was delayed.
- Education misreported \$283,126 in LEA direct aid payments as personal service expenses.
- DPB had to process two additional federal appropriations requests within a strict timeframe to meet the fiscal year-end deadline to allow Education to process payments to the LEAs prior to fiscal year-end.

According to management, the errors in LEA allocations and personal services expenses were due to a lack of oversight. Additionally, the increase in federal appropriations at fiscal year-end was due to a communication to the LEAs to ensure state reimbursements were submitted timely for Cardinal processing. As a result of the communication about state funding, LEAs submitted their fiscal year end federal reimbursements along with state reimbursements.

Education should do the following to ensure these issues do not occur in the future:

- The Budget Office and Fiscal Services should work together to perform adequate reviews of recurring direct aid payments prior to disbursing funds to the LEAs.
- Fiscal Services should improve its review process to ensure fiscal transactions are properly coded in the Oracle Financial System and Cardinal.
- The Budget Office and Fiscal Services should improve Education’s appropriation monitoring process to ensure there is sufficient time for review and approval of requests.

Additionally, due to turnover in the Budget Office and Fiscal Services departments, Education should strengthen the training it provides to employees to ensure the controls over budgeting and fiscal transactions are properly designed, implemented, and operationally effective.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-003: Improve Controls over Financial Reporting

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Material Weakness

The Department of Motor Vehicles (Motor Vehicles) does not have sufficient internal controls over its financial reporting process. We identified significant misstatements in the recording of payables and unaudited financial submissions to the Department of Accounts (Accounts). Accounts uses these submissions to compile and create the Commonwealth's Comprehensive Annual Financial Report. These misstatements resulted in material audit adjustments; therefore, we consider this issue to be a material weakness in internal control.

The misstatements included errors in current year activity as well as prior year activity. If left uncorrected, these errors would lead to a misleading picture of the Commonwealth's available financial resources. Specifically, the errors included:

- Payments of approximately \$9 million in early fiscal 2017 were not properly recorded as payables for fiscal 2016. This omission resulted from confusion regarding the Commonwealth's newly implemented accounting system as well as historically not recording refund transactions as payables.
- Advance payments for motor vehicle license fees of approximately \$59 million were recorded as current year revenue, instead of being properly recorded as a liability. This practice has been ongoing for several years; therefore, this led to an overstatement of beginning fund balance as well as a current year adjustment to revenues and liabilities.
- Errors were also noted in capital assets and contractual commitments submissions. These errors resulted from a lack of understanding of the Commonwealth's financial guidance.

Office of the Comptroller Directive No. 1-16 issued by Accounts states that all information in a submission to Accounts need be reviewed, certified as complete and accurate, and must be

prepared in accordance with generally accepted accounting principles. This guidance also defines payables and the need for correct recording of payables in the Commonwealth's accounting system.

Motor Vehicles' Financial Management Division should allocate resources to gain a better understanding of Commonwealth financial reporting requirements and should ensure that individuals responsible for financial reporting are knowledgeable about reporting requirements as well as generally accepted accounting principles. In addition, the Financial Management Division should work with Accounts to evaluate the current accounting practices and ensure that the practices are in line with generally accepting accounting principles and the Commonwealth's guidance.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, their comments express a disagreement with the findings; however, their comments along with management's Corrective Action Plan located in Appendix I express their intent to resolve the issues.

2016-004: Improve Controls over Financial Reporting

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control

Severity of Deficiency: Material Weakness

DBHDS does not have an adequate process to compile contractual commitment information for submission to Accounts for inclusion in the Commonwealth's Comprehensive Annual Financial Report. As a result, DBHDS overstated construction obligations by approximately \$38.7 million and understated other contractual obligations by approximately \$11.2 million. Because of the magnitude of this misstatement, we consider this to be a material weakness.

The Comptroller's Directive establishes compliance guidelines and addresses financial reporting requirements for state agencies to provide information to Accounts for the preparation of the Comprehensive Annual Financial Report as required by the Code of Virginia. Accounts requires DBHDS 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.

Inaccurate compilation of contractual commitment amounts submitted to Accounts could materially misstate the commitments disclosure in the Comprehensive Annual Financial Report.

DBHDS' Budget and Financial Reporting Manager did not adequately communicate with the Architecture and Engineering and Procurement Departments to determine the contractual

obligations at year-end. The Budget and Financial Reporting Manager provided the Architecture and Engineering Department prior year contract amounts to update for the construction commitments however, did not explain the significance of the requested updates. The Deputy Director of Architecture and Engineering updated the construction commitments with current year information without validating prior year contract amounts. In addition, the Manager did not communicate with the Procurement Department to determine whether there were any other contractual commitments, and therefore, did not report any in the financial information submitted to Accounts. Lastly, the Director of Budget and Financial Reporting did not identify these errors upon review of the submission and Internal Audit did not perform their usual review of the submission to ensure it was accurate and reasonable.

DBHDS' Office of Budget and Financial Reporting should develop and implement policies and procedures for compiling each piece of financial information, such as commitments, submitted to Accounts. Budget and Financial Reporting should involve the appropriate departments when developing these procedures to ensure that all aspects of the compilation process are documented. They should ensure the procedures over these areas provide personnel sufficient information on the purpose and importance of the information requested and direction regarding the support needed to prepare the submission, as well as adequate controls to prevent or detect and correct mistakes. DBHDS should supplement this by increasing overall review of submissions to ensure they are reasonable and accurate.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-005: Improve Data Migration Process and Documentation Retention

Applicable to: Department of General Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Material Weakness

The Department of General Services (General Services) could not provide evidence that they validated all current and future lease payment information at the point of conversion from the old real estate management system (IREMS) to the new real estate management system (COVA Trax). General Services validated record counts and current year payments at conversion, but did not retain evidence of the record count validation. General Services did not validate other payment information, such as quarterly and annual lease payments and future lease obligations.

During system implementation, validation of the migrated data is essential to ensure the data is complete, accurate, and properly formatted. This is particularly important when the data in the system is used for financial reporting purposes, as COVA Trax is used for reporting operating leases for the Commonwealth's Comprehensive Annual Financial Report. Documentation of this validation should include detailed tie outs, clearance of reconciling items, reports used from each system, and final business owner sign off. The Commonwealth's Information Technology Resource Management Project Management Guideline CPM 110-03 section 5.3.1 indicates that project records such as technical documents, files, program, and tools should be stored following Commonwealth of Virginia record retention guidelines. In addition, Commonwealth Accounting Policies and Procedures (CAPP) Manual Topic 21005 Record Retention requires a minimum retention period for agency level copies required for audit to be retained for three years after the fiscal year of creation, or until audit of the agency by the Auditor of Public Accounts, whichever is longer.

Although General Services was able to verbally describe and provide a written summary of the process used for its data migration, General Services was not able to provide evidence it followed the provided process at the date and time the data migration occurred. The inability of General Services to provide such evidence diminished the reliability of the data migration process. As a result, we consider this to be a material weakness in internal controls. To ensure that the lease information for the Commonwealth's Comprehensive Annual Financial Report is materially accurate, we obtained documents and reports from General Services that allowed us to verify that the payment data in COVA Trax materially agrees to what was in IREMS at conversion. We did not validate non-financial fields.

The Commonwealth plans to use COVA Trax to replace other critical financial systems in the future. When implementing these replacements, General Services should perform data validation at a detailed level and retain all project data documentation to ensure that the financial information migrated properly at conversion and can be relied on for financial reporting purposes.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-006: Improve Reporting of Cash and Investments to the Department of Accounts

Applicable to: Virginia Retirement System

Prior Year Finding Number: 2015-077

Type of Finding: Internal Control

Severity of Deficiency: Significant Deficiency

The Virginia Retirement System (System) Investment Accounting Division (Division) has not fully implemented corrective action to ensure it has an adequate process in place for accurately reporting cash and investment financial information to the Department of Accounts (Accounts) and in its own financial statements and footnotes.

Accounts relies on the accuracy of the System submissions of attachments and supplemental items as required by the Office of the Comptroller Directive No. 1-16 to incorporate the System's financial information into the Virginia Comprehensive Annual Financial Report (VA CAFR). The System is required to report its cash and investments activity in a standardized format as prescribed by Accounts in Attachment 23 – Schedule of Cash, Cash Equivalents, and Investments as of June 30 (Attachment 23). The System is also responsible for fairly presenting its basic financial statements, including the completeness, accuracy, and proper classification of footnote disclosures.

The System's cash and investment activity is significant and inaccurate reporting can result in lack of compliance with applicable Governmental Accounting Standards Board (GASB) standards, material misstatements, and material misclassifications. Resubmissions of attachments with material errors also slows progress in Accounts' compilation of the information and jeopardizes the timeliness of the preparation of the VA CAFR. Review of the fiscal year 2016 Attachment 23 identified multiple material misclassifications, resulting in six communications from the Division to Accounts spanning September to early December 2016 to provide the appropriate corrections. The misclassifications primarily involved inaccurate categorizations of assets in investment types, incomplete amounts of securities highly sensitive to interest rate changes, improper classification of time segments used in interest rate risk disclosures, incomplete credit ratings, and improper inclusion of assets measured at cost in the fair value hierarchy. Two misclassifications resulted in adjustments to the System's Statement of Fiduciary Net Position and several misclassifications resulted in adjustments to the System's footnote disclosures.

The System, by the nature of its operations, has an extensive portfolio that consists of numerous investment types that require special consideration for financial reporting for both the System's Comprehensive Annual Financial Report (VRS CAFR) and the VA CAFR. Investment types and duration methodology for the VRS CAFR do not mirror those of the VA CAFR. During the preparation of Attachment 23, the Division did not sufficiently communicate with Accounts about the differences in investment types and duration methodology between the VRS CAFR and VA CAFR in order to identify the most appropriate and consistent approach for completing Attachment 23. Prior to submission of Attachment 23 and compilation of the VRS CAFR, the Division did not apply a review process that was sufficient to identify and correct material misclassifications.

Since the prior year, the Division has worked on improvements to the Attachment 23 preparation process by establishing written procedures. To further improve the process, the System should communicate with Accounts to be proactive in identifying and resolving differences in investment types and duration methodology between the VRS CAFR and VA CAFR prior to submitting Attachment 23. The System should also develop and utilize a more detailed review process to analyze the completeness and accuracy of investment information prior to submission of Attachment 23 and compilation of the VRS CAFR.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-007: Maintain Adequate Staffing in Accounting and Reporting Functions

Applicable to: Department of the Treasury

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

The Trust Accounting section of the Department of the Treasury (Treasury) does not maintain adequate staffing levels to ensure they follow internal controls, make timely submissions to the Department of Accounts (Accounts), and maintain continuity of operations in the event of the loss of key staff. The fiscal year 2016 audit identified the following issues:

- Out of 82 items required by Accounts, 31 of these items were submitted after the required due date, ranging from one to 31 days late.
- Several reconciliations were performed and reviewed by the same employee. Additionally, other reconciliations were not reviewed in a timely manner.
- Several issues related to timely collections of insurance premiums and payment of vendor invoices on behalf of the Division of Risk Management of Treasury.

Accounts provides the Treasury with the "Directive Requirements Listing for the Department of the Treasury" annually with required items and due dates for information from the Treasury in order to facilitate the preparation of the Commonwealth's Comprehensive Annual Financial Report. Additionally, the Commonwealth Accounting Policies and Procedure Manual Topic 20905 requires appropriate segregation of duties when performing reconciliations. It is Treasury's policy that employees reconcile activity and balances for the previous month within the current month.

Trust Accounting performs many critical functions of statewide significance including, but not limited to, the accounting and reporting functions of the Virginia College Building Authority, Virginia

Public Building Authority, Virginia Public School Authority, and Local Government Investment Pool; debt service payments on bond issuances; payment of insurance claims and receipt of insurance payments; and accounting and reporting functions for the General Account of the Commonwealth of Virginia. The late submission of required items to Accounts results in possible delays in preparing the CAFR as well as timing difficulties related to the Auditor of Public Accounts' audit of the CAFR. A lack of segregation of duties and delays in reviewing reconciliations timely increases risk related to accuracy and completeness of the underlying data.

The underlying reason provided for the exceptions noted is the prioritization of key functions by staff and turnover in positions within the Trust Accounting Section. Additionally, the implementation of Cardinal, the new statewide accounting information system, has caused some of the functions noted above to take additional time. As a central state agency responsible for the Commonwealth's cash, investments, and debt accounting, the conversion to Cardinal required a significant amount of staff time in fiscal year 2016. Due to the time spent on the Cardinal conversion, both in developing interfaces and redesigning processes, staff were not able to prepare for year-end accounting as is usually done. Learning the new Cardinal procedures during the first few months after conversion also slowed processing.

Currently, a few highly qualified and experienced employees, who work overtime regularly to ensure continuity of operations, perform many of these functions. The number of qualified and adequately trained staff to ensure all these functions are performed in a timely manner is insufficient to allow Trust Accounting to follow its internal control procedures in peak times and to ensure staff are adequately cross trained in the event of the loss of staff in key positions in order to comply with internal control procedures.

Treasury should evaluate the structure of its Trust Accounting section, including reviewing the workload and responsibilities of its staff, and ensure they maintain a staffing level that is sufficient to enable it to follow its internal controls throughout the year, provide timely financial reporting submissions to Accounts, and ensure adequate cross-training of key positions.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-008: Adjust Practices as Needed and Request Identifying Numbers Assigned by Pass-Through Entities

Applicable to: Department of Accounts

Prior Year Finding Number: N/A

Type of Finding: Internal Control

Severity of Deficiency: Significant Deficiency

The Commonwealth of Virginia's (Commonwealth) Schedule of Expenditures of Federal Awards (SEFA) does not contain identifying numbers, if any, assigned by pass-through entities. The Commonwealth spent \$111 million in federal funds from pass-through entities; however, Accounts did not require individual Commonwealth agencies to provide identifying numbers assigned by pass-through entities as part of the process used to compile the Commonwealth's SEFA.

Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) §200.510(b) requires the auditee to prepare the SEFA and, for Federal awards received as a subrecipient, the SEFA must include the name of the pass-through entity and identifying number assigned by the pass-through entity.

If any of the 616 pass-through entities, that provided federal funding to the Commonwealth and assigned an identifying number, attempt to review the Commonwealth's Single Audit report, they will not be able to locate the related expenditures on the Commonwealth's SEFA using the number they assigned. However, a pass-through should be able to use its name to locate the related expenditures on the Commonwealth's SEFA. Furthermore, 18 percent of the individual awards from pass-through entities on the SEFA do not report a Catalog of Federal Domestic Assistance (CFDA) number. In the cases where no CFDA number is reported, Accounts does report additional awarding identification information that pass-through entities may be able to use to locate the funding it provided to the Commonwealth. In total, there are 936 individual awards on the SEFA that contain neither additional award information nor an identifying number assigned, if any, by pass-through entities.

Accounts interpreted the new requirement to report the "identifying number assigned by the pass-through" to mean that the Commonwealth only needed to report the CFDA number associated with the grant. As a result, Accounts did not modify its instructions to Commonwealth agencies to capture this required information for federal programs with identifiable CFDA numbers.

When faced with new requirements, Accounts should reconcile its current practices with the new requirements and make adjustments, as necessary, to achieve the new requirement. If Accounts has questions about its obligation from a new requirement, it should consider seeking input from peers, professional organizations, and others as appropriate to ensure its interpretation is consistent with what is expected. With respect to reporting identifying numbers assigned by pass-through entities, Accounts should modify its instructions and guidance to Commonwealth agencies to capture this information.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

MULTIPLE INFORMATION SYSTEM SECURITY CONTROL FAMILIES

2016-009: Improve Database Security

Applicable to: Department of Education - Central Office Operations

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Material Weakness

Information System Security Control Family: Access Control, Audit and Accountability, Configuration Management, Contingency Planning, Identification and Authentication

Education operates its database that stores its financial activity without implementing some minimum security controls required by the Commonwealth's Security Standard and industry best practices.

We communicated the deficiencies 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 the implementation of certain controls that reduce unnecessary risk to data confidentiality, integrity, and availability in systems processing or storing sensitive information. By not meeting the minimum requirements in the Security Standard and aligning the database's settings and configurations with best practices, Education cannot ensure confidentiality, integrity, and availability of data within the database.

Education should dedicate the necessary resources to implement the controls discussed in the communication marked FOIA exempt and create a standard installation and configuration document for its sensitive database that, at a minimum, meets the requirements of the Security Standard and aligns with industry best practices.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-010: Improve Application and Database Controls over the Dynamics AX Financial System

Applicable to: State Lottery Department

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Material Weakness

Information System Security Control Family: Access Control, Security Assessment and Authorization

On February 1, 2016, the Virginia Lottery (Lottery) implemented a new enterprise resource planning system, Microsoft Dynamics AX (Dynamics), to serve as Lottery's general ledger, fixed asset, cash management, procurement and sourcing system. Effective the same date, Lottery was required to establish an interface from Dynamics to Cardinal, the Commonwealth's newly implemented financial management system.

Lottery met implementation deadlines for the new system and the new interface and both went operational by the required deadline. Upon completion of a post-implementation risk assessment of Dynamics, Lottery identified numerous risks and challenges impacting its control environment. Additionally, during our audit Lottery had difficulty generating auditable system reports relating to Dynamics system controls.

Many of the internal control weaknesses identified in this report are a result of the implementation of Dynamics. We identified and communicated these 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. An overview of the control deficiencies that illustrate Lottery's need to improve its internal controls over the Dynamics system is discussed below.

Improve Application Monitoring and Logging

Lottery does not adequately monitor and log access and activity to its financial reporting system, Dynamics, in accordance with the Commonwealth's Information Security Standard, SEC 501-09 (Security Standard).

Lottery should dedicate the necessary resources to develop and implement the appropriate procedures and controls to ensure that adequate preventive, detective and corrective controls exist to address the weaknesses communicated in the FOIAE recommendation.

Prohibit Shared User Accounts and Passwords

Lottery allowed two user accounts to be shared for its financial reporting system, Dynamics. Additionally, these user accounts are not specific to an individual employee but are generically named user accounts.

Lottery's Information System Access Control Standard and Section AC-2 of the Security Standard prohibit the use of employee shared, generic, or guest accounts on information technology systems. Allowing employees to share user accounts and passwords eliminates management's ability to identify which individual initiated system activity and hold them accountable.

Lottery should assign user accounts and passwords to individual employees to minimize security risks, increase accountability, and to ensure compliance with internal policies and the Security Standard.

Perform Reviews of Users Accounts and Privileges

Lottery did not perform and document a review of user accounts and privileges to the Dynamics application and database in accordance with internal policies and the Security Standard.

Lottery should dedicate the necessary resources to develop and implement the appropriate procedures and controls to address the weaknesses communicated in the FOIAE recommendation and to ensure compliance with internal policies and the Security Standard.

Assign System Access Based on Least Privilege

In initially setting up access to the Dynamics system, Lottery did not grant access based on the principle of least privilege. Additionally, Lottery did not have a process in place to determine if segregation of duties issues exist within Dynamics.

Lottery should dedicate the necessary resources to develop and implement the appropriate procedures and controls to identify segregation of duties issues within Dynamics. Additionally, Lottery should enforce the principle of least privilege when granting access to Dynamics in accordance with the Security Standard.

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.

Management is currently working to address these risks and challenges with the assistance of consultants. Lottery should continue to dedicate the necessary resources to implement the controls discussed in the communication marked FOIAE that will align Lottery's operations with industry best practices and the Security Standard.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, their comments express a disagreement with the findings; however, their comments along with management's Corrective Action Plan located in Appendix I express their intent to resolve the issues.

2016-011: Improve Web Application Security

Applicable to: Department of Alcoholic Beverage Control

Prior Year Finding Number: 2015-030

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Auditing and Accountability, Risk Assessment, System and Information Integrity

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:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-012: Improve Wireless Local Area Network Security

Applicable to: Department of Alcoholic Beverage Control

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control, Identification and Authentication, System and Information Integrity

ABC does not secure wireless local area networks (WLAN) with some of the minimum security controls required by the Security Standard. ABC received an exemption from VITA to manage and maintain their own wireless network to support key business operations.

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:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-013: Continue Improving Cardinal System Security Controls

Applicable to: Department of Accounts

Prior Year Finding Number: 2015-012; 2014-047

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control, Configuration Management, Incident Response, Risk Assessment, System and Communications Protection

The Department of Accounts (Accounts) continues to improve some of the required controls to protect the enterprise resource planning system, Cardinal, as required by the Security Standard and industry best practices. Cardinal is a web-based system that processes and stores sensitive data, including personally identifiable information, and serves as the Commonwealth's official accounting system of record.

While Accounts has resolved four system security control weaknesses from the prior year audit, one weakness continues to exist, which was 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. The Security Standard requires implementing specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability.

Accounts should continue its efforts to implement the controls discussed in the communication marked FOIAE in accordance with the Security Standard and industry best practices.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-014: Continue Improving Database Security

Applicable to: Virginia Employment Commission

Prior Year Finding Number: 2015-004

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control, Identification and Authentication,
System and Information Integrity

CFDA Title and CFDA #: Unemployment Insurance - 17.225

Federal Award Number and Year: UI265651555A51 - 2016

Name of Federal Agency: U.S. Department of Labor

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(e)

Known Questioned Costs: \$0

The Commission continues to improve some security controls in a database that supports mission critical business functions, but does not meet all requirements in the Security Standard. The Commission resolved one of eleven control weaknesses identified in the fiscal year 2015 audit. The Security Standard requires agencies to implement certain minimum controls to safeguard data that is stored in database systems. The details of the remaining control weaknesses have been communicated 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 Commission has taken additional steps to implement certain security controls in the database. We have not tested the controls to ensure they are operating effectively; however, we will test the controls the Commission has implemented during the next audit period. The Commission should continue its efforts to implement and improve 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:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-015: Improve System Security for the Time, Attendance and Leave System

Applicable to: Department of Human Resource Management

Prior Year Finding Number: 2015-010

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control, Incident Response, System and Communications Protection

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:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-016: Improve Oracle Database Security

Applicable to: Department of Transportation

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control, Audit and Accountability,
Configuration Management, Identification and Authentication

CFDA Title and CFDA #: Highway Planning and Construction Cluster - 20.205, 20.219, and 23.003

Federal Award Number and Year: Various - 2016

Name of Federal Agency: U.S. Department of Transportation

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

Transportation operates one of its databases that stores financial activity without implementing some of the minimum information security controls in accordance with internal policy, the Security Standard, and industry best practices. We communicated seven areas of 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 their sensitivity and description of security controls.

By not meeting some of the minimum requirements in the Security Standard and aligning the database's settings and configurations with best practices, Transportation cannot ensure data confidentiality, integrity, or availability.

Transportation should dedicate the necessary resources to address the risks present in the database as discussed in the separate document communicated to management. Also, management should review and approve all newly created policies and procedures relating to its database environment. Doing this will help maintain the confidentiality, integrity, and availability of Transportation data and meet the requirements in the Security Standard.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-017: Improve Database Security

Applicable to: Department of Social Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control, Audit and Accountability,
Identification and Authentication

CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778

Federal Award Number and Year: VA20161, VA20162, VA20163, VA20164 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(e)

Known Questioned Costs: \$0

Social Services does not consistently apply information security controls across its databases that support sensitive and mission critical Information systems. While Social Services has corrected the control weaknesses identified during the prior year audit in one database, the review of a different database this year also yielded similar control weaknesses. We identified five essential control weaknesses and communicated the details of these 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 its sensitivity and description of security controls.

The Security Standard requires implementing agency specific policies and procedures to establish implementation of consistent controls to reduce unnecessary risk to data confidentiality, integrity, and availability.

By not implementing the controls discussed in the FOIAE communication, the system's database is not secure against known vulnerabilities. This increases the risk for sensitive Commonwealth data to be compromised by malicious users exploiting those vulnerabilities.

The lack of appropriate policies and procedures outlining control requirements and the decentralization of systems contributed to the deficiencies identified.

Social Services 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. Also, Social Services should consider centralizing, to the extent possible, its decentralized information systems to better ensure controls are consistently implemented across all of Social Services' sensitive and mission-critical systems.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-018: Improve SQL Database Security

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control, Audit and Accountability, Identification and Authentication, Risk Assessment, System and Information Integrity

DBHDS operates its database that stores its financial activity without implementing the minimum controls in accordance with internal policy, the Security Standard, and industry best practices. We communicated seven areas of 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 their sensitivity and description of security controls.

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

By not meeting the minimum requirements in the Security Standard and aligning the database's settings and configurations with best practices, DBHDS cannot ensure confidentiality, integrity, and availability of data within database.

DBHDS upgraded the application and had the vendor perform the majority of the upgrade. The vendor installed the database with many of the default settings and configurations, and DBHDS lacks the technical resources to properly secure the database and align settings and configurations with Security Standard requirements and best practices.

DBHDS should develop policies and procedures specific to the risks present in its database environment and develop a process to ensure configurations and controls align with the Security Standard and industry best practices. Management should review and approve all newly created policies and procedures and dedicate the necessary resources to remedy all the deficiencies that exist in the database environment in a timely and proactive manner. Management should also evaluate their technical resource level and determine if there are sufficient resources to manage the agency's database environment. If necessary, management should hire more resources or prioritize its corrective action implementation to address the highest risk areas. Doing this will help maintain the confidentiality, availability, and integrity of DBHDS data and meet the requirements in the Security Standard.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

ACCESS CONTROL

2016-019: Continue to Improve End User Controls

Applicable to: State Lottery Department

Prior Year Finding Number: 2015-033; 2014-034

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Material Weakness

Information System Security Control Family: Access Control

Lottery has made progress since the last audit and is currently working to remove unnecessary and elevated permissions without affecting Lottery's software and applications that are used to support business functions. We obtained a status update from Lottery on the corrective actions related to these findings. Lottery tested the removal of these permissions but had to delay the implementation due to incompatibility with Lottery applications. Lottery has since then removed permissions from certain accounts and created an alternate control for tracking elevated permissions. Lottery is taking a phased approach to resolving this weakness and planned to finish all corrective actions by September 2016. Sufficient time was not available to review the corrective action implementation before the issuance of this report, therefore, we will review their implementation during our next audit.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-020: Improve Timely Removal of Critical Access

Applicable to: Department of Health

Prior Year Finding Number: 2015-026; 2014-038

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

Individual department supervisors are not 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 remove access for terminated employees from their internal systems timely. Access was removed between 11 and 29 days late for three out of twenty-five (12 percent) employees reviewed with COV and WEBVISION access.

Section AC-2 of the Commonwealth's 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, the Security Standard states that each agency shall "promptly remove access when no longer required."

Also, Health's internal policies require that OHR strive to process access requests within three business days of receiving the separation forms.

Terminated employees who still have access to COV may be able to access other critical programs since it acts as the gateway to all the agency's systems. Untimely removal of WEBVISION access increases the risk that employees could use their inappropriate access to gather sensitive patient information or make unauthorized changes.

Unit supervisors are not initiating the separation forms in a timely manner resulting in delays in notifying OHR. Currently, when an employee terminates it is the responsibility of the work unit to advise OHR of the departure. Due to the decentralized nature of Health, this does not always happen timely.

Although this issue is a repeat finding, Health has made significant progress and should continue to improve the process surrounding the routing of the separation forms to ensure that system access is removed timely.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-021: Ensure Proper Segregation of Duties Exist with myVRS Access Roles

Applicable to: Department of Health

Prior Year Finding Number: N/A

Type of Finding: Internal Control

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

Health has not ensured a proper segregation of duties for employees with myVRS Navigator access. The Health employee responsible for generating the monthly Snapshot Confirmation does not have the "Snapshot Processor 2" role within myVRS Navigator as recommended. Additionally, a Health employee has both the "Employment Processor" role and "Service Purchase Approver" role, which creates a lack of separation of duties.

The Virginia Retirement System (VRS) provides the "Employer Roles and myVRS Navigator Security Access" guide which provides descriptions and responsibilities of myVRS Navigator access

roles. The *myVRS* guide states “the Snapshot Processor 2 generates, views, and confirms the organization’s monthly contribution report called a snapshot. It is important that the employee who is the one generating and confirming the monthly snapshot be the employee who holds this role in *myVRS* Navigator.” In relation to the Service Purchase Approver role, when an employee holds both the Employment Processor and Service Purchase Approver roles it creates the opportunity for an employee to process fraudulent transactions.

The principle of segregation of duties exists as a proper control in order to mitigate risk and ensure employee(s) do not have too much responsibility. When this principal is violated it creates the opportunity for unauthorized activity.

Health management does not routinely review *myVRS* Navigator access roles to ensure they are properly assigned among employees and that duties are appropriately segregated.

Health should periodically evaluate *myVRS* Navigator access roles held by its employees to ensure that roles are properly assigned and that segregation of duties between certain roles exist.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management’s Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-022: Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System

Applicable to: Department of Medical Assistance Services

Prior Year Finding Number: 2015-023; 2014-040

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778

Federal Award Number and Year: VA20161, VA20162, VA20163, VA20164 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

Medical Assistance Services has decided to delay implementing the automated process to document MMIS privileges, as defined in its corrective action plan, until 2018. In addition, Medical Assistance Services has not yet completed a conflict matrix documenting the combinations of privileges that create internal control weaknesses in MMIS.

The Security Standard, Section 8.1 AC-1, requires agencies to develop, document, disseminate, and review and update annually, formal documented procedures to facilitate the

implementation of the access control policy and associated access controls. Additionally, Section 8.1 AC-2(c) and (d) requires that agencies establish conditions for group membership and specify access privileges.

Without documenting MMIS conflicting privileges and providing that documentation to the managers reviewing access, management is increasing its risk of granting employees access that violates the concept of separation of duties or the principle of least privileges, which would create internal control weaknesses. In addition, the lack of automated processes to review and document MMIS privileges increases the possibility of omission during user access evaluations. Consequently, the documentation and review of users' assigned privileges continues to be a highly manual process, which increases the risks associated with granting and reviewing users' access. For example, the lack of automated processes to review and document MMIS privileges contributed to Medical Assistance Services' omission of three localities during the annual access review.

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 during fiscal year 2015 that the process would not be implemented until 2018, once a new security system was selected for the Medicaid Enterprise System that will replace MMIS. The delay was to avoid using resources on a security system that will be discontinued. Meanwhile, the agency began manually reviewing and updating documented user access privileges, but did not include a conflict matrix to use in evaluating access. The review, which was completed in May 2016, included approximately 3,700 Department of Social Services (Social Services) users, over 800 contractors, and approximately 450 Medical Assistance Services employees.

Medical Assistance Services should continue working towards documenting and evaluating MMIS access. Medical Assistance Services could do this by completing the conflict matrix and incorporating this documentation into the annual access evaluation process to ensure access is properly controlled. Additionally, Medical Assistance Services should apply what it learns in strengthening its management of MMIS access to its replacement, the Medicaid Enterprise System.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-023: Review VaCMS Access for Medical Assistance Services Employee

Applicable to: Department of Medical Assistance Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778

Federal Award Number and Year: VA20161, VA20162, VA20163, VA20164 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

Medical Assistance Services Office of Compliance and Security is not reviewing user access to VaCMS. While VaCMS is owned by Social Services, Medical Assistance Services is responsible for assigning and monitoring access for its employees. Specifically, for the seven Medical Assistance Services employees we tested with access to VaCMS:

- Five did not have access consistent with what management approved.
- Five did not have a justification for their access.
- One was approved for a role; however, the access was not granted.
- One had access that was not approved by management.

The Security Standard, Section 8.1 AC-2(j), requires an organization to review accounts for compliance with accounts management requirements on an annual basis or more frequently if required to address an environmental change. Additionally, 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.

The lack of VaCMS access reviews significantly increases the risk of unauthorized transactions in VaCMS as well as the risk of granting employees unneeded access; therefore, creating internal control weaknesses.

Medical Assistance Services did not have the ability to add employees to VaCMS prior to December 2014. Prior to December 2014, Social Services was responsible for granting and monitoring access to VaCMS for Medical Assistance Services' employees. Since this responsibility was transferred to Medical Assistance Services, management has not established formal policies and procedures to operationalize the review of employee access to VaCMS.

Medical Assistance Services should review VaCMS access for its employees. Additionally, management should implement the required VaCMS access policies and procedures to ensure it properly assigns and controls access.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-024: Document Separation of Duties of Individuals for Mission Critical Systems

Applicable to: Virginia Employment Commission

Prior Year Finding Number: 2015-036

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

CFDA Title and CFDA #: Unemployment Insurance - 17.225

Federal Award Number and Year: UI265651555A51 - 2016

Name of Federal Agency: U.S. Department of Labor

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

The Commission has not documented separation of duties conflicts for certain mission-critical systems. The Commission uses VABS and VUIS to administer the Unemployment Insurance program. The Commission uses FMS and the statewide Cardinal system to account for activity within the unemployment trust fund. Although the Commission maintained documentation, defining each access level and group within the respective systems, it did not document which access levels and groups create separation of duties conflicts for any of these systems.

Section 8.1 AC-5 of the Security Standard requires agencies to document separation of duties of individuals. When managers at the Commission request employees' access to multiple mission critical systems concurrently, there's 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 duties conflicts, the person granting access does not know which roles would represent such a conflict for any of the above-mentioned systems.

The Commission should document which roles within each system would represent conflicts with a proper separation of duties. This will reduce the risk of granting inappropriate access and the risk of employees entering inappropriate transactions.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-025: Remove System Access Timely

Applicable to: Virginia Employment Commission

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

CFDA Title and CFDA #: Unemployment Insurance - 17.225

Federal Award Number and Year: UI265651555A51 - 2016

Name of Federal Agency: U.S. Department of Labor

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

The Commission failed to remove access to sensitive IT systems in a timely manner. During our review, we noted three employees who ended their employment with the Commission, but did not have their access to the tax administration and financial systems removed for up to two years after their departure.

The Security Standard, Section AC-2-COV.2, states, “For all internal IT systems, promptly remove access when no longer required.” With individuals no longer employed by the Commission having access to IT systems, the risk of inappropriate transactions taking place is increased. Although access to the Commission’s network is removed, valid employees could still use the departed person’s credentials to access the systems.

A manual process for removing access of contractors and temporary employees as well as a technical issue of syncing network access with system access led to these untimely removals. In addition, this was not caught as a part of regular access reviews.

The Commission should perform a more thorough review of all users to IT systems. This will reduce the risk of employees retaining inappropriate access after termination.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management’s Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-026: Improve Access Controls over Financial Management System

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: 2015-032

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

DBHDS did not adequately plan for the upgrade of its Financial Management System (FMS) and subsequent interface to the Commonwealth's new accounting system (Cardinal) to allow the necessary IT resources and time to establish proper policies, procedures, and controls over system access to FMS. DBHDS has not documented what the critical ledgers and roles are in the newest FMS version and did not identify which roles, when combined and assigned to one person, result in a separation of duties issue. In addition, DBHDS does not have controls in place for times when it is necessary to assign conflicting roles to an individual to ensure that users with this access are not improperly using the access. DBHDS did not update the form used to request, change, and delete access to FMS to agree with the design of the upgraded system. DBHDS does not have a process to monitor access annually for all regions and facilities.

As a result of the above inadequacies, we found the following issues with employee access to FMS.

- Seven out of 21 (33 percent) users tested had access to FMS that did not agree with the approved access on the request form.
- Eight out of eight (100 percent) users tested with potential conflicting roles did have separation of duties issues.
- Five out of 21 (24 percent) users tested had FMS access that was not consistent with the employee's job duties.
- Two out of ten (20 percent) terminated users tested had their access removed untimely (not within 5 business days). Removal for these individuals took between eight and 71 days.
- Ten out of 32 (31 percent) users tested had access forms that were not completed properly due to an inaccurate approval date, no HIPAA Confidentiality Statement Signature, or handwritten changes to the form.

The Security Standard, Section AC-2-COV 2 a, requires a documented request to establish an account. The Security Standard, Section AC-2-COV 2 e and f, require prompt notification and removal of access for transferred or terminated users. The Security Standard, Section AC-5 a-c, requires that system access be defined and assigned to support separation of duties. The Security Standard, Section AC-6, requires granting access based on the principle of least privilege and part seven in that section requires the performance of an annual review of access to validate that the need still exists.

Not ensuring that system users have and retain appropriate access to FMS increases the risk of unauthorized individuals inappropriately entering or approving transactions and could affect the integrity of DBHDS transactions in the FMS and Cardinal systems.

DBHDS did not update access forms, document policies, identify critical roles, and properly assign and remove access because of a lack of planning for the FMS upgrade and a lack of IT resources. After upgrading FMS, the IT resources available focused on developing the interface with Cardinal and then the implementation of Cardinal. In addition, DBHDS has not trained its facility managers and regional system administrators on how to assign, change, and remove user access.

DBHDS management should establish and implement proper policies, procedures, and controls over access to FMS. DBHDS should document the critical ledgers and roles and identify those that when combined can result in separation of duties issues. When individuals must have conflicting roles, DBHDS should establish controls to detect any inappropriate or fraudulent transactions by those individuals. DBHDS should update the access form to reflect the upgraded system and train facility managers and regional system administrators on completing the access forms. Finally, DBHDS should ensure access is reviewed annually to identify unnecessary access due to terminations or changes in position.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-027: Improve Access and Other Controls Related to Federal Reimbursements

Applicable to: Department of Education - Direct Aid to Public Education

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

CFDA Title and CFDA #: Special Education Cluster (IDEA) - 84.027 and 84.173

Federal Award Number and Year: H173A150112 - 2016

Name of Federal Agency: U.S. Department of Education

Type of Compliance Requirement - Criteria: Allowable Costs/Cost Principles - 2 CFR 200.303(a)

Known Questioned Costs: \$0

Education granted access to an employee that violated the principle of least privileges and provided no separation of duties. The employee used their access to delete the approval history for the claim record. Additionally, Education did not have a control to detect when OMEGA is not updated with payment information from the accounting system or a record of request is deleted from OMEGA.

The Code of Federal Regulations (CFR) 200.303 states, “The non-Federal entity must establish and maintain effective internal controls over the Federal award 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.”

Education had to restore information related to the approval history and manually post the payment in OMEGA to show that Education paid the LEA and that the manager approved the payment. If Education had not taken these steps, there is the risk that Education could have approved the LEA’s second request for federal reimbursement.

Due to an OMEGA systems error, a claim did not update properly when the accounting system interfaced back to OMEGA to record the payment. Therefore, while the accounting system showed the disbursement of funds to the LEA, OMEGA never had a record of payment. LEAs use OMEGA to track their reimbursement requests. In this case, when the LEA saw no record of payment in OMEGA, the LEA cancelled their original request for reimbursement and started a second request. When OMEGA would not process the LEA’s second reimbursement request, Education’s OMEGA support specialist deleted from OMEGA the records associated with the first request. Additionally, Education’s process of reconciling its authorization system to its payment system is not designed to find instances when records are deleted from OMEGA.

Education should only grant access to OMEGA that adheres to the principle of least privileges and provides proper separation of duties. If deletion of records is required, Education should design a process that logs instances when this occurs, the reason for the deletion, and who approved it. Additionally, Education should develop a process for reconciling its reimbursement requests approvals in OMEGA to payments made by the Treasurer of Virginia on behalf of Education.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management’s Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-028: Improve Controls for Granting and Restricting Elevated Workstation Privileges

Applicable to: University of Virginia-Academic Division

Prior Year Finding Number: 2015-035

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

The University is making satisfactory progress to address a weakness communicated in our prior year report in assigning and restricting elevated workstation privileges; however, corrective action remains in progress. The University tested an initial approach to resolve the weakness and

identified several other potential solutions that, when implemented, should reduce this risk to a reasonable level. Additionally, as noted in the prior year, the University's corrective action should include the creation of policies and procedures to restrict and manage access to elevated workstation privileges in accordance with the University's adopted information security standard, ISO 27002:2013. Unnecessary privileges on workstations increase the risk that an end-user can unintentionally download and install malware on their computer.

The University plans to implement a solution and complete corrective action by August 20, 2017. The fiscal year 2017 audit will include an evaluation of the University's completed corrective action and determine whether the University satisfactorily resolved the weakness.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-029: Improve Security Controls over Cardinal

Applicable to: Department of Accounts

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

The Cardinal Security Team has not reviewed Department of Transportation's (Transportation) roles to ensure that their roles have similar capabilities to other agencies for similar duties and that they have similar segregation of duties conflicts identified.

Section AC-6 of the Security Standard addresses the concept of least privilege and requires that an organization use the concept of least privilege when granting access to ensure users only have access that is necessary to accomplish their assigned tasks. Further, Section AC-5 of the Security Standard requires agencies to incorporate adequate segregation of duties within their system access and processes. By not reviewing all roles for segregation of duties conflicts there is the risk that inappropriate access could exist which causes the Cardinal system to be more susceptible to fraud, or misstatements due to a lack of review. In addition, by not ensuring that Transportation's roles are consistent with other agencies, this could also lead to inappropriate access.

The implementation of the Cardinal system took place in three stages, with Transportation being implemented first, then Department of Accounts (Accounts), and finally the rest of the Commonwealth. While the Cardinal Security team has listed segregation of duties considerations for all other Cardinal roles, the roles used by Transportation have not been fully considered. In addition,

Accounts does not evaluate or approve current conflicts for Transportation, which could lead to Transportation having different conflicting roles versus other agencies with similar roles.

The Cardinal Security team should review and consider segregation of duties conflicts for all roles within Cardinal. They should also ensure the Cardinal Security Manual includes all potential segregation of duties conflicts. Lastly, the Cardinal Security Team should review Transportation's roles and ensure they are consistent with other roles used statewide.

Views of Responsible Officials:

Management's Corrective Action Plan located in Appendix I expresses their intent to address the condition.

2016-030: Improve Logical Access Security Controls

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

Motor Vehicles does not implement some required logical access security controls for a mission critical and sensitive system. The details of the sensitive system these control weaknesses affect has been communicated to management in a separate document marked FOIAE under Section 2.2-3705.2 of the Code of Virginia due to its sensitivity. The following deficient controls were identified.

- Motor Vehicles' record retention policy does not identify retention requirements specific for disabled accounts. The Security Standard, Section AC-2-COV, requires agencies to retain unneeded disabled accounts in accordance with the agency's record retention policy.
- Motor Vehicles does not perform annual user access reviews for privileged system users. Motor Vehicles' access control policy requires that a user's continued need for access to all IT systems be reviewed on at least an annual basis.

By not identifying retention requirements for disabled accounts, Motor Vehicles cannot ensure disabled accounts are removed as necessary, providing a risk for the accounts to be enabled and accessed by an unauthorized user. Also, Motor Vehicles provides a higher risk for users to have unauthorized access to the sensitive system by not performing annual access reviews of privileged user accounts.

Motor Vehicles is reviewing its records retention policy as part of a current project to update its information security program. According to Motor Vehicles, this review will identify any missing

records retention procedures to ensure better alignment with business processes and compliance with the Security Standard. Motor Vehicles estimates to complete this review in the spring of 2017. Additionally, the omission of privileged user accounts from Motor Vehicles' existing annual process to verify user accounts is preventing a comprehensive review of all accounts with access to the sensitive system.

Motor Vehicles should revise its record retention policy to ensure it includes requirements specific for disabled accounts. With this revision, Motor Vehicles should develop a process to ensure the removal of disabled accounts after the determined retention period. Finally, Motor Vehicles should ensure annual access reviews include privileged user accounts, such as system administrators and database administrators.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

SYSTEM AND INFORMATION INTEGRITY

2016-031: Upgrade End-of-Life Technology

Applicable to: Department of Education - Central Office Operations

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Material Weakness

Information System Security Control Family: System and Information Integrity

Education does not upgrade certain IT software that supports a mission critical and sensitive system within the IT environment on a timely basis before it is unsupported by the associated vendor. Also, Education does not currently have an approved security exception from the Commonwealth of Virginia's Chief Information Security Officer (CISO) for the associated end-of-life software. We identified and communicated the specific control weaknesses 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 specific descriptions of security mechanisms.

The Commonwealth's 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 would adversely impact 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 end-of-life/end-of-support technology, Education 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 affects data availability by increasing the difficulty of restoring system functionality if a technical failure occurs.

Education should prioritize the upgrade of the end-of-life/end-of-support technology discussed in the communication marked FOIA exempt in accordance with the Security Standard. Education should also implement mitigating controls and submit a security exception to the Commonwealth of Virginia's CISO for approval to continue operating the end-of-life technology as necessary. This will better ensure the confidentiality, integrity, and availability of sensitive Commonwealth data and achieve compliance with the Security Standard.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-032: Finalize Security Exception Request for Unsupported Databases

Applicable to: Department of Alcoholic Beverage Control

Prior Year Finding Number: 2015-055; 2014-013

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Information Integrity

ABC has sensitive systems running unsupported Oracle database versions and are not keeping these databases current in accordance with the Security Standard. ABC applied for exception requests with the Virginia Information Technologies Agency (VITA) to continue operating the databases; however, VITA did not approve the exception requests and required ABC to implement costly and time consuming mitigating controls.

Rather than spend the resources to implement the costly mitigating controls, ABC has plans to upgrade the unsupported databases by 2017. By operating the databases 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 unsupported Oracle databases. Operating an unsupported database increases the risk of a data breach through an attack that exploits known vulnerabilities in an unpatched or outdated system.

ABC also has plans to replace the unsupported systems with a new enterprise resource planning system, but the timeframe to implement a new ERP system will take several years. For this

reason, ABC has decided to upgrade the databases to supported versions as a temporary stopgap measure to bring the agency into compliance with the Security Standard.

ABC should prioritize the upgrade efforts to ensure the database versions are running secure technology to ensure the confidentiality, integrity, and availability of sensitive data. ABC should also determine the long term viability of the systems they are upgrading and include replacements or future upgrades in their IT strategic plan.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-033: Develop and Adopt a Comprehensive IT Strategic Plan to Modernize Systems

Applicable to: Department of Alcoholic Beverage Control

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Information Integrity

Background and Analysis

ABC has classified many of their systems as sensitive, either due to the nature of the data or because the system supports a significant business process, such as finance and sales, inventory and logistics, and enforcement. A sensitive classification indicates the need for strong security controls and the Commonwealth's Information Security Standard, SEC 501-09, provides the minimum requirements that agencies must meet, including that all system's run on current and supported technologies. Outdated and unsupported technologies, commonly referred to as end-of-life technologies, increase risk to sensitive systems because they no longer receive patches for known security vulnerabilities and a malicious attacker could exploit the vulnerabilities leading to a data breach. Additionally, vendors do not offer operational and technical support for end-of-life technologies, which effects data availability by increasing the difficulty of restoring system functionality if a technical failure occurs.

During the audit we selected ten systems to review and found that all but one system relied on one or more software components that has reached its end-of-life. In addition, there are multiple end-of-life server operating systems that support these applications. The Commonwealth's Information Technology (IT) Infrastructure Partnership with Northrop Grumman (Partnership) provides the maintenance, operation, and support for ABC's server operating systems; however, due to the age of ABC's applications, they will not run on current server operating systems. Therefore,

the Partnership cannot upgrade the server operating systems until ABC upgrades their application software components.

Systems can become outdated because the agency does not have sufficient financial or human resources to do the work. We analyzed the relationship between ABC's revenue, profits transferred to the general fund of the Commonwealth, and growth in IT personnel and investment over the past ten years and found that IT position growth and investment has not kept pace with ABC's revenue and profit growth. This suggests that ABC may have avoided updating its technologies in order to achieve expected profit levels.

To further explore why ABC's sensitive systems have reached end-of-life and to understand what ABC plans for the future, we examined two areas: (1) ABC's progress since forming an Advisory Committee as required by Chapter 665 of the 2015 Acts of Assembly, and (2) its Strategic Plan and IT Strategic Plan submitted to the Department of Planning and Budget (DPB) and the Virginia Information Technologies Agency (VITA), respectively, in support of its 2017-2018 budget request. ABC's Advisory Committee (Committee) is tasked with reviewing its progress in planning, financing, procuring, and implementing information technology systems necessary to sustain the department's business enterprise. The Committee has met three times since September 2015 and received briefings on six projects budgeted at \$24.7 million. The largest project, a new financial accounting system, was estimated to cost \$17 million and was budgeted for development during fiscal year 2016, but this did not occur. After initially choosing PeopleSoft for its system, ABC decided that it would not be a fit for ABC's distribution and retail functions and cancelled its request for proposal (RFP). ABC is working again with Gartner to re-define its requirements and allow bids from hosted systems that were not allowed by VITA until recently. A date for issuing a new RFP has not been communicated to the Committee. Similarly, in May 2016 ABC issued a RFP for a new licensing system with an estimated cost of \$3.2 million and subsequently cancelled it in June 2016. A new RFP was issued later in the Summer of 2016 and it was also expanded to allow bids from vendors offering hosted systems.

Regarding ABC's Strategic Plan and IT Strategic Plan, we found that both plans acknowledge some of the outdated technologies, but neither lays out a clear course of action to rectify the situation, such as describing the order and timeline for upgrading components. The Strategic Plan noted the need to meet Commonwealth security standards, but left the section titled "Estimate of Technology Funding Needs" blank, suggesting that upgrades and replacements can be achieved through ABC's normal operating budget.

In July 2016, we met with the Interim Chief Information Officer (CIO) to discuss the strategic plans, but he was unfamiliar with them since they were prepared before he started working at ABC. The Interim CIO acknowledged the end-of-life components and discussed several changes he has recently implemented to better use the existing IT resources and refocus the agency on implementing solutions. He verbally laid out plans to: minimize the support of and changes to systems that will be replaced in the near future; enforce strong change controls to prevent IT resources from being directed away from work on important tasks; assess ABC's IT resources (including contractor's) to determine what skill sets they have and what skills are needed; and,

prioritize what systems to upgrade or replace and ensure the replacement occurs in a deliberate and strategic fashion since many systems interface and are co-dependent.

Finding and Recommendation

As noted in the Background and Analysis section we found that ABC operates many systems that rely on software components that have reached their end-of-life and represent significant risk to ABC's operations. In addition, there are multiple end-of-life server operating systems that support these applications.

Addressing this issue so ABC's sensitive systems remain secure will require:

- Strong IT leadership;
- Knowledge of ABC's distribution and retail operations sufficient to develop a sound and practical implementation strategy;
- A sizable funding commitment to pay for the initial systems replacements; and,
- IT operating budget increases to pay for the on-going maintenance required to keep systems current.

As a significant contributor to the Commonwealth's general fund, the Governor and legislature expects ABC to contribute a certain level of profits annually. If the general fund cannot accept reduced profits to pay for ABC's modernization needs, ABC will need to find other financing alternatives, such as reducing operating costs in other areas to offset the increased investment in technology or software-as-a service. In addition, ABC should improve its use of the leaders and experts who comprise the Advisory Committee for the planning, financing, procuring, and implementing of modern systems. Thus far the Committee has only received status updates, but has not been asked to actively participate in guiding ABC or brainstorming solutions.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-034: Continue to Upgrade Unsupported Technology

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: 2015-056

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Information Integrity

DBHDS is not protecting sensitive data by using end-of-life or end-of-support technology for sensitive systems. DBHDS has worked to upgrade, consolidate, and decommission the end-of-life

systems that contain Health Insurance Portability and Accountability Act (HIPAA) data, mission-critical financial data, and Personal Health Information (PHI) data. The applications using unsupported technology contain sensitive and mission critical data, which increases the risk 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 (c), 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 effects 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 continue to prioritize the upgrade, consolidation, or decommission of all end-of-life or end-of-support technology. DBHDS should evaluate the current IT resource level and consider hiring additional resources to expedite the process. Also, DBHDS should implement mitigating controls for all sensitive systems that contain sensitive data. Doing this will reduce the risk to confidentiality, integrity, and availability of sensitive Commonwealth data.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-035: Continue to Upgrade Unsupported Technology

Applicable to: Department of Transportation

Prior Year Finding Number: 2015-058

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Information Integrity

Transportation has one remaining database management system that is utilizing end-of-life and unsupported software. Transportation has a remediation plan in place to upgrade the database to a supported version by the first quarter of 2017. Transportation must receive new hardware from

the Partnership before completing the upgrade and has a work request in place to ensure this happens timely.

The Security Standard, Section SI-2-COV, requires that organizations prohibit the use of products designated as end-of-life or end-of-support by the vendor or publisher. By using end-of-life or end-of-support technology, Transportation can no longer receive and apply security patches for known vulnerabilities, which increases the risk that a malicious attacker will exploit these vulnerabilities to facilitate a data breach. Additionally, vendors do not offer operational and technical support for end-of-life or end-of-support technology, which effects data availability by increasing the difficulty of restoring system functionality if a technical failure occurs.

Transportation has relied on legacy systems that utilize older technology, but has remediated all their end-of-life software versions except for the one remaining database. Transportation planned to remediate all end-of-life software by December 2016, but due to competing priorities and dependencies on the Partnership to procure hardware, the remediation will be complete in the beginning of 2017.

Transportation should continue to prioritize the upgrade and decommission of their last remaining end-of-life and end-of-support technology. Transportation should also implement mitigating controls and receive a security exception from the Virginia Information Technologies Agency to continue operating the unsupported database until a replacement is in production. This will reduce the risk relating to the confidentiality, integrity, and availability of sensitive Commonwealth data and achieve compliance with the Security Standard.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-036: Continue to Improve IT Software Maintenance and Management Controls

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: 2015-053

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Information Integrity

Motor Vehicles is continuing its efforts to upgrade the IT software that supports critical business processes within the IT environment. Since the prior year audit, Motor Vehicles has made efforts to upgrade the end-of-life (EOL) IT software as well as other applications and middleware to current releases. Motor Vehicles expects this effort to be completed by November 2017, which

deviates from the original estimated completion date of July 2016 due to delays in receiving new hardware from its service provider.

Retired and unsupported software no longer receive updates and patches to remedy recently discovered vulnerabilities. The details of these control weaknesses have been communicated 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 Security Standard, Section SI-2-COV, requires that organizations prohibit the use of products designated as EOL by the vendor or publisher. Also, Section SA-22 requires organizations to replace information system components when support for the components are no longer available from the vendor.

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 cyberattack, exploitation, and data breach by malicious parties. Additionally, vendors do not offer operational and technical support for IT software designated as EOL, which increases the difficulty of restoring system functionality if a technical failure occurs.

Motor Vehicles should continue its efforts to migrate from the unsupported IT software as discussed in the communication marked FOIAE to meet, at a minimum, the requirements in the Security Standard and industry best practices. Also, Motor Vehicles should develop a formal process to ensure IT software supporting critical business processes is upgraded prior to reaching EOL as designated by the vendor.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-037: Upgrade Unsupported Technology

Applicable to: Virginia Employment Commission

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Information Integrity

CFDA Title and CFDA #: Unemployment Insurance - 17.225

Federal Award Number and Year: UI265651555A51 - 2016

Name of Federal Agency: U.S. Department of Labor

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(e)

Known Questioned Costs: \$0

The Commission does not use supported, up-to-date software to run some of its mission critical and sensitive systems. Retired and unsupported software no longer receives updates and patches to remedy recently discovered vulnerabilities. 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 Commission should upgrade or decommission its systems that run outdated and unsupported software. If the Commission determines upgrades cannot occur immediately, it should file for and receive an approved exception that includes a description of compensating controls that will reduce the software vulnerability risk. The exception request should also include the Commission's future plans to upgrade or decommission the systems running outdated and unsupported software. This will better ensure the confidentiality, integrity, and availability of sensitive Commonwealth data and achieve compliance with the Security Standard.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-038: Improve System Patch Management

Applicable to: State Lottery Department

Prior Year Finding Number: N/A

Type of Finding: Internal Control

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Information Integrity

Lottery does not apply software patches to sensitive and mission critical systems in accordance with requirements defined in Lottery's policy. Lottery's Patch Management Standard requires the installation of patches and updates to servers and clients on a monthly basis.

Two systems were identified during the audit that were not patched according to Lottery's policy. The details of these weaknesses were communicated 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.

Running out-of-date software increases the risk of a data breach or system unavailability, which could result in financial, legal, or reputational damages. Lottery has not patched these systems according to its policy due to concerns that the patches may be incompatible in the environment and cause system unavailability. However, this concern should be remediated by Lottery's own policy to install patches in a test environment prior to implementation into a production environment.

Lottery should dedicate the necessary resources to update both systems to the newest and compatible software versions after following its formal testing and configuration management process. Lottery should also document any deviations and compensating controls to any patches found incompatible during testing. Lottery should apply patches according to its policy or update the policy to identify any systems that are patched according to different requirements.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, their comments express a disagreement with the findings; however, their comments along with management's Corrective Action Plan located in Appendix I express their intent to resolve the issues.

INFORMATION SECURITY ROLES AND RESPONSIBILITIES

2016-039: Improve Information Security Program and IT Governance

Applicable to: Department of Education - Central Office Operations

Prior Year Finding Number: 2015-039; 2015-047; 2015-048

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Material Weakness

Information System Security Control Family: Information Security Roles and Responsibilities

Education lacks a comprehensive information security program and has an insufficient governance structure to appropriately manage data security in its information technology (IT) environment.

Education is not maintaining appropriate oversight over its information security program, does not adequately secure mission critical databases (this issue is communicated above in the separate finding titled “Improve Database Security”), and has not adequately addressed weaknesses identified in the prior year’s audit. We identified and communicated some of these weaknesses to management in separate documents marked Freedom of Information Act Exempt (FOIAE) under Section 2.2-3705.2 of the Code of Virginia due to them containing descriptions of security mechanisms. Three areas below represent issues noted in last year’s audit and are still not complete, illustrating Education’s insufficient management of its information security program.

Continue to Improve Information Security Policies and Procedures

Education continues not to adequately document and implement IT systems hardening policies, procedures, and controls in accordance with the Commonwealth’s Security Standard. Education is not following its existing database patching procedure and continues to not use an effective method to maintain changes, patches, and upgrades to its database environment.

Education should develop IT systems hardening policies and procedures to help ensure systems are configured with the most restrictive mode consistent with operational requirements. Education should also establish an effective change management process to ensure sensitive systems are protected from unauthorized disclosure and modification.

Continue to Improve IT Risk Management Process

Education continues not to develop and maintain a comprehensive risk management process to support and protect its sensitive systems. The Security Standard requires agencies to use specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability in protecting sensitive information.

Education should develop a risk management process that properly and consistently assesses its sensitive systems. Education should evaluate and assign the resources needed to develop and manage a sufficient risk management process to address the weaknesses communicated in the FOIA exempt recommendation and to ensure compliance with the Security Standard.

Improve Information Security Awareness Training Program

Education continues not to have an adequate process for monitoring and enforcing employee compliance with the annual security awareness training requirement. Education requires that the ISO develop and maintain an information security awareness and training program; however, only Human Resources staff has access to the security awareness and training program records, which prohibits the ISO from maintaining oversight of the program.

The Security Standard requires that Education document and monitor individuals' information system security training. Education should develop a process to ensure that all users complete security awareness training to prepare users to identify and respond to security threats that could compromise sensitive systems and data, and to ensure compliance with internal policies and the Security Standard.

Ensure that Information Technology Security Audits are Performed

Education is not performing timely IT security audits of its sensitive systems in accordance with the Commonwealth's IT Audit Standard. Education should allocate the necessary IT audit resources to ensure that IT security audits are performed on a consistent and timely basis for each sensitive system in accordance with the IT Audit Standard.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-040: Continue to Improve IT Governance

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: 2015-049

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Information Security Roles and Responsibilities

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 still has over 240 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 three 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.

DBHDS has made progress and reduced the total number of sensitive systems from 437 to 240 sensitive systems since our last review. However, this significant number of sensitive systems requires extensive IT resources to ensure compliance with the agency's enterprise security program and the Commonwealth's Information Security Standard, SEC 501-09 (Security Standard). Managing and maintaining over 240 sensitive systems, while significantly less than 437, is still not feasible with DBHDS' current resource levels, and while DBHDS has made progress to consolidate, decommission, and upgrade applications, they should continue to consolidate the disparate systems performing similar business functions across the entire agency.

Agency heads are responsible for ensuring that a sufficient information security program is maintained, documented, and effectively communicated to protect the agency's IT systems (Security Standard, Section 2.4.2).

In addition, DBHDS continues to have control weaknesses in the following areas, showing that DBHDS still lacks the necessary resources to maintain appropriate oversight over its information security program and to not meet the requirements in the Security Standard.

- End-of-life technology
- Software baseline configurations
- Database Security

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, as much as \$1.5 million.

DBHDS has a decentralized IT governance structure, which led to them having 437 disparate sensitive systems they could not properly manage and maintain. Today, the total number of sensitive systems is significantly less; however, 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 continue to consolidate their disparate sensitive systems to a level where the current IT resources can maintain compliance with the 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:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-041: Correct Operating Environment and Security Issues Identified by Their Security Compliance Audit

Applicable to: Department of Medical Assistance Services

Prior Year Finding Number: 2015-068; 2014-027

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Information Security Roles and Responsibilities

CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778

Federal Award Number and Year: VA20161, VA20162, VA20163, VA20164 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

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 then Commonwealth's Security Standard Security Standard, SEC 501-7.1, and HIPAA Security Rule. According to management's updated correction plan, dated September 30, 2016, the following three exceptions remain and are to be addressed by the following dates:

- Risk Assessment Procedures – December 31, 2016
- Logical Access Controls - December 31, 2016
- Policies and Procedures Reviews - December 31, 2016

The prior and current versions of the Security Standard require 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 30, 2016, Medical Assistance Services has increased the number of resources necessary to address its information technology security needs and exceptions as reported in the Internal Audit Division's review. However, the magnitude of the changes required and the amount of work necessary have extended the estimated completion date beyond June 30, 2015, as stated in its original corrective action plan. Internal Audit continues to monitor and test implemented corrective actions and management's plans to complete the remaining corrective actions by the end of calendar year 2016.

Medical Assistance Services should 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.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

SYSTEM AND SERVICES ACQUISITION

2016-042: Continue Improving Oversight over Third-Party Service Providers

Applicable to: Virginia Employment Commission

Prior Year Finding Number: 2015-060

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Services Acquisition

CFDA Title and CFDA #: Unemployment Insurance - 17.225

Federal Award Number and Year: UI265651555A51 - 2016

Name of Federal Agency: U.S. Department of Labor

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

The Commission continues to improve oversight over third-party service providers (providers) to gain assurance over outsourced operations, but lacks a formalized framework for this process. 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.

Section 1.1 of the Security Standard states agency heads remain accountable for maintaining compliance with the Security Standard through documented agreements with providers and oversight of services provided. Additionally, Topic 10305 of the Commonwealth Accounting Policies and Procedures (CAPP) 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. In addition, the Hosted Environment Security Standard, SEC 525-02, Section SA-9-COV-3, states that each agency shall perform an annual security audit of the environment or review the annual audit report of the environment conducted by an independent, third-party audit firm on an annual basis.

Without a formally defined process to gain assurance over providers' IT environments, the Commission cannot consistently validate that those providers have effective IT controls to protect its sensitive data.

The Commission has begun developing a framework to gain assurance from providers. This effort includes reviewing current data sharing agreements and contracts to identify and develop a list of current providers; and inserting a confidentiality agreement in new contracts that requires providers to comply with the Commonwealth's Information Technology Resource Management policies, standards, and guidelines, and provide independent audit results over security controls. However, the Commission has not completed corrective actions as it does not have formal policies and procedures developed and implemented for maintaining a list of providers and reviewing assurance reports on an ongoing basis.

The Commission should continue to develop a framework for identifying providers and implement procedures for gaining assurance over outsourced operations. The Commission can obtain assurance in several forms including, but not limited to, Service Organization Control reports, on-site reviews, or other independently verified assurance of the provider's internal control environment. After developing a framework, the Commission should continue reviewing its contract listing to confirm that contract language between the Commission and provider clearly delineates the process, procedures, and controls assigned to each party. Finally, the Commission should maintain oversight over this process to confirm that it is compliant with the provisions set forth within the Security Standard and CAPP Manual.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-043: Review and Document Service Organization Control Reports of Third-Party Service Providers

Applicable to: Department of Medical Assistance Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Services Acquisition

CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778

Federal Award Number and Year: VA20161, VA20162, VA20163, VA20164 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

Medical Assistance Services does not review third-party service providers (providers) Service Organization Control reports. Providers are entities that perform outsourced tasks and business functions on behalf of Medical Assistance Services and the Commonwealth. A Service Organization Control report provides an independent description and evaluation of the provider's internal controls. Although Medical Assistance Services works closely with its providers, in order to ensure the effectiveness of provider controls, Medical Assistance Services' should regularly review Service Organization Control reports and document the results of its reviews.

The Security Standard, Section 1.1, states management remains accountable for maintaining compliance with the Security Standard through documented agreements with providers and oversight of services provided. Additionally, the Hosted Environment Information Security Standard SEC 525-02, Section SA-9-COV-3, states that each agency shall perform an annual security audit of the environment or review the annual audit report of the environment conducted by an independent, third-party audit firm on an annual basis. Finally, Topic 10305 of the Commonwealth Accounting Policies and Procedures (CAPP) Manual requires agencies to have adequate interaction with the third party service provider to understand its internal control environment and maintain oversight over the provider to gain assurance over outsourced operations.

Although Medical Assistance Services maintains a high degree of interactions with its providers, it is increasing the Commonwealth's risk that it will not detect a weakness in a provider's environment, which could negatively impact the Commonwealth.

Medical Assistance Services does not have policies and procedures for reviewing, assessing, and documenting the results of the Service Organization Control reports as a way to evaluate provider controls.

Medical Assistance Services should develop and implement policies and procedures to review, assess, and document the effectiveness of provider controls reported through Service Organization Control reports. In addition, Medical Assistance Services should use Service Organization Control reports to maintain oversight over its providers to confirm they comply with

the requirements outlined in their contract, the Security Standards, the CAPP Manual, and industry best practices.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-044: Improve Oversight of Third Party Service Providers

Applicable to: Department of Social Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Services Acquisition

CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778

Federal Award Number and Year: VA20161, VA20162, VA20163, VA20164 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

Social Services does not have an established process to maintain oversight over third party IT service providers. Social Services has outsourced several of its mission critical business functions, such as IT services, Child Support Enforcement call centers, and benefits administration services.

The Security Standard, Section 1.1, states management remains accountable for maintaining compliance with the Security Standard through documented agreements with providers and oversight of services provided. Additionally, the Hosted Environment Information Security Standard SEC 525-02, Section SA-9-COV-3, states that each agency shall perform an annual security audit of the environment or review the annual audit report of the environment conducted by an independent, third-party audit firm on an annual basis. Finally, Topic 10305 of the Commonwealth Accounting Policies and Procedures (CAPP) Manual requires agencies to have adequate interaction with the third party service provider to understand its internal control environment and maintain oversight over the provider to gain assurance over outsourced operations.

Without a documented and established process to gain assurance over third party service providers' internal controls, Social Services cannot consistently validate that those third party service providers have effective security controls to protect its sensitive data. For example, the recent Internal Revenue Service (IRS) review of Social Services' IT environment noted that a Child Support Enforcement vendor did not adequately comply with IRS guidelines for protecting tax information.

Social Services currently has a process to ensure security requirements are contained within the contracts it has with providers, including the Commonwealth's new Hosted Environment Information Security Standard, SEC 525-02. However, Social Services does not obtain and review independent audit assurance over third party service providers on an ongoing and consistent basis due to a lack of a formal framework.

Social Services should develop and implement a formal framework for gaining appropriate assurance over outsourced operations that impact its IT environment, sensitive data, or mission-critical processes. Social Services can obtain assurance in several forms including, but not limited to, Service Organization Control reports, on-site reviews, or other independently verified assurance of the provider's internal control environment. This process should include the development of formal policies and procedures for obtaining and documenting the evaluation of a reasonable form of assurance to ensure that third party service providers' security controls comply with the requirements described in the Security Standard and documented contract agreement. To maintain consistency and continuity, Social Services should also develop and implement procedures for documenting final decisions and action items that come as a result of the assurance report evaluation process. Finally, Social Services should maintain oversight over this process to confirm compliance with requirements outlined in the Security Standard, CAPP Manual, and industry best practices.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-045: Ensure Oversight of Third Party Service Providers

Applicable to: Department of Health

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Services Acquisition

CFDA Title and CFDA #: HIV Care Formula Grants - 93.917

Federal Award Number and Year: 6X07HA00009-25; X09HA26779-02 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

Health does not have a consistent process for ensuring third-party providers are complying with the Security Standard. The Security Standard considers third-party providers to be organizations that perform outsourced business tasks or functions on behalf of the Commonwealth. As an example, Health relies on a third party vendor for their inventory management, including pricing for

year-end inventory. Health has never requested or received a Service Organization Control (SOC) report from the vendor to provide assurance of their processes and internal controls.

In another example, Health implemented a new system, e2Virginia, which stores client eligibility information for the Ryan White program. This system is hosted by a third party vendor and houses sensitive client data. Although the vendor had a SOC report available, Health did not request this report prior to the auditor's request for the report. As a result, Health had no process in place to ensure the third party has adequate internal controls over sensitive client data.

The Security Standard, section 1.1, states management remains accountable for maintaining compliance with the Security Standard through documented agreements with providers and oversight of services provided. Additionally, the Hosted Environment Information Security Standard SEC 525-02, section SA-9-COV-3, states that each agency shall perform an annual security audit of the environment or review the annual audit report of the environment conducted by an independent, third-party audit firm on an annual basis. Finally, Topic 10305 of the Commonwealth Accounting Policies and Procedures Manual (CAPP) requires agencies to have adequate interaction with the third party service provider to understand its internal control environment and maintain oversight over the provider to gain assurance over outsourced operations.

Health did not maintain sufficient oversight to confirm the provider was complying with the Security Standard requirements. If the controls at these third party providers are not adequate, there is the risk that sensitive information is not properly protected or inventory valuation amounts could be incorrect.

Health does not have a formal process for identifying third-party service providers and providing appropriate oversight to gain assurance of their third-party providers' environments and internal controls.

Management should develop a process for identifying third party providers and assessing their controls to ensure compliance with state requirements. This process should include the requirement that providers provide documented independent assurances over controls, which could take the form of a SOC report. In addition, a documented review of these assurances should be maintained and provided to all relevant areas of the agency.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-046: Improve Oversight of Information Technology Third-Party Service Providers

Applicable to: Virginia Commonwealth University

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Services Acquisition

The University does not have a formal process to obtain and review independent audit assurance that their third-party providers (Providers) have secure information technology (IT) environments to protect sensitive University data on an ongoing basis. Also, the University does not have a complete listing of all their Providers that maintain and manage sensitive University data. The University has a process to review Providers' IT controls when procuring new contracts or when contracts are up for renewal; however, after this initial review is complete the University does not, at least annually, ensure the Providers' IT controls continue to operate effectively.

The University's adopted information security standard, International Organization for Standardization Information Security Standard 27002, section 15.2.1, requires organizations to regularly monitor, review, and audit Providers to ensure they comply with information security requirements. However, without a formally defined process to gain assurance on a regular basis over Providers' IT environments, the University cannot consistently validate that those providers have effective IT controls to protect its sensitive data.

The University should dedicate the necessary resources to develop and implement a formal framework to gain assurance over Providers. This framework should include a process to identify all current Providers that the University must obtain independent audit assurance over and perform annual reviews to ensure Providers' IT controls are operating effectively to protect sensitive University data. The University can obtain assurance in several forms including, Service Organization Control reports, on-site reviews, or other independently verified assurance of the Provider's internal control environment. Finally, the University should maintain oversight over this process to confirm it is compliant with the requirements within the Security Standard.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-047: Improve Oversight of Third-Party Providers

Applicable to: Department of General Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

General Services is not gaining assurance that their third-party providers have secure information technology (IT) environments to protect Commonwealth data. General Services obtained either the Service Organization Control Report or ISO/IEC 27001:2013 standard certification for each of the third-party providers related to COVA Trax; however, General Services did not formally review and evaluate the reports in compliance with the Commonwealth Security Standard SEC 501-09 (Security Standard) and Hosted Environment Information Security Standard SEC 525-02. The Security Standard considers third-party providers to be organizations that perform outsourced business tasks or functions on behalf of the Commonwealth. General Services has outsourced a critical business function by the replacement of IREMS with COVA Trax. In addition, in the fiscal year 2013 to 2015 General Services Audit Report, we issued a similar finding and recommendation related to the oversight of other third-party providers General Services uses.

Section 1.1 of the Security Standard states that Agency Heads remain accountable for maintaining compliance with the Security Standard in instances where IT equipment, systems, and services are outsourced to third-party service providers, and must enforce compliance with the Security Standard through documented agreements and oversight of the services provided. SEC 525-02 Section SA-9-COV-3 states that each agency shall perform an annual security audit of the environment or review the annual audit report of the environment conducted by an independent, third-party audit firm on an annual basis. In addition, as of September 2015, Topic 10305 of the CAPP Manual requires agencies to have adequate interaction with their third-party service providers in order to gain an understanding of the service provider's control environment.

By not enforcing compliance with the Security Standard and not having a process to gain assurance over outsourced services, General Services cannot gain assurance that the service provider's internal control environment is operating effectively and adequately protecting Commonwealth data and processes. COVA Trax may also replace other critical financial systems throughout the Commonwealth; therefore, not gaining adequate assurance could affect these systems in the future.

General Services has not been gaining assurance of third-party providers control environments because it has not established a formal process in its information security program for establishing agreements with each service provider and implementing appropriate oversight of the services provided.

General Services should develop and implement policies and procedures for reviewing and documenting evaluations of Service Organization Control reports or other forms of assurance reports to ensure that the third-parties' security controls comply with the requirements described in the Security Standard. In order to meet the requirements, General Services should be documenting final decisions and action items that come as a result of the service organization report evaluation process. Further, General Services should maintain oversight over this process to confirm compliance with the requirements in the CAPP Manual and Security Standard.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

CONFIGURATION MANAGEMENT

2016-048: Continue to Develop and Implement Formal IT Hardening Policies and Procedures

Applicable to: Department of Transportation

Prior Year Finding Number: 2015-018

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Configuration Management

CFDA Title and CFDA #: Highway Planning and Construction Cluster - 20.205, 20.219, and 23.003

Federal Award Number and Year: Various - 2016

Name of Federal Agency: U.S. Department of Transportation

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

Transportation continues to not have comprehensive hardening policies and procedures for its database environments that meet the requirements of the Commonwealth's IT Systems Security Guideline, SEC 515 (Security Guideline), Section 3. Since our previous review, Transportation did update its policy and procedure for server operating system hardening. However, Transportation's database hardening policy and procedure continues to lack the level of detail prescribed by the Security Guideline.

Transportation has sensitive systems that perform critical tasks for the citizens of the Commonwealth. By not having a formal hardening policy and procedure to apply baseline security configurations, Transportation increases the risk that these systems will not meet the minimum security requirements to protect data from malicious parties.

Transportation should document and formally approve a hardening policy and procedure for its database environments that meet the requirements in the Security Guideline. Subsequently, Transportation should also implement the security configurations in its database hardening policy

and procedure to all databases. Establishing and implementing a hardening policy and procedure will better enable Transportation to standardize secure configuration settings across the agency's different technology platforms. This will reduce the risk relating to the confidentiality, integrity, and availability of the agency's sensitive data.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-049: Continue to Improve Database and Application Baseline Security Configurations

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: 2015-009

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Configuration Management

Motor Vehicles continues to improve and implement its application and database baseline security configurations for two of its mission critical and sensitive systems. Motor Vehicles has made efforts to document and implement baselines since the prior year, but due to implications from system testing, the estimated implementation has been delayed to October 2017 from the original estimated completion date of September 2016.

A baseline configuration ensures that minimum security and hardening requirements are implemented before going into production, or after significant system upgrades occur. The details of the sensitive systems affected by this control weakness 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.

The Commonwealth's Information Security Standard (Security Standard), Section CM-2, requires agencies to develop, document, and maintain a current baseline configuration of the information system. Without an established baseline configuration, Motor Vehicles increases the risk that minimum security requirements are not implemented for its mission critical and sensitive systems as the systems are maintained, upgraded, or replaced.

Motor Vehicles should continue dedicating the necessary resources to document and implement appropriate baseline security configuration requirements as 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:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-050: Improve Change Management Process

Applicable to: Virginia Employment Commission

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Configuration Management

CFDA Title and CFDA #: Unemployment Insurance - 17.225

Federal Award Number and Year: UI265651555A51 - 2016

Name of Federal Agency: U.S. Department of Labor

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

The Commission does not require some changes related to a network device to follow a formal change management process. The details of these control weaknesses have been communicated 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 Commission should develop and implement the change management controls discussed in the communication marked FOIAE to meet, at a minimum, the requirements in the Security Standard.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-051: Develop Baseline Configurations for Information Systems

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: 2015-005

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Configuration Management

DBHDS does not have documented baseline configurations for their sensitive systems' hardware and software requirements. DBHDS is working to reduce the total number of sensitive systems, but still has over 240 sensitive systems, with some containing HIPAA data, social security numbers, and Protected 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

(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)

DBHDS has over 240 sensitive systems, with some containing HIPAA data, social security numbers, and PHI data and by not having baseline configurations, it increases the risk these systems

will not meet the minimum security requirements to protect data from malicious access 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 they do not contain minimum baseline configurations. The agency also lacks the necessary resources to properly monitor and maintain baseline configurations for their sensitive systems.

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

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

CONTINGENCY PLANNING

2016-052: Continue to Improve IT Risk and Continuity Management Program

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: 2015-042

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Contingency Planning

Motor Vehicles continues to address deficiencies in its Information Technology (IT) Risk and Continuity Management Program in accordance with the Security Standard. Motor Vehicles is in the process of updating its IT Risk and Continuity Management Program documentation, but it remains inconsistent. The details of these control weaknesses have been communicated 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 Security Standard requires agencies to ensure the IT information documented in the IT Risk and Continuity Management Program is consistent. By not consistently documenting the IT information, Motor Vehicles increases the risk for mission essential functions, primary business functions, and supporting IT systems to not be recovered in a timely manner in the event they become unavailable.

Since the prior year audit, Motor Vehicles has worked with an external vendor to complete the IT Risk and Continuity Management Program to align with current business needs. However, due to timing, Motor Vehicles has not yet completed updating the Continuity Plan and Disaster Recovery Plan documents to reflect the updated information in the Risk Management documentation. Motor Vehicles expects to complete the IT Risk and Continuity Management Program by January 2017, which is an extension from the original estimated completion date of August 2016.

Motor Vehicles should continue collaborating with the external vendor to complete its IT Risk and Continuity Management Program as discussed in the communication marked FOIAE to reflect the Risk Management documentation to ensure the documents consistently reflect Motor Vehicles' business and IT environments.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-053: Improve Data Backup and Restoration Procedures

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Contingency Planning

Motor Vehicles does not have consistent data backup and restoration procedures that meet the minimum requirements of the Security Standard. Backup and restoration procedures ensure that Motor Vehicles is able to restore critical business processes in the event IT systems become unavailable. Specifically, Motor Vehicles needs to improve the following data backup and restoration controls:

- Motor Vehicles' Business Impact Analysis (BIA) states that 14 out of 25 sensitive systems must have a recovery point objective of less than 24 hours; however, Motor Vehicles' relies on the backup procedures performed by the Virginia Information Technologies Agency and Northrop Grumman Partnership, which only guarantees a 24-hour recovery point objective. Section CP-9 of the Security Standard requires agencies to develop backup and restoration schedules consistent with the recovery time objectives and recovery point objectives for each system.
- Motor Vehicles' system backup schedules are not approved by the system owner as required by the Security Standard, Section CP-9-COV. These approvals are necessary to ensure business functions can be restored in a reasonable timeframe based on the

recovery time objectives and recovery point objectives information outlined in the agency's BIA.

- Motor Vehicles does not have a formal process implemented to ensure data and backup media are retained in accordance with requirements Motor Vehicles established with the Library of Virginia. The Security Standard, Section CP-9-COV, requires the agency to develop and implement plans for the retention of the data handled by an IT system in accordance with the agency's records retention policy.

The identified weaknesses increase the risk that Motor Vehicles will not be able to effectively restore their system data for sensitive systems in the event of an outage. This risk could negatively impact Motor Vehicles' ability to perform its mission essential functions and ensure the integrity and availability of their systems. Additionally, by not ensuring data is retained only as needed, Motor Vehicles increases the risk for unauthorized access to sensitive information.

Motor Vehicles is reviewing its risk management and contingency planning documentation as part of a current project to update its information security program. During this review, Motor Vehicles identified inconsistencies between the backup and restoration procedures and the BIA and is anticipating to address these inconsistencies by the end of December 2016. The backup schedules and formal retention procedures are dependent on resolving the inconsistent documentation.

Motor Vehicles should continue its efforts to align its IT system backup schedules with the recovery requirements outlined in the BIA. Also, Motor Vehicles should improve its procedures to ensure system owners approve IT system backup schedules. Furthermore, Motor Vehicles should implement a process to ensure data records and backup media are retained in accordance with requirements outlined in its records retention policy.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-054: Improve IT Risk Management and Disaster Recovery Planning

Applicable to: Department of Human Resource Management

Prior Year Finding Number: 2015-041

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Contingency Planning

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 continues to not evaluate 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, SEC 501-09 (Security Standard).
- 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 continues to 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:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-055: Improve Policies, Procedures, and Plans for Backup and Restoration

Applicable to: Department of Social Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Contingency Planning

CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778

Federal Award Number and Year: VA20161, VA20162, VA20163, VA20164 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

Social Services has not updated its policies and procedures for backup and restoration to reflect the current process. Specifically, the Business Impact Analysis includes Recovery Point Objectives (RPOs), but the continuity planning documents do not include RPOs, and the backup and recovery services provided by the Commonwealth's IT Partnership with Northrop Grumman (Partnership) do not support the RPOs identified by the business owners. Additionally, Social Services has not documented and approved its backup and restoration plans.

The Security Standard, Section 8.6 Contingency Planning, requires an agency to conduct backups of information systems in accordance with organization-defined frequency that is consistent with its recovery time and recovery point objectives. The same section of the Security Standard also requires that an agency develop and implement documented backup and restoration plans to support the restoration of systems, data, and applications in accordance with agency requirements. Additionally, the Security Standard, Section 3.2 Business Impact Analysis Requirements, requires that an agency document the RPOs for each system required to recover a mission essential function or primary business function.

Without maintaining robust IT risk management plans and contingency plans that accurately reflect the current process, Social Services may not be able to consistently govern the Partnership's backup and restoration efforts to meet operational needs. Without formal, approved backup and restoration plans, Social Services may not be able to successfully restore mission essential functions that are dependent on software applications after system failure.

Social Services has not reconciled the Recovery Point Objective (RPO) requirements of the system owners with the services provided by the Partnership. As a result, its policies, as defined by the system owners, do not reflect the current backup and restoration processes performed by the Partnership.

Social Services should align its IT risk management plans (Business Impact Analysis and Risk Management) and IT contingency plans (Continuity of Operations and IT Disaster Recovery Plans) with the current backup and restoration process. While revising the IT risk management and

contingency plans, Social Services should complete approved Disaster Recovery Plans that include the requirements to support restoration of systems, data, and applications.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

RISK ASSESSMENT

2016-056: Continue Improving Oversight over IT Risk Assessments

Applicable to: Virginia Employment Commission

Prior Year Finding Number: 2015-040

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Risk Assessment

CFDA Title and CFDA #: Unemployment Insurance - 17.225

Federal Award Number and Year: UI265651555A51 - 2016

Name of Federal Agency: U.S. Department of Labor

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(e)

Known Questioned Costs: \$0

The Commission continues to operate with outdated IT risk assessments. The Commission's Security Audit Plan classifies 59 systems as sensitive, but the Commission only has up-to-date risk assessments for 12 of these systems.

The Commonwealth's Information Security Standard, SEC 501-09 (Security Standard), section 6.2 requires the Commission to conduct and document a risk assessment of each sensitive IT system as needed, but not less than once every three years. Additionally, Section 6.2 of the Security Standard requires the Commission to conduct and document an annual self-assessment to determine the continued validity of existing risk assessments.

Without having current and complete risk assessments, the Commission increases the risk that existing weaknesses in sensitive systems will remain undetected and unmitigated. These undetected weaknesses increase the risk of malicious users compromising the system and data, and potentially making the system unavailable. Further, the Commission cannot effectively prioritize future security audits over sensitive systems based on the related risks.

The Commission was unable to develop risk assessments for all sensitive IT systems due to a lack of resources. The Commission was awarded additional federal funds in September of 2015 towards information system security, but those funds were allocated to higher-priority projects. The

Commission continues to apply for additional funding towards improving its information security program and prioritizing corrective actions to complete IT risk assessments for all sensitive systems.

The Commission should continue its efforts in prioritizing corrective actions to develop IT risk assessments for all IT systems deemed sensitive. Also, the Commission should maintain oversight of the IT risk assessments by conducting and documenting annual self-assessments.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-057: Improve IT Risk Management Controls

Applicable to: State Lottery Department

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Risk Assessment

Lottery's new process to determine information technology (IT) risk is missing some fundamental components that are necessary to establish a complete information security posture that protects the confidentiality, integrity, and availability of mission critical and sensitive data.

Specifically, Lottery's new process to determine system sensitivity does not include classifications of data types, the identification and determination of potential damages, or have a requirement for an annual self-assessment process to evaluate and communicate to management any changes in data and risk.

The Security Standard requires agencies to identify mission critical and sensitive data in each of its systems and to classify this data based on sensitivity (for example: high, medium, or low). The Security Standard also requires agencies to determine the potential damages caused by a compromise by each data type. Lastly, the Security Standard requires agencies to perform and document an annual self-assessment where it evaluates the continued validity of each IT system's risk assessment and make any necessary recommendations for changes (Security Standard sections: 4.2 IT System and Data Sensitivity Classification, RA-3 Risk Assessment, and 6.2 Risk Assessment).

The absence of these components in Lottery's IT risk management controls introduces a risk that Lottery may not consider all the risk factors facing its systems, thereby not establishing adequate safeguards to protect mission critical and sensitive data. Additionally, not having a process to perform annual self-assessments to ensure system risk assessments are current does not give management the opportunity to accept changes in its environment.

The inconsistent data sensitivity classifications, inadequate documentation of potential damages, and lack of appropriate approvals occurred primarily due to an on-going change in Lottery's internal risk management and risk evaluation process. While the new methodology does have its merits, including increased stakeholder understanding, it does not encompass all of the related requirements and controls of the Security Standard.

Lottery should reevaluate and continue to develop the data classification and risk management methodology to ensure that it not only fosters stakeholder understanding, but also includes all of the required controls by the Security Standard, including a process for conducting annual self-assessments. Additionally, Lottery should complete and approve risk assessments for all sensitive and mission critical system according to the requirements in the Security Standard.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

IDENTIFICATION AND AUTHENTICATION

2016-058: Improve Application Security Controls

Applicable to: Department of Motor Vehicles

Prior Year Finding Number: 2015-008

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Identification and Authentication

Motor Vehicles does not have certain security controls implemented to protect one of its mission-critical and sensitive systems. The details of these control weaknesses have been communicated 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 Security Standard requires implementing specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability. By not implementing the controls discussed in the FOIAE communication, the system is not secure against known vulnerabilities. This increases the risk for sensitive Commonwealth data to be compromised by malicious users exploiting those vulnerabilities.

Due to project prioritization and resources dedicated to other efforts to resolve weaknesses, efforts to improve application security controls have been delayed from its original estimated completion date of September 30, 2016. Also, Motor Vehicles has not determined an updated estimated completion date to resolve the weaknesses identified in the communication marked FOIAE as they are currently evaluating the necessary controls needed to mitigate the risks. To date, Motor

Vehicles has not submitted an exception request to the Commonwealth's Chief Information Security Officer for the absent security controls until a solution can be implemented.

Motor Vehicles should dedicate the necessary resources to improve 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:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-059: Improve Controls over the Personnel Management Information System

Applicable to: Department of Human Resource Management

Prior Year Finding Number: 2015-011

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Identification and Authentication

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 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 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 its efforts to address the weaknesses identified. Additionally, Human Resource Management should continue to 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:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

SYSTEM AND COMMUNICATIONS PROTECTION

2016-060: Improve Virtual Private Network Security Controls

Applicable to: University of Virginia-Academic Division

Prior Year Finding Number: 2015-014

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Communications Protection

The University of Virginia (University) is making satisfactory progress to address a weakness communicated in our prior year report in virtual private network (VPN) controls; however, the corrective action remains in progress. Specifically, the University identified additional security equipment that, when implemented, should reduce this risk to a reasonable level and better align VPN controls with industry best practices. Best practices, such as the Special Publication 800-53r4 published by the National Institute for Standards and Technology, recommend specific VPN configuration settings to better ensure the adequate protection of remotely accessed information technology resources.

The University plans to finish the equipment implementation and corrective action by December 31, 2016. The fiscal year 2017 audit will include an evaluation of the University's completed corrective action and determine whether the University satisfactorily resolved the weakness.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-061: Improve Internal Controls Surrounding Sensitive Documents

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: System and Communications Protection

DBHDS did not always ensure that unencrypted sensitive documentation is not transmitted using email communication. The DBHDS Central Office uses the Payroll Service Bureau (PSB) for their payroll processes. Since PSB's implementation, the Central Office has emailed scanned copies of

payroll reports to PSB on a regular basis without encrypting the information being sent. In addition during our audit, DBHDS employees emailed the Auditor of Public Accounts unencrypted emails containing sensitive information nine times even after being repeatedly reminded not to email these types of items. The payroll reports and the information emailed to the auditors included sensitive information, which included the combination of employee name, employee identification number, employee birthdate, and salaries.

The Security Standard, Section SC-8-COV, requires the use of data protection mechanisms for the transmission of all email and attached data that is sensitive. The Security Standard requires the use of encryption or digital signatures for the transmission of email and attached data that is sensitive relative to integrity and confidentiality.

The VITA defines sensitive data as "any data of which the compromise with respect to confidentiality, integrity, and/or availability could adversely affect COV interests, the conduct of Agency programs, or the privacy to which individuals are entitled." Examples of sensitive data include but are not limited to: Personally Identifiable Information, including information that describes, locates or indexes anything about an individual including financial transactions, social security numbers, medical history, ancestry, religion, political ideology, criminal or employment record and photographs.

Email is the quickest and easiest way to communicate. However, without sufficient safeguards over sensitive data in email communications, it can leave DBHDS in violation of privacy requirements, industry regulations, and government mandates. Not encrypting the information also increases the risk that someone can intercept the message thus compromising DBHDS employee or patient information.

Some DBHDS employees did not have an accurate understanding of the encryption process required when transmitting sensitive data using email communication. DBHDS has been operating under the impression that as long as the emails were not leaving the state's network, then there was no need to encrypt the emails. Given the department-wide misunderstanding of the requirement, it is probable that DBHDS employees have emailed other sensitive information over the years.

DBHDS should ensure all employees accurately understand the Security Standards. All employees should use secure methods to send sensitive information, which include but are not limited to encrypted emails, faxes, and secure file sharing sites. These methods should be used when sending anyone, including PSB and the auditors, sensitive documents.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

AWARENESS AND TRAINING

2016-062: Improve Security Awareness and Training

Applicable to: Department of Human Resource Management

Prior Year Finding Number: 2015-050

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Awareness and Training

Human Resource Management continues to not implement 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 continues to not verify 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 20 percent of Human Resource Management staff did not complete annual security awareness training in fiscal year 2016.
- Human Resource Management continues to not provide additional role-based security training, or acknowledgement of responsibilities, for personnel with assigned security roles. 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.

Human Resource Management should improve its security awareness and training program by enforcing the requirement for all employees to complete annual training and providing role-based security training.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-063: Improve Security Awareness Training Program

Applicable to: University of Virginia-Academic Division

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Awareness and Training

The University does not have a process to monitor completion of security awareness training and enforce compliance with security awareness training requirements. The University's designated information security standard, ISO 27002:2013 (Security Standard), requires a security awareness training program that appropriately educates users about computer related risks, organizational policies, and data protection expectations.

Ten out of 50 University employees sampled (20 percent) did not complete the University's required security awareness training. Additionally, the most recent completion date for 33 of the employees tested (66 percent) occurred prior to July 1, 2015.

The Security Standard provides baseline security awareness training requirements, including the requirement for completion of the training on a periodic basis. The Security Standard emphasizes that training is not only for first time users, but for all users on a periodic basis, especially users who change positions or responsibilities. The Security Standard requires organizations to have a process for tracking the completion of the training and enforcement of the organizationally defined training requirements (Security Standard, Section 7.2.2 Information security awareness, education and training).

Ineffective security awareness training can increase the risk of security incidents that could result in legal, financial, or reputational damages. Untrained users are more likely to fall victim to common cyber-attacks, such as phishing or social engineering. Additionally, users who are not periodically trained on University data protection requirements may not fulfill their data protection responsibilities.

The University lacks an implemented policy that addresses these elements of the program. The University's current policy, the Institutional Data Protection Standards version 1.1, defines the requirement for the initial completion of the training, but does not include a requirement for additional periodic training. The policy does not include other program related requirements such as a process to track and enforce compliance or a requirement for additional role-based training for users who serve in technical or administrative roles. The University previously defined these requirements, including the requirement for annual completion of training, in a draft policy (University Data Protection Standards version 2.0); however, this draft policy has not been formally approved to replace the previous version.

The University should update the relevant policy to include a requirement for periodic training completion, a requirement for additional role-based training, and a defined process to monitor completion and enforce compliance. The University should also implement and enforce compliance with the security awareness training program, so that all users complete training before accessing University computer resources and on a periodic basis, thereby reducing data protection risk throughout the organization.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

IT SECURITY AUDITS

2016-064: Perform Information Technology Review as Required

Applicable to: Department of Medical Assistance Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: IT Security Audits

CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778

Federal Award Number and Year: VA20161, VA20162, VA20163, VA20164 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Special Tests and Provisions - 2 CFR 200.303(a)

Known Questioned Costs: \$0

Medical Assistance Services did not obtain the required biennial MMIS security review during fiscal year 2016. The Medicaid program is highly dependent on extensive and complex computer systems that include controls for ensuring the proper payment of Medicaid benefits. These controls reside with the agency as well as with one of Medical Assistance Services' Service Providers (provider).

As required by 42 CFR §95.621, Medical Assistance Services must review on a biennial basis its MMIS security program. At a minimum, the review shall include an evaluation of physical and data security operating procedures, and personnel practices.

In addition, the Security Standard, Section 1.1, states that agency heads remain accountable for maintaining compliance with the Security Standard for information technology equipment, systems, and services procured from providers, and must enforce the compliance requirements through documented agreements and oversight of the services provided.

Without the biennial review, Medical Assistance Services cannot ensure that controls over MMIS, maintained by their provider, are in place and working properly. Although Medical Assistance Services maintains a high degree of interactions with its provider, it is increasing the Commonwealth's risk that it will not detect a weakness in a provider's environment, which could negatively impact the Commonwealth.

According to management, Medical Assistance Services incorrectly assumed that the results of a review conducted by the U.S. Department of Health and Human Services during fiscal year 2016 could be used to meet both federal and state requirements for Medical Assistance Services to conduct an information technology review. However, management was not able to obtain assurance that the federal review would satisfy Medical Assistance Services' responsibility. Additionally, according to management, the lack of an information technology auditor has delayed internal audits efforts to ensure the federal and state technology requirements are met.

Medical Assistance Services should ensure that the required biennial review is performed as required. In addition, Medical Assistance Services should use the results of this review to ensure its Provider complies with the requirements in the Security Standard, the Commonwealth Accounting Policies and Procedures Manual (CAPP), the Code of Federal Regulation, and various contracts with the Commonwealth. If weaknesses are disclosed from the required review, Medical Assistance Services should implement complementary controls to mitigate the risk to the Commonwealth until the provider corrects the deficiency.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

PHYSICAL AND ENVIRONMENTAL PROTECTION

2016-065: Continue to Improve Physical and Environmental Security

Applicable to: Virginia Employment Commission

Prior Year Finding Number: 2015-063

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Physical and Environmental Protection

CFDA Title and CFDA #: Unemployment Insurance - 17.225

Federal Award Number and Year: UI265651555A51 - 2016

Name of Federal Agency: U.S. Department of Labor

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(a)

Known Questioned Costs: \$0

The Commission continues not to 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. The Commission resolved one of three essential control weaknesses identified in the fiscal year 2015 audit. The details of the remaining control weaknesses have been communicated 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 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. By not requiring sufficient physical and environmental safeguards and supporting procedures, the Commission cannot ensure information systems maintained on the premises are protected from human and environmental risks.

The Commission should continue 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:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

PLANNING

2016-066: Continue Improving Mobile Device Security

Applicable to: Virginia Commonwealth University

Prior Year Finding Number: 2015-017

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Planning

The University continues to improve 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 continue its efforts 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 Standard 27001 – the University’s adopted information security best practice standard.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management’s Corrective Action Plan located in Appendix I express a disagreement with the finding.

INVENTORY

2016-067: Improve Inventory Valuation Procedures

Applicable to: Department of Health

Prior Year Finding Number: N/A

Type of Finding: Internal Control

Severity of Deficiency: Material Weakness

Health does not have procedures to ensure pharmacy inventory is properly valued. The pharmacy relies on a third party vendor to provide cost information for valuation of the year-end inventory, but does not have any formal policies and procedures to ensure the cost information used to value the inventory is accurate. For example, Health does not obtain an audit report of the third party vendor to gain assurance over the controls in place nor do they perform any other procedures to confirm costs used in the year-end inventory calculation.

Health is responsible for determining the internal controls over inventory are adequate to ensure financial information reported to Accounts is accurate and fairly stated. Health year-end inventory is material to the Commonwealth's financial statements.

Health overstated their year-end inventory amount reported to Accounts by \$577,138. The third party vendor incorrectly reported the price of one drug, doubling the cost for that drug, and this was not detected by Health before the information was sent to Accounts. As a result, Health had to resubmit the attachment to correct the errors, resulting in inefficiencies. In addition, there were four other drugs where the year-end value did not agree to recent invoices, although these differences were immaterial.

The Pharmacy Director relies on individual item prices input by the third party vendor into the inventory management system and performs no review of uploaded prices. While the Pharmacy Director prepares a reconciliation of the top ten drug items to ensure inventory counts are accurate, there is no formal reconciliation or review of cost information.

Health and pharmacy management should develop policies and procedures over inventory valuation. Consideration should be given to obtaining assurances from the third party vendor as well as additional procedures that pharmacy staff should perform as part of their inventory process. Procedures could include a review of year-end costs, particularly for drugs where there are significant quantities or where the cost is significant.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

RETIREMENT SYSTEM MEMBER DATA

2016-068: Improve Controls over myVRS Navigator

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: 2015-081; 2014-063

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

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:

- Eleven of thirteen facilities tested did not have adequately documented policies and procedures to reconcile their payroll and human resource systems to the myVRS Navigator system;

- Four of six facilities tested did not perform or could not provide evidence that they performed all required parts of the monthly reconciliations between the Commonwealth's personnel system, PMIS, and *myVRS* Navigator before certifying contribution snapshots; and
- One of eighteen individuals tested had improper *myVRS* Navigator access which caused a segregation of duties issue.

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 *myVRS* Navigator and the systems of record for payroll and human resources and to ensure that *myVRS* 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 *myVRS* 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 *myVRS* Navigator system, through improper segregation of duties and untimely removal of system access, 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 *myVRS* Navigator to calculate the Commonwealth's pension liabilities and inaccurate data could lead to a misstatement in the Commonwealth's financial statements.

Staffing shortages, turnover, a lack of understanding, and inadequate oversight all contributed to the lack of documented policies and procedures as well as the improper performance of the reconciliations. The improper segregations of duties access observed involved inappropriately setting up access when initially implementing *myVRS* Navigator.

Management should formally document policies and procedures necessary to perform the monthly reconciliations between the payroll, human resource, and *myVRS* Navigator systems at all facilities and maintain evidence for the performance of those procedures. Management should implement adequate controls and procedures at the facilities that consider staffing and other priorities to ensure monthly reconciliations are performed prior to snapshot certification. Finally, management should ensure appropriate *myVRS* Navigator system access at all facilities including issuance of access based on least privileges.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-069: Improve myVRS Navigator Reconciliation and Confirmation

Applicable to: University of Virginia-Medical Center

Prior Year Finding Number: 2015-084; 2014-066

Type of Finding: Internal Control

Severity of Deficiency: Significant Deficiency

The University of Virginia Medical Center (Medical Center) is not consistently reconciling information between the Virginia Retirement System's *myVRS* Navigator system and the Medical Center's PeopleSoft system, nor clearing retirement contribution data discrepancies between the two systems.

The Virginia Retirement System (VRS) Employer Manual, Contribution Confirmation and Payment Scheduling chapter, details the required tasks and roles of agencies in the reconciliation process. The process requires agencies to identify and correct errors prior to certifying payroll data monthly in *myVRS* Navigator. The Medical Center can obtain a Snapshot Download File from *myVRS* Navigator, which includes summary and detailed information for changes made to employee records since the last Snapshot. The manual requires a comparison of the Snapshot Download File to the Medical Center's payroll system to identify discrepancies and make corrections in either the payroll system or in *myVRS* Navigator, as necessary. Once the Medical Center completes the Snapshot reconciliation, confirmation of the Snapshot will post the information to the employee's record.

Failure to address data discrepancies between the two systems creates the risk for submission of inaccurate retirement contribution data and payment of incorrect contribution amounts 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 impact the accuracy of the financial statements. Difficulties in resolving discrepancies primarily relate to lack of access for medical center personnel to correct discrepancies for its employees, as the Academic Division performs this process on the Medical Center's behalf. Additionally, Medical Center personnel have not elevated concerns regarding lack of progress in addressing this issue to higher level management at the University resulting in significant delays in correcting the problems.

Medical Center management should work with representatives of the Academic Division to develop potential solutions to ensure proper entry and updating of information for Medical Center employees enrolled in the Virginia Retirement System. Potential solutions could include granting access to Medical Center employees to update information for Medical Center personnel or developing a memorandum of understanding between the Academic Division and Medical Center, which outlines roles and responsibilities for personnel in both divisions. Regardless, the solution must result in the appropriate reconciliation of information between *myVRS* Navigator and the Medical Center's systems, which includes the clearing of data discrepancies between systems in a timely manner.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-070: Retain Documentation Supporting Retirement Contribution Reconciliations

Applicable to: Department of Transportation

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Transportation is not maintaining documentation supporting its *myVRS* Navigator and Personnel Management Information System (PMIS) reconciliations. Transportation uses *myVRS* Navigator to maintain a record of its employee retirement contributions and PMIS to track personnel related information. Further, the Virginia Retirement System uses the data within *myVRS* Navigator to estimate the Commonwealth's pension liability.

Topic 50410 of the Commonwealth's Accounting Policies and Procedures Manual requires agencies to maintain employee enrollment information and any supporting documentation for audit purposes. Further, the Topic requires that agencies retain supporting documentation for five years or until audited, whichever is later. Although Transportation performs weekly reconciliations between *myVRS* Navigator and PMIS, it does not retain a historical record of the reconciliations but instead overwrites previous reconciliations with the newest reconciliation. Without maintaining supporting documentation, Transportation cannot provide evidence that the employees' retirement information in *myVRS* Navigator is accurate and in agreement with Transportation's records.

Transportation should begin saving evidence of historical reconciliations. Additionally, Transportation should incorporate this policy into its existing procedures. By doing such, Transportation will be able to demonstrate that it performs reconciliations in a timely manner and properly addresses reconciling differences.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-071: Improve Procedures related to Retirement Contributions

Applicable to: Virginia Employment Commission

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

The Commission does not adequately reconcile the Commonwealth Integrated Personnel and Payroll System (CIPPS), Personnel Management Information System (PMIS), and the Virginia Retirement System's (Retirement System's) myVRS Navigator System. During our review, we noted instances of discrepancies that were not resolved for several months and found the Commission is only reviewing the PMIS cancelled record report on a weekly basis.

Per Topic 50410 of the CAPP Manual, "it is extremely important to resolve exceptions on this [exception] report immediately." Resource constraints and system limitations were most likely the cause of these delays. Further, myVRS Navigator generates a "Cancelled Records" report and shows exceptions occurring during the daily interface between myVRS Navigator and PMIS. Per Topic 50410 of the CAPP Manual, "...PMIS employers must review the Cancelled Record Report daily to ensure all information was recorded in [myVRS Navigator]." The Commission's review is infrequent as a daily review of this report is not included in the Human Resource Department's procedures.

Without a timely resolution of reconciling items and frequent reviews of discrepancy reports, the Commission has increased the risk of inaccuracies in myVRS Navigator. This can lead to errors in employees' records, potentially causing complications when an employee retires. It can also contribute to inaccurate contributions to the Retirement System and inaccurate reporting of pension liability within the Retirement System's and statewide financial statements.

The Commission should work to resolve discrepancies in a timely manner. The Commission should also update its processes to include a daily review of the Cancelled Records report. This will reduce the risk of reporting incorrect information to the Retirement System.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

PROCUREMENT

2016-072: Improve Internal Controls for Creating and Updating Vendors in Cardinal

Applicable to: Department of Accounts

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Known Questioned Costs: \$0

Department of Accounts' (Accounts) Commonwealth Vendor Group's (CVG) current policies and procedures do not adequately reflect CVG's review process over the different methods of receiving requests for adding a new vendor to Cardinal. Existing procedures currently encompass review processes over the submission of a Vendor Maintenance Request form (AP-SW-502); however, interfacing and direct-key agencies also submit requests for new vendors through spreadsheets. Current policies and procedures do not reflect the required review CVG should perform over spreadsheet vendor submissions. In addition, CVG's current policies and procedures do not include reoccurring, allowable exceptions for information normally required for creating a new vendor in Cardinal. Common reoccurring exceptions include instances where a vendor does not supply a tax identification or social security number and overrides of Cardinal controls by CVG for simple vendor updates. In certain instances, CVG will also make changes to a vendor record on an agency's behalf, without requiring the submission of a new AP-SW-502. Lastly, we communicated an additional 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 Accounts securing sensitive vendor information.

Best practices indicate that an agency should document, review and update policies and procedures regularly to ensure they are clear, concise, and adequately address operational risk identified. Lack of clearly documented and updated policies and procedures over the different methods of requesting a vendor in Cardinal increases the risk of an inconsistent review of new vendors. Furthermore, without the inclusion of allowable exceptions to normally required vendor information, Accounts is increasing the risk of a CVG analyst approving a vendor that has an inappropriate exception. In addition, the Security Standard requires implementing specific controls to reduce unnecessary risk to data confidentiality, integrity, and availability.

Accounts' CVG is a relatively new department, with operations established in 2013. Accounts created the CVG to maintain the Commonwealth's single vendor database, which replaced agencies being responsible for creating vendors within the statewide accounting system. Accounts' management of vendors statewide is a huge undertaking and requires continual review and modification of processes to meet the unique vendor needs of all state agencies. Further, with all agencies transitioning to Cardinal at the end of fiscal year 2016, CVG's workload increased significantly.

Accounts should prioritize resources to ensure there are comprehensive policies and procedures governing the CVG group and its operations. The policy should include allowable and reoccurring exceptions to standard procedures. Accounts should also prioritize compliance with the Security Standard relating to the security weakness identified in the communication marked FOIAE.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-073: Improve and Comply with Sole Source Policies and Procedures

Applicable to: University of Virginia-Academic Division

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

During fiscal year 2016, the Facilities Planning and Construction (FP&C) department did not procure certain sole source contracts in accordance with Attachment 1 to the University of Virginia's Management Agreement (the Procurement Rules), and the University of Virginia Higher Education Capital Outlay Manual (HECOM). For three out of five procurements reviewed (60 percent), FP&C used the sole source procurement method due to imminent deadlines imposed by requesting departments or because a department initiated preliminary procurement without consulting FP&C.

Per FP&C, timely notification of planned departmental construction activities is essential in providing adequate lead time for initiating competitive procurement as required by the Procurement Rules and the HECOM. As FP&C personnel did not receive timely notification of such activities, they did not have adequate time to consider competition to the extent practicable as required by Section 3 of the Procurement Rules and did not meet the criteria to utilize sole source procurement as defined in Section 5.E of the Procurement Rules and Section 11.10 of the HECOM. Failure to consider competition to the extent practicable can result in higher construction costs and questions regarding the appropriateness of contracts with certain businesses or contractors.

The University should implement procedures requiring departments to provide timely and adequate notification of the need for construction services to FP&C to allow for procurement of a contractor using a method allowed by the Procurement Rules and HECOM.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

STATEMENT OF ECONOMIC INTERESTS

2016-074: Continue to Strengthen Internal Controls Governing the Economic Interest Disclosure Process

Applicable to: Department of Transportation

Prior Year Finding Number: 2015-094

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

CFDA Title and CFDA #: Highway Planning and Construction Cluster - 20.205, 20.219, and 23.003

Federal Award Number and Year: Various - 2016

Name of Federal Agency: U.S. Department of Transportation

Type of Compliance Requirement - Criteria: Procurement and Suspension and Debarment - 2 CFR 200.317

Known Questioned Costs: \$0

Transportation is not correctly identifying employees in “positions of trust” and requiring them to file Statements of Economic Interest. This issue was reported in the prior year and Transportation has since made significant progress to address the issue. Using the Code of Virginia and Executive Order 33, Transportation’s Human Resources Division researched the agency’s positions to identify which would be subject to the disclosure process. Additionally, Human Resources worked collaboratively with the other Divisions in Transportation to revise its procedures governing the economic interest disclosure process. However, Transportation did not finalize or deploy these procedures during the period under review.

Section 2.2-3114 of the Code of Virginia outlines the principles by which state agencies identify employees who should disclose their economic interests and requires individuals in “positions of trust” to file economic interest forms annually. By not properly identifying individuals in positions of trust and having them disclose their economic interests, Transportation could fail to detect a potential conflict and prevent the willful misuse of public funds. Transportation did not finalize its policies during the period under review because of the amount of time needed to identify “positions of trust” and develop procedures to comply with the intent Code of Virginia and Executive Order 33.

Transportation should continue to strengthen its internal controls governing the economic interest disclosure process. Once it has finalized the process and deployed the procedures, Human Resources should ensure that individuals in “positions of trust” file economic interest forms annually. By doing such, Transportation will be able to more readily identify and prevent any potential conflicts in the decision making process.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-075: Comply with the Code of Virginia Economic Interest Requirements

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: 2015-095

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

DBHDS did not ensure all 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. Two out of seven employees in a position of trust tested did not submit their SOEI form timely, and five out of seven employees did not attend the required training.

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 SOEI 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. However, due to turnover in this position, DBHDS does not monitor and track submissions to ensure timeliness. In addition, management did not issue agency-wide guidance that communicated the requirements of when

employees should complete the statement of economic interest training and that the Coordinator should maintain record of attendance for the training. The individuals that did not attend the required training were not aware of the requirement or they were not reminded of the requirement. DBHDS did not implement additional processes or controls to correct this same problem identified in the prior audit.

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:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

PAYROLL

2016-076: Improve Controls Over Payroll

Applicable to: Department of Behavioral Health and Developmental Services

Prior Year Finding Number: 2015-088

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

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

- Six out of 52 (12 percent) Kronos users tested did not complete the Kronos access form timely and 15 out of 52 (29 percent) Kronos users tested had access to Kronos that did not agree to the approved access on the request form.
- Three out of 104 (three percent) salaried employees tested did not have the most recent PAW (Personnel Action Worksheet) on file, five out of 104 (five percent) salaried employees tested did not have a PAW that contained all required signatures for approval, and two out of 104 (two percent) salaried employees tested did not have the most current employee evaluation completed and or signed.
- Four out of 54 (seven percent) terminated employees tested had the termination date entered in Kronos incorrectly and one out of 54 (two percent) terminated employees tested had their leave payout calculated incorrectly. In addition, one facility did not maintain adequate payroll records to support terminations.

- Two out of 48 (four percent) new hires tested did not have a complete PAW and five out of 48 (ten percent) new hires tested did not have a PAW in the payroll file.
- One facility did not remove dual PMIS and CIPPS access for a terminated employee until approximately nine weeks after their termination.
- One facility had a part-time employee that worked more than 1,500 Hours.

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.

The Security Standard, Section AC-2-COV 2 e and f, requires the prompt removal of system access for terminated or transferred employees. The Security Standard, Section AC-2-COV 2 a, 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.

Chapter 665 §4-7.01 g. of the 2015 Virginia Acts of Assembly states that "State employees in the legislative, judicial, and executive branches of government, the independent agencies of the Commonwealth, or an agency administering their own health plan, who are not eligible for benefits under the health care plan established and administered by the Department of Human Resource Management (DHRM) pursuant to Va. Code § 2.2-2818, may not work more than 29 hours per week on average over a twelve month period."

Not having proper approval of payroll forms and pay changes increases the risk that DBHDS could pay unauthorized and incorrect salaries. Not properly removing access of terminated employees increases the risk of unauthorized individuals inappropriately entering or approving transactions and could compromise sensitive employee information. Not complying with Chapter 665 of the 2015 Virginia Acts of Assembly subjects DBHDS to potential financial penalties for violation of the Federal Affordable Health Care Act by allowing workers to work over the threshold and not receive healthcare benefits.

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 facility policies and procedures for payroll forms. Additionally, the exceptions resulted from a lack of communication and understanding between the Human Resources and Payroll departments.

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 and have

an adequate process for monitoring employees' hours to ensure no one exceeds the allowable threshold. Lastly, management for all facilities should remove all access in a timely manner for employees that are terminated or no longer need access.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-077: Develop and Implement Policy for Monitoring Part-time Hours

Applicable to: Department of Health

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Health does not adequately monitor wage employee hours to ensure that those employees are limited to 1,500 hours annually. For the monitoring period ended April 30, 2016, there were five part-time employees recording more than 1,500 work hours. Although Health posted various monitoring reporting on the agency's website, there are no policies to ensure that district managers review these reports to make sure their employees do not exceed the 1,500-hour limit. In addition, there were several months where these reports were not generated at all.

Chapter 665 § 4-7.01 g. of the 2015 Virginia Acts of Assembly states that "State employees in the legislative, judicial, and executive branches of government, the independent agencies of the Commonwealth, or an agency administering their own health plan, who are not eligible for benefits under the health care plan established and administered by the Department of Human Resource Management ("DHRM") pursuant to Va. Code § 2.2-2818, may not work more than 29 hours per week on average over a twelve month period." DHRM guidance for determining compliance with this requirement defines the Standard Measurement Period as May 1, 2015, through April 30, 2016.

Failure to comply with Chapter 665 of the 2015 Virginia Acts of Assembly subjects Health to potential financial penalties for violation of the Federal Affordable Health Care Act by allowing workers to work over the threshold and not receive healthcare benefits.

It is imperative that district managers maintain an awareness of their wage employees' total hours worked for the year. The lack of a policy requiring that managers review the various monitoring reports resulted in certain wage employees exceeding the 1,500-hour limit.

Health should strengthen their policies and procedures related to the monitoring of wage hours. The policies and procedures should include an alternative method for managers to track their employees' hours in case the monthly and warning reports are unable to generate. Additionally,

Health needs to create a process that ensures managers are reviewing the reports that are generated by the Payroll Office

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

BENEFITS

2016-078: Ensure Tax Wage Discrepancy Report is Complete

Applicable to: Virginia Employment Commission

Prior Year Finding Number: N/A

Type of Finding: Internal Control

Severity of Deficiency: Significant Deficiency

CFDA Title and CFDA #: Unemployment Insurance - 17.225

Federal Award Number and Year: UI265651555A51 - 2016

Name of Federal Agency: U.S. Department of Labor

Type of Compliance Requirement - Criteria: Eligibility - 2 CFR 200.303(a)

Known Questioned Costs: \$0

The Commission has not ensured the completeness of the tax-wage discrepancy report from VUIS. The tax-wage discrepancy report identifies discrepancies between the tax and wage files submitted by employers and allows the Commission to investigate and resolve them. As discrepancies between these two files could indicate an incorrect basis used to calculate a claimant's benefit amounts and an incorrect tax rate charged to employers, it is critical to investigate and resolve these discrepancies as soon as possible. During our review, we noted that certain discrepancies did not appear on the discrepancy report, such as those who reported \$0 in wages to the employee and those whose account numbers had changed.

The Commission implemented VUIS in December of 2015 and became aware of the discrepancy report shortcomings after fiscal year end June 30, 2016. The Commission can run other reports and ad-hoc queries to identify \$0 wage employees, but during our review, the Commission had not done this or implemented any compensating controls.

The Commission should continue to work with VUIS' vendor to correct the VUIS tax-wage discrepancy report or obtain additional reports to use in conjunction with this report. This will allow the Commission to investigate all discrepancies exceeding established thresholds as prescribed by the Commission's tax-wage discrepancies policies and procedures. This will reduce the risk of incorrectly calculating benefit amounts and taxes owed.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

FIXED ASSETS

2016-079: Improve Capital Asset Management

Applicable to: State Lottery Department

Prior Year Finding Number: 2015-092

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

In our last audit, we recommended that Lottery improve capital asset policies and procedures and implement additional procedures over physical inventory, asset classification, asset removal, asset identifiers and useful life. Lottery was not properly conducting physical inventories, and the capital assets policies and procedures over inventory did not specify unique inventory procedures for some departments. As a result, there were 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. 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.

We obtained a status update from Lottery on the corrective actions related to these weaknesses. As of our report date, some corrective actions were completed and some remain ongoing. Lottery began updating and implementing new procedures during fiscal year 2016 and plans to complete a physical inventory during 2017 and fully implement all corrective actions. We will review the implementation of management's corrective actions during our next audit.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

ACCOUNTS RECEIVABLE

2016-080: Continue Improving Accounts Receivable Collection Process

Applicable to: Department of Medical Assistance Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

CFDA Title and CFDA #: Medicaid Cluster - 93.775, 93.777, and 93.778

Federal Award Number and Year: VA20161, VA20162, VA20163, VA20164 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: 42 USC 1396K; 42 CFR sections 433.135-433.154

Known Questioned Costs: \$0

Medical Assistance Services Fiscal Division is not pursuing collections from providers and recipients timely and in accordance with its policies and procedures. In the cases reviewed from each Program Integrity Unit, Medical Assistance Services' actions have resulted in a delay of possible collections.

Of the 25 Recipient Audit Unit cases reviewed, we found the following:

- Two cases where invoicing letters were not sent timely.
- Six cases where the follow-up collection steps were not completed.
- Two cases that were referred to the Virginia Office of the Attorney General for collection. However, there was no supporting documentation of the referral.
- Two cases where repayment plans were established. However, repayments did not occur, and management did not pursue collection.

Of the five Prior Authorization and Utilization Review (PAUR) mental health provider cases reviewed, we found the following:

- One case where management was not able to provide any documentation to show that collection efforts were made.
- One case where neither a revised payment plan or a negative balance was established.

Of the eight PAUR hospital provider cases reviewed, we found the following:

- One case where invoicing letters were not sent timely.
- Two cases where negative balances were not established timely.

Of the eight Provider Review Unit cases reviewed, we found the following:

- One case where the follow-up collection steps were not completed.

Medical Assistance Services' internally established procedures require that it send overpayment notice letters and invoicing letters and collect overpayments from recipients and providers within specified timeframes.

Overpayment notice letters inform recipients to respond within 30 days by writing a check, setting up a repayment plan, or appealing the overpayment notice. The Fiscal Division is to send the recipients' first invoicing letter within five days after notification from the investigation unit. If the recipient does not respond, Medical Assistance Services is to follow up with a series of three additional letters at one day past due, thirty days past due, and sixty days past due.

Overpayment notice letters inform providers to respond within 30 days by writing a check, setting up a repayment plan, or appealing the overpayment notice. If the provider does not respond within 30 days, Medical Assistance Services is to invoice the provider through an invoicing letter. This invoicing letter informs the provider that Medical Assistance Services will collect the overpayment by establishing a negative balance on their account if they do not respond within 30 days.

By not following internally established procedures designed to meet federal requirements, Medical Assistance Services is potentially not collecting money owed from recipients and providers. Untimely fiscal transactions may potentially damage Medical Assistance Services' credibility with other entities on which it is dependent for financial resources.

Throughout fiscal year 2015, the Accounts Receivable section of the Fiscal Division was understaffed, which resulted in a backlog in the Accounts Receivable area. At the end of fiscal year 2015, Medical Assistance Services contracted with a vendor to provide two accountants to assist with clearing the existing backlog of receivables. As of November 2016, the accountants are still working to clear this backlog. In addition, Medical Assistance Services has currently not completed its implementation of an automated overpayment processing function.

Medical Assistance Services should continue to allocate appropriate resources to pursue collections and to ensure they are performed timely and accurately. This may be accomplished through the continued development of the automatic overpayment processing function and/or addressing staffing limitations.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

U.S. DEPARTMENT OF AGRICULTURE

2016-081: Retain Evidence of and Support for Information Reported to the Federal Government

Applicable to: Department of Education - Direct Aid to Public Education

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

CFDA Title and CFDA #: Child Nutrition Cluster - 10.553, 10.555, 10.556, and 10.559

Federal Award Number and Year: 16161VA307N1099 - 2016

Name of Federal Agency: U.S. Department of Agriculture

Type of Compliance Requirement - Criteria: Reporting - 7 CFR 225.8

Known Questioned Costs: \$0

Education's Fiscal Services Department (Fiscal Services) does not have sufficient controls in place to ensure compliance with federal reporting requirements for the Child Nutrition Federal Program (CFDA 10.553, 10.555, and 10.556). Education does not know what it reported on the FNS 10 – Report of School Program Operations for October 2015. Additionally, Education's documentation for the FNS 777 – Financial Status Report for March 2016 contains amounts that Fiscal Services is unable to justify.

According to 7 CFR 225.8 "Each State agency shall maintain complete and accurate current accounting records of its Program operations which will adequately identify funds authorizations, obligations, unobligated balances, assets, liabilities, income, claims against sponsors and efforts to recover overpayments, and expenditures for administrative and operating costs. These records shall be retained for a period of three years after the date of the submission of the final Program Operations and Financial Status." In addition, management should review all reports for completeness and accuracy prior to submission to the federal government.

The United States Department of Agriculture's Food and Nutrition Services (USDA) uses the data captured by the FNS 777 report to monitor state agencies' program costs and cash draws. Incorrect reporting prevents USDA from monitoring Education and could lead to incorrect funding allocations from USDA. USDA uses the data captured in the FNS 10 to determine the amount of meals being served. Information that is not retained cannot be validated and may be inaccurate or incomplete, which could impact funding allocations.

According to management, due to significant understaffing and high turnover within Fiscal Services, Education did not retain a copy of the information it reported to USDA nor can it justify adjustments Fiscal Services made to another report Education submitted. For all required information submitted to the federal government, Education should retain a copy of the information

it reported and maintain a complete and accurate auditable trail to support its submissions. Additionally, Education should implement policies and procedures over the reporting process to ensure continued compliance during staff transitions.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

U.S. DEPARTMENT OF EDUCATION

2016-027: Improve Access and Other Controls Related to Federal Reimbursements

This finding represents an internal control and compliance finding that could be material to the basic financial statements and is required to be reported under Government Auditing Standards. This finding relates to both the financial statements and federal awards. The details of this finding is reported within the section entitled "*Financial Statement Findings*."

2016-082: Continue to Improve IT Governance

Applicable to: Department for Aging and Rehabilitative Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Information Security Roles and Responsibilities

CFDA Title and CFDA #: Rehabilitation Services Vocational Rehabilitation Grants to States - 84.126

Federal Award Number and Year: H126A160069-16B - 2016

Name of Federal Agency: U.S. Department of Education

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(e)

Known Questioned Costs: \$0

The Department for Aging and Rehabilitative Services (Aging and Rehabilitative Services) is making progress to improve its information technology (IT) governance structure since the 2014 audit; however, various weaknesses continue to exist. The process is taking several years because the resources required to align its security policies and controls with the Security Standard are extensive, resulting in Aging and Rehabilitative Services having to balance the use of its IT resources between policy development and execution and management of the IT security program. During the 2014 audit, we identified that Aging and Rehabilitative Services did not maintain appropriate oversight over its information security program, did not use some required controls to secure mission critical databases, and did not have an adequate risk management process. We identified and communicated these weaknesses to management during the 2014 audit 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. We did not perform detailed testwork on the identified issues in the current audit because Aging and Rehabilitative Services has not reached the corrective action due dates yet; however, we plan to review the status of each weakness during the next audit in Spring 2017.

The Commonwealth's Information Security Standard, SEC 501-09 (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.

Aging and Rehabilitative Services should continue to dedicate the necessary resources to implement the controls discussed in the prior audit findings and continue to align Aging and Rehabilitative Service's operations with industry best practices and the Security Standard. The information security program control deficiencies that illustrate Aging and Rehabilitative Services' need to improve its IT governance are discussed below.

Continue to Improve Information Security Program

Aging and Rehabilitative Services is not maintaining sufficient oversight over the information security program to ensure it meets or exceeds the requirements of the Security Standard. Aging and Rehabilitative Services has made progress, but the IT Policy Manual is not complete, references an out-of-date Security Standard, and has no management approval.

The Security Standard requires the ISO to develop and manage an information security program that meets or exceeds the requirements of the Commonwealth's security policies and standards in a manner commensurate with risk.

Aging and Rehabilitative Services should evaluate its IT resource levels to ensure sufficient resources are available to implement and maintain an information security program. Aging and Rehabilitative Services should also identify any additional training required to effectively and efficiently manage its information security program.

Improve Database Security

Aging and Rehabilitative Services does not use some required controls to protect a database that supports a critical system in the IT environment. The database contains sensitive information, such as personally identifiable information and operational data. We identified and communicated the weak controls to management during the 2014 audit 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 specific 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.

Aging and Rehabilitative Services should continue to dedicate the necessary resources to implement the controls discussed in the communication marked FOIAE and create a standard

installation and configuration guide for its sensitive database that, at a minimum, meets the requirements in the Security Standard.

Improve Risk Management Process

Aging and Rehabilitative Services does not have a risk management process to support and protect its sensitive systems. Aging and Rehabilitative Services submitted a three-year risk assessment plan to the Virginia Information Technologies Agency (VITA). VITA approved the plan and Aging and Rehabilitative Services will execute the plan to bring its risk management process in compliance with the Security Standard. We identified and communicated the weak controls to management during the 2014 audit 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 specific descriptions of security mechanisms.

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

Aging and Rehabilitative Services should continue to work on the risk assessment plan for its sensitive systems and ensure their risk management process complies with the requirements in the Security Standard. Aging and Rehabilitative Services should evaluate if the proper technical resources are in place to execute the risk management process.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-083: Perform Annual Review of AWARE System Access

Applicable to: Department for Aging and Rehabilitative Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

CFDA Title and CFDA #: Rehabilitation Services_Vocational Rehabilitation Grants to States - 84.126

Federal Award Number and Year: H126A160069-16B - 2016

Name of Federal Agency: U.S. Department of Education

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303

Known Questioned Costs: \$0

Aging and Rehabilitative Services' Information Security Team did not perform an annual review of access to the case management system, AWARE. The individual responsible for the review

did not have adequate time to complete the review due to competing job responsibilities. Furthermore, a member of the Information Security Team made changes to their own AWARE access. Aging and Rehabilitative Services' AWARE security policy does not address whether members of the Information Security Team should make changes to their own accounts. Aging and Rehabilitative Services, Wilson Workforce and Rehabilitation Center, and the Department for the Blind and Vision Impaired use AWARE to document eligibility determinations, services planned for clients, and payment authorizations. In state fiscal year 2016, Aging and Rehabilitative Services' made over \$18 million in payments for services to individuals.

The Security Standard, Section AC-6 part 7, requires the performance of an annual review of access to validate that the need still exists and Section AC-5 requires separation of duties to prevent malevolent activity without collusion.

The Information Security Team should ensure that they review access annually to identify unnecessary access due to terminations or changes in job responsibilities. The Information Security Team should ensure that they have adequate staff to perform the annual review of the AWARE system. Furthermore, the Information Security Team should clarify the review policy to identify the specific time when the annual review should occur. The Information Security Team should ensure that all information system security policies address separation of duties. The lack of review and inadequate separation of duties puts the agency at risk for undetected and unauthorized use, which could result in an increase of fraud and abuse related to vocational rehabilitation eligibility determinations and payment authorizations.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

2016-017: Improve Database Security

2016-022: Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System

2016-023: Review VaCMS Access for Medical Assistance Services Employee

2016-041: Correct Operating Environment and Security Issues Identified by Their Security Compliance Audit

2016-043: Review and Document Service Organization Control Reports of Third-Party Service Providers

2016-044: Improve Oversight of Third Party Service Providers

2016-045: Ensure Oversight of Third Party Service Providers

2016-055: Improve Policies, Procedures, and Plans for Backup and Restoration

2016-064: Perform Information Technology Review as Required

2016-080: Continue Improving Accounts Receivable Collection Process

Each of these findings represents an internal control and 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*.”

2016-084: Record Accurate Time and Effort Reporting

Applicable to: Department of Health

Prior Year Finding Number: 2015-089

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

CFDA Title and CFDA #: HIV Care Formula Grants - 93.917

Federal Award Number and Year: X09HA26779-02;6X07HA00009-25 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Allowable Costs/Cost Principles - 45 CFR 75.430

Known Questioned Costs: \$0

DDP employees did not accurately record their time and effort, which determines the amount of personal service costs that are billed to federal awards for reimbursement. Instead of reporting time and effort based on the actual activity of each employee, DDP 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 C.F.R. §75.430 Compensation—personal services, costs of compensation are allowable to the extent that they are:

- 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.
- In compliance with Department of Labor regulations, Fair Labor Standards Act (FLSA) (29 C.F.R. 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 policy over time and effort also 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.”

DDP’s time and effort documentation does not meet federal requirements or Health’s internal policies for supporting charges to the Ryan White grant. This could lead to costs being disallowed by the Grantor, leaving the Commonwealth responsible for the costs.

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

This finding was reported in our prior audit report as well as a subsequent review by Health's Internal Audit department. In response to those reviews, DDP has begun implementing corrective action and we recommend they continue with these efforts. Corrective action in progress includes adopting the time and effort reporting process used by Health's Office of Family Health Services, and improving the supervisory review process for time and effort recorded by employees

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-085: Complete System Access Reviews

Applicable to: Department of Health

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

Information System Security Control Family: Access Control

CFDA Title and CFDA #: HIV Care Formula Grants - 93.917

Federal Award Number and Year: 6X07HA00009-25 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Other - 2 CFR 200.303(e)

Known Questioned Costs: \$0

The Division of Disease Prevention (DDP) in the Office of Epidemiology (OEPI) does not periodically review system access to the AIDS Drug Assistance Program (ADAP) database and the e2Virginia system as required by the Security Standard. These systems house demographic and sensitive client information for the HIV Care Formula Grants (Ryan White) federal program.

Section 8.1 (AC-2) of the Security Standard details the need for managing information system accounts, stating that organizations must review accounts for compliance with account management requirements at least on an annual basis or more frequently if necessary. Additionally, Health's Security and Confidentiality Policies and Procedures requires that data managers review database account access at least annually and document the findings.

The lack of periodic system access reviews increases the risk of unauthorized activity or access to sensitive client information. Health is a decentralized agency and has granted various

subrecipients and contractors access to the e2Virginia system as part of their responsibilities under this program. It is important to perform periodic system access reviews to ensure system access is reasonable and necessary.

DDP did not follow the Security Standard or Health's Security and Confidentiality Policy relating to access management. While DDP management was aware of the policy, they did not communicate this to the staff performing the work.

DDP should review access to the ADAP database and the e2Virginia systems at least annually and document these reviews accordingly.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-086: Improve Contract Procurement and Management Processes

Applicable to: Department of Health

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

CFDA Title and CFDA #: HIV Care Formula Grants - 93.917

Federal Award Number and Year: X09HA26779-02; 6X07HA00009-25 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Procurement and Suspension and Debarment - 2 CFR 200.317

Known Questioned Costs: \$0

DDP does not comply with procurement policies as set forth in the Agency Procurement and Surplus Property Manual (APSPM). Of 12 contracts tested for proper procurement and management practices, we found:

- Nine of 12 (75 percent) contracts began work prior to signature by an authorized procurement official.
- Contract renewal was not initiated for three of 12 (25 percent) contracts until after the expiration date.
- Five of 12 (42 percent) contracts did not contain timely assignment of a contract administrator.
- Two of 12 (17 percent) contracts contained no documentation of assignment of contract administrator.
- Two of Two (100 percent) sole source contracts were not posted in eVA timely.

Health is required to comply with the APSPM which ensures that agencies are in compliance with the Virginia Public Procurement Act. In addition, for information technology purchases Health is required to comply with the Virginia Information Technologies Agency Buy-IT Manual.

If contract performance commences prior to signature, there is the risk that performance will include acts outside the scope of the contract. Basic contract law requires offer and acceptance for a contract to be enforceable. If performance begins prior to signature, Health has no authority to require specific performance or to refuse to pay for actions outside the contract scope. In addition, costs incurred for contractors working without proper authorization can be determined to be unallowable. Also, if a contract administrator is not assigned timely, there is the risk that contract performance and billings will be in excess of the contracted amount.

Finally, sole source procurements that are not posted timely are in danger of being protested long after contract commencement. If a protest is upheld, Health could be required to pay protest and re-procurement costs in addition to contract costs.

DDP procurement personnel are not fully trained on the requirements of the APSPM nor do they rely on the expertise of Health's Office of Procurement and General Services (OPGS) to ensure proper procedures are followed.

DDP needs to improve their contract procurement and management processes, leveraging the experience and expertise of staff in Health's OPGS as needed. Specifically, DDP should develop an internal timeline for each stage of contract processing and follow up with the contractors to ensure that the contracts are executed before the start date of the contract. Staff should consider beginning the contract renewal process at least four to six months in advance of contract expiration to ensure all parties have sufficient time to review and sign renewals and modifications. In addition, DDP staff should communicate with senior management throughout the contract execution process.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-087: Improve Controls over Period of Performance

Applicable to: Department of Health

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

CFDA Title and CFDA #: HIV Care Formula Grants - 93.917

Federal Award Number and Year: 6X07HA00009-25; X09HA26779-02 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Period of Performance - 2 CFR 200.309

Known Questioned Costs: \$0

DDP did not maintain adequate, accurate, and consistent documentation to support expenditures by grant period for the Ryan White grant. DDP utilizes a manual process at the end of each grant period to determine which expenses and unliquidated obligations are applicable to a grant period making it difficult to determine not only the proper grant period, but also if federal requirements were met. In addition, DDP did not have adequate support for the grant unliquidated obligations reported on the Federal Financial Report.

The Code of Federal Regulations, 2 C.F.R. §200.309 requires that a non-Federal entity may charge to the federal award only allowable costs incurred during the period of performance. The period of performance is defined within the Notice of Award as the grant period.

The inability to accurately report obligations and expenditures in the correct period can result in a reduction or loss of funding and questioned costs. In addition, the lack of clear financial information makes it difficult to determine if all grant requirements were met.

DDP does not use unique project codes for the various grant periods and DDP's manual calculations are not sufficient to determine which expenses are applicable to a grant period. The practice of maintaining the same project codes between years causes difficulty in determining grant year applicability.

DDP should consider changing project codes to reflect changing grant periods. This is a practice used by other divisions within Health and DDP should adopt this best practice to ensure the financial records provide a clear record of activity by grant period.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-088: Strengthen Subrecipient Monitoring Process

Applicable to: Department of Health

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

CFDA Title and CFDA #: HIV Care Formula Grants - 93.917

Federal Award Number and Year: 6X07HA00009-25; X09HA26779-02 - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Subrecipient Monitoring - 45 CFR 75.352(d)(2)

Known Questioned Costs: \$0

DDP did not maintain adequate documentation of subrecipient monitoring reviews. For one subrecipient, corrective action was obtained in March 2016, but was not documented in the subrecipient's review file. Additionally, there was no documentation maintained to support eligibility determinations reviewed as part of the on-site monitoring reviews nor was there evidence of subrecipients conducting required needs assessment.

The Code of Federal Regulations, 45 C.F.R. §75.352(d)(2) requires pass through entities (Health) to follow-up and ensure that the subrecipient takes timely and appropriate action on all deficiencies detected through audits and on-site reviews. In addition, the Code of Federal Regulations, 45 C.F.R. §75.352 (d) requires pass-through entities to monitor the activities of the subrecipient to ensure that the subaward is used in compliance with Federal statutes, regulations and terms and conditions of the subaward. Also, 42 U.S. Code §300ff-27(4) requires that a needs assessment is conducted in order to receive grant awards.

The inability to monitor subrecipients can result in a reduction or loss of funding and questioned costs. Insufficient monitoring increases the risk of program non-compliance at the subrecipient level. The Commonwealth, through Health, is liable to the federal government for any funds that program subrecipients do not use according to program regulations.

DDP staff maintain separate procurement, program review and fiscal review files in hardcopy and electronic format for each subrecipient. The ability to ensure accurate and complete information is available for the subrecipient is hampered by not having all information maintained in a single location.

DDP should consider maintaining complete subrecipient files together in a central location. They should also consider establishment of a process to document subrecipient reviews and detailed results of any non-compliance issues. This should be maintained preferably in electronic format so that procurement, program, and fiscal personnel can have central access to determine subrecipient compliance. Finally, DDP should also ensure the required needs assessment is completed by all subrecipients prior to making an award.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-089: Increase Program Auditors or Determine Another Approach to Meet Monitoring Requirements

Applicable to: The Office of Children's Services

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

CFDA Title and CFDA #: Social Services Block Grant - 93.667

Federal Award Number and Year: 1601VASOSR - 2016

Name of Federal Agency: U.S. Department of Health and Human Services

Type of Compliance Requirement - Criteria: Subrecipient Monitoring - 2 CFR 200.331(d)

Known Questioned Costs: \$0

The Office of Children's Services (Children's Services) did not complete its audit work plan to monitor subrecipients in fiscal year 2016. Management sets their audit work plan based on risk and intended to use the results to monitor locally administered Children's Services Act (CSA) programs. Children's Services' management developed a risk based work plan that called for 11 on-site audits, 62 self-assessment validations, and one special project to be reviewed in fiscal year 2016 to achieve monitoring requirements. Of the original plan, Children's Services completed 27 percent of the on-site audits, 30 percent of the self-assessment validations, and no special projects.

CFR Section 200.331 item (d) requires all pass-through entities to monitor the activities of subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Furthermore, item (e) states that performing on-site reviews of the subrecipient's program operations may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements and achievement of performance goals. Management determined they needed to complete the work plan to provide reasonable assurance that adequate effective internal controls exist at the localities and the localities are meeting their performance requirements.

Children's Services allocates federal funding, specifically, Social Services Block Grant (CFDA 93.667) funding to localities. Insufficient monitoring by Children's Services increases the risk of program non-compliance and non-performance at the locality level, which could require the Commonwealth to repay the federal government for any disallowed costs at localities.

According to management at Children's Services, it did not complete its audit work plan due to a lack of program auditors at Children's Services. As a result, Children's Services should obtain additional program auditors to ensure its audit work plan is achieving its objectives or determine if there is another approach that management can deploy to meet federal requirements for monitoring subrecipients.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

U.S. DEPARTMENT OF HOMELAND SECURITY

2016-090: Issue Management Decisions on Sub-Grantee Single Audit Findings

Applicable to: Department of Emergency Management

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

CFDA Title and CFDA #: Disaster Grants - Public Assistance (Presidentially Declared Disasters) - 97.036

Federal Award Number and Year: 4042DRVAP000000001 - 2016

Name of Federal Agency: U.S. Department of Homeland Security

Type of Compliance Requirement - Criteria: Subrecipient Monitoring - 2 CFR 200.331(d)

Known Questioned Costs: \$0

Emergency Management is not reviewing sub-grantee Single Audit reports and as a result is not issuing management decisions on audit findings in a timely manner. During the 2013 Single Audit cycle, three sub-grantees had findings related to federal awards passed through from Emergency Management. Emergency Management did not issue management decisions on sub-grantee Single Audit findings because it lacked the resources to conduct the audit report reviews and perform follow up procedures.

Management decisions are the pass-through entities evaluation of the sub-grantee's audit findings and corrective action plan and include the issuance of a written decision to the sub-grantee as to what corrective action is necessary. Code of Federal Regulations, 2 CFR §200.331(d), requires the pass-through entity to review financial and performance audit reports, issue a management decision(s) for audit findings pertaining to the Federal award(s) provided to sub-grantees, and follow up on the sub-grantee's corrective action. Without reviewing the Single Audit reports and issuing management decisions, Emergency Management cannot provide assurance that its sub-grantees are taking timely corrective action on its audit findings.

Emergency Management recently hired several grants management personnel to assist with monitoring efforts. As part of these efforts, the newly hired grants management personnel will follow up on sub-grantee Single Audit findings from the last several years to confirm the sub-grantee has taken sufficient corrective action to address the findings. Going forward, Emergency Management should issue management decisions in a timely manner and use information from the Federal Audit Clearinghouse to confirm that it has issued management decisions on all sub-grantee Single Audit findings.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

2016-091: Strengthen Internal Controls over Time and Effort Reporting for Federal Grants

Applicable to: Department of Emergency Management

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

CFDA Title and CFDA #: Disaster Grants - Public Assistance (Presidentially Declared Disasters) - 97.036

Federal Award Number and Year: 4042DRVAP000000001 - 2016

Name of Federal Agency: U.S. Department of Homeland Security

Type of Compliance Requirement - Criteria: Allowable Costs/Cost Principles - 2 CFR 200.430(I)(ii)

Known Questioned Costs: \$0

Emergency Management needs to strengthen internal controls over time and effort reporting for federal grants to ensure salary charges accurately reflect the work performed by its employees. Emergency Management receives a significant portion of its funding from the federal government in the form of grants, and uses a portion of these funds to support payroll costs. Emergency Management currently estimates how much of an employee's salary will be supported with federal funds, but does not perform subsequent reviews to confirm the estimates are consistent with the work performed by the employee. Emergency Management has been unable to perform after-the-fact reviews of the estimates because it has lacked the resources necessary to perform the reviews.

Code of Federal Regulations, 2 CFR §200.430(I) (ii), requires the records supporting charges to federal awards be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated. Further, 2 CFR §200.430(I)(viii) requires the entity's system of internal control include processes to review after-the-fact interim charges made to a federal awards based on budget estimates and make adjustments to the final amounts charged to the federal award. Without performing after-the-fact reviews of budget estimates, Emergency Management cannot provide these reasonable assurances.

Emergency Management should evaluate its practices to determine which method is best for satisfying the time and effort reporting requirements for federal grants. In February 2016, Emergency Management implemented an automated solution to capture time, attendance, and leave usage. Emergency Management should determine whether it can use this solution to support payroll charges to federal grants. If Emergency Management continues to use budget estimates, it should perform routine after-the fact reviews to confirm budget estimates are consistent with the work performed by its employees and make adjustments when necessary.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

U.S. DEPARTMENT OF LABOR

- 2016-014:** Continue Improving Database Security
- 2016-024:** Document Separation of Duties of Individuals for Mission Critical Systems
- 2016-025:** Remove System Access Timely
- 2016-037:** Upgrade Unsupported Technology
- 2016-042:** Continue Improving Oversight over Third-Party Service Providers
- 2016-050:** Improve Change Management Process
- 2016-056:** Continue Improving Oversight over IT Risk Assessments
- 2016-065:** Continue to Improve Physical and Environmental Security
- 2016-078:** Ensure Tax Wage Discrepancy Report is Complete

Each of these findings represents an internal control and/or 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*."

2016-092: Submit Required Reports

Applicable to: Virginia Employment Commission

Prior Year Finding Number: N/A

Type of Finding: Internal Control and Compliance

Severity of Deficiency: Significant Deficiency

CFDA Title and CFDA #: Unemployment Insurance - 17.225

Federal Award Number and Year: UI265651555A51 - 2016

Name of Federal Agency: U.S. Department of Labor

Type of Compliance Requirement - Criteria: Reporting - 2 CFR 200.328

Known Questioned Costs: \$0

The Commission did not submit the past three required Employment and Training Administration Contributions Operations Reports (ETA 581 Reports) by their deadlines. The ETA 581 report provides information to the Federal Department of Labor (Labor), which they use to measure the effectiveness of the tax program. According to the grant agreement between the Commission and Labor, the Commission should submit its required reports to Labor in a timely manner and in accordance with the Unemployment Insurance Reports Handbook, Number 401. This handbook states the ETA 581 Report for each calendar quarter is due by the 20th day of the second month following the quarter to which it relates. During our review, the Commission had not submitted its past three ETA 581 reports, making them between two and eight months past the deadline and out of compliance with this requirement.

The Commission implemented a new tax administration system, the Virginia Unemployment Insurance System (VUIS), in December of 2015, but deferred production of this and other required reports until after this implementation was complete. This led to a delay in the Commission's ability to produce and submit these reports.

The Commission should finalize the controls and query logic used to prepare the ETA 581 report and submit it by the required deadline each quarter. This will eliminate this particular risk of non-compliance to the reporting requirement.

Views of Responsible Officials:

Views of responsible officials are in the report related to their agency, which can be found at www.apa.virginia.gov. In summary, neither the views of responsible officials in the agency report nor management's Corrective Action Plan located in Appendix I express a disagreement with the finding.

U.S. DEPARTMENT OF TRANSPORTATION

2016-016: Improve Oracle Database Security

2016-048: Continue to Develop and Implement Formal IT Hardening Policies and Procedures

2016-074: Continue to Strengthen Internal Controls Governing the Economic Interest Disclosure Process

Each of these findings represents an internal control and 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*."

MANAGEMENT'S SECTION

COMMONWEALTH OF VIRGINIA Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken

FINANCIAL STATEMENT FINDINGS

Department of General Services

2015	80	2015-075	Improve Internal Controls over Lease Reporting	N/A	-	DGS	Resolved - corrective action is completed				
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Department of Human Resource Management

2015	18	2015-010	Improve System Security for the Time, Attendance, and Leave System	N/A	-	DHRM	Corrective action is ongoing	Address findings that APA communicated to DHRM management in separate Freedom of Information Act (FOIA) Exempt document.	Address findings that APA communicated to DHRM management in separate Freedom of Information Act (FOIA) Exempt document.	Address findings that APA communicated to DHRM management in separate Freedom of Information Act (FOIA) Exempt document.	Address findings that APA communicated to DHRM management in separate Freedom of Information Act (FOIA) Exempt document.
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2015	18	2015-011	Improve Controls over the Personnel Management Information System	N/A	-	DHRM	Corrective action is ongoing	Address findings that APA communicated to DHRM management in separate Freedom of Information Act (FOIA) Exempt document.	Address findings that APA communicated to DHRM management in separate Freedom of Information Act (FOIA) Exempt document.	Address findings that APA communicated to DHRM management in separate Freedom of Information Act (FOIA) Exempt document.	Address findings that APA communicated to DHRM management in separate Freedom of Information Act (FOIA) Exempt document.
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2015	45	2015-041	Improve IT Risk Management and Disaster Recovery Planning	N/A	-	DHRM	Corrective action is ongoing	Document evaluation of data stored in mission essential / sensitive systems (including regulatory requirements to which the data is subject) as well as potential damages to the agency and Commonwealth if the confidentiality, integrity or availability of this data is compromised.	Corrective Action has not been completed.	Still planning and gathering documentation.	None
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2015	55	2015-050	Improve Security Awareness and Training	N/A	-	DHRM	Corrective action is ongoing	Develop and distribute (to DHRM employees) a Security Awareness and Training policy. Require that all DHRM end users receive basic security awareness training annually. Provide role based security training to staff with role-based assignments.	Corrective Action has not been completed.	Gathering documentation.	None
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Virginia Employment Commission

2015	13	2015-004	Improve Database Security	17.225	-	VEC	Corrective action is ongoing	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.	Corrective Action has not been completed.	With a new contractor on site the patches and security controls are being remediated following a proper change management procedure.	None
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COMMONWEALTH OF VIRGINIA Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
2015	39	2015-036	Document Separation of Duty Conflicts for Mission Critical Systems	17.225	-	VEC	Corrective action is ongoing	Separation of duties conflicts will be identified within the security plan for each sensitive IT system and an application security matrix will be created to determine separation of duty conflicts that result from access levels across multiple applications.	There are resource limitations, and everything cannot be completed at once. A fully compliant information security program will take additional time.	None	None
2014	14	2014-003	Maintain Oversight Over the Information Security Program	17.225	-	VEC	See Finding Number 2015-036				
2015	44	2015-040	Continue Improving Oversight over IT Risk Assessments and Security Audits	17.225	-	VEC	Corrective action is ongoing	The completion of some risks assessments and security plans for sensitive IT systems are 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 2 – 3 years to complete.	There are resource limitations, and everything cannot be completed at once. A fully compliant information security program will take additional time.	A risk assessment for the VTOP application has been completed and an information security audit for the VUIS-Tax application is close to the end. The VEC Data and System Sensitivity Classification process was completed on September 30, 2016. A new risk assessment and information security audit plan will be created by the end of October 2016.	More risk assessments and information security audits will take place next year.
2014	14	2014-003	Maintain Oversight Over the Information Security Program	17.225	-	VEC	See Finding Number 2015-040				
2015	50	2015-046	Continue to Effectively Allocate Resources to Reduce IT Security Risk	17.225	-	VEC	Corrective action is ongoing	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.	VEC has resource limitations, everything cannot be completed at once. It takes a long time to create a fully compliant information security program from the ground up.	Information Security Manual has been created, approved, and sent out to all VEC staff. New Acceptable Use Policy has been created, approved, and sent out to all VEC staff. A new information security awareness and training program offered and taken by all VEC staff through SANS Securing the Human. The VEC BIA has been updated several times due to reviews by VITA and is currently in	None

COMMONWEALTH OF VIRGINIA Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
										review from the last submission on September 28, 2016. Data and System Sensitivity Classification process completed on September 30, 2016. The IT Security Audit on VUIS-Tax is coming to an end. The VEC SSR has been submitted for IRS review and VEC is expecting an answer by the end of October 2016.	
2014	12	2014-001	Allocate Adequate Resources to Reduce IT Security Risk	17.225	-	VEC	See Finding Number 2015-046				
2015	62	2015-057	Obtain Approval to Use End-of-Life Operating Systems	17.225	-	VEC	Corrective action is ongoing	The VEC has a limited number of machines with end-of-life systems that still exist in the network and the remaining machines are scheduled for replacement. On January 12, 2016 VEC received a 60-day exception for use of end-of-life servers. VEC was given this exception to come up with a project plan to replace or decommission the servers. VEC has submitted decommission tickets on the two servers and expect them to be decommissioned soon.	Corrective Action has not been completed.	The agency has addressed the servers identified during the FY2015 audit and we continue to address the administrative consoles that we have subsequently identified. Furthermore, the agency is conducting an enterprise-wide assessment of the infrastructure and will be seeking the necessary exceptions within the next 60 days.	None
2015	65	2015-060	Maintain Oversight over Third-Party Service Providers	17.225	-	VEC	Corrective action is ongoing	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.	VEC has resource limitations, everything cannot be completed at once. It takes a long time to create a fully compliant information security program from the ground up.	All contracts and agreements state that the third party provider must be in compliance with SEC525, SEC501, and SEC519.	None
2014	14	2014-003	Maintain Oversight Over the Information Security Program	17.225	-	VEC	See Finding Number 2015-060				

COMMONWEALTH OF VIRGINIA Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
2015	68	2015-063	Continue to Improve Physical and Environmental Security	17.225	-	VEC	Corrective action is ongoing	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.	There are resource limitations, and everything cannot be completed at once. A fully compliant information security program will take additional time.	The server racks within the VEC data center remain locked at all times, and there is a limited amount of people who have those keys. A data center access review occurred, but the identified actions still need to occur.	The agency has made progress, but additional work remains. VEC is currently procuring a test data management program that will remove sensitive data from our data center that will further address deficiencies.
2014	14	2014-003	Maintain Oversight Over the Information Security Program	17.225	-	VEC	See Finding Number 2015-063				
2015	74	2015-069	Confirm VABS is Calculating Maximum Benefit Amount Consistently for All Claimants	17.225	-	VEC	Corrective action is ongoing	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 with 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.	This issue required many manual, labor intensive efforts to bring to completion. VEC was not able to complete all work within the previous year.	An automated solution allowed for the correction of the majority of the claim issues. The few remaining required manual review and correction.	None
2014	117	2014-070	Confirm VABS is Calculating Maximum Benefit Amount Consistently for All Claimants	17.225	\$14,000	VEC	See Finding Number 2015-069				

COMMONWEALTH OF VIRGINIA											
Summary Schedule of Prior Audit Findings											
For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
2015	75	2015-070	Withhold Child Support Obligations from Benefit Adjustment Payments	17.225	-	VEC	Corrective action is ongoing	An automated report was created to ensure accuracy of child support withholdings. No new errors have been detected to date. An Application Change/Enhancement Request Ticket was submitted and completed 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.	In order to consider this finding complete VEC is having to rely on IT resources that are limited at this time.	Programming is being completed and will then be tested.	None
2014	118	2014-071	Withhold Child Support Obligations from Benefit Adjustment	17.225	\$937.20	VEC	See Finding Number 2015-070				
2013	59	2013-039	Improve Controls over Benefit Adjustment Payments	N/A	-	VEC	See Finding Number 2014-071				
2014	16	2014-004	Upgrade Unsupported and Vulnerable Operating Systems	17.225	-	VEC	Resolved - corrective action is completed				
Department of Education - Central Office Operations and Direct Aid to Public Education											
2015	42	2015-039	Continue to Improve IT Risk Management	N/A	-	DOE/COO	Corrective action is ongoing	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 responsibilities of System Owner, Data Owner, Data Custodian, and System Administrator for each sensitive IT system. DOE will complete an IT Risk Assessment for Oracle Financials and the Teacher Licensure system.	Oracle Financials and the Teacher Licensure system both went through upgrades, the plan was to have the Risk Assessment completed by a 3rd party but had to schedule around process dates and upgrades.	DOE has been reclassifying IT systems in accordance with Commonwealth Security Standards. Regulatory requirements for data according to each sensitive system are supplied by via ARMICS.	None
2014	35	2014-020	Improve IT Risk Management Documentation	N/A	-	DOE/DAPE	See Finding Number 2015-039				

COMMONWEALTH OF VIRGINIA Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2016											
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2015	51	2015-047	Continue to Improve Information Security Policies and Procedures	N/A	-	DOE/COO	Corrective action is ongoing	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.	DOE's Security posture has been evolving since the hiring of a new ISO and the transitioning of related responsibilities – DOE has also been working to balance outstanding findings with new legislative mandates such as Data Privacy guidelines for School Divisions.	DOE has documented its backup and restoration plans in accordance with Commonwealth Security Standards. DOE has implemented and documented Change Controls to guide the testing and implementation of internal database updates and patches and will strive to continuously improve by evaluating policy, procedures, methods and tools. VDOE has documented its system hardening policy. VDOE does intend to scan all of its sensitive IT systems. External facing systems are currently scanned by VITA internal system will now also be scanned by VIT as VDOE opted into VITA's centralized (shared) IT security service vulnerability scanning service tier.	Incremental progress has been made; the most significant difference is related to internal scanning which went from DOE considering an external tool or service to using the Commonwealth's Tenable Option to now using VITA Centralized IT Services which is the best option for the agency.
2014	33	2014-018	Improve Information Security Policies and Procedures	N/A	-	DOE/DAPE	See Finding Number 2015-047				
2015	52	2015-048	Improve Information Security Awareness Training Program	N/A	-	DOE/COO	Corrective action is ongoing	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.	The corrective action was not completed.	Transitioned from Knowledge Center to Virginia Learning Center	VDOE was waiting on the Virginia learning Center (VIC) implementation to replace the Knowledge Center application; the new application is now available through the Department of Human Resource Management. All required training is contained in VLC; no VDOE IT Security Training will reside in SSWS. Currently, VDOE IT Security and Human Resources staff are responsible for monitoring VDOE employees' completion of annual IT Security Awareness Training. With the transition to VLC, the intent is to transition the monitoring of DOE employees' completion of IT Security Awareness Training fully to IT W6Security staff. Currently, this is the only VDOE policy and procedure that addresses DOE's requirements for IT Security Awareness Training - VDOE is currently evaluating a change to where and how policy/procedures are documented. VDOE plans to update policies and procedures regarding sensitive system IT security training. VDOE plans to develop an IT Security policies and procedures manual separate from the general agency administrative manual.

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2015	91	2015-087	Retain Documentation of <i>my</i> VRS Navigator to PMIS Reconciliations	N/A	-	DOE/COO	Resolved - corrective action is completed				
2015	101	2015-096	Ensure Employees Complete Statement of Economic Interest Training	N/A	-	DOE/COO	Resolved - corrective action is completed				
University of Virginia - Academic Division and Medical Center											
2015	20	2015-014	Improve Virtual Private Network Security Controls	N/A	-	UVA/AD	Corrective action is ongoing	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.
2015	21	2015-015	Improve System Activity Monitoring Controls	N/A	-	UVA/AD	Corrective action is ongoing	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.
2015	39	2015-035	Improve Controls for Granting and Restricting Elevated Workstation Privileges	N/A	-	UVA/AD	Corrective action is ongoing	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.
2015	88	2015-083	Improve <i>my</i> VRS Navigator Reconciliation and Confirmation	N/A	-	UVA/AD	Resolved - corrective action is completed				
2015	89	2015-084	Improve <i>my</i> VRS Navigator Reconciliation and Confirmation	N/A	-	UVAH	Corrective action is ongoing	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).	The Medical Center did not have the appropriate access for the new payroll manager and did not have processes in place to reconcile the activity.	In response to this finding, the Medical Center Payroll Office met with the Director of Benefits for UVA, on 10/11/16 to discuss the challenges with reconciling the activity. Specifically, it was determined that the Medical Center did not have the appropriate access for the new payroll manager and did not have processes in place to reconcile the activity. As of November 2016, the access has been provided and the processes designed. Medical Center management has identified the	As of November 2016, the access has been provided and the processes designed

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Payroll will process payment and submit file and print out confirmation from VRS.

reconciling items between VRS and the Payroll System for the fiscal year ended 6/30/16, as well as for the month ended 10/31/16. In addition, management has documented the steps being taken to resolve each of the reconciling items and expects VRS to update their system accordingly. At this point, the Medical Center is current on its reconciliation requirements.

2014	111	2014-066	Improve VNAV Reconciliations and Confirmations	N/A	-	UVA/AD	See Finding Number 2015-084				
2015	95	2015-091	Improve Sole Source Procurement Documentation	N/A	-	UVA/AD	Resolved - corrective action is completed				
2015	98	2015-093	Improve Equipment Inventory Process	N/A	-	UVA/AD	Resolved - corrective action is completed				

Virginia Commonwealth University

2015	22	2015-016	Improve Database Security	N/A	-	VCU	Resolved - corrective action is completed				
2014	58	2014-035	Improve Student Health Portal Security	N/A	-	VCU	See Finding Number 2015-016				
2015	22	2015-017	Improve Mobile Device Security	N/A	-	VCU	Corrective action is ongoing	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.

Department of Accounts

2015	19	2015-012	Improve Cardinal System Security Controls	N/A	-	DOA	Corrective action is ongoing	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.
2014	76	2014-047	Improve Controls Over Cardinal Security	N/A	-	DOA	See Finding Number 2015-012				
2015	20	2015-013	Continue to Improve Payline Security	N/A	-	DOA	Resolved - corrective action is completed				
2014	22	2014-009	Improve Payline Web Application and SQL Server Database Security	N/A	-	DOA	See Finding Number 2015-013				
2015	41	2015-037	Continue to Improve Risk Management and Continuity Planning Documentation	N/A	-	DOA	Resolved - corrective action is completed				
2014	24	2014-011	Improve Risk Management and Continuity Planning Documentation	N/A	-	DOA	See Finding Number 2015-037				

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2015	76	2015-071	Continue to Improve IT Security Audit Plan	N/A	-	DOA	Corrective action is ongoing	Identify all DOA systems that are designated as sensitive and document the audit frequency within the agency's audit plan.	VITA Audit Team resource and scheduling constraints .	Accounts has contracted with VITA to supply security audit services.	Accounts was dependent on the start up and implementation of the new VITA Audit Services Program.
2014	23	2014-010	Improve IT Security Audit Plan	N/A	-	DOA	See Finding Number 2015-071				
Department of Planning and Budget											
2015	47	2015-043	Update Contingency Planning Documentation	N/A	-	DPB	Resolved - corrective action is completed				
2014	54	2014-032	Improve IT Risk Management and Disaster Recovery Planning Programs	N/A	-	DPB	Corrective action is ongoing	The agency has addressed the issues with the Disaster Recovery Plan and has identified its sensitive systems according to the protocols set by VITA. The agency is working with VITA to set up its risk management program consistent with VITA security standards.	As a small agency, DPB needed to locate additional IT resources in order to strengthen its security program.	In 2015, DPB began working with the small ISO office at VITA and has now become part of the shared services bureau within VITA.	DPB now has additional IT resources and is enhancing its IT security program.
2014	70	2014-043	Enhance Performance Budgeting System Access Reviews	N/A	-	DPB	Resolved - corrective action is completed				
2014	72	2014-044	Improve Internal Controls Over System Access	N/A	-	DPB	Resolved - corrective action is completed				

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Department of Taxation											
2015	25	2015-021	Improve Database Change Management Controls	N/A	-	TAX	Resolved - corrective action is completed				
2015	33	2015-028	Improve Administrative Access Controls	N/A	-	TAX	Resolved - corrective action is completed				
2015	34	2015-029	Continue to Strengthen Controls over Advantage Revenue Access	N/A	-	TAX	Corrective action is ongoing	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.	More time was needed to perform the certification of access, review of separation of duties.	Sailpoint was implemented to provide greater visibility into the access.	Sailpoint was implemented to provide greater visibility into the access. However the recertification of access and review of separation of duties were not completed.
2014	80	2014-050	Improve Internal Controls Over Systems Access	N/A	-	TAX	See Finding Number 2015-029				
2013	22	2013-011	Improve Internal Controls over Advantage Revenue Access	N/A	-	TAX	See Finding Number 2014-050				
2015	48	2015-044	Complete System Security Plans	N/A	-	TAX	Corrective action is ongoing	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.
2015	90	2015-085	Improve Procedures for myVRS Navigator Reconciliations and Data Discrepancies	N/A	-	TAX	Resolved - corrective action is completed				
2014	49	2014-028	Improve IT Risk Management Plans	N/A	-	TAX	Resolved - corrective action is completed				
Department of Treasury											
2015	71	2015-067	Improve Change Management Process and Controls	N/A	-	TRS	Resolved - corrective action is completed				

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2015	83	2015-078	Improve Financial Reporting	N/A	-	TRS	Corrective action is ongoing	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.	Corrective Action has not been completed.	The custodian has provided all Unclaimed Property Securities custody account reports available for the preparation of the 2016 template. The Division of Unclaimed Property staff researched GASB and held a number of meetings with various parties to gather information to correctly complete the template. Additionally, the Division of Unclaimed Property requested information from, provided information to, and invited Department of Accounts staff to meetings prior to and during the preparation of the template. The steps above were taken to ensure the submitted template was correct. Policies and procedures have been drafted and will be finalized based on the determined requirements for the final version of the template.	None
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Department of Behavioral Health and Developmental Services

2015	11	2015-001	Improve Information Security Officer Independence and Grant Proper Authority to Regional Information Security Officers	N/A	-	DBHDS	Resolved - corrective action is completed				
2015	14	2015-005	Develop Baseline Configurations for Information Systems	N/A	-	DBHDS	Corrective action is ongoing	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.
2015	15	2015-006	Improve Database Security	N/A	-	DBHDS	Resolved - corrective action is completed				
2014	30	2014-015	Improve Database Security	N/A	-	DBHDS	See Finding Number 2015-006				
2013	33	2013-016	Improve SQL Server Database Security	N/A	-	DBHDS	See Finding Number 2014-015				
2015	16	2015-007	Improve IDOLS Security	N/A	-	DBHDS	Corrective action is ongoing	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.	This information is FOIA Exempt.

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2014	31	2014-016	Improve IDOLS Security	N/A	-	DBHDS	See Finding Number 2015-007				
2015	36	2015-032	Improve Internal Controls over Systems Access	N/A	-	DBHDS	Corrective action is ongoing	DBHDS' 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.	DBHDS needed to hire a resource to perform testing of user access.	DBHDS hired a Information Security Resource with a start date of September 26, 2016.	DBHDS needed to hire a resource to perform testing of user access. The hiring process took longer than anticipated.
2014	78	2014-048	Improve Controls Over Systems Access	N/A	-	DBHDS	See Finding Number 2015-032				
2013	21	2013-010	Remove Access Promptly Upon Employee Termination	N/A	-	DBHDS	See Finding Number 2014-048				
2015	42	2015-038	Improve Risk Management Process	N/A	-	DBHDS	Resolved - corrective action is completed				

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2015	53	2015-049	Improve Information Technology Governance	N/A	-	DBHDS	Corrective action is ongoing	DBHDS is developing management action plans to address this issue. We expect to have the plan in place by 1/1/2017.	DBHDS is developing management action plans to address this issue. We expect to have the plan in place by 1/1/2017.	DBHDS is developing management action plans to address this issue. We expect to have the plan in place by 1/1/2017.	None
2015	56	2015-051	Develop Vulnerability Assessment Process	N/A	-	DBHDS	Resolved - corrective action is completed				
2015	61	2015-056	Upgrade Unsupported Technology	N/A	-	DBHDS	Corrective action is ongoing	DBHDS 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 Management Comment #18. 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. The Department continues to make improvements in identifying and remediating systems that are utilizing end-of-life technologies. Remediation tools have been acquired and a plan for retirement or remediation of end-of-life systems to a common supported technology will be completed by June 30. Efforts include work being addressed in current projects in the central office such as the ACES project and work being completed at the facilities. The date of December 2017 is obtainable for completion of this finding.	Corrective Action has not been completed.	The Department continues to make improvements in identifying and remediating systems that are utilizing end-of-life technologies. The date of December 2017 is obtainable for completion of this finding.	None

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2015	64	2015-059	Increase Oversight over Third-Party Providers	N/A	-	DBHDS	Corrective action is ongoing	DBHDS' 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).	Corrective Action has not been completed.	Information Security is the Security Officer within eVa and is in the process of creating an accurate list of third party providers. Project was initially delayed as a key procurement position had left the Agency.	None
2015	77	2015-072	Develop and Submit an Information Technology Audit Plan	N/A	-	DBHDS	Resolved - corrective action is completed				
2014	32	2014-017	Develop and Submit an IT Audit Plan	N/A	-	DBHDS	See Finding Number 2015-072				

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2015	85	2015-081	Improve Controls over the myVRS Navigator System	N/A	-	DBHDS	Corrective action is ongoing	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.	APA reported that there were continued concerns regarding the VNAV reconciliations.	DBHDS provided guidance regarding reconciliation policies and procedures to DBHDS facilities. DBHDS will work with facilities to determine that the Snapshot recons are being done timely and that included is a VNAV/CIPPS reconciliation.	The prior year finding did not have information regarding the VNAV to CIPPS reconciliation. It was included in supporting documentation submitted by the APA. It is likely that a finding related to the VNAV/CIPPS reconciliation will be included in the FY 2016 audit. This reconciliation will be focused on by DBHDS in FY 2017.
2014	105	2014-063	Improve Controls Over VNAV	N/A	-	DBHDS	See Finding Number 2015-081				
2015	92	2015-088	Improve Controls over Payroll	N/A	-	DBHDS	Corrective action is ongoing	DBHDS has agreed with the responses to the findings that were given by the four facilities where payroll test work was completed. The responses will satisfy the recommendations made in this finding.	Corrective Action has not been completed.	Follow-up reviews were completed at the four facilities that had full reviews in FY 2016. Only one repeat finding at one facility. This was reported to the APA. A second follow-up will be conducted in FY 2017.	None
2015	100	2015-095	Comply with the Code of Virginia Economic Interest Requirements	N/A	-	DBHDS	Corrective action is ongoing	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. DBHDS, 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.	Corrective Action has not been completed.	The Commonwealth is in the process of conducting user acceptance testing of a new version of the Commonwealth of Virginia Knowledge Center (COVA KC). This system is designed to manage, track and even conduct training. DBHDS will track Statement of Economic Interest training through creation of a "user group". The upgraded COVA KC will allow for additional employee notifications.	None

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Department of Health

2015	12	2015-003	Improve Information Security Officer Independence	N/A	-	VDH	Resolved - corrective action is completed				
2015	24	2015-019	Improve VVESTS Web Application Security	N/A	-	VDH	Corrective action is ongoing	The controls discussed in the FOAIE communication will be implemented, and VDH will continue working with VITA to ensure controls they are responsible for are implemented.	The controls discussed in the FOAIE communication will be implemented, and VDH will continue working with VITA to ensure controls they are responsible for are implemented.	The controls discussed in the FOAIE communication will be implemented, and VDH will continue working with VITA to ensure controls they are responsible for are implemented.	The controls discussed in the FOAIE communication will be implemented, and VDH will continue working with VITA to ensure controls they are responsible for are implemented.
2015	31	2015-026	Improve Access Management for Critical Systems	N/A	-	VDH	Resolved - corrective action is completed				
2014	62	2014-038	Improve Access Management to Information Systems	N/A	-	VDH	See Finding Number 2015-026				
2013	19	2013-009	Promptly Remove WebVision Access for Separated Users	N/A	-	VDH	See Finding Number 2014-038				
2015	32	2015-027	Improve Access Management at Local Agencies and Divisions	N/A	-	VDH	Resolved - corrective action is completed				
2015	57	2015-052	Approve Vulnerability Scanning Procedures and Review System Vulnerability Scanning Tools	N/A	-	VDH	Resolved - corrective action is completed				
2015	84	2015-079	Improve Controls over Inventory Reporting	N/A	-	VDH	Resolved - corrective action is completed				

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2015	93	2015-089	Record Accurate Time and Effort Reporting	93.940	-	VDH	Corrective action is ongoing	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.	Corrective Action has not been completed.	The new T&E verification process was implemented in July 2016. We are updating our procedures based on some feedback received and necessary modifications will be implemented. 75% of the modifications have been documented. Supervisor training will be scheduled by October 15th. We anticipate full implementation by all staff no later than January 1, 2017.	None
2014	61	2014-037	Improve User Access Controls for ROAP System	10.558	-	VDH	Resolved - corrective action is completed				
2013	17	2013-007	Implement User Access Controls for ROAP System - CACFP	10.558	-	VDH	See Finding Number 2014-037				
2014	95	2014-056	Improve Internal Controls over the ROAP System Reconciliation Process for CACFP	10.558	-	VDH	Resolved - corrective action is completed				
Department of Medical Assistance Services											
2015	26	2015-022	Develop Oracle Conflict Matrix	Medicaid Cluster	-	DMAS	Resolved - corrective action is completed				
2014	67	2014-041	Strengthen Financial System Application Access	Medicaid Cluster	-	DMAS	See Finding Number 2015-022				
2013	10	2013-001	Improve Oracle Access Controls	Medicaid Cluster	-	DMAS	See Finding Number 2014-041				

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2015	27	2015-023	Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System	Medicaid Cluster	-	DMAS	Corrective action is ongoing	<p>The DMAS Office of Compliance and Security (OCS) is using the following steps to address the APA recommendations: 1) OCS started a manual review of MMIS access of DSS (3,700 DSS users), internal and external contractors (849 contractors), and began a staggered approach using DMAS supervisors to review DMAS staff (approximately 450 users, including temporary and wage employees) beginning with the smaller divisions. 2) Review MMIS access and complete transaction activity-level documentation on a spreadsheet. OCS will analyze the spreadsheet to determine what business units need to perform their responsibilities. OCS will need to be able to document the needs for the less complex business units. They will work with the managers and supervisors for the more complex units to document what transactions and roles are needed to perform their business functions. Supervisors and managers will be trained during this process. OCS will develop a conflict matrix after this process.</p>	DMAS has not finished the corrective action workplan.	DMAS completed reviews of all user access; in process of documenting access roles.	DMAS will develop an automated process to review MMIS users annual. DMAS did a manual work around to perform an user access review and to document the roles.
2014	65	2014-040	Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System	Medicaid Cluster	-	DMAS	See Finding Number 2015-023				
2015	29	2015-024	Limit Access to the 1099 Adjustment and Reporting System	N/A	-	DMAS	Resolved - corrective action is completed				
2015	30	2015-025	Improve Access Management for the eVA System	N/A	-	DMAS	Resolved - corrective action is completed				

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									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
2015	72	2015-068	Correct Operating Environment and Security Issues Identified by their Security Compliance Audit	Medicaid Cluster	-	DMAS	Corrective action is ongoing	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. 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.	DMAS has not completed all of the corrective action workplans to address the audit findings.	Risk Assessment completed. Policy and Procedures review actions are in place.	DMAS added more steps to the corrective action workplan by adding correction of the gaps identified in the Risk Assessments. Updates in the past addressed MMIS access. The current update addresses the 2-part process of reviewing MMIS access and COV access. DMAS provided more details on where the agency was in the process of updating policies.

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								<p>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)</p> <p>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.</p> <p>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) 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.</p>			
2014	44	2014-027	Correct Operating Environment and Security Issues Identified by their Security Compliance Audit	Medicaid Cluster	-	DMAS	See Finding Number 2015-068				
2012	19	2012-014	Address Findings in Internal Audit Report	N/A	-	DMAS	See Finding Number 2014-027				
2015	90	2015-086	Document my VRS Navigator Reconciliations	N/A	-	DMAS	Resolved - corrective action is completed				

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2014	63	2014-039	Improve Access Reviews of the Medicaid Management Information System	Medicaid Cluster	-	DMAS	Resolved - corrective action is completed				
2013	11	2013-002	Improve Access Management to the Medicaid Management Information System	Medicaid Cluster	-	DMAS	See Finding Number 2014-039				
Department of Social Services											
2015	25	2015-020	Improve Database Security	Medicaid Cluster	-	DSS	Resolved - corrective action is completed				
2015	67	2015-062	Obtain Assurance of Internal Control Effectiveness from Service Provider Agency	Medicaid Cluster	-	DSS	Corrective action is ongoing	DSS 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, DSS will develop a process to annually review Certifications of Internal Controls or other formal assurances for sensitive systems hosted by third party services.	Corrective Action has not been completed.	VDSS is working to finalize a department-wide process for reviewing Certifications of Internal Controls or other formal assurances from third-party service providers. Requests for assistance from VITA representatives have been made in order to obtain the required assurances and assessments of their (or their third party service provider) internal controls.	None
2015	70	2015-066	Expand Change Management Process to Include all IT Environment Production Changes	Medicaid Cluster	-	DSS	Resolved - corrective action is completed				
2014	37	2014-021	Document IT Systems Backup and Restoration Policy and Procedure	N/A	-	DSS	Resolved - corrective action is completed				
2014	75	2014-046	Review User Accounts and Privileges for Mission Critical Systems	93.568	-	DSS	Resolved - corrective action is completed				
2013	14	2013-004	Review User Accounts and Privileges for Mission Critical Systems	93.563	-	DSS	See Finding Number 2014-046				

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2013	48	2013-029	Automate an Eligibility Control	N/A	-	DSS	Corrective action is ongoing	DSS is in the process of identifying the specific changes needed in order to have EDBC to be run automatically. Once the comprehensive list is finalized, it will be forwarded to the Enterprise Delivery Systems Program Office (EDSPO) to be included in a future VaCMS release.	Corrective Action has not been completed.	Action on this issue remains underway. The Phase II deployment is in process and lessons learned from the SNAP Pilot have been incorporated into the next VaCMS releases.	None
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Department of Alcoholic Beverage Control

2015	35	2015-030	Improve Web Application Security	N/A	-	ABC	Corrective action is ongoing	ABC recognizes the web application server will be end of life in January 2016 and has begun the planning process to upgrade the server. The project team will start the upgrade process during Web Redesign Phase II Project, Design Phase. The project is scheduled to start January 2016. ABC is in the process of providing staff training so that they possess the necessary technical skills to maintain and manage ABC's website. In addition, ABC is in the process of recruiting for an IT Compliance Project Manager and a Sitecore Administrator. ABC does have a process to remediate vulnerabilities identified during the scans, however, ABC does not have a defined process to track and monitor VITA/NG's	ABC remediated all the issues in 2015 - 030 - however, some issues re-appeared during 2016. These issues are the result of lack of a dedicated support team/model for the website and a repeatable process to ensure vulnerabilities are remediated.	Contracted with web vendor to provide support though June 2016, 2 in house IT personnel to attend Sitecore and DotNet training between January and June 2017.	None
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								<p>progress in addressing vulnerabilities. ABC's current process is for the senior configuration manager to log into the Security Center on a monthly basis. If the vulnerability identified will be corrected by the monthly security patch, no action is taken until the patch is applied. If the vulnerability is something that cannot be resolved by the monthly patch, a VCCC ticket is opened and sent to the NG Windows Server Administration team to address. ABC will develop a tracking process and policy to follow up on any opened tickets to ensure the vulnerability is resolved. ABC will add this to the bi-weekly AITR/CAM meetings and obtain progress updates. ABC understands that we are no longer PCI compliant with respect to the website. ABC is in the process of implementing a separate ePay application that will remove the website and online ordering from PCI scope. ABC believes that ePay will be in place by January 2016, at which time PCI compliance will no longer be an issue. ABC has also purchased Breach Insurance.</p>			
2015	36	2015-031	Implement Automated User Access System	N/A	-	ABC	Resolved - corrective action is completed				
2015	60	2015-055	Finalize Security Exception Requests for Unsupported Databases	N/A	-	ABC	Corrective action is ongoing	<p>ABC will submit Security Exception Requests to VITA CSRM until such time as the applications that reside on the end-of-life (unsupported databases) can be upgraded. ABC will implement the database security changes suggested by APA as long as they don't negatively impact the business. Financial Management System replacement project is underway. MOVE upgrade project also scheduled. Breach Insurance purchased April 2014.</p>	<p>ABC has resolved all issues with the exception of the VITA CSRM security exception. After providing VITA with documentation of the additional mitigating controls to be implemented, CSRM asked for additional mitigating controls.</p>	<p>Both systems residing on the unsupported databases are currently being upgraded with scheduled completion dates of February 2017. Contracts are in place and work has started.</p>	<p>VITA would not grant ABC's Security Exception request, even after implemented requested mitigating controls and without even further mitigating controls. ABC will have the applications upgraded and moved to supported databases by February 2017, and have decided to accept the risk until that is completed.</p>
2014	27	2014-013	Improve Database Security	N/A	-	ABC	See Finding Number 2015-055				

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2013	40	2013-022	Improve Database Security	N/A	-	ABC	See Finding Number 2014-013				
Department of Motor Vehicles											
2015	12	2015-002	Improve Information Security Officer Independence	N/A	-	DMV	Resolved - corrective action is completed				
2015	17	2015-008	Improve System Authentication Controls	N/A	-	DMV	Corrective action is ongoing	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.
2015	17	2015-009	Continue to Improve Database and Application Baseline Security Configurations	N/A	-	DMV	Corrective action is ongoing	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.
2014	17	2014-005	Develop Database and Application Baseline Security Configurations	N/A	-	DMV	See Finding Number 2015-0009				
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				
2015	46	2015-042	Continue to Improve IT Risk and Continuity Management Program	N/A	-	DMV	Corrective action is ongoing	Align the Agency's Risk Management Framework and Contingency plans with the Agency's BIA, Risk Assessment, and Sensitive System Listing.	The agency was not organizationally structured to achieve the desired outcome of this corrective action. The agency has since established an Agency Risk Manager to bring all the areas of risk under the purview of this single contact to insure collaboration among all parties and present a holistic view of enterprise risk.	1. Completed a series of departmental BIA's. 2. Determine sensitive processes/data. 3. Established a new sensitive system listing. 4. Completed 23 new Risk Assessments. 5. Establishing processes for the reoccurring review and update of these documents. 6. Results feeding into a revamping of our Continuity Plan and DR plans.	None
2014	19	2014-007	Improve IT Risk and Continuity Management Program	N/A	-	DMV	See Finding Number 2015-0042				
2015	58	2015-053	Improve IT Software Maintenance and Management Controls	N/A	-	DMV	Corrective action is ongoing	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.

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2015	66	2015-061	Create Processes for Review and Assessment of Third Party Vendors' Controls	N/A	-	DMV	Corrective action is ongoing	Create a frame work for Third Party Assurance. DMV conducted an evaluation of service providers of significant processes and functions affecting our operations. As anticipated, the construction of this framework is a large project to be completed in phases over an extended period.	Corrective Action has not been completed.	1.Third Party Assurance Framework was developed. 2.Third Party Assurance Committee was formed. 3.By May 2016, all contracts and MOUs were reviewed for SEC 525 and ARMICS considerations; those in scope have been identified. 4. ARMICS assessments and training have been updated accordingly. 5. Procedures for SOC report review are being developed. 6. Contract language to require vendor assurances has been drafted and shared with DGS for statewide usage. 7. A centralized repository, using SharePoint, was created to track receipt and review of SOC reports and any required remediation efforts. 8. APA staff was briefed on agency progress in August 2016.	None
2015	69	2015-064	Continue to Improve Physical and Environmental Security Controls	N/A	-	DMV	Corrective action is ongoing	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.
2014	18	2014-006	Improve Physical and Environmental Security Controls	N/A	-	DMV	See Finding Number 2015-064				
2015	81	2015-076	Improve Procedures Around Accounts Receivables Reporting	N/A	-	DMV	Resolved - corrective action is completed				
2015	87	2015-082	Improve my VRS Navigator Reconciliation Process	N/A	-	DMV	Resolved - corrective action is completed				
2014	109	2014-065	Improve Retirement Contribution Snapshot Certification Process	N/A	-	DMV	See Finding Number 2015-082				
2014	20	2014-008	Improve IT Security Audit Program Management	N/A	-	DMV	Resolved - corrective action is completed				

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2014	79	2014-049	Improve Termination Procedures Supporting Timely Removal of Commonwealth Systems' Access	N/A	-	DMV	Corrective action is ongoing	Review SAR13 process (account request/termination) to identify areas of improvement.	The process was reviewed and it was determined that there were a couple factors in-play: 1. Awareness of the process for timely termination of access, this was addressed through training of the managers. 2. The managers lack of visibility into the access their employees have. The solution was to investigate in an identity management solution to cover all our needs.	1. SAR13 process has been fully documented after consulting with all impacted departments. 2. Gaps noted are being included in an update to the process.	While the initial corrective action was completed (SAR-13 review), the results of the review determined that we didn't have the capability to maintain compliance in this area without leveraging technology. Our new corrective action is the implementation of the new technology.
2013	24	2013-012	Improve User Access Controls	N/A	-	DMV	Corrective action is ongoing	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.	This information is FOIA Exempt under Section 2.2-3705.2 of the Code of Virginia.
2012	25	2012-018	Improve User Access Control Across Systems	N/A	-	DMV	See Finding Number 2013-012				
Department of Transportation											
2015	23	2015-018	Develop and Implement IT Hardening Procedures	N/A	-	VDOT	Corrective action is ongoing	VDOT will formally document and approve an IT hardening procedure for infrastructure within our control.	Corrective Action has not been completed.	As of 11/1/2016 this item has been remediated and artifacts/evidence has been provided to APA for closure. VDOT has documented our internal process for server hardening and referenced the standards provided by VITA.	None
2015	38	2015-034	Improve Access Controls to Information Systems	N/A	-	VDOT	Resolved - corrective action is completed				

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2015	49	2015-045	Improve the Sensitive System Classification Process	N/A	-	VDOT	Corrective action is ongoing	VDOT will enhance documentation of sensitive system classification methodology by including the Information Security Officer justification of the list of sensitive system ratings.	Corrective Action has not been completed.	Actions taken include: None 1) We have tentatively updated the "VDOT System Sensitivity Classification Procedure" that details steps to complete the data sensitivity analysis for all datasets to VITA requirements. 2) We are in the process of verifying system and business process entries with each VDOT business unit as a part of the 2016 calendar year BIA update. 3) We are in the process of reviewing and documenting all decision points relative to the final sensitive system list.	
2015	59	2015-054	Improve Vulnerability Scanning and Remediation Procedures	N/A	-	VDOT	Corrective action is ongoing	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.	Corrective Action has not been completed.	As of 11/1/2016 this item has been remediated and artifacts/evidence has been provided to APA for closure. VDOT has implemented scanning infrastructure and has documented our internal process for reviewing and correcting vulnerabilities.	None

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2015	63	2015-058	Upgrade End-of-Life Technology	N/A	-	VDOT	Corrective action is ongoing	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.	Corrective Action has not been completed.	VDOT has implemented necessary security controls and a security exception has been submitted/approved. VDOT continues to remediate/decommission Windows 2000/2003 servers in the environment - they are tracked and statuses weekly to ensure progress is being made for completion by 12/31/2016. As of 11/15 there are 44 servers remaining. Artifacts/evidence has been provided to APA for their review of progress to date.	None
2015	69	2015-065	Improve Access Controls to IT Hardware	N/A	-	VDOT	Resolved - corrective action is completed				
2015	78	2015-073	Improve Controls over Financial Reporting	N/A	-	VDOT	Resolved - corrective action is completed				
2014	120	2014-073	Improve Controls over Financial Reporting	N/A	-	VDOT	See Finding Number 2015-073				
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				
2015	79	2015-074	Document the Impact Funding has on Highway Infrastructure Capitalization	N/A	-	VDOT	Resolved - corrective action is completed				
2015	85	2015-080	Improve the Reconciliation to the Retirement System	N/A	-	VDOT	Resolved - corrective action is completed				
2015	94	2015-090	Improve the Billing Process	N/A	-	VDOT	Resolved - corrective action is completed				

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2015	99	2015-094	Improve the Process of Disclosing Economic Interests	N/A	-	VDOT	Corrective action is ongoing	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.	Corrective Action has not been completed.	Due to potential changes in legislation, VDOT held off finalizing policy until after the changes in law became effective. Additional positions designated will be required to report all activities for the calendar year 2016.	None
2014	53	2014-031	Improve Information Security Officer Designation	N/A	-	VDOT	Resolved - corrective action is completed				
State Corporation Commission											
2014	56	2014-033	Improve Information Security Program	N/A	-	SCC	Corrective action is ongoing	The Commission has assigned these tasks to resources necessary to improve the information security program, and will develop a plan to draft and implement the specific policies and procedures noted in the APA findings in accordance with the SECS01 standard. That plan will also address development of a gap analysis between the current information security program and the SECS01 standard.	Corrective Action has not been completed.	Drafts of several new policies have been completed and we are working on a new proposed Charter for the Information Security Steering Committee. The previous version of the Charter was written in 2008 and required some updates in order for us to better be able to move policy approvals through the process. When this is completed, we will submit the new policies to the Security Committee for approval.	None
Virginia College Savings Plan											
2015	102	2015-097	Improve Controls over SOAR Program Administration	N/A	-	VCSP	Resolved - corrective action is completed				
Virginia Lottery⁽¹⁾											
2015	37	2015-033	Improve End User Computer Controls	N/A	-	VAL	Corrective action is ongoing	Incremental progress in accordance with milestones in the corrective action plan (FOIA exempt)	FOIA Exempt	FOIA Exempt	FOIA Exempt
2014	57	2014-034	Improve End User Computer Controls	N/A	-	VAL	See Finding Number 2015-033				

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2015	97	2015-092	Improve Capital Asset Management	N/A	-	VAL	Corrective action is ongoing	Complete a full inventory every two years, update policies and procedures, review useful life of asset categories every two years.	Full corrective action was not planned to be complete in FY16; continues as scheduled.	Policies and Procedures updated; new asset module of financial ERP system implemented; asset life valuations re-assessed; full inventory still planned to be completed by 6/30/2017.	None

Virginia Retirement System

2015	82	2015-077	Improve Process for Reporting Investments to the Comptroller	N/A	-	VRS	Corrective action is ongoing	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.	During the development of the information for the FY 2016 Attachment 23 submission there were several changes made that impacted the data in the submissions. These changes resulted in inconsistency in the categorization of some unique assets as compared to prior years and necessitated changes in the categorization of some assets. While the value of these assets was not impacted, the classification and perceived risk associated with those assets was. In addition, VRS staff modified the process for assigning maturities to certain fixed income securities based on prior discussions with APA and the Department of Accounts. Upon further review, the changes that were implemented did not adequately account for variations between the actual maturity and the expected duration.	VRS implemented a number of changes to improve the timeliness and quality of all of our CAFR preparation work and especially the information provided to the Department of Accounts.	None
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U. S. Department of Agriculture

2014	61	2014-037	Improve User Access Controls for ROAP System ⁽²⁾	10.558	-	VDH	Resolved - corrective action is completed
2013	68	2013-007	Implement User Access Controls for ROAP System - CACFP ⁽²⁾	10.558	-	VDH	See Finding Number 2014-037

FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

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2014	95	2014-056	Improve Internal Controls over the ROAP System Reconciliation Process for CACFP ⁽²⁾	10.558	-	VDH	Resolved - corrective action is completed				
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U. S. Department of Education

2015	103	2015-098	Improve Compliance Over Enrollment Reporting	Student Financial Assistance Programs	-	BRCC	Corrective action is ongoing	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.	It was discovered that the VCCS-provided data extract does not correctly capture the last date of attendance for students who are unofficially withdrawn. Additionally, the Blue Ridge Admissions and Records and Information Technology Offices were given inaccurate instructions for reporting graduated students to the National Student Clearinghouse. A representative told BRCC not to continue submitting the “Degree Verify” file to update graduates in NSLDS.	BRCC continues to communicate with the Virginia Community College System (VCCS) regarding the development of an updated extract to correct the issue of unofficially withdrawn students being reported. The Financial Aid Department provides a list of unofficially withdrawn students each term to Admissions and Records. Additionally, BRCC has resumed the process of sending degree verify files each term.	The Blue Ridge Financial Aid Office provided a list of unofficially withdrawn students at the end of the fall 2015, spring 2016, and summer 2016 terms to our Admissions and Records Office. Admissions and Records manually keyed enrollment data for these students into the NSC database to ensure that they were correctly reported to NSLDS. BRCC will continue manually updating the last date of attendance for unofficially withdrawn students in the NSC database until such time as a revised VCCS extract has been written and tested. BRCC resubmitted all graduation data for 2015-2016. During the file review, any graduates not captured in the corrections submitted by Admissions and Records were manually corrected on NSLDS.
						CVCC	Corrective action is ongoing	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.	NSLDS Enrollment Reporting Update-Withdraws (Unofficial F’s): Currently, and since the summer of 2015, the VCCS has guided its colleges to use the FA “workaround” to report unofficial TIV withdrawals resulting from students with “F” Grades that were reported at the conclusion of the term (unearned F’s), with a last date of attendance that precedes the conclusion of the semester. Currently, this “workaround” method requires the Financial Aid Office to work outside the regularly	While CVCC was in the process of being evaluated for progress in this area in the fall of 2016, it became apparent that, even if CVCC followed the prescribed “workaround”, that any student who was not currently receiving TIV aid is subject to being reported in errant, as the VCCS-Delivered process for reporting enrollment will need to be modified to accurately account for unofficial withdrawals, or “unearned F’s” for Non-TIV recipients.	With the arrival of the newly-established Coordinator of Financial Aid in summer of 2016, the College has made strides to keep pace with this “workaround” and has strengthened its efforts to regain compliance in this area. While CVCC was able to demonstrate knowledge of how this process works, more time is needed to coordinate with the VCCS to ensure full compliance.

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									scheduled Enrollment Reporting file generation process and SIS, by updating the National Student Loan Data System (NSLDS) with the Last Date of Attendance (LDA) directly, with continuous monitoring to ensure data that needs to be reported to be done so correctly.		
						GCC	Corrective action is ongoing	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.	Germanna Community College (GCC) in coordination with the VCCS will need to make sure that all processes are updated to ensure correct reporting to NSLDS.	GCC is working with the VCCS to ensure that unofficial withdrawals when an R2T4 is processed are reported correctly to NSLDS.	Procedures regarding the accurate reporting of enrollment changes were improved and will be complete once the VCCS adds logic to the custom National Student Clearinghouse process to capture and report to NSLDS correctly.
						JMU	Corrective action is ongoing	Begin sending degree files to the NSLDS every 30 days, instead of three times per year.	The original compliance finding from 2015 related to untimely reporting of graduation information to NSLDS of individuals with June completion dates having their degrees conferred in August. This issue has since been resolved. This finding continues its on-going status due to new issues related to the accurate reporting of a student's graduation status, when a student graduates from an undergraduate program and continues enrollment in a graduate program.	Upon identification of the enrollment reporting issue, JMU has taken action to identify the systemic cause of the reporting issue and has identified ways to improve reporting. Internal IT resources have been requested and allocated to the project with initial project analysis/estimates due in early February 2017.	Previously reported corrective action involved sending degree verification files at greater frequency throughout the year. Current corrective action focuses on modification of enrollment files sent to our third-party provider to accurately reflect the graduated status students.

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						JTCC	Corrective action is ongoing	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.	One reason for the recurrence was due to receiving late attendance records. Additionally, John Tyler Community College (JTCC) in coordination with VCCS will need to ensure that all processes are updated to capture correct reporting to NSLDS.	There is more communication to faculty regarding the importance of timely submission of student withdrawal forms. JTCC is working to identify and report late enrollment changes and manually enter the changes into NSLDS.	There has been an increased effort to make faculty understand the importance of timely reporting of student withdrawals. Academic Deans and College Administrators are now involved in the process. Additionally, improvements in the accurate and timely reporting of enrollment changes will be complete once VCCS revises the NSC process to capture and report to NSLDS correctly.
						MECC	Corrective action is ongoing	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.	Due to extenuating circumstances, administrative withdrawals were not submitted for two students until the end of the Spring 2016 semester. These updates were submitted after the final Spring enrollment was sent to NSC. The third student's enrollment reporting was impacted by the VCCS file creation. Due to errors for other students that could not be corrected on the NSC website, the enrollment file had to be recreated within SIS. When this occurred, the enrollment status dates for the student reverted to a previous	Mountain Empire Community College (MECC) was made aware of this issue during the follow-up audit conducted in late November 2016. The College is actively working to identify and report late enrollment changes and manually enter these changes into NSLDS. MECC will also work to implement additional quality control processes.	The College has implemented all processes noted in our previously reported corrective action plan.

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submission. The student's enrollment status was correct for each submission.

NSU	Corrective action is ongoing	The following changes have been implemented to the procedures the University has in place for processing Enrollment Verification reporting to the National Student Clearinghouse: (1). When the Enrollment Verification Coordinator receives and processes a withdrawal form, it will be logged into the National Student Clearinghouse website and an update will be made to the enrollment status to reflect the withdrawn status and date of withdrawal. (2). The National Student Clearinghouse file is transmitted every thirty (30) days. The Office Manager will run a report of students that withdrew from the University to validate that their statuses have populated correctly within the National Student Clearinghouse file before sending. (3). 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 who have withdrawn from the University. The Registrar will also meet with the Default Manager, who handles the NSLDS, to make sure the withdrawn students are correctly reflected in the National Student Loan Data System (NSLDS).	During the run for the May 3rd transmission of the Enrollment Verification report to the National Student Clearinghouse the system kicked out the withdrawal dates and made them the status they would be based on their credit hours. We didn't notice the error until we was doing our follow-up to make sure that the withdrawals were processed correctly and saw that it wasn't. At that time we made the necessary corrections to the National Student Clearinghouse system.	In the effort to correct errors in a timely fashion, bi weekly meetings will be held with the members who handle the National Student Clearinghouse reporting for the Office of the Registrar (Office Manager and Enrollment Verification Coordinator) and the responsible Financial Aid official (Default Manager) to make sure the information in both systems are in unison.	Based on the new corrective action we will go from monthly checks of the National Student Clearinghouse system to weekly checks to eliminate the repeat error.
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						PDCCC	Corrective action is ongoing	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. Responsible Party: 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/Joe Edenfield, Vice President of Administration and Technology.	Paul D. Camp Community College's (PDCCC) review of processes indicated that the graduation file was not being sent in a timely manner. Additionally, some withdrawals were reported late. Continued coordination with the VCCS regarding the development of an updated extract to correct the issue of unofficially withdrawn students being reported is necessary.	PDCCC adhered to the NSLC's 60 day reporting schedule with the addition of Return of Aid ad hoc reporting. The graduation file was late, due to the file being held up until all grades were received. There will be continued coordination with the VCCS regarding the development of an updated extract to correct the issue of unofficially withdrawn students being reported.	Corrective actions noted in the previously reported plan have been implemented. PDCCC will implement changes to business processes, ensuring grades are reported earlier and any late reported grades will be manually input on an ad hoc basis. Initial file upload will be within established deadlines of graduation and ad hoc uploads of any that were incomplete at the 30 day mark within 60 days of graduation. Additional file uploads will be executed every 30 days throughout the term to report withdrawals sooner. Manual reporting the Return of Aid students will continue on an ad hoc basis.
						RU	Resolved - corrective action is completed				
						SWVCC	Corrective action is ongoing	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.	The functionality of the current process and reporting timeline does not allow a workaround for this issue. Southwest Virginia Community College (SWCC) plans to extend the run date for the subsequent term enrollment data by seven days to allow the graduate file for the previous term time to process so that no student graduate status is overwritten.	The graduate data file is always run prior to the enrollment file for the following semester, but SWCC is now going to implement an increased 7 day window after the graduate file is run and before running the enrollment file. Estimates are that this will still enable SWCC to meet the deadlines in order to be compliant but allow enough time for the graduate file to process before the enrollment file is received by the NSC and NSDLS. This plan is also pending final approval from the VCCS.	The previous action plan was focused on coordinating timing between the IT Specialist and the Admissions Manager to ensure timely reporting for the graduate file. While that has been successful, this corrective action plan will build on that timeliness and set a new target date delayed by 7 days for running the enrollment file for the subsequent semester in hopes to avoid students who are listed on both files not having their graduate status recorded.

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						VHCC	Corrective action is ongoing	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.	The findings from last year's audit resulted in actions to correct the specific issues of late submissions. However, in the follow up to the audit, it was discovered that Virginia Highlands Community College (VHCC) is one of several institutions experiencing a disconnect between the information submitted by the institution and the G line of some students on the NSDLS.	Since this is a systemic issue occurring and not unique to our institution, VHCC is waiting on guidance from the VCCS on corrective actions. There are conversations occurring on a state level to resolve the issue. Once a resolution is determined, VHCC will immediately implement the suggested practices.	The previously reported corrective actions were implemented and the issues were corrected. However, this is a new issue and will result in new steps to resolve.
						VMI	Corrective action is ongoing	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 (system) queries. When necessary, a manual update will be completed through the National Student Clearinghouse Correction Screen.	APA retested September 2016 (earlier due to Institute SACSCOC reaccreditation process). Manual oversight (human error) in file submission (wrong month submitted), internally identified and corrected in subsequent month prior to APA audit.	Process evolution to include additional manual review, finalization expected by 12/15/2016.	Process evolution to include additional manual review, finalization expected by 12/15/2016.
2014	147	2014-089	Improve Compliance Over Enrollment Reporting	Student Financial Assistance Programs	-	BRCC	See Finding Number 2015-098				
						SWVCC	See Finding Number 2015-098				
						JMU	See Finding Number 2015-098				
2012	57	2012-046	Improve Reporting to National Student Loan Data System	Student Financial Assistance Programs	-	CVCC	See Finding Number 2015-098				

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2015	105	2015-099	Perform and Document Monthly Reconciliations of Direct Loans	Student Financial Assistance Programs	-	CVCC	Corrective action is ongoing	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.	With the hiring of the newly-created Coordinator of Financial Aid position in late FY16, CVCC is now compliant in this area.	CVCC has identified risk associated with not having duty assigned to specific personnel, and has hired an individual (Coordinator of Financial Aid) to ensure compliance in this critical service area.	The newly hired Coordinator of Financial Aid has developed processes for completing the monthly reconciliation and has been working with the Business Manager to ensure compliance.
							GMU	Resolved - corrective action is completed			
							GCC	Corrective action is ongoing	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.	GCC reconciled as required, but needed to improve documentation.	The Financial Aid personnel worked with the Director of Finance to determine improved procedures.
2014	145	2014-088	Perform and Document Monthly Reconciliations of Direct Loans	Student Financial Assistance Programs	-	JMU	See Finding Number 2015-099				
2015	107	2015-100	Properly Process Return of Title IV Calculations	Student Financial Assistance Programs	\$1,223	CVCC	Resolved - corrective action is completed				
							GCC	Corrective action is ongoing	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.	Controls put in place need to be reiterated to ensure a secondary level of review.	The calendar reminder was implemented and controls were put in place to ensure a secondary level of review.
						JSRCC	Resolved - corrective action is completed				

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						RU	Corrective action is ongoing	The Financial Aid Office has improved processes and procedures, effective December 2015, to ensure that reviews are done for unofficial withdrawals for Summer terms. The procedures, which include details that are term-specific, outline the process that will be conducted, the timeline in which it will be performed, and the responsible parties (to include backups). The Financial Aid Office continues to monitor and validate the procedures and processes put into place to ensure their operating effectiveness.	Corrective Action has not been completed.	Procedures put into place to ensure the proper determination is made for Summer terms have been verified as effective. However, additional follow up verification has been planned to ensure subsequent procedures are properly followed. Due to the timing and nature of the academic terms, the test of operating effectiveness will be performed following the current term. Test work for the Fall 2016 term is estimated to be complete by March 31, 2017. 7/2016: The proper process and procedures have been put into place, upon conclusion of the summer academic terms this will be tested internally to verify operating effectiveness.	None
						VMI	Corrective action is ongoing	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.	APA retested September 2016 (earlier due to Institute SACSCOC reaccreditation process). For one of the two findings, a misunderstanding took place between Financial Aid and Student Accounting. For the other, the calculation error was identified internally, calculation was reperformed and \$27 in unearned funds was returned to the Department of Education prior to APA audit.	Additional procedural review, IT systems review (Ellucian Colleague) conducted with internal/external parties to identify additive system control enhancement considerations, consultations with peer institutions on best practices/issue resolution. Additionally, as of 11/1/2016, new Financial Aid Director will assume responsibility for VMI Financial Aid. Individual has extensive Financial Aid experience and responsibility.	Additional procedural review, IT systems review (Ellucian Colleague) conducted with internal/external parties to identify additive system control enhancement considerations, consultations with peer institutions on best practices/issue resolution. Additionally, as of 11/1/2016, new Financial Aid Director will assume responsibility for VMI Financial Aid. Individual has extensive Financial Aid experience and responsibility.

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2014	143	2014-087	Promptly Return Title IV Funds	Student Financial Assistance Programs		JSRCC	See Finding Number 2015-100				
2015	109	2015-101	Promptly Return Unclaimed Aid to Department of Education	Student Financial Assistance Programs	\$27,230	JMU	Corrective action is ongoing	JMU currently utilizes a third-party vendor to process student refunds. Paper checks issued will be monitored routinely to the University Business Office (UBO). After 180 days, funds will be returned by JMU. UBO will continue to contact students until the 219th day. If no contact is made, JMU will return the funds to the Department of Education.	Financial Aid did not make the loan adjustments in the required time frame because of heavy processing volume at the time.	A new spreadsheet has been created ('fed-loan-refund-returns') that is maintained by the University Business Office. Returns received from JMU's 3rd party provider are logged and monitored periodically (at least monthly) to ensure that financial aid is notified timely and that return of funds occur within the 240/45 day window.	The initial correction action did not include the creation of the 'fed-loan-refund-return' spreadsheet to aid in the tracking of refunds/returns. The spreadsheet was put into place in September 2015.
						NSU	Corrective action is ongoing	Procedures have been put in place to ensure all outstanding checks are researched timely and federal student aid funds are returned within the 240-day requirement when not cashed by the student. Outstanding checks related to students will be reviewed to determine if funds are related to federal student aid. The respective student's account will be reviewed for any checks outstanding for more than 90 days to determine if the outstanding check amount can be applied to the student's account to cover outstanding balances. If funds are determined to be related to federal student aid and the student does not have any outstanding balances, the check will be sent back to the funding agency. Steps to resolve the exceptions noted in this finding	As of June 30, 2016, there were no checks over 240 day outstanding; however, processing deadlines for financial statement preparation delayed the preparation of the outstanding check listing during the first quarter of FY 2017.	Procedures have been put in place to ensure all outstanding checks are researched timely and federal student aid funds are returned within the 240-day requirement when not cashed by the student. A list of outstanding checks will be provided monthly from Financial Services to the Student Account Office for review and to be researched. Outstanding checks related to students will be reviewed to determine if the funds are related to federal student aid. Any student account with an outstanding check	Emphasis is being place on locating the students (or parents if it is a parent plus loan) before the checks are mailed. Addresses are being verified before mailing. Students are being encouraged to sign up for direct deposits to reduce the number of refunds checks written.

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have begun and we target to have the transactions needed to resolve the exceptions completed by October 30, 2015. On a quarterly basis, the University Bursar will provide the University Controller with a listing of funds sent back to federal programs. The frequency of the University's due diligence in this regard will aid in minimizing the number of outstanding checks.

related to federal funds that is outstanding for more than 90 days will be reviewed to determine if the check can be applied to cover an outstanding balance. If the student does not have an outstanding balance and cannot be located or does not acknowledge the receipt of the check, the check will be voided and the federal aid will be adjusted for the related term so the funds can be returned to the funding source. Currently, before mailing a check to a student that does not pick up their check within the allotted time period, someone makes an attempt to call and/or email the student to verify the address and let them know that a check is being mailed. After any student refund checks are mailed, a student account representative monitors those checks to ensure that they are cashed within 30 days. Every effort is being made to monitor student refund checks and make multiple attempts to contact the student so the checks will be cashed timely. Direct deposit is also offered as an option to reduce the number of refund checks written to students.

2014 161 2014-097 Return Unclaimed Aid to Department of Education within Required Timeframe Student Financial Assistance Programs JMU See Finding Number 2015-101

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2015	110	2015-102	Improve Reporting to the Common Origination and Disbursement System (COD)	Student Financial Assistance Programs	-	PDCCC VHCC	Resolved - corrective action is completed Resolved - corrective action is completed				
2015	111	2015-103	Reconcile Federal Funds Accounts	Student Financial Assistance Programs	-	CVCC	Corrective action is ongoing	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.	The former business manager position did not complete the required reconciliation.	A new business manager was hired and trained to complete the monthly reconciliations. The reconciliations are now a priority and are performed on a monthly basis.	The new business manager is coordinating the reconciliation process each month.
						JTCC	Corrective action is ongoing	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.	Proof of one spreadsheet verification was not documented. A review revealed that signatures and dates need to be better documented.	Monthly reconciliations will be saved on an individual spreadsheet in addition to a printed copy. Each reconciliation will be signed and dated by the preparer and reviewer.	JTCC was unable to provide proof of one spreadsheet reconciliation sample. Also, improvements were needed in maintaining signed documentation of preparer and reviewer.
						VMI	Resolved - corrective action is completed				

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2015	112	2015-104	Ensure Verification is Complete Prior to Disbursing Federal Financial Aid	Student Financial Assistance Programs	-	VMI	Corrective action is ongoing	The Financial Aid Office will implement a second level of review to ensure all supporting tax 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 that verification and subsequent review has been completed.	APA retested September 2016 (earlier due to Institute SACSCOC reaccreditation process). Three instances of non-compliance noted by APA. Unusual circumstances were encountered (i.e. dual, undocumented immigrant parental situation). New Financial Aid Director will assume responsibility for VMI Financial Aid effective 11/1/2016. Individual has extensive Financial Aid experience and responsibility.	Additional procedural review, IT systems review (Ellucian review (Ellucian Colleague) conducted with internal/external parties to identify additive system control enhancement considerations, consultations with peer institutions on best practices/issue resolution. Additionally, as of 11/1/2016, new Financial Aid Director will assume responsibility for VMI Financial Aid. Individual has extensive Financial Aid experience and responsibility.	Additional procedural review, IT systems review (Ellucian Colleague) conducted with internal/external parties to identify additive system control enhancement considerations, consultations with peer institutions on best practices/issue resolution. Additionally, as of 11/1/2016, new Financial Aid Director will assume responsibility for VMI Financial Aid. Individual has extensive Financial Aid experience and responsibility.
2015	113	2015-105	Improve Notification of Awards to Students	Student Financial Assistance Programs	-	CVCC GMU GCC	Resolved - corrective action is completed Resolved - corrective action is completed Corrective action is ongoing	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.	CVCC created a communication item in PeopleSoft in the spring although processing issues were not resolved until the fall semester.	The communication to alert students is correctly generated each time a disbursement occurs.	None
						RU VMI	Resolved - corrective action is completed Resolved - corrective action is completed				
2015	114	2015-106	Ensure Foundations Reimburse for University Employee Time	84.031	-	VSU	Resolved - corrective action is completed				
2014	152	2014-091	Improve Notification of Awards to Students	Student Financial Assistance Programs	-	DSLCC	Resolved - corrective action is completed				
2013	91	2013-060	Improve Documentation of Monthly Reconciliations of Direct Loans	Student Financial Assistance Programs	-	LFCC	Resolved - corrective action is completed				
2013	93	2013-061	Develop and Improve Policies and Procedures	Student Financial Assistance Programs	-	PHCC	Resolved - corrective action is completed				

COMMONWEALTH OF VIRGINIA Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken

U. S. Department of Health and Human Services

2015	25	2015-020	Improve Database Security ⁽²⁾	Medicaid Cluster	-	DSS	Resolved - corrective action is completed				
2015	26	2015-022	Develop Oracle Conflict Matrix ⁽²⁾	Medicaid Cluster	-	DMAS	Resolved - corrective action is completed				
2014	67	2014-041	Strengthen Financial System Application Access ⁽²⁾	Medicaid Cluster	-	DMAS	See Finding Number 2015-022				
2013	98	2013-001	Improve Oracle Access Controls ⁽²⁾	Medicaid Cluster	-	DMAS	See Finding Number 2014-041				
2015	27	2015-023	Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System ⁽²⁾	Medicaid Cluster	-	DMAS	Corrective action is ongoing	The DMAS Office of Compliance and Security (OCS) is using the following steps to address the APA recommendations: 1) OCS started a manual review of MMIS access of DSS (3,700 DSS users), internal and external contractors (849 contractors), and began a staggered approach using DMAS supervisors to review DMAS staff (approximately 450 users, including temporary and wage employees) beginning with the smaller divisions. 2) Review MMIS access and complete transaction activity-level documentation on a spreadsheet. OCS will analyze the spreadsheet to determine what business units need to perform their responsibilities. OCS will need to be able to document the needs for the less complex business units. They will work with the managers and supervisors for the more complex units to document what transactions and roles are needed to perform their business functions. Supervisors and managers will be trained during this process. OCS will develop a conflict matrix after this process.	DMAS has not finished the corrective action workplan.	DMAS completed reviews of all user access; in process of documenting access roles.	DMAS will develop an automated process to review MMIS users annual. DMAS did a manual work around to perform an user access review and to document the roles.
2014	65	2014-040	Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System ⁽²⁾	Medicaid Cluster	-	DMAS	See Finding Number 2015-023				

COMMONWEALTH OF VIRGINIA											
Summary Schedule of Prior Audit Findings											
For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
2015	67	2015-062	Obtain Assurance of Internal Control Effectiveness from Service Provider Agency ⁽²⁾	Medicaid Cluster	-	DSS	Corrective action is ongoing	DSS 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, DSS will develop a process to annually review Certifications of Internal Controls or other formal assurances for sensitive systems hosted by third party services.	Corrective Action has not been completed.	VDSS is working to finalize a department-wide process for reviewing Certifications of Internal Controls or other formal assurances from third-party service providers. Requests for assistance from VITA representatives have been made in order to obtain the required assurances and assessments of their (or their third party service provider) internal controls.	None
2015	70	2015-066	Expand Change Management Process to Include all IT Environment Production Changes ⁽²⁾	Medicaid Cluster	-	DSS	Resolved - corrective action is completed				
2015	72	2015-068	Correct Operating Environment and Security Issues Identified by their Security Compliance Audit ⁽²⁾	Medicaid Cluster	-	DMAS	Corrective action is ongoing	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. 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	DMAS has not completed all of the corrective action workplans to address the audit findings.	Risk Assessment completed. Policy and Procedures review actions are in place.	DMAS added more steps to the corrective action workplan by adding correction of the gaps identified in the Risk Assessments. Updates in the past addressed MMIS access. The current update addresses the 2-part process of reviewing MMIS access and COV access. DMAS provided more details on where the agency was in the process of updating policies.

COMMONWEALTH OF VIRGINIA Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken

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.

COMMONWEALTH OF VIRGINIA Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
								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) 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.			
2014	44	2014-027	Correct Operating Environment and Security Issues Identified by their Security Compliance Audit ⁽²⁾	Medicaid Cluster	-	DMAS	See Finding Number 2015-068				
2015	93	2015-089	Record Accurate Time and Effort Reporting ⁽²⁾	93.940	-	VDH	Corrective action is ongoing	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.	Corrective Action has not been completed.	The new T&E verification process was implemented in July 2016. We are updating our procedures based on some feedback received and necessary modifications will be implemented. 75% of the modifications have been documented. Supervisor training will be scheduled by October 15th. We anticipate full implementation by all staff no later than January 1, 2017.	None
2015	116	2015-107	Enter into Contracts Using Required Procurement Principles	93.509	\$44,000	VHWD A	Resolved - corrective action is completed				
2014	164	2014-100	Evaluate Existing Contracts Using Required Procurement Principles	93.509	\$64,185	VHWD A	See Finding Number 2015-107				

COMMONWEALTH OF VIRGINIA											
Summary Schedule of Prior Audit Findings											
For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
2015	117	2015-108	Continue Addressing Weaknesses from the 2014 IRS Safeguard Review	93.563	-	DSS	Corrective action is ongoing	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. Action on this recommendation will be ongoing; the IRS Audit is scheduled for the Fall of 2016.	Corrective Action has not been completed.	The next IRS CAP coincides with the triennial compliance inspection in November. ISRM Safeguards team is currently working with DCSE, Benefit Programs, and Local Offices to coordinate the pre-inspection questionnaires. Work regarding this finding continues.	None
2015	118	2015-109	Issue Management Decisions for Subrecipients	93.959	-	DBHDS	Resolved - corrective action is completed				
2014	63	2014-039	Improve Access Reviews of the Medicaid Management Information System ⁽²⁾	Medicaid Cluster	-	DMAS	Resolved - corrective action is completed				
2013	98	2013-002	Improve Access Management to the Medicaid Management Information System ⁽²⁾	Medicaid Cluster	-	DMAS	See Finding Number 2014-039				
2014	75	2014-046	Review User Accounts and Privileges for Mission Critical Systems ⁽²⁾	93.568	-	DSS	Resolved - corrective action is completed				
2013	99	2013-004	Review User Accounts and Privileges for Mission Critical Systems ⁽²⁾	93.563	-	DSS	See Finding Number 2014-046				
2013	99	2013-029	Automate an Eligibility Control ⁽²⁾	Medicaid Cluster	-	DSS	Corrective action is ongoing	DSS is in the process of identifying the specific changes needed in order to have EDBC to be run automatically. Once the comprehensive list is finalized, it will be forwarded to the Enterprise Delivery Systems Program Office (EDSPO) to be included in a future VaCMS release.	Corrective Action has not been completed.	Action on this issue remains underway. The Phase II deployment is in process and lessons learned from the SNAP Pilot have been incorporated into the next VaCMS releases.	None

COMMONWEALTH OF VIRGINIA Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
U. S. Department of Labor											
2015	13	2015-004	Improve Database Security ⁽²⁾	17.225	-	VEC	Corrective action is ongoing	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.	Corrective Action has not been completed.	With a new contractor on site the patches and security controls are being remediated following a proper change management procedure.	None
2015	39	2015-036	Document Separation of Duty Conflicts for Mission Critical Systems ⁽²⁾	17.225	-	VEC	Corrective action is ongoing	Separation of duties conflicts will be identified within the security plan for each sensitive IT system and an application security matrix will be created to determine separation of duty conflicts that result from access levels across multiple applications.	There are resource limitations, and everything cannot be completed at once. A fully compliant information security program will take additional time.	None	None
2014	14	2014-003	Maintain Oversight Over the Information Security Program ⁽²⁾	17.225	-	VEC	See Finding Number 2015-036				
2015	44	2015-040	Continue Improving Oversight over IT Risk Assessments and Security Audits ⁽²⁾	17.225	-	VEC	Corrective action is ongoing	The completion of some risks assessments and security plans for sensitive IT systems are 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 2 – 3 years to complete.	There are resource limitations, and everything cannot be completed at once. A fully compliant information security program will take additional time.	A risk assessment for the VTOP application has been completed and an information security audit for the VUIS-Tax application is close to the end. The VEC Data and System Sensitivity Classification process was completed on September 30, 2016. A new risk assessment and information security audit plan will be created by the end of October 2016.	More risk assessments and information security audits will take place next year.
2014	14	2014-003	Maintain Oversight Over the Information Security Program ⁽²⁾	17.225	-	VEC	See Finding Number 2015-040				

COMMONWEALTH OF VIRGINIA Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
2015	50	2015-046	Continue to Effectively Allocate Resources to Reduce IT Security Risk ⁽²⁾	17.225	-	VEC	Corrective action is ongoing	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.	VEC has resource limitations, everything cannot be completed at once. It takes a long time to create a fully compliant information security program from the ground up.	Information Security Manual has been created, approved, and sent out to all VEC staff. New Acceptable Use Policy has been created, approved, and sent out to all VEC staff. A new information security awareness and training program offered and taken by all VEC staff through SANS Securing the Human. The VEC BIA has been updated several times due to reviews by VITA and is currently in review from the last submission on September 28, 2016. Data and System Sensitivity Classification process completed on September 30, 2016. The IT Security Audit on VUIS-Tax is coming to an end. The VEC SSR has been submitted for IRS review and VEC is expecting an answer by the end of October 2016.	None
2014	12	2014-001	Allocate Adequate Resources to Reduce IT Security Risk ⁽²⁾	17.225	-	VEC	See Finding Number 2015-046				

COMMONWEALTH OF VIRGINIA Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
2015	62	2015-057	Obtain Approval to Use End-of-Life Operating Systems ⁽²⁾	17.225	-	VEC	Corrective action is ongoing	The VEC has a limited number of machines with end-of-life systems that still exist in the network and the remaining machines are scheduled for replacement. On January 12, 2016 VEC received a 60-day exception for use of end-of-life servers. VEC was given this exception to come up with a project plan to replace or decommission the servers. VEC has submitted decommission tickets on the two servers and expect them to be decommissioned soon.	Corrective Action has not been completed.	The agency has addressed the servers identified during the FY2015 audit and we continue to address the administrative consoles that we have subsequently identified. Furthermore, the agency is conducting an enterprise-wide assessment of the infrastructure and will be seeking the necessary exceptions within the next 60 days.	None
2015	65	2015-060	Maintain Oversight over Third-Party Service Providers ⁽²⁾	17.225	-	VEC	Corrective action is ongoing	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.	VEC has resource limitations, everything cannot be completed at once. It takes a long time to create a fully compliant information security program from the ground up.	All contracts and agreements state that the third party provider must be in compliance with SEC525, SEC501, and SEC519.	None
2014	14	2014-003	Maintain Oversight Over the Information Security Program ⁽²⁾	17.225	-	VEC	See Finding Number 2015-060				
2015	68	2015-063	Continue to Improve Physical and Environmental Security ⁽²⁾	17.225	-	VEC	Corrective action is ongoing	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.	There are resource limitations, and everything cannot be completed at once. A fully compliant information security program will take additional time.	The server racks within the VEC data center remain locked at all times, and there is a limited amount of people who have those keys. A data center access review occurred, but the identified actions still need to occur.	The agency has made progress, but additional work remains. VEC is currently procuring a test data management program that will remove sensitive data from our data center that will further address deficiencies.
2014	14	2014-003	Maintain Oversight Over the Information Security Program ⁽²⁾	17.225	-	VEC	See Finding Number 2015-063				

COMMONWEALTH OF VIRGINIA											
Summary Schedule of Prior Audit Findings											
For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
2015	74	2015-069	Confirm VABS is calculating Maximum Benefit Amount Consistently for All Claimants ⁽²⁾	17.225	-	VEC	Corrective action is ongoing	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 with 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.	This issue required many manual, labor intensive efforts to bring to completion. VEC was not able to complete all work within the previous year.	An automated solution allowed for the correction of the majority of the claim issues. The few remaining required manual review and correction.	None
2014	117	2014-070	Confirm VABS is Calculating Maximum Benefit Amount Consistently for All Claimants ⁽²⁾	17.225	\$14,000	VEC	See Finding Number 2015-069				
2015	75	2015-070	Withhold Child Support Obligations from Benefit Adjustment Payments ⁽²⁾	17.225	-	VEC	Corrective action is ongoing	An automated report was created to ensure accuracy of child support withholdings. No new errors have been detected to date. An Application Change/Enhancement Request Ticket was submitted and completed 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.	In order to consider this finding complete VEC is having to rely on IT resources that are limited at this time.	Programming is being completed and will then be tested.	None
2014	118	2014-071	Withhold Child Support Obligations from Benefit Adjustment ⁽²⁾	17.225	\$937.20	VEC	See Finding Number 2015-070				

COMMONWEALTH OF VIRGINIA											
Summary Schedule of Prior Audit Findings											
For the Year Ended June 30, 2016											
Fiscal Year	Page Number	Finding Number	Title of Finding	CFDA Number	Questioned Costs	State Agency	Current Status	Corrective Action and Applicable Deliverables	For Previous Findings Not Corrected or Partially Corrected		
									Reason for Recurrence	Corrective Action Taken to Date	Significant Differences Between Previously Reported Corrective Action and Actual Corrective Action Taken
2015	119	2015-110	Strengthen Process for Monitoring Automated Reports Supporting Timesheet Approvals	17.225	-	VEC	Corrective action is ongoing	VEC is 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 card.	Although management considered their actions to address this APA finding "complete", we are leaving this finding open in our tracking System until the APA completes their FY2016 review.	The change to FMS Production has been made and retested and we have confirmed that an individual cannot approve their own time sheet in OTL/FMS. We continue to monitor the approval and "proxy" process. Although management considered their actions to address this APA finding "complete", we are leaving this finding open in our tracking System until the APA completes their FY2016 review.	None
2014	16	2014-004	Upgrade Unsupported and Vulnerable Operating Systems ⁽²⁾	17.225	-	VEC	Resolved - corrective action is completed				
U. S. Department of Transportation											
2014	167	2014-102	Improve Controls over Sub-recipient Monitoring	Highway Planning and Construction Cluster	-	VDOT	Resolved - corrective action is completed				
2013	102	2013-067	Improve Controls over Sub-recipient Monitoring	Various	-	VDOT	See Finding Number 2014-102				

(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 Audit Findings."

COMMONWEALTH OF VIRGINIA
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2016

Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
U.S. DEPARTMENT OF AGRICULTURE					
Non-Stimulus:					
Agricultural Research - Basic and Applied Research	10.001		67,348		
Plant and Animal Disease, Pest Control, and Animal Care	10.025		1,252,183		
Wildlife Services	10.028		18,377		
Federal-State Marketing Improvement Program	10.156		17,978		4,665
Market Protection and Promotion	10.163		4,803		
Specialty Crop Block Grant Program - Farm Bill	10.170		3,888		
Organic Certification Cost Share Programs	10.171		56,923		
Local Food Promotion Program	10.172		28,000		
Grants for Agricultural Research, Special Research Grants	10.200		180,531		
<i>Pass-Through From Auburn University</i>	10.200			16,570	
<i>Pass-Through From University of Florida</i>	10.200			9,000	
<i>Pass-Through From University of Washington</i>	10.200			1,253	
Sustainable Agriculture Research and Education	10.215				
<i>Pass-Through From Southern Sustainable Agriculture Research and Education</i>	10.215			18,552	
<i>Pass-Through From University of Georgia</i>	10.215			25,360	
1890 Institution Capacity Building Grants	10.216		1,160		
Higher Education Challenge Grants	10.217		185,159		111,500
Agricultural and Rural Economic Research, Cooperative Agreements and Collaborations	10.250		95,040		
Homeland Security-Agricultural	10.304				
<i>Pass-Through From University of Florida</i>	10.304			25,647	
Specialty Crop Research Initiative	10.309				
<i>Pass-Through From Cornell University</i>	10.309			4,120	
Agriculture and Food Research Initiative (AFRI)	10.310		33,550		8,555
<i>Pass-Through From University of Tennessee</i>	10.310			66,767	
Beginning Farmer and Rancher Development Program	10.311		276,773		64,609
National Food Safety Training, Education, Extension, Outreach, and Technical Assistance					
Competitive Grants Program	10.328				
<i>Pass-Through From University of Florida</i>	10.328			1,618	
Crop Protection and Pest Management Competitive Grants Program	10.329		287,612		
Rural Business Development Grant	10.351		166,472		
Rural Community Development Initiative	10.446		18,180		18,180
Cooperative Agreements with States for Intrastate Meat and Poultry Inspection	10.475		1,836,486		
Cooperative Extension Service	10.500		13,484,464		124,943
<i>Pass-Through From Kansas State University</i>	10.500			86,271	
<i>Pass-Through From Michigan State University</i>	10.500			125,981	
<i>Pass-Through From NC State University</i>	10.500			495	
<i>Pass-Through From Penn State University</i>	10.500			841	
<i>Pass-Through From University of Arkansas Cooperative Extension Service</i>	10.500			26,754	
<i>Pass-Through From University of Arkansas, Fayetteville</i>	10.500			32,239	
<i>Pass-Through From University of Georgia</i>	10.500			300	
<i>Pass-Through From University of Illinois</i>	10.500			316,478	
Food Donation	10.550				
<i>Pass-Through From Virginia Local Governments</i>	10.550			8,936	
Special Supplemental Nutrition Program for Women, Infants, and Children	10.557		87,824,401		4,032,616
Child and Adult Care Food Program	10.558		48,088,779		47,383,297
State Administrative Expenses for Child Nutrition	10.560		4,479,397		
WIC Farmers' Market Nutrition Program (FMNP)	10.572		21,128		
Senior Farmers Market Nutrition Program	10.576		438,505		3,622
WIC Grants To States(WGS)	10.578		233,052		
Child Nutrition Discretionary Grants Limited Availability	10.579		813,093		669,758
Fresh Fruit and Vegetable Program	10.582		3,635,668		3,635,668
Pilot Projects to Reduce Dependency and Increase Work Requirements and Work Effort under SNAP	10.596		1,485,913		96,538
Cooperative Forestry Assistance	10.664		3,797,640		761,584
<i>Pass-Through From Center for Natural Capital</i>	10.664			34	
<i>Pass-Through From Kentucky Division Of Forestry</i>	10.664			37,783	
<i>Pass-Through From North Carolina Division of Forest Resources</i>	10.664			28,140	
Forest Products Lab: Technology Marketing Unit (TMU)	10.674		105,444		
Forest Stewardship Program	10.678		355,567		30,284
Forest Health Protection	10.680		749,070		
Wood Education and Resource Center	10.681		1,024		
Soil and Water Conservation	10.902		42,603		
Environmental Quality Incentives Program	10.912		231,614		
<i>Pass-Through From Appalachian Sustainable Development</i>	10.912			19,595	
Wildlife Habitat Incentive Program	10.914		7,110		
Regional Conservation Partnership Program	10.932		49,752		
Technical Agricultural Assistance	10.960		56,492		
Scientific Cooperation and Research	10.961		9,322		
Agricultural Statistics Service	10.U01		615		
Agricultural Statistics Service Surveys	10.U02		718		
Food Distribution - Salvage	10.U03		13,072		
Other Assistance	10.U04	13-CS-11330152-089	3,680		
Other Assistance	10.U05	15-CS-11330145-112	29,605		
Other Assistance	10.U06	PO# 4500060094	1,370		
Other Assistance	10.U07	RD2VA-14-02	27,512		

COMMONWEALTH OF VIRGINIA
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2016

Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
<i>Pass-Through From Mississippi State University</i>	10.U08	018000.340753.07		25,220	
Total Excluding Clusters Identified Below			170,517,073	877,954	56,945,819
Child Nutrition Cluster:					
School Breakfast Program	10.553		72,052,126		71,463,336
National School Lunch Program - ARRA	10.555		287,387,433		286,112,111
Summer Food Service Program for Children	10.559		11,569,087		11,123,952
Total Child Nutrition Cluster			371,008,646	-	368,699,399
Food Distribution Cluster:					
Commodity Supplemental Food Program	10.565		34,869		34,869
Emergency Food Assistance Program (Administrative Costs) - ARRA	10.568		1,961,719		
Emergency Food Assistance Program (Food Commodities)	10.569		10,335,696		10,306,234
Total Food Distribution Cluster			12,332,284	-	10,341,103
Forest Service Schools and Roads Cluster:					
Schools and Roads - Grants to States	10.665		1,419,045		1,419,045
Total Forest Service Schools and Roads Cluster:			1,419,045	-	1,419,045
SNAP Cluster:					
Supplemental Nutrition Assistance Program - ARRA	10.551		1,183,099,104		
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program - ARRA	10.561		109,575,074		80,240,695
Total SNAP Cluster			1,292,674,178	-	80,240,695
Research and Development Cluster:					
Agricultural Research - Basic and Applied Research	10.001		1,488,212		
Plant and Animal Disease, Pest Control, and Animal Care	10.025		885,445		20,488
<i>Pass-Through From Rutgers, The State University of New Jersey</i>	10.025			20,279	
Wildlife Services	10.028		34,826		
Federal-State Marketing Improvement Program	10.156		97,677		
Specialty Crop Block Grant Program - Farm Bill	10.170		419,484		19,467
Grants for Agricultural Research, Special Research Grants	10.200		81,463		8,890
<i>Pass-Through From Alabama Agricultural and Mechanical University</i>	10.200			9,972	
<i>Pass-Through From NC State University</i>	10.200			1,287	
<i>Pass-Through From University of Florida</i>	10.200			49,689	
<i>Pass-Through From University of Maine</i>	10.200			11,934	
<i>Pass-Through From Washington State University</i>	10.200			4,721	
Cooperative Forestry Research	10.202		875,823		
Payments to Agricultural Experiment Stations Under the Hatch Act	10.203		4,228,485		
Payments to 1890 Land-Grant Colleges and Tuskegee University	10.205		3,727,232		
Animal Health and Disease Research	10.207		25,522		
Food and Agricultural Sciences National Needs Graduate Fellowship Grants	10.210		3,048		
Sustainable Agriculture Research and Education	10.215		9,935		
<i>Pass-Through From University of Georgia</i>	10.215			197,309	
<i>Pass-Through From University of Kentucky</i>	10.215			2,632	
<i>Pass-Through From University of Rhode Island</i>	10.215			706	
1890 Institution Capacity Building Grants	10.216		823,632		41,708
<i>Pass-Through From North Carolina Agricultural and Technical State University</i>	10.216			15,154	
<i>Pass-Through From Tuskegee University</i>	10.216			12,828	
<i>Pass-Through From University of Maryland</i>	10.216			1,360	
Agricultural and Rural Economic Research, Cooperative Agreements and Collaborations	10.250		246,016		
Food Assistance and Nutrition Research Programs (FANRP)	10.253		73,695		
Agricultural Market and Economic Research	10.290		105,997		6,008
Integrated Programs	10.303		14,986		
Organic Agriculture Research and Extension Initiative	10.307				
<i>Pass-Through From Rutgers, The State University of New Jersey</i>	10.307			27,810	
<i>Pass-Through From West Virginia University</i>	10.307			8,443	
Specialty Crop Research Initiative	10.309		665,805		513,691
<i>Pass-Through From Clemson University</i>	10.309			339,819	
Agriculture and Food Research Initiative (AFRI)	10.310		8,124,771		2,591,418
<i>Pass-Through From Cornell University</i>	10.310			39,479	
<i>Pass-Through From Iowa State University</i>	10.310			119,413	
<i>Pass-Through From Kansas State University</i>	10.310			2,434	
<i>Pass-Through From Michigan State University</i>	10.310			38,482	
<i>Pass-Through From NC State University</i>	10.310			20,459	
<i>Pass-Through From Southern Illinois University</i>	10.310			405	
<i>Pass-Through From Temple University</i>	10.310			151,774	
<i>Pass-Through From The American Chestnut Foundation</i>	10.310			7,037	
<i>Pass-Through From University of Arkansas, Fayetteville</i>	10.310			135,534	
<i>Pass-Through From University of California, Davis</i>	10.310			3,442	
<i>Pass-Through From University of Delaware</i>	10.310			118,957	
<i>Pass-Through From University of Florida</i>	10.310			810,858	
<i>Pass-Through From University of Georgia Research Foundation Incorporated</i>	10.310			110,748	

COMMONWEALTH OF VIRGINIA
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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
<i>Pass-Through From University of Nebraska</i>	10.310			154,482	
<i>Pass-Through From University of Pennsylvania</i>	10.310			4,719	
Crop Protection and Pest Management Competitive Grants Program	10.329				
<i>Pass-Through From Rutgers, The State University of New Jersey</i>	10.329			436	
<i>Pass-Through From University of Maryland</i>	10.329			4,047	
Alfalfa and Forage Research Program	10.330		53,079		
Outreach and Assistance for Socially Disadvantaged Farmers and Ranchers	10.443		196,085		
Cooperative Extension Service	10.500		212,377		49,480
Forestry Research	10.652		526,889		
<i>Pass-Through From US Endowment For Forests & Communities</i>	10.652			36,629	
Cooperative Forestry Assistance	10.664		4,113		
<i>Pass-Through From US Endowment For Forests & Communities</i>	10.664			120,479	
Forest Products Lab: Technology Marketing Unit (TMU)	10.674		65,495		
Urban and Community Forestry Program	10.675		66,151		32,519
<i>Pass-Through From National Association of Regional Councils</i>	10.675			14,032	
Forest Health Protection	10.680		766,919		
Wood Education and Resource Center	10.681		25,458		10,915
Norman E. Borlaug International Agricultural Science and Technology Fellowship	10.777		53,353		
Soil and Water Conservation	10.902		198,916		
Environmental Quality Incentives Program	10.912		510,787		139,772
<i>Pass-Through From American Farmland Trust</i>	10.912			2,905	
<i>Pass-Through From Penn State University</i>	10.912			15,461	
Agricultural Statistics Reports	10.950		55,099		
Technical Agricultural Assistance	10.960		20,027		
Scientific Cooperation and Research	10.961		205		
Other Assistance:					
2014 Farm Bill Producer	10.RD		21,753		
Determining Scale Characteristics of Silvopasture in the US South	10.RD		5,946		
Enhancing Program Accessibility in Underserved Rural Communities	10.RD		75,000		
Placer River Trail Bridge	10.RD	15-CS-11100100-015 203535	36,779		
Other Assistance	10.RD	11-JV-11242305-130	170,391		
Other Assistance	10.RD	11-JV-11330152-104	30,210		
Other Assistance	10.RD	12-CA-11420004-069	14,651		
Other Assistance	10.RD	12-CA-11420004-070	10,079		
Other Assistance	10.RD	12-JV-11221636-127	1,600		
Other Assistance	10.RD	12-JV-11242303-036	956		
Other Assistance	10.RD	13-CA-11330134-090	2,016		
Other Assistance	10.RD	13-CA-11420004-061	17,860		17,860
Other Assistance	10.RD	13-DG-11132762-399	217,126		37,699
Other Assistance	10.RD	13-JV-11242301-080	11,765		
Other Assistance	10.RD	13-JV-11242309-057	6,355		
Other Assistance	10.RD	13-JV-11330145046	102,288		
Other Assistance	10.RD	13-JV-11330145-054	8,928		
Other Assistance	10.RD	13-JV-11330145-084	3,721		
Other Assistance	10.RD	14-CS-11330140-125	10,887		
Other Assistance	10.RD	14-CS-11330140-126	21,832		
Other Assistance	10.RD	14-JV-11330142-070	23,637		
Other Assistance	10.RD	14-JV-11330143-066	22,602		
Other Assistance	10.RD	14-JV-11330143-067	13,883		
Other Assistance	10.RD	14-JV-11330145-058	55,210		20,350
Other Assistance	10.RD	14-JV-11330145-108	1,011		
Other Assistance	10.RD	14-PA-11080821-006	745		
Other Assistance	10.RD	15-8130-0326-CA	14,226		
Other Assistance	10.RD	15-CS-11330140-124	595		
Other Assistance	10.RD	15-CS-11330140-125	21,670		
Other Assistance	10.RD	15-JV-11272139-027	96,583		
Other Assistance	10.RD	58-1235-3-128	385,539		
Other Assistance	10.RD	FS#12-JV-11261976-077	36,668		
Total Research and Development Cluster			26,129,519	2,616,155	3,510,265
Total U.S. Department of Agriculture			1,874,080,745	3,494,109	521,156,326

U.S. DEPARTMENT OF COMMERCE

Non-Stimulus:					
Cluster Grants	11.020		4,915		
Economic Development-Technical Assistance	11.303		106,649		
Interjurisdictional Fisheries Act of 1986	11.407		48,328		
Sea Grant Support	11.417		964,597		31,682
Coastal Zone Management Administration Awards	11.419		2,545,866		514,667
Coastal Zone Management Estuarine Research Reserves	11.420		436,279		
Marine Fisheries Initiative	11.433		125,179		
Cooperative Fishery Statistics	11.434		114,880		
Unallied Management Projects	11.454		794,274		
<i>Pass-Through From Chesapeake Bay Trust</i>	11.454			154	
Chesapeake Bay Studies	11.457		127,151		14,507
Unallied Science Program	11.472		324,788		
Atlantic Coastal Fisheries Cooperative Management Act	11.474		199,804		

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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
State and Local Implementation Grant Program	11.549		307,947		225,859
Manufacturing Extension Partnership	11.611		2,886,101		226,420
Other Assistance:					
Conference	11.U01	203203 203478	1,998		
Total Non-Stimulus			8,988,756	154	1,013,135
Stimulus (ARRA):					
Integrated Ocean Observing System (IOOS)	11.012				
<i>Pass-Through From Rutgers, the State University of New Jersey</i>	11.012			52,199	
Total Stimulus (ARRA)			-	52,199	-
Total Excluding Clusters Identified Below			8,988,756	52,353	1,013,135
Economic Development Cluster:					
Economic Adjustment Assistance - ARRA	11.307		19,061,069		
Total Economic Development Cluster:			19,061,069	-	-
Research and Development Cluster:					
Non-Stimulus:					
NOAA Mission-Related Education Awards	11.008		7,272		
<i>Pass-Through From Science Museum of Virginia Foundation</i>	11.008			25,965	
Integrated Ocean Observing System (IOOS)	11.012		7,480		
<i>Pass-Through From Southeastern University Research Association</i>	11.012			128,479	13,349
Sea Grant Support	11.417		1,551,305		174,510
<i>Pass-Through From Clark University</i>	11.417			23,855	
<i>Pass-Through From Southern Illinois University</i>	11.417			17,777	
Coastal Zone Management Administration Awards	11.419		696,457		56,014
<i>Pass-Through From State of Maryland Department of Natural Resources</i>	11.419			14,303	
Coastal Zone Management Estuarine Research Reserves	11.420		258,603		
Fisheries Development and Utilization Research and Development Grants and Cooperative					
Agreements Program	11.427		799,897		57,236
Climate and Atmospheric Research	11.431		1,826,145		40,858
National Oceanic and Atmospheric Administration (NOAA) Cooperative Institutes	11.432		50,245		
<i>Pass-Through From State Of Maryland</i>	11.432			370,459	
Marine Fisheries Initiative	11.433		29,602		
Environmental Sciences, Applications, Data, and Education	11.440		146,342		
Regional Fishery Management Councils	11.441				
<i>Pass-Through From Mid-Atlantic Fishery Council</i>	11.441			82,869	
Unallied Management Projects	11.454		463,275		
<i>Pass-Through From Atlantic States Marine Fisheries Commission</i>	11.454			1,110,354	535,120
<i>Pass-Through From University of Delaware</i>	11.454			11,976	
Chesapeake Bay Studies	11.457		452,888		
<i>Pass-Through From Chesapeake Research Consortium</i>	11.457			78,233	
<i>Pass-Through From University of Maryland</i>	11.457			7,147	
Habitat Conservation - ARRA	11.463		21,072		
<i>Pass-Through From National Fish and Wildlife Foundation</i>	11.463			6,241	
Meteorologic and Hydrologic Modernization Development	11.467				
<i>Pass-Through From Oregon Department of Geology and Mineral Industries</i>	11.467			9,448	
Applied Meteorological Research	11.468		186,471		
Congressionally Identified Awards and Projects	11.469		139,017		
Unallied Science Program	11.472		51,376		
<i>Pass-Through From University of Maryland</i>	11.472			1,753	
Atlantic Coastal Fisheries Cooperative Management Act	11.474		34,066		
<i>Pass-Through From Atlantic States Marine Fisheries Commission</i>	11.474			30,325	
Center for Sponsored Coastal Ocean Research-Coastal Ocean Program	11.478		27,175		
<i>Pass-Through From Texas Agricultural and Mechanical University</i>	11.478			18,084	
<i>Pass-Through From University of Rhode Island</i>	11.478			20,748	
Measurement and Engineering Research and Standards - ARRA	11.609		741,609		
<i>Pass-Through From Research Foundation of State University of New York at Binghamton</i>	11.609			133,493	
Arrangements for Interdisciplinary Research Infrastructure	11.619				
<i>Pass-Through From Iowa State University</i>	11.619			304,515	
Science, Technology, Business and/or Education Outreach	11.620		84,538		
Other Assistance:					
Calibration and Validation of Surface and Atmospheric Variables	11.RD	DG-133E-12-SE-2054 202740	10,427		
Learn, Prepare, Act Program	11.RD		2,285		
Satellite Data Reprocessing	11.RD	DG-133E-14-SE-3465 203343	11,390		
Other Assistance	11.RD	0080-FY15-PAY-0039-000	285,243		
<i>Pass-Through From Dakota Consulting, Incorporated</i>	11.RD	SB1341-12-CQ-0011 203375		21,246	
<i>Pass-Through From ERT, Incorporated</i>	11.RD	DG133E-12-CQ-0020 203714		56,115	
Total Non-Stimulus			7,884,180	2,473,385	877,087
Stimulus (ARRA):					
State Broadband Data and Development Grant Program - ARRA	11.558		2,870		

COMMONWEALTH OF VIRGINIA
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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
Total Stimulus (ARRA)			2,870	-	-
Total Research and Development Cluster			7,887,050	2,473,385	877,087
Total U.S. Department of Commerce			35,936,875	2,525,738	1,890,222
U.S. DEPARTMENT OF DEFENSE					
Non-Stimulus:					
Procurement Technical Assistance For Business Firms	12.002		793,311		
State Memorandum of Agreement Program for the Reimbursement of Technical Services	12.113		801,198		
Electronic Absentee Systems for Elections	12.217		22,310		
Basic and Applied Scientific Research	12.300		212,088		4,750
<i>Pass-Through From Business-Higher Education Forum</i>	12.300			3,354	
<i>Pass-Through From Mitre Corporation</i>	12.300			9,587	
<i>Pass-Through From University of Michigan - Ann Arbor</i>	12.300			165,028	
Science, Technology, Engineering & Mathematics (STEM) for K-12 & Institutions of Higher Learning-					
NAVY	12.330		10,055		
Navy Command, Control, Communications, Computers, Intelligence, Surveillance, and					
Reconnaissance	12.335		73,850		
ROTC Language and Culture Training Grants	12.357				
<i>Pass-Through From Institute of International Education</i>	12.357			400,538	
National Guard Military Operations and Maintenance (O&M) Projects - ARRA	12.401		41,303,001		
National Guard Challenge Program	12.404		4,167,774		
Basic Scientific Research - ARRA	12.431		13,441		
National Security Education Program David L. Boren Fellowships	12.552				
<i>Pass-Through From Institute of International Education</i>	12.552			334,786	
Community Economic Adjustment Assistance for Advance Planning and Economic Diversification	12.614		104,030		104,030
Economic Adjustment Assistance for State Governments	12.617		1,607,541		1,607,541
<i>Pass-Through From Department of Defense Office of Economic Adjustment</i>	12.617			3,303,875	2,716,728
Basic, Applied, and Advanced Research in Science and Engineering - ARRA	12.630		5,696,746		5,471,097
Uniformed Services University Medical Research Program	12.750				
<i>Pass-Through From Henry M. Jackson Foundation for the Advancement of Military Medicine</i>	12.750			140,248	
Language Grant Program	12.900		296,819		
Mathematical Sciences Grants Program	12.901		19,981		
Information Security Grant Program	12.902		46,025		
GenCyber Grants Program	12.903		13,553		
Other Assistance:					
Building Business Acumen	12.U01	2012-12090100002 202757 HU0001-14-D-E005 203291 203574 203575	254,798		
Enlisted to Medical Degree Preparation	12.U02	203617 203617	775,320		
Naval Surface Warfare Center	12.U03	#N00178-13-P-4475	3,477		
Negotiation Strategies Training	12.U04	SF 182 209738	8,482		
Saclant Symposium NATO Conference	12.U05		22		
<i>Pass-Through From BAE Systems Advanced Technologies</i>	12.U06	Army Data- W9113M-15-C-0018 203771 203772		37,998	20,200
<i>Pass-Through From BAE Systems Advanced Technologies</i>	12.U07	Mainstreet Mentor Prot,g, Program- H4M402-13-C-0034 203131 203132		6,616	
<i>Pass-Through From Battelle Memorial Institute</i>	12.U08	Mentor Prot,g, Agreement- N62473-11-D- 2228-3 203170 203171		1,038	
<i>Pass-Through From Chenega Technology Services Corporation</i>	12.U09	Mentor Prot,g, Program- HM177-10-R-0049 203692 203767		14,535	
<i>Pass-Through From Chenega Technology Services Corporation</i>	12.U10	See Beyond Data- HM047615C0043 203739		18,453	
<i>Pass-Through From Computer Sciences Corporation</i>	12.U11	Mentor Prot,g, Project- HM017710C0008 203477		93,508	64,200
<i>Pass-Through From Dwight D. Eisenhower Memorial Commission</i>	12.U12	Educational Resource Development- 203501 Mentor Prot,g, Project- HM0177-HM0476		32,478	
<i>Pass-Through From Hewlett Packard Corporation</i>	12.U13	203690 203723		87,165	
<i>Pass-Through From Historically Black Colleges Michigan Project Office Incorporated</i>	12.U14	Mentor Prot,g, Internship Project 203479		1,365	
<i>Pass-Through From Honeywell International Incorporated</i>	12.U15	Nationwide Weather Radio 203625		36,754	
<i>Pass-Through From Institute of International Education</i>	12.U16	PO 2603-VTECH-23-GO-015-PO1		58,600	
<i>Pass-Through From International Business Machines</i>	12.U17	Mentor Prot,g, Program 203738		887	
<i>Pass-Through From L-3 National Security Solutions, Incorporated</i>	12.U18	Cyberspace Solutions- H98230-12-C-0044 203512		43,578	
<i>Pass-Through From Leidos Incorporated</i>	12.U19	Mentor Prot,g, Program- 202815 202827 203205 203401 203474 203778		228,743	
<i>Pass-Through From Lockheed Martin Integrated Systems</i>	12.U20	Mentor Prot,g, Program- W9113M-15-C- 0003 203741 203741		20,846	13,275
<i>Pass-Through From Par Government Systems Corp</i>	12.U21	Degree Program- W911QY-13-D-0100 203615 203616		307,428	56,920
<i>Pass-Through From Raytheon Systems</i>	12.U22	Technologies- FA7014-13-C-1008 203161 203162 203435		43,517	43,517
<i>Pass-Through From Thomas and Herbert Consulting, Limited Liability Company</i>	12.U23	Mentor Prot,g, Project- HM0476-15-C-0026 203761		180	

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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
Total Excluding Clusters Identified Below			56,223,822	5,391,105	10,102,258
Research and Development Cluster:					
Procurement Technical Assistance For Business Firms	12.002				
<i>Pass-Through From LMI</i>	12.002			58,585	
Aquatic Plant Control	12.100				
<i>Pass-Through From BAE Systems NA, Incorporated</i>	12.100			109	
<i>Pass-Through From EA Engineering Science & Technology</i>	12.100			1,234	
<i>Pass-Through From GSI Environmental</i>	12.100			30,683	
Flood Control Projects	12.106				
<i>Pass-Through From Furgro Fuller Eustis Burns Joint Venture Limited Liability Corporation</i>	12.106			95,608	
<i>Pass-Through From Intermodal Logistics Consulting Incorporated</i>	12.106			108,468	
Estuary Habitat Restoration Program	12.130		170,042		
Basic and Applied Scientific Research	12.300		14,546,002		2,074,851
<i>Pass-Through From Advanced Scientific Concepts Incorporated</i>	12.300			920	
<i>Pass-Through From Aerospace Testing Alliance</i>	12.300			2,000	
<i>Pass-Through From Applied Research Associates Incorporated</i>	12.300			385,419	
<i>Pass-Through From Applied University Research Incorporated</i>	12.300			26,550	
<i>Pass-Through From Asea Brown Boveri Power Transmission & Distribution Company Incorporated</i>	12.300			65,190	
<i>Pass-Through From Berrie Hill Research Corporation</i>	12.300			156,546	
<i>Pass-Through From Business Higher Education Forum</i>	12.300			1,800	
<i>Pass-Through From Cortana Corporation</i>	12.300			174,983	
<i>Pass-Through From Geon Technologies Limited Liability Corporation</i>	12.300			21,382	
<i>Pass-Through From ITT Industries, Incorporated</i>	12.300			63,104	
<i>Pass-Through From Jensen Hughes Incorporated</i>	12.300			42,934	
<i>Pass-Through From KMS Solutions Limited Liability Corporation</i>	12.300			15,000	
<i>Pass-Through From Lockheed Martin Corporation</i>	12.300			48,061	
<i>Pass-Through From Los Alamos National Laboratory</i>	12.300			21,037	
<i>Pass-Through From MacAulay-Brown Incorporated</i>	12.300			471,579	
<i>Pass-Through From NanoSonic Incorporated</i>	12.300			32,673	
<i>Pass-Through From Noise Control Engineering Limited Liability Corporation</i>	12.300			20,801	
<i>Pass-Through From North Carolina State University</i>	12.300			119,119	
<i>Pass-Through From Northrop Grumman Corporation</i>	12.300			27,803	
<i>Pass-Through From Northwestern University</i>	12.300			247,159	
<i>Pass-Through From Royal Institute of Technology</i>	12.300			111,810	
<i>Pass-Through From Science & Engineering Services Limited Liability Corporation</i>	12.300			316,995	
<i>Pass-Through From Simpson Weather Associates, Incorporated</i>	12.300			33,264	
<i>Pass-Through From SMD Corporation</i>	12.300			104,732	
<i>Pass-Through From Spectral Energies Limited Liability Corporation</i>	12.300			541	
<i>Pass-Through From Stevens Institute of Technology</i>	12.300			20,570	
<i>Pass-Through From Techulon Incorporated</i>	12.300			1,888	
<i>Pass-Through From TORC Robotics, Incorporated</i>	12.300			903	
<i>Pass-Through From Universal Technology Corporation</i>	12.300			40,627	
<i>Pass-Through From University of California, Santa Barbara</i>	12.300			68,127	
<i>Pass-Through From University of Maryland</i>	12.300			400,973	
<i>Pass-Through From University of Michigan - Ann Arbor</i>	12.300			219,809	
<i>Pass-Through From University of Notre Dame</i>	12.300			71,275	
<i>Pass-Through From University of Pennsylvania</i>	12.300			6,436	
<i>Pass-Through From University of Richmond</i>	12.300			21,013	
<i>Pass-Through From Vencore</i>	12.300			79	
NAVY	12.330		647,593		78,240
Naval Medical Research and Development	12.340				
<i>Pass-Through From Henry M. Jackson Foundation</i>	12.340			25,790	
Basic Scientific Research - Combating Weapons of Mass Destruction	12.351		2,198,131		937,295
<i>Pass-Through From University of Maryland</i>	12.351			108,056	
Military Medical Research and Development	12.420		15,260,414		6,306,867
<i>Pass-Through From American College of Radiology Imaging Network</i>	12.420			30,000	
<i>Pass-Through From Henry M. Jackson Foundation for the Advancement of Military Medicine</i>	12.420			58,299	
<i>Pass-Through From Indiana University</i>	12.420			35,105	
<i>Pass-Through From Johns Hopkins University</i>	12.420			19,236	
<i>Pass-Through From Massachusetts Institute of Technology</i>	12.420			31,605	
<i>Pass-Through From Michigan State University</i>	12.420			7,282	
<i>Pass-Through From University of California San Francisco</i>	12.420			19,733	
<i>Pass-Through From University of Colorado</i>	12.420			72,267	
<i>Pass-Through From University of Michigan</i>	12.420			46,285	
<i>Pass-Through From University of Michigan - Ann Arbor</i>	12.420			42,995	
<i>Pass-Through From University of North Carolina at Chapel Hill</i>	12.420			27,396	
<i>Pass-Through From University of Texas at San Antonio</i>	12.420			23,833	
<i>Pass-Through From Veterans Affairs Foundation Detroit</i>	12.420			25,023	
<i>Pass-Through From Laureate Institute for Brain Research</i>	12.420			81,872	
<i>Pass-Through From The Medical College of Wisconsin</i>	12.420			150,262	
<i>Pass-Through From University of Pittsburgh</i>	12.420			146,025	
<i>Pass-Through From Wake Forest University Health Sciences</i>	12.420			231,491	

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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
Basic Scientific Research - ARRA	12.431		6,859,805		1,628,835
<i>Pass-Through From Duke University</i>	12.431			183,058	
<i>Pass-Through From General Dynamics Land Systems</i>	12.431			65,660	
<i>Pass-Through From General Technical Services Limited Liability Corporation</i>	12.431			7,827	
<i>Pass-Through From Mississippi State University</i>	12.431			54,363	
<i>Pass-Through From Pennsylvania State University</i>	12.431			73,813	
<i>Pass-Through From The University of Texas at Austin</i>	12.431			42,146	
<i>Pass-Through From University of Connecticut</i>	12.431			14,351	
<i>Pass-Through From University of North Carolina, Chapel Hill</i>	12.431			23,800	
Centers for Academic Excellence	12.598				
<i>Pass-Through From Signature Science, Limited Liability Company</i>	12.598			115,438	
Special Assistance	12.600		336		
Basic, Applied, and Advanced Research in Science and Engineering - ARRA	12.630		2,894,246		
<i>Pass-Through From Academy of Applied Science</i>	12.630			9,500	
<i>Pass-Through From Dubac Cox Shumaker Corporation</i>	12.630			6,268	
<i>Pass-Through From Soar Technologies</i>	12.630			163,342	
Legacy Resource Management Program	12.632		2,458		
Uniformed Services University Medical Research Program	12.750				
<i>Pass-Through From Henry M. Jackson Foundation for the Advancement of Military Medicine</i>	12.750			754,749	
<i>Pass-Through From The Geneva Foundation</i>	12.750			45,102	
Air Force Defense Research Sciences Program	12.800		10,113,954		2,350,483
<i>Pass-Through From Carnegie Mellon University</i>	12.800			103,377	
<i>Pass-Through From Columbia University</i>	12.800			89,482	
<i>Pass-Through From Echo Ridge Limited Liability Corporation</i>	12.800			14,885	
<i>Pass-Through From Griffiss Institute</i>	12.800			491,440	
<i>Pass-Through From Lockheed Martin Corporation</i>	12.800			340,205	
<i>Pass-Through From Ohio State University</i>	12.800			156,122	
<i>Pass-Through From Pennsylvania State University</i>	12.800			61,636	
<i>Pass-Through From SA Photonics Limited Liability Corporation</i>	12.800			3,453	
<i>Pass-Through From Shared Spectrum Company</i>	12.800			57,512	
<i>Pass-Through From Universal Technology Corporation</i>	12.800			139,539	
<i>Pass-Through From University of Arizona</i>	12.800			7,341	
<i>Pass-Through From University of Pittsburgh</i>	12.800			69,521	
<i>Pass-Through From University of Utah</i>	12.800			118,552	
<i>Pass-Through From Wright State University</i>	12.800			1,000	
<i>Pass-Through From Wyle Aerospace Group</i>	12.800			430,497	
<i>Pass-Through From Yale University</i>	12.800			167,625	
Mathematical Sciences Grants Program	12.901		48,415		
Information Security Grant Program	12.902		127,165		
Research and Technology Development	12.910		5,732,784		1,761,039
<i>Pass-Through From California Institute of Technology</i>	12.910			59,489	
<i>Pass-Through From Luna Innovations, Incorporated</i>	12.910			29,980	
<i>Pass-Through From Millennium Space Systems</i>	12.910			24,117	
<i>Pass-Through From University of California, Santa Barbara</i>	12.910			121,661	
<i>Pass-Through From University of Delaware</i>	12.910			56,551	
<i>Pass-Through From University of Michigan - Ann Arbor</i>	12.910			193,863	
<i>Pass-Through From Vencore Labs Incorporated</i>	12.910			5,395	
Other Assistance					
Artificial Market Oriented Approaches for Problem Decomposition	12.RD	NRO00014-C-0030 203172	104,284		
Artificial Market Oriented Approaches for Problem Decomposition	12.RD	NRO00014-C-0030 203724	178,216		
Assessing the Value of Neo-Geographic Information	12.RD	W9132V-11-P-0011 202369	91,365		
Atomistic Modeling and Simulations of Immiscible Alloy Systems	12.RD	W911QX-14-P-0155 203232	551		
Developing Narrative Intelligence to Support General Goal Reasoning in Autonomous Actors	12.RD	N00173-15-P-3190 203584	29,005		
Higher Education Initiative	12.RD	HS HQDC-12-C-00109D 203537	5,882		
History of Norfolk District	12.RD	Contract #W91236-14-C0052	125,680		
Host Response to Pathogens through Intracellular and Intercellular Signaling	12.RD	W81XWH-15-P-0098 203446	74,384		
Host Response to Pathogens through Intracellular and Intercellular Signaling	12.RD	W81XWH-15-P-0098 203766	54,701		
Logical Vanishability to Prevent Reverse Engineering	12.RD	FA8650-15-C-7569 203705	192,100		47,306
Massive Spatiotemporal Datasets	12.RD	W9132V-12-C-0006 202843	60,603		12,330
OBLIGATION # IPA DR. BRANDON	12.RD		53,671		
Personalized Medicine for Prostate Cancer	12.RD	W81XWH-13-1-0329 203096	64,942		
Secure Indirection Networks	12.RD	HR0011-16-C-0055 203809	83,615		
Security Vulnerabilities in Mobile Applications	12.RD	2013-1307071200003 203053	68,864		57,051
Situational Strength Process Model	12.RD	W5J9CQ-12-C-0036 202785	114,873		43,665
Spatiotemporal Neighborhoods in Human Terrain	12.RD	W9132V-12-C-0003 202784	82,863		
Translational Peptide Research for Personal Protection	12.RD	HDTRA1-12-C-0039 202590	1,124,024		
Translational Peptide Research for Personal Protection	12.RD	HDTRA1-12-C-0039 203789	353,781		
Understanding Network Socio-Geographic Dynamics	12.RD	W15QKN-13-C-0090 203106	93,174		60,613
Understanding Network Socio-Geographic Dynamics	12.RD	W15QKN-13-C-0090 203701	71,825		44,012
Uniformed Services University	12.RD	HT9404-13-1-TS05(N13-P01)	790		
Other Assistance	12.RD	12-C-0378 - CLIN 0006	861,556		7,232
Other Assistance	12.RD	2015	2,290,970		
Other Assistance	12.RD	ED WALTZ IPA EXECUTED 6-12-14	286,650		
Other Assistance	12.RD	FA9550-11-1-0313	35,807		35,807
Other Assistance	12.RD	HDTRA 1-11-D-0016/0003	410,626		
Other Assistance	12.RD	HDTRA1-11-D-0016/0001	3,524,009		
Other Assistance	12.RD	HDTRA1-11-D-0016/0004	418,035		
Other Assistance	12.RD	N00178-13-D-1013/0011	680,761		465,437

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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
Other Assistance	12.RD	N00178-13-D-1031/0010	345,645		
Other Assistance	12.RD	N40080-15-2-0005	53,086		
Other Assistance	12.RD	N62306-15-P-A022	27,827		
Other Assistance	12.RD	US GOVT (07-C-0378)	1,072,167		31,927
Other Assistance	12.RD	W81XWH-11-2-0187	162,575		16,505
Other Assistance	12.RD	W9132T-16-2-0006	20,509		
Other Assistance	12.RD	W91CRB-13-C-0048	254,790		
Pass-Through From Ahmic Aerospace Limited Liability Corporation	12.RD	AT-22882		2,004	
Pass-Through From Alion Science and Technology Corporation	12.RD	FA4600-06-D-0003 203638		1,048,973	188,388
Pass-Through From AVID Limited Liability Corporation	12.RD	AVIDW15QKN14C0046VT		79,771	
Pass-Through From Battelle	12.RD	435582		170,865	
Pass-Through From Berkeley Research Associates, Incorporated	12.RD	N00173-10-C-2047 202352		28,147	
Pass-Through From CACI International Incorporated	12.RD	P000013304		316,172	
Pass-Through From Carnegie Mellon University	12.RD	H98230-14-C-0140 203279		10,005	
Pass-Through From CDM Smith	12.RD	AGMT SIGNED 02/19/15 AT-23139		7,824	
Pass-Through From Ceres Nanosciences, Incorporated	12.RD	203743		5,119	
Pass-Through From Columbia University	12.RD	FA8650-11-C-7190 202527		55,525	
Pass-Through From Creare Limited Liability Corporation	12.RD	71805		64,495	
Pass-Through From Cycorp, Incorporated	12.RD	HQ0147-13-C-7701 203070		20,700	
Pass-Through From Echo Ridge Limited Liability Company	12.RD	FA9453-15-M-0512 203593		29,997	
Pass-Through From EOIR Technologies	12.RD	DOTC-13-01-INIT336 203569		135,448	
Pass-Through From EOIR Technologies	12.RD	DOTC-14-01-INIT336 203571		5,321	
Pass-Through From Exelis Visual Information Solutions	12.RD	203455		83,700	
Pass-Through From Exelis Visual Information Solutions	12.RD	N00173-12-D-2023 203708		1,882	
Pass-Through From ExoAnalytic Solutions, Incorporated	12.RD	HQ0147-13-C-7710 203228		198,529	
Pass-Through From Galois Incorporated	12.RD	N66001-15-C-4070 203721		12,311	
Pass-Through From Innovative Decisions, Incorporated	12.RD	203811		36,418	
Pass-Through From Inova Healthcare	12.RD	203057		6,761	
Pass-Through From Intelligent Fusion Technology, Incorporated	12.RD	203470		24,165	
Pass-Through From Intelligent Fusion Technology, Incorporated	12.RD	FA9453-15-C-0401 203591		81,022	
Pass-Through From Iowa State University	12.RD	130186		38,240	
Pass-Through From Iowa State University	12.RD	130186-PERIOD 2		30,236	
Pass-Through From Johns Hopkins University	12.RD	124205		83,271	
Pass-Through From L-3 National Security Solutions Incorporated	12.RD	2015-SC-4-0047		404,346	
Pass-Through From LM Enterprise Business Services	12.RD	4100518489		137,824	
Pass-Through From Lowell Digisonde International	12.RD	FA8650-16-C-9104 203748		11,996	
Pass-Through From Mantech Systems Engineering	12.RD	203306 203704		26,694	
Pass-Through From Massachusetts Institute of Technology	12.RD	MIT PO 7000187122 - FA8721-050C-0002		5,363	
Pass-Through From McQ, Incorporated	12.RD	HQ0147-15-C-7223 203578		62,621	
Pass-Through From Millennium Space Systems	12.RD	SHD0001-006		435,244	
Pass-Through From Millennium Space Systems	12.RD	SHD0001-008		146,024	
Pass-Through From NanoSonic Incorporated	12.RD	A-0042		49,596	
Pass-Through From NextGen Aeronautics Incorporated	12.RD	PO 14-09		261,886	
Pass-Through From Northrop Grumman Corporation	12.RD	7500124898		18,543	
Pass-Through From Northrop Grumman Corporation	12.RD	7500133668		50,731	
Pass-Through From ObjectVideo Incorporated	12.RD	FA8650-12-C-7212 203285 203547		92,581	
Pass-Through From Opto-Knowledge Systems Incorporated	12.RD	HQ0147-16-C-7601 203835		3,380	
Pass-Through From Par Government Systems Corporation	12.RD	W911QY-13-D-0100 203467 203615		41,514	
Pass-Through From Paragon NanoLabs, Incorporated	12.RD	W911NFSR 203012 203253 203405 203415			
Pass-Through From Perception Solutions, Incorporated	12.RD	203753		128,774	
Pass-Through From Power Fingerprinting, Incorporated	12.RD	N00014-13-C-0421 203572		18,414	
Pass-Through From Quanterion Solutions Incorporated	12.RD	FA8650-16-C-7621 203831		12,694	
Pass-Through From Research Triangle Institute	12.RD	FA8075-12-D-0001 203681		40,926	
Pass-Through From Rutgers University	12.RD	TO#3-312-0123589 WO T-4		13,133	
Pass-Through From Sandia Research Corporation	12.RD	W81XWH-13-C-0189 203600		32,305	
Pass-Through From Science & Engineering Services Limited Liability Corporation	12.RD	W911NF-14-C-0084 203422		85,331	
Pass-Through From Service Disabled Contracting Group, Incorporated	12.RD	R14SP00002		22,143	
Pass-Through From Sierra Nevada Corporation	12.RD			29,437	
Pass-Through From SMD Corporation	12.RD	FA8750-13-C-0057 203562		110,000	
Pass-Through From State Of Maryland	12.RD	AGREEMENT SIGNED 6/18/12		32,719	
Pass-Through From Strategic Analysis Incorporated	12.RD	N0000141310054 203400		225,446	
Pass-Through From Strategic Analysis Incorporated	12.RD	N00173-09-F-0237 203382		32,814	
Pass-Through From Strategic Analysis Incorporated	12.RD	N00173-14-F-0237 203822		95,802	
Pass-Through From Tool Incorporated	12.RD	AGMT DATD 09/01/15		11,220	
Pass-Through From TORC Robotics, Incorporated	12.RD	AFR-03-101/VT-01		13,185	
Pass-Through From Uncharted Software Incorporated	12.RD	N41756-13-C-3058 203154		137,888	
Pass-Through From United States Civilian Research and Development	12.RD	HDTRA1-13-C-0108 203463		397	
Pass-Through From University of Maryland	12.RD	23600-29036104		103,500	
Pass-Through From VECTARE Limited Liability Company	12.RD	203457 203554 203776 203780 203844		225,553	
Pass-Through From Ventura Solutions	12.RD	PO 1044-10/TTO 1		16,057	
Pass-Through From Virginia Tech Applied Research Corporation	12.RD	TASK ORDER 0005		45,650	
Pass-Through From Webworld Technologies, Incorporated	12.RD	203449		107,124	
Total Research and Development Cluster			72,075,551	15,008,760	16,147,883

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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
Total U.S. Department of Defense			128,299,373	20,399,865	26,250,141
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT					
Non-Stimulus:					
Community Development Block Grants/State's Program and Non-Entitlement Grants in Hawaii	14.228		17,452,775		17,452,775
Emergency Shelter Grants Program	14.231		3,900,853		3,900,853
Supportive Housing Program	14.235		186,635		186,635
HOME Investment Partnerships Program	14.239		6,999,812		6,999,812
Housing Opportunities for Persons with AIDS	14.241		757,703		757,703
<i>Pass-Through From City of Richmond</i>	14.241			17,159	
Fair Housing Assistance Program-State and Local	14.401		176,963		
Historically Black Colleges and Universities Program	14.520		145,597		
Total Excluding Clusters Identified Below			29,620,338	17,159	29,297,778
CDBG Entitlement Grants Cluster:					
Community Development Block Grants/Entitlement Grants	14.218				
<i>Pass-Through From City of Harrisonburg</i>	14.218			9,445	
<i>Pass-Through From Richmond City</i>	14.218			88,647	
CDBG Entitlement Grants Cluster Total			-	98,092	-
CDBG Disaster Recovery Grants Cluster:					
National Resilient Disaster Recovery Competition	14.272		195		195
CDBG Disaster Recovery Grants Cluster Total			195	-	195
Total U.S. Department of Housing and Urban Development			29,620,533	115,251	29,297,973
U.S. DEPARTMENT OF THE INTERIOR					
Non-Stimulus:					
Hurricane Sandy Disaster Relief -Coastal Resiliency Grants	15.153		31,250		
<i>Pass-Through From The Nature Conservancy</i>	15.153			134,375	
Regulation of Surface Coal Mining and Surface Effects of Underground Coal Mining	15.250		3,568,838		3,568,838
Abandoned Mine Land Reclamation (AMLR) Program	15.252		8,906,963		8,906,963
Bureau of Ocean Energy Management Renewable Energy Program	15.408		134,177		
National Forest Acquired Lands	15.438		55,219		
Fish and Wildlife Management Assistance	15.608		113,055		
Coastal Wetlands Planning, Protection and Restoration Act	15.614		2,000,000		
Cooperative Endangered Species Conservation Fund	15.615		70,229		
Clean Vessel Act	15.616		260,263		121,715
Sportfishing and Boating Safety Act	15.622		92,519		90,000
Enhanced Hunter Education and Safety Program	15.626		300,960		
State Wildlife Grants	15.634		1,841,219		
Migratory Bird Joint Ventures	15.637				
<i>Pass-Through From American Bird Conservancy</i>	15.637			15,784	
Endangered Species Conservation - Recovery Implementation Funds	15.657		76,048		
National Resource Damage Assessment, Restoration, and Implementation	15.658		50,000		
Endangered Species - Candidate Conservation Action Funds	15.660		1,424		
Fish and Wildlife Coordination and Assistance Programs	15.664				
<i>Pass-Through From Wildlife Management Institute</i>	15.664			56,931	
Cooperative Landscape Conservation	15.669		9,362		
Hurricane Sandy Disaster Relief Activities-FWS	15.677				
<i>Pass-Through From the Nature Conservancy</i>	15.677			273,000	
U.S. Geological Survey- Research and Data Collection	15.808		20,712		2,000
National Geological and Geophysical Data Preservation Program	15.814		19,258		19,258
National Land Remote Sensing - Education Outreach and Research	15.815				
<i>Pass-Through From AmericaView Incorporated</i>	15.815			38,545	
Energy Cooperatives to Support the National Coal Resources Data System (NCRDS)	15.819		17,682		17,682
Historic Preservation Fund Grants-In-Aid	15.904		915,697		83,211
Outdoor Recreation-Acquisition, Development and Planning	15.916		836,202		332,616
Rivers, Trails and Conservation Assistance	15.921		68,499		
Civil War Battlefield Land Acquisition Grants	15.928		2,317,167		2,317,167
Conservation Activities by Youth Service Organizations - ARRA	15.931		46,502		
National Trails System Projects - ARRA	15.935		5,166		
Cooperative Research and Training Programs – Resources of the National Park System	15.945		39,054		
<i>Pass-Through From University of Wyoming</i>	15.945			4,999	
Historic Preservation Fund Grants to Provide Disaster Relief to Historic Properties Damaged by Hurricane Sandy	15.957		667,798		389,963
Other Assistance:					
Food Security and Biodiversity	15.U01	G15PX00060 202957 203441 203442	5,369		
Other Assistance	15.U02	F15PX01783	32,000		

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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
Total Excluding Clusters Identified Below			22,502,632	523,634	15,849,413
Fish and Wildlife Cluster:					
Sport Fish Restoration Program	15.605		5,869,858		
Wildlife Restoration and Basic Hunter Education	15.611		13,837,295		
Total Fish and Wildlife Cluster			19,707,153	-	-
Research and Development Cluster:					
Non-Stimulus:					
Hurricane Sandy Disaster Relief -Coastal Resiliency Grants	15.153		1,619		
<i>Pass-Through From National Fish and Wildlife Foundation</i>	15.153			261,721	33,942
<i>Pass-Through From The Nature Conservancy</i>	15.153			122,689	
<i>Pass-Through From The Trust for Tomorrow</i>	15.153			4,490	
Wildland Fire Research and Studies Program	15.232		5,961		
<i>Pass-Through From Mississippi State University</i>	15.232			37,935	
Applied Science Program Cooperative Agreements Related to Coal Mining Reclamation	15.255		128,096		
Bureau of Ocean Energy Management Renewable Energy Program	15.408		100,043		75,108
Minerals Management Service (MMS) Environmental Studies Program (ESP)	15.423		348,302		
<i>Pass-Through From Rutgers, The State University</i>	15.423			37,525	
Marine Minerals Activities	15.424		120,846		55,392
Safety and Environmental Enforcement Research and Data Collection for Offshore Energy and Mineral Activities	15.441		122,115		
Secure Water Act Research Agreements	15.560		57,925		
Cooperative Endangered Species Conservation Fund	15.615				
<i>Pass-Through From The California Department of Fish and Wildlife</i>	15.615			16,505	
Coastal Program	15.630		8,609		
<i>Pass-Through From Fish and Wildlife Service-North Carolina</i>	15.630			2,037	
Partners for Fish and Wildlife	15.631		30,399		
Migratory Bird Joint Ventures	15.637				
<i>Pass-Through From American Bird Conservancy</i>	15.637			35,505	
Research Grants (Generic)	15.650		7,583		
Migratory Bird Monitoring, Assessment and Conservation	15.655		230		
Recovery Act Funds - Habitat Enhancement, Restoration, and Improvement	15.656		15,651		
Endangered Species Conservation - Recovery Implementation Funds	15.657		1,961,603		101,182
<i>Pass-Through From Kentucky Waterways Alliance</i>	15.657			26,878	
National Resource Damage Assessment, Restoration, and Implementation	15.658		173,547		
National Fish and Wildlife Foundation	15.663		127,788		
Fish and Wildlife Coordination and Assistance Programs	15.664		32,346		
National Wetlands Inventory	15.665		16,356		
Hurricane Sandy Disaster Relief Activities-FWS	15.677		181,928		19,445
Assistance to State Water Resources Research Institutes	15.805		140,000		
Earthquake Hazards Program Assistance	15.807		158,682		3,285
U.S. Geological Survey- Research and Data Collection	15.808		526,459		
National Cooperative Geologic Mapping Program	15.810		182,349		182,196
Cooperative Research Units Program	15.812		649,462		
Historic Preservation Fund Grants-In-Aid	15.904		23,968		
Rivers, Trails and Conservation Assistance	15.921		6,607		
National Maritime Heritage Grants Program	15.925				
<i>Pass-Through From Virginia State Historic Preservation Office</i>	15.925			375	
Cooperative Research and Training Programs – Resources of the National Park System	15.945		819,743		
Cultural Resources Management	15.946		4,511		
Hurricane Sandy Program	15.979		13,626		
Other Assistance:					
Climate Communication Internships	15.RD	P11AC30805/P12AC10261 202634 G14PD00726- G14PY00001/G14PD00726	47,063		
National Geologic Map Database Project	15.RD	203296	16,606		
National Mall Plan Alternatives	15.RD	P07AC00007 202710	12,687		3,000
Resource Management Internship Program	15.RD	P11AC30805/P13AC01450 203135	31,477		
Science and Technology Forecasting	15.RD	D11PC20062 202312 G15PD00560- G14PY00001/G15PD00560	285,525		238,765
Student Services - Carlin Green	15.RD	203590	37,648		
Student Services - Jessica Mitchem	15.RD	G15PD01004 203685 G14PD00591- G14PY00001/G14PD00591	13,298		
Wind Energy Impact Assessment Methodology Project	15.RD	203262	585		
Other Assistance	15.RD	D12PC00337/MOD 9	4,171,927		1,153,691
<i>Pass-Through From Appalachian Trail Conservancy</i>	15.RD	2014-2000-001		76,554	
<i>Pass-Through From Minnesota Pollution Control Agency</i>	15.RD	AT-25047		4,573	
<i>Pass-Through From Minnesota Pollution Control Agency</i>	15.RD	LEAK000017134		1,181	
<i>Pass-Through From University of Southern California</i>	15.RD	2016-1604110002		25,251	
<i>Pass-Through From West Virginia University</i>	15.RD	14-035-VPI		25,503	
Total Research and Development Cluster			10,583,170	678,722	1,866,006
Total U.S. Department of the Interior			52,792,955	1,202,356	17,715,419

COMMONWEALTH OF VIRGINIA
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For the Year Ended June 30, 2016

Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
U.S. DEPARTMENT OF JUSTICE					
Non-Stimulus:					
Law Enforcement Assistance-Narcotics and Dangerous Drugs Training	16.004		40,134		
Violence Against Women Act Court Training and Improvement Grants	16.013		56,945		
Sexual Assault Services Formula Program	16.017		331,643		331,643
Juvenile Accountability Block Grants	16.523		230,387		111,045
Grants to Reduce Domestic Violence, Dating Violence, Sexual Assault, and Stalking on Campus	16.525		58,447		
<i>Pass-Through From University of Richmond</i>	16.525			72,498	
Enhanced Training and Services to end Violence and Abuse of Women Later in Life	16.528		133,059		70,757
Juvenile Justice and Delinquency Prevention-Allocation to States	16.540		183,208		20,496
Missing Children's Assistance	16.543		289,886		
National Criminal History Improvement Program (NCHIP)	16.554		982,754		
National Institute of Justice Research, Evaluation, and Development Project Grants	16.560		1,308,424		
Crime Victim Assistance	16.575		11,223,998		10,622,561
Crime Victim Compensation	16.576		911,000		
Edward Byrne Memorial State and Local Law Enforcement Assistance Discretionary Grants Program	16.580		34,950		
Crime Victim Assistance/Discretionary Grants	16.582		293,124		154,047
Drug Court Discretionary Grant Program	16.585		545,464		140,297
Violence Against Women Formula Grants - ARRA	16.588		3,154,160		2,366,855
<i>Pass-Through From Women's Resource Center of the New River Valley Incorporated</i>	16.588			4,516	
Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program	16.590		301,372		116,896
Residential Substance Abuse Treatment for State Prisoners	16.593		222,118		171,264
State Criminal Alien Assistance Program	16.606		986,384		
Project Safe Neighborhoods	16.609		150,575		23,397
<i>Pass-Through From District of Columbia Government</i>	16.609			12,363	
Public Safety Partnership and Community Policing Grants - ARRA	16.710		252,684		
<i>Pass-Through From VTV Family Outreach Foundation, Incorporated</i>	16.710			9,711	
Juvenile Mentoring Program	16.726		51,909		13,625
<i>Pass-Through From National 4-H Council</i>	16.726			132,064	
Protecting Inmates and Safeguarding Communities Discretionary Grant Program	16.735		223,927		
Edward Byrne Memorial Justice Assistance Grant Program	16.738		2,608,401		1,728,585
DNA Backlog Reduction Program	16.741		661,332		
Paul Coverdell Forensic Sciences Improvement Grant Program	16.742		85,208		
Criminal and Juvenile Justice and Mental Health Collaboration Program	16.745		2,692		
Edward Byrne Memorial Competitive Grant Program	16.751		216,003		
Economic High-Tech and Cyber Crime Prevention	16.752		11,933		
Second Chance Act Prisoner Reentry Initiative	16.812		122,161		
NICS Act Record Improvement Program	16.813		61,115		
John R. Justice Prosecutors and Defenders Incentive Act	16.816		67,372		
Equitable Sharing Program	16.922		5,463,097		
Other Assistance:					
Cohort Training	16.U01	DJF-15-1200-P-0008939 203633	16,117		
Total Excluding Clusters Identified Below			31,281,983	231,152	15,871,468
Research and Development Cluster:					
Law Enforcement Assistance-FBI Advanced Police Training	16.300		34,184		
Legal Assistance for Victims	16.524		115,687		
Juvenile Justice and Delinquency Prevention-Allocation to States	16.540		51,878		
Part E - Developing, Testing and Demonstrating Promising New Programs	16.541		117,140		
National Institute of Justice Research, Evaluation, and Development Project Grants	16.560		1,720,021		410,841
<i>Pass-Through From Los Angeles Police Foundation</i>	16.560			28,888	
<i>Pass-Through From State of South Dakota</i>	16.560			15,848	
Criminal Justice Research and Development-Graduate Research Fellowships	16.562		25,839		
Juvenile Mentoring Program	16.726		85,735		
Edward Byrne Memorial State and Local Law Enforcement Assistance Discretionary Grants Program	16.580		81,236		51,839
Crime Victim Assistance/Discretionary Grants	16.582				
<i>Pass-Through From The National Center for State Courts</i>	16.582			11,678	
Drug Court Discretionary Grant Program	16.585				
<i>Pass-Through From Jefferson Parish</i>	16.585			4,887	1,680
Edward Byrne Memorial Competitive Grant Program	16.751		157,915		62,963
<i>Pass-Through From County of Roanoke</i>	16.751			13,274	
<i>Pass-Through From County of Santa Cruz</i>	16.751			70,468	
<i>Pass-Through From State of Oregon</i>	16.751			77,611	
Economic High-Tech and Cyber Crime Prevention	16.752		25,453		
Second Chance Act Prisoner Reentry Initiative	16.812		5,611		
Byrne Criminal Justice Innovation Program	16.817				
<i>Pass-Through From Berea College</i>	16.817			24,710	
Justice Reinvestment Initiative	16.827				
<i>Pass-Through From County of Yolo</i>	16.827			47,708	5,001
Other Assistance					
Community Policing Strategies	16.RD	2012-CK-WX-K026 202807	2,206		
Effectiveness of License Plate Recognition Technology	16.RD	2013-IJ-CX-0017 203080	164,517		
Sensitive Site Exploitation	16.RD	2012-DN-BX-K038 202749	236,433		136,620
Translating Evidence Based Practice into Practice	16.RD	DB-BX-K010 202507	96,807		

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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
<i>Pass-Through From American Institutes for Research</i>	16.RD	DE-AC36-08GO28308 203720		57,861	
<i>Pass-Through From Arkansas State University</i>	16.RD	14-678-15		59,031	
<i>Pass-Through From City of Brooklyn Park</i>	16.RD	2013-DB-BX-0030 203168		77,724	
<i>Pass-Through From City of Philadelphia</i>	16.RD	2013-SM-BX-0004 203189		113,793	50,004
<i>Pass-Through From City of Seattle</i>	16.RD	2012-AJ-BX-0006 202958		29,008	
<i>Pass-Through From City of Shoreline</i>	16.RD	203795		4,938	
<i>Pass-Through From Council of State Governments</i>	16.RD	203520		86,665	6,776
<i>Pass-Through From County of Fairfax</i>	16.RD	203644		58,049	
Total Research and Development Cluster			2,920,662	782,141	725,724
Total U.S. Department of Justice			34,202,645	1,013,293	16,597,192
U.S. DEPARTMENT OF LABOR					
Non-Stimulus:					
Labor Force Statistics	17.002		1,612,265		
Compensation and Working Conditions	17.005		126,279		
Unemployment Insurance - ARRA	17.225		460,600,663		
Senior Community Service Employment Program	17.235		1,821,792		1,680,717
Trade Adjustment Assistance	17.245		4,389,155		
WIA Dislocated Workers - ARRA	17.260				
<i>Pass-Through From Bay consortium Workforce Investment Board</i>	17.260			308,427	
<i>Pass-Through From Crater Regional Investment Board</i>	17.260			61,049	
WIA Pilots, Demonstrations, and Research Projects	17.261		555,154		
H-1B Job Training Grants	17.268		103,479		
<i>Pass-Through From Shenandoah Valley Workforce Investment Board</i>	17.268			69,327	
Work Opportunity Tax Credit Program (WOTC)	17.271		278,496		
Temporary Labor Certification for Foreign Workers	17.273		693,920		
Workforce Investment Act (WIA) National Emergency Grants	17.277		2,187,253		1,888,084
<i>Pass-Through From Bay Consortium Workforce Investment Board, Incorporated</i>	17.277			294,382	
<i>Pass-Through From Capital Region Workforce Partnership</i>	17.277			291,971	
<i>Pass-Through From Greater Peninsula Workforce Development Consortium</i>	17.277			153,964	
<i>Pass-Through From Opportunity, Incorporated</i>	17.277			132,058	
<i>Pass-Through From Shenandoah Valley Workforce Investment Board</i>	17.277			220,799	
<i>Pass-Through From Southwest Virginia Workforce Investment Board</i>	17.277			4,492	
<i>Pass-Through From West Piedmont Workforce Investment Board</i>	17.277			211,733	
Workforce Investment Act (WIA) Dislocated Workers National Reserve Demonstration Grants	17.280		1,537,461		
Workforce Investment Act (WIA) Dislocated Workers National Reserve Technical Assistance and Training	17.281		12,764		11,421
Trade Adjustment Assistance Community College and Career Training (TAACCTT) Grants	17.282		10,883,512		1,802,666
<i>Pass-Through From Bellevue College</i>	17.282			208,729	
<i>Pass-Through From Henry Ford Community College</i>	17.282			169,686	
Workforce Innovation Fund	17.283		1,729,430		314,971
<i>Pass-Through From Capital Region Workforce Partnership</i>	17.283			335,480	
<i>Pass-Through From SkillSource Group, Incorporated</i>	17.283			187,270	
Occupational Safety and Health-State Program	17.503		3,928,085		
Consultation Agreements	17.504		1,232,612		
Mine Health and Safety Grants	17.600		260,620		260,620
Other Assistance					
Equal Employment Opportunity Commission (EEOC)	17.U01		3,783		
<i>Pass-Through From West Piedmont Workforce Investment</i>	17.U02	FFP AGREEMENT AT-14679		31	
Total Non-Stimulus			491,956,723	2,649,398	5,958,479
Stimulus (ARRA):					
Unemployment Insurance - ARRA	17.225		(324,175)		
Total Stimulus (ARRA)			(324,175)	-	-
Total Excluding Clusters Identified Below			491,632,548	2,649,398	5,958,479
Employment Service Cluster:					
Employment Service/Wagner - Peyser Funded Activities - ARRA	17.207		16,593,349		276,509
Disabled Veterans' Outreach Program (DVOP)	17.801		2,708,678		
Local Veterans' Employment Representative Program	17.804		1,966,963		
Total Employment Service Cluster			21,268,990	-	276,509
WIA/WIOA Cluster:					
WIA Adult Program	17.258		12,937,359		11,819,848
<i>Pass-Through From Bay Consortium Workforce Investment Board, Incorporated</i>	17.258			607,092	
<i>Pass-Through From Crater Regional Investment Board</i>	17.258			100,767	
<i>Pass-Through From Region 2000 Regional Commission</i>	17.258			10,568	
<i>Pass-Through From South Central Workforce Investment Board</i>	17.258			53,221	
WIA Youth Activities	17.259		12,777,271		12,147,615

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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
<i>Pass-Through From Bay Consortium Workforce Investment Board, Incorporated</i>	17.259			273,672	
<i>Pass-Through From Opportunity, Incorporated</i>	17.259			4,736	
<i>Pass-Through From People Incorporated of Southwest Virginia</i>	17.259			15,274	
<i>Pass-Through From Region 2000 Regional Commission</i>	17.259			3,269	
<i>Pass-Through From South Central Workforce Investment Board</i>	17.259			455,242	
WIA Dislocated Worker Formula Grants	17.278		13,912,328		10,914,751
<i>Pass-Through From Bay Consortium Workforce Investment Board, Incorporated</i>	17.278			64,952	
<i>Pass-Through From Region 2000 Regional Commission</i>	17.278			12,042	
<i>Pass-Through From South Central Workforce Investment Board</i>	17.278			53,220	
Total WIA/WIOA Cluster			39,626,958	1,654,055	34,882,214
Research and Development Cluster:					
WIA Pilots, Demonstrations, and Research Projects	17.261				
<i>Pass-Through From Avar Consulting Incorporated</i>	17.261			26,730	
Workforce Innovation Fund	17.283				
<i>Pass-Through From Opportunity Incorporated</i>	17.283			214,091	214,091
Total Research and Development Cluster			-	240,821	214,091
Total U.S. Department of Labor			552,528,496	4,544,274	41,331,293

U.S. DEPARTMENT OF STATE

Non-Stimulus:					
Academic Exchange Programs - Undergraduate Programs	19.009		6,410,429		
<i>Pass-Through From International Research and Exchanges Board</i>	19.009			406,454	
Academic Exchange Programs - Hubert H. Humphrey Fellowship Program	19.010				
<i>Pass-Through From Institute of International Education</i>	19.010			420,561	
Professional and Cultural Exchange Programs - Special Professional and Cultural Programs	19.012		120,864		
<i>Pass-Through From International Research & Exchange Board</i>	19.012			45,209	
Investing in People in the Middle East and North Africa	19.021				
<i>Pass-Through From Legacy International</i>	19.021			20,785	
<i>Pass-Through From Meridian International Center</i>	19.021			136,321	
Public Diplomacy Programs	19.040				
<i>Pass-Through From World Learning</i>	19.040			30,779	
International Programs to Support Democracy, Human Rights and Labor	19.345		55		
Academic Exchange Programs-Teachers	19.408				
<i>Pass-Through From International Research and Exchange</i>	19.408			361,753	
Professional and Cultural Exchange Programs Citizen Exchanges	19.415		1,340,988		45,000
Educational Exchange, American Studies Institute	19.418				
<i>Pass-Through From World Learning</i>	19.418			1,252	
Public Diplomacy Programs for Afghanistan and Pakistan	19.501		389,039		
Transnational Crime	19.705		149,443		
Bureau of Western Hemisphere Affairs (WHA) Grant Programs (including Energy and Climate Partnership for the Americas)	19.750				
<i>Pass-Through From World Learning</i>	19.750			76,632	
Weapons Removal and Abatement	19.800		1,217,693		105,284
AEECA PD Programs	19.900				
<i>Pass-Through From WSOS Community Action Commission Incorporated</i>	19.900			2,629	
Other Assistance:					
<i>Pass-Through From Energy & Climate Partnership of the Americas</i>	19.U01	GRANT NUMBER 2		25,049	
<i>Pass-Through From Institute of International Education</i>	19.U02	S-ECAGD-15-CA-1015 203587 203588		24,218	
Total Excluding Clusters Identified Below			9,628,511	1,551,642	150,284

Research and Development Cluster:

Professional and Cultural Exchange Programs - Special Professional and Cultural Programs	19.012		28,572		
Environmental and Scientific Partnerships and Programs	19.017		44,742		36,591
Investing in People in the Middle East and North Africa	19.021				
<i>Pass-Through From Institute of International Education</i>	19.021			21,108	
International Programs to Support Democracy, Human Rights and Labor	19.345				
<i>Pass-Through From Due Process of Law Foundation</i>	19.345			48,471	
Global Counterterrorism Programs	19.701				
<i>Pass-Through From CRDF Global</i>	19.701			46,072	
Weapons Removal and Abatement	19.800		110,840		
AEECA PD Programs	19.900		189,779		
Other Assistance	19.RD	PC-12-8-062	138		
Total Research and Development Cluster			374,071	115,651	36,591
Total U.S. Department of State			10,002,582	1,667,293	186,875

U.S. DEPARTMENT OF TRANSPORTATION

Non-Stimulus:

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Airport Improvement Program	20.106		826,521		
Aviation Research Grants	20.108		19,194		
Highway Training and Education	20.215		35,270		
Motor Carrier Safety Assistance	20.218		5,105,532		
Performance and Registration Information Systems Management	20.231		513,742		
Commercial Driver License Program Improvement Grant	20.232		181,988		
Safety Data Improvement Program	20.234		265,469		
Commercial Motor Vehicle Operators Grants	20.235		95,480		
Motor Carrier Safety Assistance High Priority Activities Grants and Cooperative Agreements	20.237		679,719		
Fuel Tax Evasion-Intergovernmental Enforcement Effort	20.240		288,277		
High Speed Rail Corridors and Intercity Passenger Rail Service-Capital Assistance Grants - ARRA	20.319		10,934,463		
Metropolitan Transportation Planning	20.505		3,422,366		3,082,670
Formula Grants for Other Than Urbanized Areas	20.509		14,438,107		14,336,171
Public Transportation Research	20.514		60,993		
Rail Fixed Guideway Public Transportation System State Safety Oversight Formula Grant Program	20.528		87,402		
Alcohol Open Container Requirements	20.607		19,928,068		3,635,854
National Highway Transportation Safety Administration (NHTSA) Discretionary Safety Grants	20.614		72,794		
Pipeline Safety Program Base Grants	20.700		1,421,128		
Interagency Hazardous Materials Public Sector Training and Planning Grants	20.703		333,750		99,580
Fatal Accident and Reporting	20.U01	DTNH22-12	42,584		
Providing Subject Matter Expertise	20.U02	GS02F069BA 203650	132,691		
Total Non-Stimulus			58,885,538	-	21,154,275
Stimulus (ARRA):					
High Speed Rail Corridors and Intercity Passenger Rail Service-Capital Assistance Grants - ARRA	20.319		37,971,367		37,971,367
Total Stimulus (ARRA)			37,971,367	-	37,971,367
Total Excluding Clusters Identified Below			96,856,905	-	59,125,642
Federal Transit Cluster:					
Federal Transit-Capital Investment Grants - ARRA	20.500		273,440		
Pass-Through From National Academy of Sciences	20.500			84,097	
Federal Transit-Formula Grants	20.507		1,760,877		1,760,877
Bus and Bus Facilities Formula Program	20.526		3,864,334		3,864,334
Total Federal Transit Cluster			5,898,651	84,097	5,625,211
Highway Planning and Construction Cluster:					
Non-Stimulus:					
Highway Planning and Construction - ARRA	20.205		1,145,094,144		120,087,302
Pass-Through From Minnesota Department Of Transportation	20.205			669	
Pass-Through From University of Illinois	20.205			34,984	
Recreational Trails Program	20.219		406,067		383,482
Total Non-Stimulus			1,145,500,211	35,653	120,470,784
Stimulus (ARRA):					
Highway Planning and Construction - ARRA	20.205		4,068,475		469,544
Total Stimulus (ARRA)			4,068,475	-	469,544
Total Highway Planning and Construction Cluster			1,149,568,686	35,653	120,940,328
Highway Safety Cluster:					
State and Community Highway Safety	20.600		6,279,865		3,223,036
Pass-Through From Battelle	20.600			41,450	
Pass-Through From Booz Allen & Hamilton	20.600			49,618	
Pass-Through From Crash Avoidance Metrics Partnership	20.600			77,971	
Alcohol Impaired Driving Countermeasure Incentive Grants I	20.601		1,141,670		733,459
State Traffic Safety Information System Improvement Grants	20.610		10,894		
Incentive Grant Program to Increase Motorcyclist Safety	20.612		65,310		
Child Safety and Child Booster Seats Incentive Grants	20.613		272,443		29,426
National Priority Safety Programs	20.616		1,817,759		747,018
Total Highway Safety Cluster			9,587,941	169,039	4,732,939
Transit Services Programs Cluster:					
Capital Assistance Program for Elderly Persons and Persons with Disabilities	20.513		4,186,608		1,264,536
Job Access and Reverse Commute Program	20.516		438,979		372,530
New Freedom Program	20.521		234,946		234,946
Total Transit Services Programs Cluster			4,860,533	-	1,872,012
Research and Development Cluster:					

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Airport Improvement Program	20.106				
<i>Pass-Through From Stevens Institute</i>	20.106			739	
Aviation Research Grants	20.108				
<i>Pass-Through From University of Maryland</i>	20.108			116,562	
Highway Research and Development Program	20.200		1,271,723		243,766
<i>Pass-Through From Battelle</i>	20.200			12,371	
<i>Pass-Through From Crash Avoidance Metrics Partnership</i>	20.200			832,545	
<i>Pass-Through From CUBRC</i>	20.200			9,441	
<i>Pass-Through From Engineering & Software Consultants</i>	20.200			101,268	
<i>Pass-Through From Leidos, Incorporated</i>	20.200			203,996	
<i>Pass-Through From National Academy of Sciences</i>	20.200			4,247,791	
<i>Pass-Through From Transportation Research Board</i>	20.200			215,452	
<i>Pass-Through From University of North Carolina, Chapel Hill</i>	20.200			15,291	
Highway Training and Education	20.215		85,321		
Motor Carrier Safety Assistance	20.218		123,679		
Motor Carrier Research and Technology Programs	20.239		999,192		231,694
Railroad Research and Development	20.313		631,831		67,071
High Speed Rail Corridors and Intercity Passenger Rail Service-Capital Assistance Grants - ARRA	20.319		2,575		
Railroad Safety Technology Grants	20.321		206,384		40,872
National Highway Transportation Safety Administration (NHTSA) Discretionary Safety Grants	20.614		605,116		233,146
University Transportation Centers Program	20.701		3,054,635		1,172,166
<i>Pass-Through From Pennsylvania State University</i>	20.701			3,159	
<i>Pass-Through From Rutgers, The State University of New Jersey</i>	20.701			22,203	
<i>Pass-Through From The Research Foundation of State</i>	20.701			150,519	
<i>Pass-Through From University of Idaho</i>	20.701			551,607	
Transportation Planning, Research and Education	20.931		257,484		68,000
Other Assistance:					
Engine Failure Analysis	20.RD	13-G-020 203093	369,934		65,000
Evaluation of Use of Recycled Concrete	20.RD	203019	38,696		
		DTFH6114D00012 203241 203242 203533			
Roadside Safety and Outdoor Impacts Laboratory	20.RD	203534 203648 203649	1,132,472		
Other Assistance	20.RD	DTFH61-10-C-00019	1,760		1,760
Other Assistance	20.RD	DTFH61-10-D-00023-T-11002	63,296		58,456
Other Assistance	20.RD	DTFH61-10-D-00231/5004	50,766		
Other Assistance	20.RD	DTFH6414G00029	4,853		
Other Assistance	20.RD	DTFH6414G00053	5,000		
Other Assistance	20.RD	DTMC75-14-D-000011.700001	33,455		
Other Assistance	20.RD	DTMC75-14-D-00011/7002	91,853		64,780
Other Assistance	20.RD	DTMC7514D00011/7003	2,255,325		1,881,510
Other Assistance	20.RD	DTNH22-11-D-00231/0001	271,675		66,618
Other Assistance	20.RD	DTNH22-11-D-00236/TO 0009	258,400		
Other Assistance	20.RD	DTNH22-11-D-00236/TO0011	25,567		
Other Assistance	20.RD	DTNH22-11-D-00236L/0003	26,658		
Other Assistance	20.RD	DTNH22-11-D-00236L/0007 TO 7	103,805		103,805
<i>Pass-Through From Board of Regents of the University of Wisconsin</i>	20.RD	572K386 203391		19,367	
<i>Pass-Through From Booz Allen Hamilton</i>	20.RD	DTFH61-12-D-00047 203508		1,963	
<i>Pass-Through From Booz Allen Hamilton</i>	20.RD	Task Order 2- 99450XSBOC 203711		1,895	
<i>Pass-Through From Crash Avoidance Metrics Partnership</i>	20.RD	PO CAMP0000002		349,251	
<i>Pass-Through From Intelligent Automation Incorporated</i>	20.RD	2044-2		2,548	
<i>Pass-Through From Intelligent Automation Incorporated</i>	20.RD	2132-2		4,999	
<i>Pass-Through From MaineWay Services</i>	20.RD	LOG-FIRM FIXED PRICE AGMT 5		81,627	
<i>Pass-Through From Penn State University</i>	20.RD	SUB NO. 4609-VT-USDOT-TC03		289,577	
		DTFAWA-11-D-00017 Delivery Order 0014			
<i>Pass-Through From State Of Maryland</i>	20.RD	203471		37,864	
		DTFAWA-11-D-00017 Delivery Order 0024			
<i>Pass-Through From State Of Maryland</i>	20.RD	203243		138,100	
<i>Pass-Through From The National Academies of Sciences</i>	20.RD	DTFH61-13-H-00024 203260		117,933	
<i>Pass-Through From Transportation Research Board</i>	20.RD	HR 17-43		6,862	
<i>Pass-Through From Transportation Research Board</i>	20.RD	HR 22-26		86,648	
<i>Pass-Through From University of Maryland</i>	20.RD	Z985701		24,835	
<i>Pass-Through From University of Maryland</i>	20.RD	Z990006		85,724	
<i>Pass-Through From University of Texas at Austin</i>	20.RD	HR 24-41 203417		47,053	
<i>Pass-Through From Wake Forest University School of Medicine</i>	20.RD	WVUHS 30045		17,827	
<i>Pass-Through From Washington State Department of Transportation</i>	20.RD	GCB 1973		78,650	
<i>Pass-Through From Westat, Incorporated</i>	20.RD	DTNH22-11-D-00237 203153		57,845	
<i>Pass-Through From Westat, Incorporated</i>	20.RD	DTNH22-14-C-00404 203411		132,980	
Total Research and Development Cluster			11,971,455	8,066,492	4,298,644
Total U.S. Department of Transportation			1,278,744,171	8,355,281	196,594,776
U.S. DEPARTMENT OF THE TREASURY					
Other Assistance:					
Asset Forfeiture Funds - Federal Treasury	21.U01	202896	111,806		
Asset Forfeiture Funds - Federal Treasury	21.U02		9,473,016		401,463

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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
Total U.S. Department of the Treasury			9,584,822	-	401,463
APPALACHIAN REGIONAL COMMISSION					
Appalachian Area Development	23.002		978,274		852,604
Appalachian Research, Technical Assistance, and Demonstration Projects	23.011		221,328		215,085
Total Excluding Clusters Identified Below			1,199,602	-	1,067,689
Research and Development Cluster:					
Appalachian Regional Development (See individual Appalachian Programs)	23.001				
<i>Pass-Through From University of Kentucky Research Foundation</i>	23.001			11,337	
Appalachian Research, Technical Assistance, and Demonstration Projects	23.011				
<i>Pass-Through From East Tennessee State University</i>	23.011			6,377	
Total Research and Development Cluster			-	17,714	-
Total Appalachian Regional Commission			1,199,602	17,714	1,067,689
GENERAL SERVICES ADMINISTRATION					
Donation of Federal Surplus Personal Property	39.003		1,088,236		
Total General Services Administration			1,088,236	-	-
LIBRARY OF CONGRESS					
Books for the Blind and Physically Handicapped	42.001		71,049		40,000
Total Library of Congress			71,049	-	40,000
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION					
Science	43.001		149,665		
Aeronautics	43.002		71,058		
Space Operations	43.007		9,920		
Education	43.008		16,875		
<i>Pass-Through From Old Dominion University Research Foundation</i>	43.008			23,162	
Cross Agency Support	43.009		1,125		
Total Excluding Clusters Identified Below			248,643	23,162	-
Research and Development Cluster:					
Science	43.001		6,568,110		556,397
<i>Pass-Through From Arizona State University</i>	43.001			66,758	
<i>Pass-Through From Bigelow Laboratory for Ocean Science</i>	43.001			38,440	
<i>Pass-Through From Decision Science Research Institute</i>	43.001			83,107	
<i>Pass-Through From Dixie State University</i>	43.001			13,908	
<i>Pass-Through From HXS Sierra Limited Liability Corporation</i>	43.001			9,797	
<i>Pass-Through From Intelligent Automation Incorporated</i>	43.001			20,000	
<i>Pass-Through From Johns Hopkins University</i>	43.001			22,190	
<i>Pass-Through From Lightweight Telescopes Incorporated</i>	43.001			16,547	
<i>Pass-Through From Massachusetts Institute of Technology</i>	43.001			73,060	
<i>Pass-Through From MicroXact Incorporated</i>	43.001			34,523	
<i>Pass-Through From National Institute of Aerospace Associates</i>	43.001			414,638	
<i>Pass-Through From Pennsylvania State University</i>	43.001			41,053	
<i>Pass-Through From Planetary Science Institute</i>	43.001			16,355	
<i>Pass-Through From Prime Photonics Incorporated</i>	43.001			16,952	
<i>Pass-Through From Prime Photonics Limited Company</i>	43.001			29,408	
<i>Pass-Through From Remote Sensing Solutions, Incorporated</i>	43.001			12,857	
<i>Pass-Through From Rensselaer Polytechnic Institute</i>	43.001			51,176	
<i>Pass-Through From Research Foundation of the City University of New York</i>	43.001			53,101	
<i>Pass-Through From Science Systems & Applications Incorporated</i>	43.001			390,999	
<i>Pass-Through From Smithsonian Astrophysical Observatory</i>	43.001			57,320	
<i>Pass-Through From Smithsonian Institution</i>	43.001			10,692	
<i>Pass-Through From Space Telescope Science Institute</i>	43.001			15,474	
<i>Pass-Through From The Environmental Research Center</i>	43.001			30,012	
<i>Pass-Through From University of Alaska</i>	43.001			26,092	
<i>Pass-Through From University of Arizona</i>	43.001			13,558	
<i>Pass-Through From University of California at Berkeley</i>	43.001			103,855	
<i>Pass-Through From University of California, Santa Barbara</i>	43.001			108,335	
<i>Pass-Through From University of Illinois</i>	43.001			2,678	
<i>Pass-Through From University of Michigan</i>	43.001			129,945	
<i>Pass-Through From University of New Hampshire</i>	43.001			100,369	
<i>Pass-Through From Woods Hole Research Center</i>	43.001			27,273	
Aeronautics	43.002		492,399		

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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
<i>Pass-Through From Space Telescope Science Institute</i>	43.002			16,830	
<i>Pass-Through From University of Illinois</i>	43.002			108,367	
<i>Pass-Through From University of Minnesota, Twin Cities</i>	43.002			158,128	
<i>Pass-Through From Virginia Space Grant Consortium</i>	43.002			105,453	
Exploration	43.003		52,313		
Education	43.008		92,690		
<i>Pass-Through From National Institute of Aerospace</i>	43.008			551	
<i>Pass-Through From Old Dominion University Research Foundation</i>	43.008			13,924	
<i>Pass-Through From Texas State University</i>	43.008			37,483	
<i>Pass-Through From The National Institute of Aerospace Associates</i>	43.008			20,170	
<i>Pass-Through From Virginia Space Grant Consortium</i>	43.008			6,377	
Cross Agency Support	43.009		259,402		
Space Technology	43.012		131,504		
Other Assistance:					
Interagency Personnel Act Agreement Nicogossian	43.RD	201817 201825	10,330		
Other Assistance	43.RD	2907-VT-SUP 152, 163, 169, 176	1,600		
Other Assistance	43.RD	2917-VT-SUPPLEMENT 158	166,719		
Other Assistance	43.RD	2A06-VT	19,744		
Other Assistance	43.RD	2A08-VT	1,406		
Other Assistance	43.RD	2A24-VT	14,076		
Other Assistance	43.RD	2A70-VT	63,672		
Other Assistance	43.RD	2B10-VT	32,329		
Other Assistance	43.RD	3771-006-VT	104,822		
Other Assistance	43.RD	3777-VT	114,627		
Other Assistance	43.RD	4740-022-VT	51,981		
Other Assistance	43.RD	6554-VT	70,609		
Other Assistance	43.RD	6563-VT	118,286		
Other Assistance	43.RD	C15-2800-VT-2B67-VT	8,204		
Other Assistance	43.RD	NNX14AH15G	37,628		273
Other Assistance	43.RD	T13-6500-VT	37,563		
Other Assistance	43.RD	T13-6500-VT 6539-VT	4,386		
Other Assistance	43.RD	T13-6500-VT TASK ORDER 6541-VT	37,652		
<i>Pass-Through From Arctic Slope Research Corporation Management Services</i>	43.RD	NNG14CR58C 203406		1,417,754	
<i>Pass-Through From Boeing Company</i>	43.RD	1024849		113,956	
<i>Pass-Through From Catholic University of America</i>	43.RD	203502		18,769	
<i>Pass-Through From Catholic University of America</i>	43.RD	NNG11PL10A 202948		58,678	
<i>Pass-Through From Catholic University of America</i>	43.RD	NNG11PL10A 202961		203,656	
<i>Pass-Through From Hampton University</i>	43.RD	202772		4,883	
<i>Pass-Through From Hampton University</i>	43.RD	06-001		258,340	
<i>Pass-Through From Hampton University</i>	43.RD	HU-150015		16,611	
<i>Pass-Through From Intelligent Automation Incorporated</i>	43.RD	995-1		18,216	
<i>Pass-Through From Jet Propulsion Laboratory</i>	43.RD	202677		8,220	
<i>Pass-Through From Jet Propulsion Laboratory</i>	43.RD	202818		68,313	
<i>Pass-Through From Jet Propulsion Laboratory</i>	43.RD	202819		45,277	
<i>Pass-Through From M4 Engineering Incorporated</i>	43.RD	AT-25971		153,398	
<i>Pass-Through From Mosaic Air Traffic Management, Incorporated</i>	43.RD	203797		27,441	
<i>Pass-Through From NanoSonic Incorporated</i>	43.RD	NA-D19P		16,671	
<i>Pass-Through From National Institute of Aerospace Associates Incorporated</i>	43.RD	C15-2800-VT 2B41-VT		23,190	
<i>Pass-Through From NextGen Aeronautics Incorporated</i>	43.RD	PO 15-08 SALES ORDER 3091		37,052	
<i>Pass-Through From Prime Photonics Limited Company</i>	43.RD	NAS 02-402-VT-TO-007		3,808	
<i>Pass-Through From Science Systems and Applications Incorporated</i>	43.RD	NNL11AA00B 203388 203540		60,000	
<i>Pass-Through From Southwest Research Institute</i>	43.RD	NASA JPL - NAS703001		73,401	
<i>Pass-Through From Southwest Research Institute</i>	43.RD	NASA JPL - NNX13AG36A		29,396	
<i>Pass-Through From Southwest Research Institute</i>	43.RD	NASA JPL - NNX13AH84G		35,724	
<i>Pass-Through From Southwest Research Institute</i>	43.RD	NASW-02008 202675 203585		109,993	
<i>Pass-Through From Space Telescope Science Institute</i>	43.RD	48020		39,798	
<i>Pass-Through From Space Telescope Science Institute</i>	43.RD	HST-AR-13233.01-A		13,708	
<i>Pass-Through From Space Telescope Science Institute</i>	43.RD	HST-AR-13241.04-A		755	
<i>Pass-Through From Space Telescope Science Institute</i>	43.RD	HST-GO-12585.15-A		19,624	
<i>Pass-Through From Space Telescope Science Institute</i>	43.RD	HSTGO-12916.01-A		653	
<i>Pass-Through From Space Telescope Science Institute</i>	43.RD	HST-GO-13184-04-A		1,510	
<i>Pass-Through From Space Telescope Science Institute</i>	43.RD	NAS5-26555 202387		5,722	
<i>Pass-Through From The Johns Hopkins University Applied Physics Laboratory</i>	43.RD	119554		86,490	
<i>Pass-Through From Trident Vantage Systems</i>	43.RD	NNG15CR65C 203775		796,518	
Total Research and Development Cluster			8,492,052	6,265,280	556,670
Total National Aeronautics and Space Administration			8,740,695	6,288,442	556,670
NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES					
Promotion of the Arts-Grants to Organizations and Individuals	45.024		151,978		
Promotion of the Arts - Partnership Agreements	45.025		652,285		
Promotion of the Humanities-Federal/State Partnership	45.129		877,095		
Promotion of the Humanities-Division of Preservation and Access	45.149		209,058		

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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
Promotion of the Humanities-Research	45.161		276,508		59,909
Promotion of the Humanities-Teaching and Learning Resources and Curriculum Development	45.162		66,653		
Promotion of the Humanities-Professional Development	45.163		535,493		141,195
<i>Pass-Through From Old Dominion University Research Foundation</i>	45.163			12,251	
Promotion of the Humanities-Public Programs	45.164		179,728		
Promotion of the Humanities-Office of Digital Humanities	45.169		121,381		
Museum for America	45.301		20,499		
<i>Pass-Through From United States Ship Constitution Museum</i>	45.301			6,623	
Grants to States	45.310		4,256,873		
National Leadership Grants	45.312		124,374		
Laura Bush 21st Century Librarian Program	45.313		115,803		
Other Assistance:					
Other Assistance	45.U01	PC-15-8-059	22,355		
Total Excluding Clusters Identified Below			7,610,083	18,874	201,104
Research and Development Cluster:					
Promotion of the Arts-Grants to Organizations and Individuals	45.024		30,067		
Promotion of the Humanities-Challenge Grants	45.130				
<i>Pass-Through From MetaArchived Services Group - Educopia</i>	45.130			1,327	
Promotion of the Humanities-Division of Preservation and Access	45.149		7,548		
<i>Pass-Through From University of Florida</i>	45.149			258	
<i>Pass-Through From University of Nebraska - Lincoln</i>	45.149			6,426	
Promotion of the Humanities-Fellowships and Stipends	45.160		15,356		
Promotion of the Humanities-Research	45.161		660,519		
Promotion of the Humanities-Professional Development	45.163		125,704		
Promotion of the Humanities-Public Programs	45.164		24,836		
Promotion of the Humanities-Office of Digital Humanities	45.169		86,746		
Museum for America	45.301				
<i>Pass-Through From National Audubon Society</i>	45.301			6,247	
National Leadership Grants	45.312		221,997		65,915
Other Assistance	45.RD				
<i>Pass-Through From The Trustees of Amherst College</i>	45.RD	203541		43,965	
Total Research and Development Cluster			1,172,773	58,223	65,915
Total National Foundation on the Arts and the Humanities			8,782,856	77,097	267,019
NATIONAL SCIENCE FOUNDATION					
Non-Stimulus:					
Engineering Grants	47.041		724,282		
Mathematical and Physical Sciences	47.049		108,717		
Geosciences	47.050		98,711		
<i>Pass-Through From National Science Foundation</i>	47.050			2,878	
Computer and Information Science and Engineering	47.070		96,650		
Biological Sciences	47.074		22,707		20,455
<i>Pass-Through From National Science Foundation</i>	47.074			35,111	
<i>Pass-Through From Randolph Macon College</i>	47.074			377	
Social, Behavioral, and Economic Sciences	47.075		146,601		50,954
<i>Pass-Through From University of Southern Mississippi</i>	47.075			4,960	
<i>Pass-Through From University of Wisconsin-Madison</i>	47.075			16,435	
<i>Pass-Through From Virginia Space Grant Consortium</i>	47.075			60,746	
Education and Human Resources	47.076		4,896,750		3,750
<i>Pass-Through From National Center for Science and Civic Engagement</i>	47.076			6,937	
<i>Pass-Through From Old Dominion Research Foundation</i>	47.076			35,962	
<i>Pass-Through From Prince George's Community College</i>	47.076			39,251	
<i>Pass-Through From Stevens Institute of Technology</i>	47.076			333	
International Science and Engineering (OISE)	47.079		39,550		
Other Assistance:					
Interagency Personnel Act Agreement Anthony Kelly	47.U01	1460631 203356	193,158		
Interagency Personnel Act Agreement Margret Hjalmarson	47.U02	1461865 203355	135,059		
Interagency Personnel Act Agreement Padmanabhan Seshaiyer	47.U03	1560583 203686	162,859		
<i>Pass-Through From American Association for Advancement</i>	47.U04	203655		82,877	
<i>Pass-Through From Georgia State University</i>	47.U05	AWARD DATED 8/22/14		56	
<i>Pass-Through From Harrisburg University of Science</i>	47.U06	1122578 203542 203568		13,145	
<i>Pass-Through From Whatcom Community College</i>	47.U07	1361636 203715		67,478	
Total Non-Stimulus			6,625,044	366,546	75,159
Stimulus (ARRA):					
Trans-NSF Recovery Act Research Support	47.082		53,805		
Total Stimulus (ARRA)			53,805	-	-
Total Excluding Clusters Identified Below			6,678,849	366,546	75,159

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Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
Research and Development Cluster:					
Non-Stimulus:					
Engineering Grants	47.041		15,717,466		356,033
Pass-Through From ArchieMD, Incorporated	47.041			137,503	
Pass-Through From Ball State University	47.041			23,672	
Pass-Through From Cambrian Design and Development	47.041			22,559	
Pass-Through From Cell Free Bioinnovations Incorporated	47.041			85,925	
Pass-Through From Clemson University	47.041			5,813	
Pass-Through From Columbia University	47.041			65,479	
Pass-Through From Iowa State University	47.041			129,713	
Pass-Through From JKM Technologies Limited Liability Company	47.041			62,877	
Pass-Through From Johns Hopkins University	47.041			14,752	
Pass-Through From Nanofoundry Limited Liability Company	47.041			75,350	
Pass-Through From NBE Technologies Limited Liability Corporation	47.041			16	
Pass-Through From North Carolina State University	47.041			618,709	
Pass-Through From Pennsylvania State University	47.041			117,870	
Pass-Through From PFP Cybersecurity	47.041			137,406	
Pass-Through From Purdue University	47.041			51,469	
Pass-Through From Rensselaer Polytechnic Institute	47.041			98,932	
Pass-Through From Texas A&M University	47.041			32,206	
Pass-Through From University of Arizona	47.041			67,192	
Pass-Through From University of Arkansas, Fayetteville	47.041			50,241	
Pass-Through From University of Colorado	47.041			22,907	
Pass-Through From University of Connecticut	47.041			37,893	
Pass-Through From University of Minnesota	47.041			1,434	
Pass-Through From University of Oklahoma	47.041			23,209	
Pass-Through From University of Texas at El Paso	47.041			3,479	
Pass-Through From University of Wisconsin, Milwaukee	47.041			15,289	
Mathematical and Physical Sciences	47.049		14,090,703		523,572
Pass-Through From Brigham Young University	47.049			6,039	
Pass-Through From Case Western Reserve University	47.049			6,772	
Pass-Through From Center for Undergraduate Research in Mathematics	47.049			2,000	
Pass-Through From National Institute of Aerospace Associates	47.049			58,479	
Pass-Through From Physics Teacher Education Coalition	47.049			72,597	
Pass-Through From University of Chicago	47.049			71,941	
Pass-Through From University of Illinois	47.049			20,187	
Pass-Through From University of North Carolina, Chapel Hill	47.049			12,600	
Pass-Through From University of Notre Dame	47.049			4,368	
Pass-Through From University of Pennsylvania	47.049			31,481	
Pass-Through From University of Texas at San Antonio	47.049			4,206	
Pass-Through From University of Texas Rio Grande Valley	47.049			44,191	
Pass-Through From University of Washington	47.049			5,108	
Geosciences	47.050		7,877,515		411,219
Pass-Through From Arizona State University	47.050			9,900	
Pass-Through From Columbia University	47.050			96,728	
Pass-Through From Consortium for Ocean Leadership, Incorporated	47.050			13,362	
Pass-Through From Johns Hopkins University	47.050			11,802	
Pass-Through From Massachusetts Institute of Technology	47.050			67,628	
Pass-Through From Purdue University	47.050			8,076	
Pass-Through From The University of Texas at Arlington	47.050			19,141	
Pass-Through From University of Chicago	47.050			29,928	
Pass-Through From University of Colorado at Boulder	47.050			53,253	
Pass-Through From University of Illinois	47.050			44,395	
Pass-Through From University of New Mexico	47.050			47,530	
Pass-Through From University of Oregon	47.050			4,443	
Pass-Through From University of Southern California	47.050			13,788	
Computer and Information Science and Engineering	47.070		14,226,961		496,318
Pass-Through From Arizona State University	47.070			7,670	
Pass-Through From Cornell University	47.070			36,507	
Pass-Through From Florida International University	47.070			5,780	
Pass-Through From George Washington University	47.070			74,087	
Pass-Through From Indiana University	47.070			171,273	
Pass-Through From Regents of the University of California	47.070			14,211	
Pass-Through From Rutgers, The State University of New Jersey	47.070			88,199	
Pass-Through From University of Arizona	47.070			44,145	
Pass-Through From University of California, San Diego	47.070			14,215	
Pass-Through From University of Colorado	47.070			161,480	
Pass-Through From University of Florida	47.070			26,858	
Pass-Through From University of Illinois	47.070			307,142	
Pass-Through From University of Wisconsin-Madison	47.070			23,106	
Pass-Through From Utah State University	47.070			12,975	
Biological Sciences	47.074		9,879,972		888,183
Pass-Through From Auburn University	47.074			17,770	

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Pass-Through From Cary Institute of Ecosystem Studies	47.074			2,025	
Pass-Through From College of Charleston	47.074			5,003	
Pass-Through From Cornell University	47.074			7,209	
Pass-Through From Dartmouth College	47.074			23,053	
Pass-Through From Duke University	47.074			268,664	
Pass-Through From Michigan State University	47.074			199,232	
Pass-Through From Oregon State University	47.074			11,670	
Pass-Through From Rocky Mountain Bird Observatory	47.074			4,659	
Pass-Through From Texas A&M University	47.074			20,353	
Pass-Through From The Environmental Research Center	47.074			14,438	
Pass-Through From The New York Botanical Garden	47.074			396	
Pass-Through From University of California, Davis	47.074			167,143	
Pass-Through From University of Georgia	47.074			35,433	
Pass-Through From University of Michigan	47.074			14,388	
Pass-Through From University of South Florida	47.074			5,962	
Pass-Through From Wake Forest University	47.074			1,634	
Pass-Through From Washington University	47.074			23,545	
Social, Behavioral, and Economic Sciences	47.075		1,977,690		41,070
Pass-Through From American Sociological Association	47.075			29,458	
Pass-Through From American Statistical Association	47.075			122,879	
Pass-Through From Arizona State University	47.075			46,003	
Pass-Through From Carnegie Mellon University	47.075			20,005	
Pass-Through From Duke University	47.075			7,900	
Pass-Through From Johns Hopkins University	47.075			29,203	
Pass-Through From Santa Fe Institute	47.075			159,140	
Pass-Through From Southern Illinois University Edwardsville	47.075			5,091	
Pass-Through From Temple University	47.075			12,188	
Pass-Through From University of California San Diego	47.075			66,785	
Pass-Through From University of Massachusetts	47.075			10,807	
Pass-Through From University of Michigan	47.075			43,782	
Pass-Through From University Of Southern Mississippi	47.075			685	
Pass-Through From University of Washington	47.075			41,102	
Education and Human Resources	47.076		15,669,909		1,819,161
Pass-Through From American Association of Community Colleges	47.076			9,957	
Pass-Through From American Educational Research Association	47.076			2,604	
Pass-Through From Biological Sciences Curriculum Study	47.076			107,974	
Pass-Through From Bowie State University	47.076			12,758	
Pass-Through From Brigham Young University	47.076			32,993	
Pass-Through From George Washington University	47.076			49,590	
Pass-Through From Howard University	47.076			200,145	
Pass-Through From Michigan State University	47.076			51,206	
Pass-Through From Montana State University	47.076			8,868	
Pass-Through From Museum of Science and Industry	47.076			6,380	
Pass-Through From National Living Laboratory, Museum of Science	47.076			2,907	
Pass-Through From Purdue University	47.076			11,947	
Pass-Through From Research Triangle Institute	47.076			19,188	
Pass-Through From South Dakota School of Mines & Technology	47.076			8,491	
Pass-Through From Stevens Institute of Technology	47.076			16,820	
Pass-Through From The Concord Consortium	47.076			17,360	
Pass-Through From Tidewater Community College	47.076			41,745	
Pass-Through From University of Maryland	47.076			5,471	
Pass-Through From University of Pittsburgh	47.076			96,848	
Pass-Through From Villanova University	47.076			340	
Polar Programs	47.078		220,894		
Pass-Through From Columbia University	47.078			6,750	
Pass-Through From University of Colorado at Boulder	47.078			56,216	
International Science and Engineering (OISE)	47.079		409,110		81,051
Pass-Through From Council of Graduate Schools	47.079			9,815	
Office of Cyberinfrastructure	47.080		526,889		48,142
Pass-Through From Indiana University	47.080			(1,188)	
Pass-Through From University of Illinois at Urbana-Champaign	47.080			78,956	
Pass-Through From University of Maryland	47.080			271,955	
Pass-Through From University of North Carolina-Chapel Hill	47.080			40,227	
Pass-Through From Utah State University	47.080			49,357	
Trans-NSF Recovery Act Research Support	47.082				
Pass-Through From University of South Carolina	47.082			7,966	
Office of Integrative Activities	47.083				
Pass-Through From Colorado State University	47.083			51,524	
Other Assistance:					
Interagency Personnel Act Agreement Olds	47.RD	1461743 203376	211,493		
Interagency Personnel Act Agreement Goodings	47.RD	CMMI-1530886 203450	293,889		
Other Assistance	47.RD	MCB-1517298	213,271		
Probabilistic Methods in Computational Topology	47.RD	DMS-1114923 202470	9,308		

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<i>Pass-Through From Predictive Science, Incorporated</i>	47.RD	AGS-1249270 202906		9,121	
Other Assistance	47.RD	1245673	1,007		
Other Assistance	47.RD	CHE-1551964	41,190		
Other Assistance	47.RD	DGE-1324586	794,834		
Other Assistance	47.RD	IPA AGRMT EAR-1551394	129,453		
Total Non-Stimulus			82,291,554	6,351,382	4,664,749
Stimulus (ARRA):					
Trans-NSF Recovery Act Research Support	47.082		7,737		
<i>Pass-Through From University of New Mexico</i>	47.082			2,500	
Total Stimulus (ARRA)			7,737	2,500	-
Total Research and Development Cluster			82,299,291	6,353,882	4,664,749
Total National Science Foundation			88,978,140	6,720,428	4,739,908
SMALL BUSINESS ADMINISTRATION					
Small Business Development Centers	59.037		2,871,311		722,858
<i>Pass-Through From Community Business Partnership</i>	59.037			309,066	
Federal and State Technology Partnership Program	59.058		6,280		
State Trade Expansion	59.061		342,850		
Entrepreneurial Development Disaster Assistance (Disaster Relief Appropriations Act)	59.064		8,705		
Total Small Business Administration			3,229,146	309,066	722,858
U.S. DEPARTMENT OF VETERANS AFFAIRS					
Grants to States for Construction of State Home Facilities	64.005		107,269		
Veterans State Domiciliary Care	64.014		648,167		
Veterans State Nursing Home Care	64.015		20,125,485		
Burial Expenses Allowance for Veterans	64.101		681,620		
Veterans Information and Assistance	64.115		2,881		
All-Volunteer Force Educational Assistance	64.124		773,286		
Total Excluding Clusters Identified Below			22,338,708	-	-
Research and Development Cluster:					
Other Assistance:					
Asymptomatic Carotid Stenosis and Cognitive Correlates of Function	64.RD	512-D65004 203380	60,791		
Indianapolis Data Analysis- Interagency Personnel Act Agreement	64.RD	583D65027 203657	29,950		
Interagency Personnel Act Agreement for Phan Giang	64.RD	203429	20,278		
Interagency Personnel Act Extension for Wojtusiak	64.RD	203427	13,541		
Interagency Personnel Agreement	64.RD	203543	43,578		
Other Assistance	64.RD	VA268-16-C-0013	7,165		
Total Research and Development Cluster			175,303	-	-
Total U.S. Department of Veterans Affairs			22,514,011	-	-
ENVIRONMENTAL PROTECTION AGENCY					
State Indoor Radon Grants	66.032		71,941		
Surveys Studies, Investigations Demonstrations and Special Purpose Activities Relating to the Clean Air Act	66.034		672,207		
State Clean Diesel Grant Program - ARRA	66.040		197,668		196,657
Puget Sound Protection and Restoration:Tribal Implementation Assistance Program	66.121				
<i>Pass-Through From George Washington University</i>	66.121			11,584	
Congressionally Mandated Projects	66.202		1,399		
State Public Water System Supervision	66.432		2,011,037		
Water Quality Management Planning - ARRA	66.454		110,213		93,653
Nonpoint Source Implementation Grants	66.460		2,997,927		1,554,902
Chesapeake Bay Program	66.466		2,415,292		995,770
<i>Pass-Through From National Fish & Wildlife Foundation</i>	66.466			280,714	
P3 Award: National Student Design Competition for Sustainability	66.516		30,871		
Performance Partnership Grants	66.605		576,720		95,000
Environmental Information Exchange Network Grant Program and Related Assistance	66.608		72,768		
TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals	66.707		160,565		
Pollution Prevention Grants Program	66.708		52,792		
Source Reduction Assistance	66.717		38,279		
Superfund State, Political Subdivision, and Indian Tribe Site-Specific Cooperative Agreements - ARRA	66.802		259,718		
Underground Storage Tank Prevention, Detection, and Compliance Program	66.804		733,419		
Leaking Underground Storage Tank Trust Fund Corrective Action Program - ARRA	66.805		1,143,746		
Superfund State and Indian Tribe Core Program Cooperative Agreements	66.809		193,362		

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Brownfields Assessment and Cleanup Cooperative Agreements - ARRA	66.818		29,256		
Total Excluding Clusters Identified Below			11,769,180	292,298	2,935,982
Clean Water State Revolving Fund Cluster:					
Capitalization Grants for Clean Water State Revolving Funds - ARRA	66.458		22,986,602		22,100,733
Total Clean Water State Revolving Fund Cluster			22,986,602	-	22,100,733
Drinking Water State Revolving Fund Cluster:					
Capitalization Grants for Drinking Water State Revolving Funds - ARRA	66.468		15,395,441		11,574,700
Total Drinking Water State Revolving Fund Cluster			15,395,441	-	11,574,700
Research and Development Cluster:					
Air Pollution Control Program Support	66.001				
<i>Pass-Through From Research Triangle Institute</i>	66.001			31,812	
State Indoor Radon Grants	66.032		11,128		
National Clean Diesel Emissions Reduction Program - ARRA	66.039		24,468		
Surveys, Studies, Investigation, Demonstrations and Training Grants - Section 1442 of the Safe Drinking Water Act	66.424		60,863		
Water Quality Management Planning - ARRA	66.454		149,672		24,568
Nonpoint Source Implementation Grants	66.460		19,702		
Regional Wetland Program Development Grants	66.461		384,689		
<i>Pass-Through From New Hampshire Department of Environmental Services</i>	66.461			59,997	
Chesapeake Bay Program	66.466		8,774,298		2,701,529
<i>Pass-Through From Farm Pilot Project Coordination Incorporated</i>	66.466			215	
<i>Pass-Through From Middle Peninsula Planning District</i>	66.466			81,135	
<i>Pass-Through From National Fish & Wildlife Foundation</i>	66.466			25,581	
<i>Pass-Through From Northern Shenandoah Valley Regional Commission</i>	66.466			25,782	
<i>Pass-Through From Oyster Recovery Partnership, Incorporated</i>	66.466			44,622	
Beach Monitoring and Notification Program Implementation Grants	66.472		265,941		
Senior Environmental Employment Program - ARRA	66.508		234,748		
Science To Achieve Results (STAR) Research Program	66.509		162,303		
<i>Pass-Through From Washington University</i>	66.509			128,461	
Office of Research and Development Consolidated Research/Training/Fellowships	66.511		155,771		5,291
Greater Research Opportunities (GRO) Fellowships For Undergraduate/Graduate Environmental Study	66.513		11,000		
Science To Achieve Results (STAR) Fellowship Program	66.514		44,226		
P3 Award: National Student Design Competition for Sustainability	66.516		86,563		
Performance Partnership Grants	66.605		11,060,110		24,154
Brownfields Training, Research, and Technical Assistance Grants and Cooperative Agreements	66.814		203,990		120,676
Total Research and Development Cluster			21,649,472	397,605	2,876,218
Total Environmental Protection Agency			71,800,695	689,903	39,487,633
NUCLEAR REGULATORY COMMISSION					
U.S. Nuclear Regulatory Commission Nuclear Education Grant Program	77.006		324,725		
U.S. Nuclear Regulatory Commission Scholarship and Fellowship Program	77.008		216,807		
Total Excluding Clusters Identified Below			541,532	-	-
Research and Development Cluster:					
U.S. Nuclear Regulatory Commission Nuclear Education Grant Program	77.006				
<i>Pass-Through From University of California, Berkeley</i>	77.006			33	
U.S. Nuclear Regulatory Commission Minority Serving Institutions Program (MSIP)	77.007		42,352		
U.S. Nuclear Regulatory Commission Scholarship and Fellowship Program	77.008		21,654		
Other Assistance:					
Other Assistance	77.RD	NRC-HQ-12-G-38-0019	152,835		
Total Research and Development Cluster			216,841	33	-
Total Nuclear Regulatory Commission			758,373	33	-
U.S. DEPARTMENT OF ENERGY					
Non-Stimulus:					
State Energy Program	81.041		1,368,869		1,368,869
Weatherization Assistance for Low-Income Persons	81.042		3,184,974		3,184,974
Conservation Research and Development	81.086				
<i>Pass-Through From National Fire Protection Association</i>	81.086			37,529	
Renewable Energy Research and Development	81.087		203,533		120,755
<i>Pass-Through From Dominion Virginia Power</i>	81.087			30,390	
<i>Pass-Through From Pennsylvania State University</i>	81.087			56,063	
Energy Efficiency and Renewable Energy Information Dissemination, Outreach, Training and Technical Analysis/Assistance	81.117		22,274		

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Nuclear Energy Research, Development and Demonstration	81.121		137,158		
Other Assistance:					
Other Assistance	81.U01	AEV-5-52017-01	2,958		
Other Assistance	81.U02	IPA EXECUTED 10/6/11	101,253		
Other Assistance	81.U03	IPA MIEE12270	272,590		
<i>Pass-Through From Battelle Pacific Northwest National Laboratory</i>	81.U04	259018		5,000	
Total Non-Stimulus			5,293,609	128,982	4,674,598
Stimulus (ARRA):					
State Energy Program	81.041		263,410		
Total Stimulus (ARRA)			263,410	-	-
Total Excluding Clusters Identified Below			5,557,019	128,982	4,674,598
Research and Development Cluster:					
Non-Stimulus:					
State Energy Program	81.041		310,652		310,652
Office of Science Financial Assistance Program - ARRA	81.049		8,926,258		216,177
<i>Pass-Through From Case Western Reserve University</i>	81.049			(517)	
<i>Pass-Through From Cell Free Bioinnovations Incorporated</i>	81.049			46,100	
<i>Pass-Through From Giner Incorporated</i>	81.049			63,869	
<i>Pass-Through From Innovative Wireless Technologies Incorporated</i>	81.049			28,275	
<i>Pass-Through From Kyma Technologies Incorporated</i>	81.049			5,646	
<i>Pass-Through From Louisiana State University</i>	81.049			106,738	
<i>Pass-Through From Michigan State University</i>	81.049			46,545	
<i>Pass-Through From Ohio State University Research Foundation</i>	81.049			19,329	
<i>Pass-Through From Old Dominion University Research Foundation</i>	81.049			47,072	
<i>Pass-Through From Oregon State University</i>	81.049			115,982	
<i>Pass-Through From Pennsylvania State University</i>	81.049			239,177	
<i>Pass-Through From Reservoir Labs, Incorporated</i>	81.049			258,497	
<i>Pass-Through From Smithsonian Institution</i>	81.049			30,040	
<i>Pass-Through From University of California at Berkeley</i>	81.049			98,846	
<i>Pass-Through From University of California, Davis</i>	81.049			59,998	
<i>Pass-Through From University of Michigan - Ann Arbor</i>	81.049			103,208	
Nuclear Waste Disposal Siting	81.065				
<i>Pass-Through From Vanderbilt University</i>	81.065			112,899	
Regional Biomass Energy Programs	81.079		95,499		
<i>Pass-Through From South Dakota State University</i>	81.079			8,978	
Conservation Research and Development	81.086		523,815		
<i>Pass-Through From NC State University</i>	81.086			247,826	
<i>Pass-Through From Penn State University</i>	81.086			139,265	
Renewable Energy Research and Development	81.087		465,052		16,727
<i>Pass-Through From Antares Group Incorporated</i>	81.087			136,599	
<i>Pass-Through From California Polytechnic State University</i>	81.087			4,047	
<i>Pass-Through From South Dakota State University</i>	81.087			11,658	
<i>Pass-Through From University of Florida</i>	81.087			119,512	
<i>Pass-Through From Virginia Electric & Power Company</i>	81.087			22,274	
Fossil Energy Research and Development	81.089		5,488,514		1,076,588
<i>Pass-Through From Southern States Energy Board</i>	81.089			126,975	
<i>Pass-Through From University of Kentucky</i>	81.089			71,826	
Defense Nuclear Nonproliferation Research	81.113		479,336		475,861
State Energy Program Special Projects	81.119		318,217		318,217
<i>Pass-Through From Pacific Northwest National Laboratory</i>	81.119			63,498	
Nuclear Energy Research, Development and Demonstration	81.121		515,144		197,113
<i>Pass-Through From Electric Power Research Institute</i>	81.121			71,057	
<i>Pass-Through From Fermi Research Alliance, Limited Liability Company</i>	81.121			11,551	
<i>Pass-Through From Ohio State University Research Foundation</i>	81.121			74,062	
<i>Pass-Through From Pennsylvania State University</i>	81.121			23,932	
<i>Pass-Through From Stony Brook University</i>	81.121			146,583	
<i>Pass-Through From The University of Tennessee</i>	81.121			32,458	
<i>Pass-Through From University of Utah</i>	81.121			53,171	
<i>Pass-Through From Vanderbilt University</i>	81.121			22,368	
Electricity Delivery and Energy Reliability, Research, Development and Analysis - ARRA	81.122		13,780		
<i>Pass-Through From Grid Protection Alliance</i>	81.122			334,426	
National Nuclear Security Administration (NNSA) Minority Serving Institutions (MSI) Program	81.123		3,130,935		2,554,086
<i>Pass-Through From Lawrence Livermore National Laboratory</i>	81.123			36,372	
<i>Pass-Through From Los Alamos National Security Limited Liability Corporation</i>	81.123			174,128	
Predictive Science Academic Alliance Program	81.124				
<i>Pass-Through From University of Illinois</i>	81.124			16,557	
Advanced Research and Projects Agency - Energy Financial Assistance Program - ARRA	81.135		8,827		
<i>Pass-Through From GE Energy</i>	81.135			253	
<i>Pass-Through From GE Global Research</i>	81.135			275,986	

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<i>Pass-Through From Kohana Technologies</i>	81.135			200,792	
<i>Pass-Through From Microlink Devices Incorporated</i>	81.135			134,260	
Long-Term Surveillance and Maintenance	81.136				
<i>Pass-Through From Lawrence Berkeley National Lab</i>	81.136			17,446	
Other Assistance:					
Grain Boundary Diffusion in Electronic and Structural Materials	81.RD	DE-FG02-01ER45871 203351	102,359		
Nuclear Physics	81.RD	10C0418300	155,691		
Theory of Optical Physics of Nanocrystals for Solar Energy Utilization	81.RD	XCO-0-40599-01 202076	243		
Other Assistance	81.RD	40000135182	37,539		
Other Assistance	81.RD	4000099824	34,198		
Other Assistance	81.RD	4000126808	256,361		
Other Assistance	81.RD	4000135204	50,845		
Other Assistance	81.RD	4000135335	46,759		
Other Assistance	81.RD	4000135583	24,227		
Other Assistance	81.RD	4000145154	6,961		
Other Assistance	81.RD	4000145630	15,507		
Other Assistance	81.RD	AT-30264	20,269		
Other Assistance	81.RD	AT-30266	20,269		
Other Assistance	81.RD	DE-FG02-05ER15751	178,525		
Other Assistance	81.RD	SUB NO. XHD-4-42003-01	45,871		
Other Assistance	81.RD	TASK ORDER #4000143330	23,841		
Other Assistance	81.RD	TASK ORDER 4000138064	38,018		
Other Assistance	81.RD	TASK ORDER 4000143784	20,694		
<i>Pass-Through From Alliance for Sustainable Energy</i>	81.RD	DE-AC36-08GO28308 203720		90,094	
<i>Pass-Through From Babcock & Wilcox Pantex</i>	81.RD	PO 0000023257		1,968	
<i>Pass-Through From Battelle</i>	81.RD	259876		73,065	
<i>Pass-Through From Bechtel Marine Propulsion</i>	81.RD	PURCHASE ORDER 7015060		62,787	
<i>Pass-Through From Delta Products Corporation</i>	81.RD	AGMT EFFCT 10/01/14 AT-21583		147,371	
<i>Pass-Through From General Motors Corporation</i>	81.RD	PO 4300226098		65,298	
<i>Pass-Through From Georgia Institute of Technology Corporation</i>	81.RD	RD537-S4		131,255	
<i>Corporation</i>	81.RD	PO N000171892		601	
<i>Corporation</i>	81.RD	PO N000181541		33,865	
<i>Pass-Through From Hughes Research Laboratories Limited Liability Corporation</i>	81.RD	13047-401292-DS		117,991	
<i>Pass-Through From Idaho National Laboratory</i>	81.RD	0160029		30,226	
<i>Pass-Through From Lawrence Berkeley National Laboratory</i>	81.RD	7048974		16,732	
<i>Pass-Through From Lawrence Livermore National Laboratory</i>	81.RD	B612600		30,415	
<i>Pass-Through From Lawrence Livermore National Laboratory</i>	81.RD	B616637		11,007	
<i>Pass-Through From Lawrence Livermore National Laboratory</i>	81.RD	B617165		34,250	
<i>Pass-Through From Los Alamos National Security Limited Liability Company</i>	81.RD	DE-AC52-06NA25396 203448		26,246	
<i>Pass-Through From Pacific Northwest National Laboratory</i>	81.RD	280133		56,365	
<i>Pass-Through From Palo Alto Research Center</i>	81.RD	SUBCONTRACT DATED 2/1/16		6,121	
<i>Pass-Through From Savannah River Nuclear Solutions Limited Liability Corporation</i>	81.RD	258389		54,976	
<i>Pass-Through From South Dakota State University</i>	81.RD	3TK676		38,445	
<i>Pass-Through From Southeastern Universities Research Association Incorporated</i>	81.RD	13A0910200		16,593	
<i>Pass-Through From Universities Research Association Incorporated</i>	81.RD	URA AWARD 15-S-35		2,200	
<i>Pass-Through From University of Michigan - Ann Arbor</i>	81.RD	3003639692		10,678	
Total Non-Stimulus			21,354,206	5,018,113	5,165,421
Stimulus (ARRA):					
State Energy Program	81.041		308,309		
Office of Science Financial Assistance Program - ARRA	81.049		210		
<i>Pass-Through From Penn State University</i>	81.049			75	
Total Stimulus (ARRA)			308,519	75	-
Total Research and Development Cluster			21,662,725	5,018,188	5,165,421
Total U.S. Department of Energy			27,219,744	5,147,170	9,840,019

U.S. DEPARTMENT OF EDUCATION

Non-Stimulus:					
Adult Education-Basic Grants to States	84.002		13,056,433		9,802,474
Title I Grants to Local Educational Agencies	84.010		229,215,233		226,304,035
Migrant Education-State Grant Program	84.011		759,636		612,971
Title I State Agency Program for Neglected and Delinquent Children and Youth	84.013		1,487,342		861,166
Undergraduate International Studies and Foreign Language Programs	84.016		39,532		8,010
Higher Education-Institutional Aid	84.031		10,322,121		
Career and Technical Education-Basic Grants to States	84.048		21,999,830		16,236,449
Fund for the Improvement of Postsecondary Education	84.116		23,902		8,441
Rehabilitation Services-Vocational Rehabilitation Grants to States	84.126		80,861,032		903,140
Rehabilitation Long-Term Training	84.129		348,411		
National Institute on Disability and Rehabilitation Research	84.133		28,045		
Migrant Education-Coordination Program	84.144		138,882		93,123

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Douglas Teacher Scholarships	84.176		16,195		16,195
Rehabilitation Services-Independent Living Services for Older Individuals Who are Blind	84.177		822,408		
Special Education-Grants for Infants and Families	84.181		10,935,719		7,955,641
School Safety National Activities	84.184		527,591		81,134
Supported Employment Services for Individuals with the Most Significant Disabilities	84.187		243,580		
Education for Homeless Children and Youth	84.196		1,137,417		924,614
Graduate Assistance in Areas of National Need	84.200		244,506		
Javits Gifted and Talented Students Education	84.206				
<i>Pass-Through From Ohio Department of Education</i>	84.206			107,380	
Assistive Technology	84.224		1,836,074		
Rehabilitation Services Demonstration and Training Programs	84.235		194,221		
Rehabilitation Training-State Vocational Rehabilitation Unit In-Service Training	84.265		41,673		
Ready to Teach	84.286		85,746		
Twenty-First Century Community Learning Centers	84.287		18,359,862		16,882,302
<i>Pass-Through From Caroline County Public Schools</i>	84.287			672	
Education Research, Development and Dissemination	84.305				
<i>Pass-Through From Teacher's College</i>	84.305			25,000	
Special Education-State Personnel Development	84.323		1,644,437		879,583
Special Education-Personnel Development to Improve Services and Results for Children with Disabilities	84.325		763,963		
<i>Pass-Through From Vanderbilt University</i>	84.325			67,931	
Special Education-Technical Assistance and Dissemination to Improve Services and Results for Children with Disabilities	84.326		185,463		
Advanced Placement Program (Advanced Placement Test Fee: Advanced Placement Incentive Program Grants	84.330		416,562		416,562
Gaining Early Awareness and Readiness for Undergraduate Programs	84.334		2,602,001		2,355,991
Child Care Access Means Parents in School	84.335		113,607		73,500
Teacher Quality Enhancement Grants	84.336		1,061,254		
Transition to Teaching	84.350		154,157		
Rural Education	84.358		1,993,237		1,907,940
School Leader Recruitment and Support	84.363		53,848		
English Language Acquisition Grants	84.365		11,307,507		10,555,157
Mathematics and Science Partnerships	84.366		2,398,638		625,606
Supporting Effective Instruction State Grant	84.367		40,931,610		39,171,146
<i>Pass-Through From National Writing Project</i>	84.367			28,281	
Grants for State Assessments and Related Activities	84.369		9,206,861		
Statewide Data Systems	84.372				
<i>Pass-Through From Nevada Department of Education</i>	84.372			260,228	
School Improvement Grants	84.377		6,283,534		6,211,646
Strengthening Minority-Serving Institutions	84.382		682,152		
State Fiscal Stabilization Fund (SFSF) - What Works and Innovation Fund, Recovery Act	84.396		77,246		
Transition Programs for Students with Intellectual Disabilities into Higher Education	84.407		188,797		
Preschool Development Grants	84.419		9,869,859		9,093,890
Total Non-Stimulus			482,660,124	489,492	351,980,716
Stimulus (ARRA):					
Teacher Quality Partnerships, Recovery Act	84.405		57,132		
Total Stimulus (ARRA)			57,132	-	-
Total Excluding Clusters Identified Below			482,717,256	489,492	351,980,716
Special Education Cluster (IDEA):					
Special Education-Grants to States	84.027		276,269,062		246,189,066
Special Education-Preschool Grants	84.173		9,943,367		7,951,085
Total Special Education Cluster (IDEA)			286,212,429	-	254,140,151
Student Financial Assistance Programs Cluster:					
Federal Supplemental Educational Opportunity Grants	84.007		9,913,300		
Federal Work-Study Program - ARRA	84.033		11,618,759		
Federal Perkins Loan Program-Federal Capital Contributions	84.038		74,691,676		
Federal Pell Grant Program - ARRA	84.063		408,617,412		
Federal Direct Student Loans	84.268		1,266,930,350		
Teacher Education Assistance for College and Higher Education Grants (TEACH Grants)	84.379		273,831		
Postsecondary Education Scholarships for Veterans Dependents (Iraq and Afghanistan Service Grants (IASG))	84.408		10,164		
Total Student Financial Assistance Programs Cluster			1,772,055,492	-	-
TRIO Cluster:					
TRIO-Student Support Services	84.042		5,286,397		293,788
TRIO-Talent Search	84.044		1,552,361		
TRIO-Upward Bound	84.047		4,566,338		358,145
TRIO-Educational Opportunity Centers	84.066		464,034		

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Total TRIO Cluster			11,869,130	-	651,933
Research and Development Cluster:					
Non-Stimulus:					
Overseas Programs-Doctoral Dissertation Research Abroad	84.022		31,641		
National Institute on Disability and Rehabilitation Research	84.133		65,151		
<i>Pass-Through From Southwestern Educational Development Laboratory</i>	84.133			93,215	
<i>Pass-Through From Transcen Incorporated</i>	84.133			158,652	
Javits Gifted and Talented Students Education	84.206		934,718		
Fund for the Improvement of Education	84.215				
<i>Pass-Through From University of Delaware</i>	84.215			25,277	
Education Research, Development and Dissemination	84.305		10,807,053		3,686,992
<i>Pass-Through From American Institutes for Research</i>	84.305			208,283	
<i>Pass-Through From Fordham University</i>	84.305			154,277	
<i>Pass-Through From Harvard University</i>	84.305			46,600	
<i>Pass-Through From Rutgers, The State University of New Jersey</i>	84.305			17,861	
<i>Pass-Through From University of Connecticut</i>	84.305			131,840	
<i>Pass-Through From University of North Carolina at Chapel Hill</i>	84.305			199,704	
<i>Pass-Through From University of Pittsburgh</i>	84.305			27,210	
<i>Pass-Through From University of Texas</i>	84.305			69,046	
Research in Special Education	84.324		468,582		
<i>Pass-Through From Duquesne University</i>	84.324			82,954	
<i>Pass-Through From University of Florida</i>	84.324			62,944	
Special Education-Personnel Development to Improve Services and Results for Children with Disabilities	84.325		21,051		
<i>Pass-Through From University of Cincinnati</i>	84.325			60,550	
Special Education-Technology and Media Services for Individuals with Disabilities	84.327		428,335		
Transition to Teaching	84.350				
<i>Pass-Through From American Board for Certification of Teacher Excellence</i>	84.350			3	
Supporting Effective Instruction State Grant	84.367		653		
Grants for State Assessments and Related Activities	84.369		1,348		
Teacher and School Leader Incentive Grants	84.374				
<i>Pass-Through From The Community Training and Assistance Center</i>	84.374			190,742	
Investing in Innovation (I3) Fund	84.411				
<i>Pass-Through From Albemarle County Public Schools</i>	84.411			86,856	
<i>Pass-Through From Challenger Center for Space Science Education</i>	84.411			6,504	
Other Assistance:					
Strengthening the Study of North African Culture, Language and Society	84.RD	P016A120054 202778	4,032		
<i>Pass-Through From American Institutes for Research</i>	84.RD	H133A110004 202619		126,103	
<i>Pass-Through From Council for Opportunity in Education</i>	84.RD	U396B100289 203489		16,348	
Total Non-Stimulus			12,762,564	1,764,969	3,686,992
Stimulus (ARRA):					
State Fiscal Stabilization Fund (SFSF) - What Works and Innovation Fund, Recovery Act	84.396		2,192,851		
<i>Pass-Through From Oregon State University</i>	84.396			90,626	
Total Stimulus (ARRA)			2,192,851	90,626	-
Total Research and Development Cluster			14,955,415	1,855,595	3,686,992
Total U.S. Department of Education			2,567,809,722	2,345,087	610,459,792
SCHOLARSHIP AND FELLOWSHIP FOUNDATIONS					
U.S. Faculty Scholar Grants	85.801				
<i>Pass-Through From Vietnam Education Foundation</i>	85.801			10,930	
Other Assistance:					
Facility Management	85.U01	730-0000306271B 209765	2,330		
Facility Management Certificate Training	85.U02	730-0000306271A 209737	9,119		
Principles of Facilities Management	85.U03	732-0000350147 209731	2,318		
Total Excluding Clusters Identified Below			13,767	10,930	-
Research and Development Cluster:					
Smithsonian Institution Fellowship Program	85.601		4,306		
Other Assistance:					
Other Assistance	85.RD	15-PO-331-0000312344	480		
Total Research and Development Cluster			4,786	-	-
Total Scholarship and Fellowship Foundations			18,553	10,930	-
U.S. NATIONAL ARCHIVES AND RECORDS ADMINISTRATION					
National Historical Publications and Records Grants	89.003		57,795		
<i>Pass-Through From Indiana University</i>	89.003			7,343	

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Other Assistance	89.U01	ABMC-15-11 (TN)	70,798		
Total Excluding Clusters Identified Below			128,593	7,343	-
Research and Development Cluster: National Historical Publications and Records Grants	89.003		751,793		
Total Research and Development Cluster			751,793	-	-
Total U.S. National Archives and Records Administration			880,386	7,343	-
ELECTIONS ASSISTANCE COMMISSION					
Help America Vote Act Requirements Payments	90.401		5,780,648		
Total Elections Assistance Commission			5,780,648	-	-
U.S. INSTITUTE OF PEACE					
Research and Development Cluster: Annual Grant Competition	91.001		45,075		
<i>Pass-Through From Usmanu Danfodiyo University</i>	91.001			6,662	
Total Research and Development Cluster			45,075	6,662	-
Total U.S. Institute of Peace			45,075	6,662	-
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Non-Stimulus:					
Medical Reserve Corps Small Grant Program	93.008				
<i>Pass-Through From National Association of County and City Health Officials</i>	93.008			76,195	
Special Programs for the Aging-Title VII, Chapter 3-Programs for Prevention of Elder Abuse, Neglect, and Exploitation	93.041		96,988		96,988
Special Programs for the Aging-Title VII, Chapter 2-Long Term Care Ombudsman Services for Older Individuals	93.042		398,144		243,190
Special Programs for the Aging-Title III, Part D-Disease Prevention and Health Promotion Services	93.043		411,737		411,737
Special Programs for the Aging-Title IV-and Title II-Discretionary Projects - ARRA	93.048		261,837		119,915
Alzheimer's Disease Demonstration Grants to States	93.051		94,382		94,152
National Family Caregiver Support, Title III, Part E	93.052		3,463,334		3,322,404
Global AIDS	93.067				
<i>Pass-Through From Republic of Rwanda, Minister of Health</i>	93.067			232,167	
Medicare Enrollment Assistance Program	93.071		605,725		592,904
Lifespan Respite Care Program	93.072		118,076		
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074		24,010,448		7,565,587
Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance	93.079		45,941		
Enhance The Safety of Children Affected by Substance Abuse	93.087				
<i>Pass-Through From Rockingham Memorial Hospital</i>	93.087			2,985	
Affordable Care Act - Personal Responsibility Education Program	93.092		507,008		9,990
Food and Drug Administration-Research	93.103		1,227,570		
<i>Pass-Through From National Association of County and City Health Officials</i>	93.103			16,068	
Area Health Education Centers	93.107		849,640		458,130
Maternal and Child Health Federal Consolidated Programs	93.110		307,732		3,439
<i>Pass-Through From The Children's Hospital of Philadelphia (CHOP)</i>	93.110			8,638,953	
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116		1,483,829		298,420
Nurse Anesthetist Traineeships	93.124		64,208		
Emergency Medical Services for Children	93.127		86,772		
Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices	93.130		205,534		
Injury Prevention and Control Research and State and Community Based Programs	93.136		1,063,232		516,274
HIV-Related Training and Technical Assistance	93.145				
<i>Pass-Through From University of Pittsburgh</i>	93.145			250,556	3,506
Projects for Assistance in Transition from Homelessness (PATH)	93.150		1,493,672		1,405,143
Coordinated Services and Access to Research for Women, Infants, Children, and Youth	93.153		313,799		
Grants to States for Loan Repayment Program	93.165		254,700		
Nursing Workforce Diversity	93.178		125,527		
Disabilities Prevention	93.184				
<i>Pass-Through From Children's Hospital of Philadelphia</i>	93.184			9,282	
Graduate Psychology Education	93.191		187,125		
Telehealth Network Grants	93.211		247,498		8,253
Family Planning-Services	93.217		3,156,506		96,885
Research on Healthcare Costs, Quality and Outcomes	93.226				
<i>Pass-Through From University of Massachusetts</i>	93.226			897	
Traumatic Brain Injury-State Demonstration Grant Program	93.234		233,482		123,750
Affordable Care Act (ACA)Abstinence Education Program	93.235		877,578		
Grants to States to Support Oral Healthcare Workforce Activities	93.236		188,760		60,500

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State Capacity Building	93.240		150,797		
State Rural Hospital Flexibility Program	93.241		325,216		
Substance Abuse and Mental Health Services-Projects of Regional and National Significance	93.243		8,548,641		2,770,938
<i>Pass-Through From American Nurses Association</i>	93.243			5,000	
<i>Pass-Through From National Association of State Mental Health Program Directors</i>	93.243			42,387	
Advanced Nursing Education Grant Program	93.247		1,132,621		
<i>Pass-Through From Old Dominion University Research Foundation</i>	93.247			341,442	
Public Health Training Centers Grant Program	93.249				
<i>Pass-Through From University of Pittsburgh</i>	93.249			99,736	
Universal Newborn Hearing Screening	93.251		147,864		
Poison Control Stabilization & Enhancement Grant Program	93.253		337,071		
Occupational Safety and Health Program	93.262				
<i>Pass-Through From University of New Mexico</i>	93.262			69,677	
Immunization Cooperative Agreements	93.268		67,294,646		145,688
Adult Viral Hepatitis Prevention and Control	93.270		75,246		
Drug-Free Communities Support Program Grants	93.276		126,197		
<i>Pass-Through From Blue Ridge Behavioral Healthcare</i>	93.276			2,255	
Centers for Disease Control and Prevention-Investigations and Technical Assistance	93.283		3,570,663		1,065,324
State Partnership Grant Program to Improve Minority Health	93.296		132,837		
Small Rural Hospital Improvement Grant Program	93.301		199,142		165,824
National State Based Tobacco Control Programs	93.305		933,579		97,707
Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program	93.314		87,694		
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323		1,112,660		
State Health Insurance Assistance Program	93.324		1,034,918		808,638
National Implementation and Dissemination for Chronic Disease Prevention	93.328				
<i>Pass-Through From National Women, Infants & Children Association</i>	93.328			420,582	
Behavioral Risk Factor Surveillance System	93.336		232,190		
Nurse Education, Practice and Retention Grants	93.359		493,837		
<i>Pass-Through From Marquette University</i>	93.359			14,401	
Sickle Cell Treatment Demonstration Program	93.365				
<i>Pass-Through From Johns Hopkins University</i>	93.365			52,819	10,950
ACL Independent Living State Grants	93.369		461,063		428,884
Cancer Centers Support Grants	93.397				
<i>Pass-Through From University of Kentucky Research Foundation</i>	93.397			52,032	
NON-ACA/PPHF—Building Capacity of the Public Health System to Improve Population Health through National Nonprofit Organizations	93.424				
<i>Pass-Through From Association of State and Territorial Health Officials</i>	93.424			11,113	
<i>Pass-Through From Council of State and Territorial Epidemiologists</i>	93.424			15,000	
<i>Pass-Through From National Association of County and City Health Officials</i>	93.424			2,475	
ACL Assistive Technology	93.464		457,251		298,844
Affordable Care Act (ACA) Family to Family Health Information Centers	93.504		106,440		2,499
Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	93.505		7,802,080		5,654,007
PPHF 2012 National Public Health Improvement Initiative	93.507		4,355		
Affordable Care Act (ACA) Primary Care Residency Expansion Program	93.510		99,792		99,792
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	93.521		956,261		
The Affordable Care Act (ACA): Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance	93.524				
<i>Pass-Through From Association of State and Territorial Health Officials</i>	93.524			81,447	
<i>Pass-Through From National Association of County and City Health Officials</i>	93.524			21,998	
State Planning and Establishment Grants for the Affordable Care Act (ACA)'s Exchanges	93.525		3,981,360		
Prevention and Public Health Fund (Affordable Care Act) - Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance	93.539		543,559		
Promoting Safe and Stable Families	93.556		4,755,481		4,572,493
Child Support Enforcement	93.563		66,602,862		1,509
Refugee and Entrant Assistance-State Administered Programs	93.566		7,411,572		4,261,428
Low-Income Home Energy Assistance	93.568		79,567,828		14,384,982
<i>Pass-Through From City of Richmond</i>	93.568			24,500	
Community Services Block Grant	93.569		11,617,785		11,074,751
Refugee and Entrant Assistance-Discretionary Grants	93.576		587,878		551,393
Refugee and Entrant Assistance-Targeted Assistance Grants	93.584		218,969		218,969
State Court Improvement Program	93.586		791,234		
Community-Based Child Abuse Prevention Grants	93.590		574,461		474,240
Grants to States for Access and Visitation Programs	93.597		246,130		245,009
Chafee Education and Training Vouchers Program (ETV)	93.599		391,891		363,423
Head Start	93.600		144,238		64,710
<i>Pass-Through From Total Action Against Poverty in Roanoke Valley</i>	93.600			34,065	
<i>Pass-Through From Total Action For Progress</i>	93.600			23,399	
Assets for Independence Demonstration Program	93.602				
<i>Pass-Through From Abt Associates Incorporated</i>	93.602			150,703	
Adoption Incentive Payments	93.603		289,455		260,828
Health Care Innovation Challenge	93.610				
<i>Pass-Through From Carilion Clinic</i>	93.610			136,537	
Strong Start for Mothers and Newborns	93.611		232,543		3,566
Voting Access for Individuals with Disabilities-Grants to States	93.617		207,679		165,387
ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	93.624		215,697		

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Affordable Care Act State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center	93.626		269,665		178,670
Developmental Disabilities Basic Support and Advocacy Grants	93.630		1,326,772		40,108
University Centers for Excellence in Developmental Disabilities Education, Research, and Service	93.632		691,763		
<i>Pass-Through From Association of University Centers on Disabilities</i>	93.632			87,853	
ACA Support for Demonstration Ombudsman Programs Serving Beneficiaries of State Demonstrations to Integrate Care for Medicare-Medicaid	93.634		276,165		
Children's Justice Grants to States	93.643		408,002		
Stephanie Tubbs Jones Child Welfare Services Program	93.645		5,613,785		5,583,715
Foster Care-Title IV-E	93.658		61,072,862		57,064,254
Adoption Assistance - ARRA	93.659		48,593,998		46,601,009
Social Services Block Grant	93.667		57,368,156		45,735,145
Child Abuse and Neglect State Grants	93.669		951,665		424,973
Family Violence Prevention and Services/Grants for Battered Women's Shelters-Grants to States and Indian Tribes	93.671		1,727,492		1,632,623
Chafee Foster Care Independence Program	93.674		1,259,713		1,104,555
Mental and Behavioral Health Education and Training Grants	93.732		45,591		
Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by the Prevention and Public Health Fund (PPHF-2012)	93.733		39,260		
Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs	93.734		81,998		39,235
State Public Health Approaches for Ensuring Quitline Capacity Funded in Part by 2012 Prevention and Public Health Funds (PPHF-2012)	93.735		559,781		159,287
State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health financed in part by Prevention and Public Health Funding (PPHF)	93.757		3,624,299		815,893
Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	93.758		2,709,319		320,045
Alzheimer's Disease Initiative: Specialized Supportive Services Project (ADI-SSS) thru Prevention and Public Health Funds (PPHF)	93.763		18,425		
Children's Health Insurance Program	93.767		232,880,344		3,289,384
Medicare-Hospital Insurance - ARRA	93.773		3,415		3,415
Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	93.779		16,227		
Money Follows the Person Rebalancing Demonstration	93.791		3,557,881		88,197
Organized Approaches to Increase Colorectal Cancer Screening	93.800		138,199		31,572
Ebola Healthcare Preparedness and Response for Select Cities with Enhanced Airport Entrance Screenings from Affected Countries in West Africa	93.801		125,000		125,000
Domestic Ebola Supplement to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.815		186,977		
Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	93.817		2,240,132		2,240,132
Section 223 Demonstration Programs to Improve Community Mental Health Services	93.829		687,661		687,661
Allergy, Immunology and Transplantation Research	93.855		4,500		
Biomedical Research and Research Training	93.859		797,223		
Child Health and Human Development Extramural Research	93.865		8,621		
Maternal, Infant and Early Childhood Home Visiting Grant Program	93.870		2,145		
Medical Library Assistance	93.879		219,468		
Grants for Training in Primary Care Medicine and Dentistry	93.884		347,600		
Rural Health Care Services Outreach and Rural Health Network Development Program	93.912		256,304		
Grants to States for Operation of Offices of Rural Health	93.913		118,961		
HIV Care Formula Grants	93.917		48,586,725		14,108,610
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918		1,477,483		
Ryan White HIV/AIDS Dental Reimbursements\Community Based Dental Partnership	93.924		15,473		
Healthy Start Initiative	93.926		1,171,997		411,622
Special Projects of National Significance	93.928		1,080,060		137,956
HIV Prevention Activities-Health Department Based	93.940		8,950,351		3,825,492
HIV Demonstration, Research, Public and Professional Education Projects	93.941		84,946		
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	93.944		2,413,265		10,399
Assistance Programs for Chronic Disease Prevention and Control	93.945		1,166,259		377,678
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	93.946		165,081		
Block Grants for Community Mental Health Services	93.958		10,870,151		8,637,756
<i>Pass-Through From Region Ten Community Services Board</i>	93.958			3,727	
Block Grants for Prevention and Treatment of Substance Abuse	93.959		41,337,955		37,677,949
<i>Pass-Through From Blue Ridge Behavioral Healthcare</i>	93.959			4,448	
Geriatric Education Centers	93.969		714,295		149,092
Preventive Health Services-Sexually Transmitted Diseases Control Grants	93.977		2,437,213		38,401
Cooperative Agreements for State-Based Diabetes Control Programs and Evaluation of Surveillance Systems	93.988		360		
Preventive Health and Health Services Block Grant	93.991		1,064		
Maternal and Child Health Services Block Grant to the States	93.994		10,590,848		2,759,530
Other Assistance:					
Avian Influenza	93.U01	AG-6395-P-15-0328	36,131		
CDC Vital Statistics	93.U02	200-2012-50846	465,399		
Communication Strategies	93.U03	1590570 209744	4,449		
FDA Tobacco Compliance Checks	93.U04	Contract # HHSF223201400103C	182,380		
Feed Inspection	93.U05	HHSF223201400124C	10,940		
Food Inspection	93.U06	HHSF223201400088C	89,425		

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Food Inspection	93.U07	HHSF223201400088C-Option YR1	506		
Mammography	93.U08	HHSF223201210123C	182,500		
Managing Change	93.U09	CTP-15-M-0003/IP1232280 209746	2,954		
NIMH Neuropathology	93.U10	HHSN271201500689P	255,230		
Persuasion Theories for Public Health Communication Practice	93.U11	1590573 209743	2,612		
Scientists Training	93.U12	1590294 209747	4,615		
Tissue Inspection	93.U13	HHSF22320130032I	16,449		
Writing Basics for Scientist Training	93.U14	1591073 209742	4,420		
Total Excluding Clusters Identified Below			877,135,372	10,924,699	297,922,308
Aging Cluster:					
Special Programs for the Aging-Title III, Part B-Grants for Supportive Services and Senior Centers	93.044		11,700,615		10,332,695
Special Programs for the Aging-Title III, Part C-Nutrition Services	93.045		12,092,393		12,092,393
Nutrition Services Incentive Program	93.053		2,099,570		2,099,570
Total Aging Cluster			25,892,578	-	24,524,658
CCDF Cluster:					
Child Care and Development Block Grant	93.575		79,429,114		11,963,152
<i>Pass-Through From Child Development Resources Institute</i>	93.575			206,432	
<i>Pass-Through From Virginia Early Childhood Foundation</i>	93.575			6,878	
Child Care Mandatory and Matching Funds of the Child Care and Development Fund	93.596		63,555,427		3,649,482
Total CCDF Cluster			142,984,541	213,310	15,612,634
Hurricane Sandy Relief Cluster:					
HHS Programs for Disaster Relief Appropriations Act - Non Construction	93.095				
<i>Pass-Through From Rowan University</i>	93.095			67,211	
Total Hurricane Sandy Relief Cluster			-	67,211	-
Medicaid Cluster:					
State Medicaid Fraud Control Units	93.775		8,688,119		
State Survey and Certification of Health Care Providers and Suppliers	93.777		7,874,530		
Medical Assistance Program	93.778		4,606,674,484		101,119,231
Total Medicaid Cluster			4,623,237,133	-	101,119,231
Student Financial Assistance Programs Cluster:					
Nurse Faculty Loan Program (NFLP)	93.264		501,749		
Health Professions Student Loans, Including Primary Care Loans/Loans for Disadvantaged Students	93.342		9,003,352		
Nursing Student Loans	93.364		2,089,184		
Total Student Financial Assistance Programs Cluster			11,594,285		-
TANF Cluster:					
Temporary Assistance for Needy Families	93.558		100,981,665		60,827,840
Total TANF Cluster			100,981,665	-	60,827,840
Research and Development Cluster:					
Non-Stimulus:					
Alzheimer's Disease Demonstration Grants to States	93.051		56,194		
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074		7,719		
Family Smoking Prevention and Tobacco Control Act Regulatory Research	93.077		3,825,965		1,143,819
<i>Pass-Through From Pennsylvania State University</i>	93.077			94,083	
<i>Pass-Through From State Of Maryland</i>	93.077			78,037	
<i>Pass-Through From Truth Initiative Foundation</i>	93.077			9,760	
<i>Pass-Through From University of Alabama</i>	93.077			25,678	
Blood Disorder Program: Prevention, Surveillance, and Research	93.080				
<i>Pass-Through From The Children's Hospital of Philadelphia</i>	93.080			25,562	
Healthy Marriage Promotion and Responsible Fatherhood Grants	93.086		339,109		118,005
Food and Drug Administration-Research	93.103		257,066		
<i>Pass-Through From Arbor Research Collaborative for Health</i>	93.103			20,196	
<i>Pass-Through From Georgia Institute of Technology</i>	93.103			99,049	
Maternal and Child Health Federal Consolidated Programs	93.110		877,193		75,250
<i>Pass-Through From Association of University Centers on Disabilities</i>	93.110			3,960	
<i>Pass-Through From Children's Hospital of Philadelphia</i>	93.110			17,240	
<i>Pass-Through From North Shore University Health Systems</i>	93.110			134,938	
<i>Pass-Through From University of South Carolina</i>	93.110			21,776	
Environmental Health	93.113		586,868		65,260
<i>Pass-Through From Georgetown University Medical Center</i>	93.113			102,102	
<i>Pass-Through From Luna Innovations Incorporated</i>	93.113			1,547	
<i>Pass-Through From University of Illinois at Chicago</i>	93.113			124,299	

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<i>Pass-Through From University of North Carolina-Chapel Hill</i>	93.113			91,739	
<i>Pass-Through From Wake Forest University</i>	93.113			103,168	
Oral Diseases and Disorders Research	93.121		2,391,894		85,039
<i>Pass-Through From Emory University</i>	93.121			9,264	
<i>Pass-Through From Georgia Regents University</i>	93.121			37,865	
<i>Pass-Through From Rutgers The State University of New Jersey</i>	93.121			85,712	
Injury Prevention and Control Research and State and Community Based Programs	93.136		618,263		
<i>Pass-Through From Johns Hopkins University</i>	93.136			4,936	
NIEHS Superfund Hazardous Substances-Basic Research and Education	93.143		163,268		14,165
<i>Pass-Through From Duke University</i>	93.143			20,250	
Human Genome Research	93.172		244,730		
<i>Pass-Through From University of Utah</i>	93.172			8,104	
Research Related to Deafness and Communication Disorders	93.173		2,644,010		186,366
<i>Pass-Through From University of Louisville Research Foundation, Incorporated</i>	93.173			100,134	
<i>Pass-Through From Baylor College of Medicine</i>	93.173			3,666	
Disabilities Prevention	93.184				
<i>Pass-Through From The Children's Hospital of Philadelphia</i>	93.184			5,006	
Telehealth Network Grants	93.211		572,844		2,768
Research and Training in Complementary and Alternative Medicine	93.213		802,724		65,606
<i>Pass-Through From Carnegie Mellon University</i>	93.213			5,508	
<i>Pass-Through From Massachusetts General Hospital</i>	93.213			2,378	
<i>Pass-Through From Wake Forest University Health Sciences</i>	93.213			7,006	
<i>Pass-Through From Wayne State University</i>	93.213			142,770	
Research on Healthcare Costs, Quality and Outcomes	93.226		3,165,742		825,975
<i>Pass-Through From AcademyHealth</i>	93.226			17,865	
<i>Pass-Through From RAND Corporation</i>	93.226			12,728	
<i>Pass-Through From Regents of the University of Colorado</i>	93.226			9,717	
<i>Pass-Through From The University of Tennessee</i>	93.226			81,428	
<i>Pass-Through From University of Chicago</i>	93.226			42,261	
<i>Pass-Through From University of Colorado</i>	93.226			317,172	
National Center on Sleep Disorders Research	93.233		4,831		
<i>Pass-Through From Brigham and Women's Hospital, Incorporated</i>	93.233			295,610	
Mental Health Research Grants	93.242		8,312,216		538,829
<i>Pass-Through From Boston University</i>	93.242			67,254	
<i>Pass-Through From Brown University</i>	93.242			32,659	
<i>Pass-Through From Indiana University</i>	93.242			39,245	
<i>Pass-Through From Michigan State University</i>	93.242			13,616	
<i>Pass-Through From RAND Corporation</i>	93.242			10,203	
<i>Pass-Through From Research Foundation for Mental Hygiene</i>	93.242			6,478	
<i>Pass-Through From Rhode Island Hospital</i>	93.242			98,597	
<i>Pass-Through From The Salk Institute for Biological Studies</i>	93.242			605,749	
<i>Pass-Through From University of Arizona</i>	93.242			11,012	
<i>Pass-Through From University of California, Berkeley</i>	93.242			76,150	
<i>Pass-Through From University of North Carolina at Chapel Hill</i>	93.242			158,114	
Substance Abuse and Mental Health Services-Projects of Regional and National Significance	93.243		137,074		
<i>Pass-Through From Morehouse School of Medicine</i>	93.243			1,348	
Advanced Nursing Education Grant Program	93.247		419,942		
Occupational Safety and Health Program	93.262		158,382		30,251
<i>Pass-Through From East Carolina University</i>	93.262			7,495	
<i>Pass-Through From Johns Hopkins University</i>	93.262			3,534	
<i>Pass-Through From University of Kentucky</i>	93.262			539	
Comprehensive Geriatric Education Program (CGEP)	93.265		17,915		10,727
Alcohol Research Programs	93.273		8,069,743		777,842
<i>Pass-Through From The Research Foundation of State University of New York</i>	93.273			252,406	
<i>Pass-Through From University of Washington</i>	93.273			14,804	
Drug Abuse and Addiction Research Programs	93.279		17,078,288		1,475,671
<i>Pass-Through From American Institutes for Research</i>	93.279			(2,322)	
<i>Pass-Through From Arizona State University</i>	93.279			141,234	
<i>Pass-Through From Barron Associates, Incorporated</i>	93.279			10,955	
<i>Pass-Through From Brigham and Women's Hospital</i>	93.279			11,104	
<i>Pass-Through From Florida International University</i>	93.279			29,181	
<i>Pass-Through From Henry Lee Moffitt Cancer Center and Research Institute</i>	93.279			19,175	
<i>Pass-Through From Johns Hopkins University</i>	93.279			52,656	
<i>Pass-Through From Lund University</i>	93.279			95,708	
<i>Pass-Through From Organix Incorporated</i>	93.279			25,882	
<i>Pass-Through From Research Foundation for Mental Hygiene Incorporated</i>	93.279			26,161	
<i>Pass-Through From Research Triangle Institute</i>	93.279			83,755	
<i>Pass-Through From Scripps Research Institute</i>	93.279			282,652	
<i>Pass-Through From Seton Hall University</i>	93.279			26,389	
<i>Pass-Through From Southern Research Institute</i>	93.279			3,301	
<i>University</i>	93.279			15,670	
<i>Pass-Through From The University of Texas</i>	93.279			318,081	
<i>Pass-Through From University of Kentucky</i>	93.279			143,051	
<i>Pass-Through From University of Kentucky Research Foundation</i>	93.279			10,365	

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<i>Pass-Through From University of Minnesota</i>	93.279			282,084	
<i>Pass-Through From University of North Carolina at Chapel Hill</i>	93.279			10,491	
<i>Pass-Through From University of North Texas Health Science</i>	93.279			174,273	
<i>Pass-Through From University of Pittsburgh</i>	93.279			318,630	
<i>Pass-Through From University of Washington</i>	93.279			110,169	
<i>Pass-Through From Yale University</i>	93.279			166,735	
Mental Health Research Career/Scientist Development Awards	93.281		147,451		
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286		2,089,913		96,110
<i>Pass-Through From New York University School of Medicine</i>	93.286			19,423	
<i>Pass-Through From Rivanna Medical Limited Liability Company</i>	93.286			66,253	
<i>Pass-Through From University of California, Santa Barbara</i>	93.286			53,000	
<i>Pass-Through From University of Iowa</i>	93.286			52,985	
<i>Pass-Through From Wake Forest University Health Sciences</i>	93.286			157	
State Partnership Grant Program to Improve Minority Health	93.296		9,741		
Teenage Pregnancy Prevention Program	93.297				
<i>Pass-Through From University of New Mexico</i>	93.297			32,201	
Minority Health and Health Disparities Research	93.307		2,539,284		178,595
<i>Pass-Through From City College of New York</i>	93.307			34,233	
<i>Pass-Through From University of Michigan</i>	93.307			8,428	
Trans-NIH Research Support	93.310		6,326,380		1,714,616
<i>Pass-Through From City College of New York</i>	93.310			16,752	
<i>Pass-Through From University at Buffalo</i>	93.310			251,383	
Systems, Capacity and Security	93.318		144,547		34,668
National Implementation and Dissemination for Chronic Disease Prevention	93.328		2,266		
National Center for Advancing Translational Sciences	93.350		2,077,828		21,358
<i>Pass-Through From Innovative Bio Therapies Incorporated</i>	93.350			66,783	
Research Infrastructure Programs	93.351		1,405,448		
Nurse Education, Practice and Retention Grants	93.359		19,213		
Nursing Research	93.361		496,215		37,216
<i>Pass-Through From Cincinnati Children's Hospital</i>	93.361			3,474	
<i>Pass-Through From Cubist Pharmaceuticals, Incorporated</i>	93.361			21,812	
<i>Pass-Through From Mayo Clinic Rochester</i>	93.361			1,367	
<i>Pass-Through From Medical University of South Carolina</i>	93.361			523	
<i>Pass-Through From University of Maryland</i>	93.361			115,723	
National Center for Research Resources	93.389				
<i>Pass-Through From University of Georgia</i>	93.389			98,135	
Cancer Cause and Prevention Research	93.393		9,468,615		2,293,515
<i>Pass-Through From City College of New York</i>	93.393			15,340	
<i>Pass-Through From Dartmouth College</i>	93.393			14,039	
<i>Pass-Through From Duke University</i>	93.393			7,182	
<i>Pass-Through From Fred Hutchinson Cancer Research Center</i>	93.393			37,576	
<i>Pass-Through From San Diego State University Research Foundation</i>	93.393			27,311	
<i>Pass-Through From The University of Texas M.D. Anderson Cancer Center</i>	93.393			102,554	
<i>Pass-Through From University of Arizona</i>	93.393			66,768	
<i>Pass-Through From University of California at San Francisco</i>	93.393			10,000	
Cancer Detection and Diagnosis Research	93.394		3,340,895		671,915
<i>Pass-Through From Georgetown University</i>	93.394			5,195	
<i>Pass-Through From Johns Hopkins University</i>	93.394			98,983	
<i>Pass-Through From Luna Innovations Incorporated</i>	93.394			60,280	
<i>Pass-Through From Rutgers, The State University of New Jersey</i>	93.394			138,151	
<i>Pass-Through From University of California Los Angeles</i>	93.394			265,117	
<i>Pass-Through From Washington University</i>	93.394			11,129	
Cancer Treatment Research	93.395		7,904,415		1,191,229
<i>Pass-Through From Children's Hospital of Philadelphia</i>	93.395			164,927	
<i>Pass-Through From Dana Farber Cancer Institute</i>	93.395			3,050	
<i>Pass-Through From FirstString Research Incorporated</i>	93.395			17,417	
<i>Pass-Through From Fred Hutchinson Cancer Research Center</i>	93.395			15,538	
<i>Pass-Through From Georgetown University</i>	93.395			106,170	
<i>Pass-Through From Henry Lee Moffitt Cancer Center and Research Institute</i>	93.395			53,824	
<i>Pass-Through From Keystone Nano, Incorporated</i>	93.395			69,052	
<i>Pass-Through From Leidos Incorporated</i>	93.395			34,404	
<i>Pass-Through From Memorial Sloan-Kettering Cancer Center</i>	93.395			1,537	
<i>Pass-Through From National Surgical Adjuvant Breast and Bowel Program</i>	93.395			80	
<i>Pass-Through From NRG Oncology Foundation Incorporated</i>	93.395			62,147	
<i>Pass-Through From Pennsylvania State University</i>	93.395			223,837	
<i>Pass-Through From Sanford-Burnham Medical Research Institute</i>	93.395			83,357	
<i>Pass-Through From Temple University</i>	93.395			460,477	
<i>Pass-Through From University of Pennsylvania</i>	93.395			(568)	
<i>Pass-Through From Wake Forest University Health Sciences</i>	93.395			7,655	
<i>Pass-Through From Wake Forest University School of Medicine</i>	93.395			8,263	
Cancer Biology Research	93.396		9,330,417		951,811
<i>Pass-Through From Duke University</i>	93.396			2,330	
<i>Pass-Through From Georgetown University</i>	93.396			162,065	

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Pass-Through From Regents of the University of Colorado	93.396			6,681	
Cancer Centers Support Grants	93.397		1,791,214		74,008
Pass-Through From Georgetown University Medical Center	93.397			53,983	
Pass-Through From Johns Hopkins University	93.397			76,932	
Pass-Through From The University of Texas	93.397			60,003	
Cancer Research Manpower	93.398		1,264,998		
Pass-Through From Temple University	93.398			175,417	
Cancer Control	93.399		13,398		
Pass-Through From National Surgical Adjuvant Breast and Bowel Program	93.399			70,608	54,105
ACL National Institute on Disability, Independent Living, and Rehabilitation Research	93.433		1,740,842		381,995
Head Start	93.600				
Pass-Through From University of Washington	93.600			559,542	
Health Care Innovation Challenge	93.610		71,328		
Pass-Through From Association of American Medical Colleges	93.610			343,066	
Health Information Technology Regional Extension Centers Program - ARRA	93.718				
Pass-Through From VHQC	93.718			12,221	
Public Health Funds (PPHF)	93.763		83,419		
Cardiovascular Diseases Research	93.837		23,538,631		1,740,458
Pass-Through From Children's Hospital Boston	93.837			40,459	
Pass-Through From Emory University	93.837			259	
Pass-Through From Houston Methodist Research Institute	93.837			150	
Pass-Through From Johns Hopkins University	93.837			461,769	
Pass-Through From Joslin Diabetes Center Incorporated	93.837			86,910	
Pass-Through From La Jolla Institute for Allergy and Immunology	93.837			704,879	
Pass-Through From Mount Sinai School of Medicine	93.837			2,241	
Pass-Through From Ohio State University Research Foundation	93.837			26,212	
Pass-Through From Soundpipe, Limited Liability Company	93.837			22,859	
Pass-Through From State Of Maryland	93.837			401,288	
Pass-Through From The Icahn School of Medicine at Mount Sinai	93.837			19,531	
Pass-Through From The Miriam Hospital	93.837			760	
Pass-Through From Tufts Medical Center Incorporated	93.837			8,138	
Pass-Through From University of California, San Diego	93.837			36,569	
Pass-Through From University of Connecticut	93.837			(5,537)	
Pass-Through From University of Florida	93.837			60,719	
Pass-Through From University of Houston System	93.837			163,328	
Pass-Through From University of Mississippi Medical Center	93.837			24,371	
Pass-Through From University of Pittsburgh	93.837			112,737	
Pass-Through From University of Rochester	93.837			16,644	
Pass-Through From University of Washington	93.837			100,775	
Pass-Through From Veterans Medical Research Foundation	93.837			6,279	
Pass-Through From Wake Forest University	93.837			753,649	
Pass-Through From West Virginia University	93.837			63,698	
Pass-Through From Yale University	93.837			797	
Lung Diseases Research	93.838		2,485,503		343,495
Pass-Through From American Lung Association	93.838			1,818	
Pass-Through From Case Western Reserve University	93.838			592,212	
Pass-Through From Duke University	93.838			73,622	
Pass-Through From Fred Hutchinson Cancer Research Center	93.838			13,198	
Pass-Through From Pennsylvania State University	93.838			3,444	
Pass-Through From Seattle Children's Hospital	93.838			17,385	
Pass-Through From University of Pennsylvania	93.838			20,865	
Pass-Through From University of Washington	93.838			36,508	
Pass-Through From Wake Forest University Health Sciences	93.838			112,029	
Pass-Through From Xemed Limited Liability Company	93.838			14,971	
Blood Diseases and Resources Research	93.839		4,318,448		2,418,666
Pass-Through From Bloodworks Northwest	93.839			25,858	
Pass-Through From Dana Farber Cancer Institute	93.839			845	
Pass-Through From Emory University	93.839			40,979	
Pass-Through From Georgia Regents University	93.839			24,348	
Pass-Through From Ohio State University Research Foundation	93.839			56,943	
Pass-Through From Wake Forest University	93.839			99,787	
Pass-Through From Washington University	93.839			976	
Pass-Through From Washington University in St. Louis	93.839			4,753	
Arthritis, Musculoskeletal and Skin Diseases Research	93.846		5,077,921		1,465,181
Pass-Through From Brigham and Women's Hospital	93.846			7,530	
Pass-Through From Indiana University Purdue University Indianapolis	93.846			84,835	
Pass-Through From Johns Hopkins University	93.846			5,864	
Pass-Through From Miami University	93.846			200,884	
Pass-Through From Ohio State University	93.846			6,440	
Pass-Through From University of Nevada, Reno	93.846			40,906	
Pass-Through From University of Pittsburgh	93.846			47,687	
Pass-Through From Washington University in St. Louis	93.846			23,286	
Diabetes, Digestive and Kidney Disease Extramural Research	93.847		18,634,274		1,796,723

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Pass-Through From Baylor College of Medicine	93.847			89,446	
Pass-Through From Beth Israel Deaconness Medical Center	93.847			33,454	
Pass-Through From George Washington University	93.847			69,972	
Pass-Through From Johns Hopkins University	93.847			466	
Pass-Through From Mayo Clinic Rochester	93.847			182,791	
Pass-Through From Medical University of South Carolina	93.847			18,496	
Pass-Through From Ohio State University	93.847			17,191	
Pass-Through From Pennsylvania State University	93.847			467	
Pass-Through From Polymer Exploration Group Limited Liability Company	93.847			74,813	
Pass-Through From Rensselaer Polytechnic Institute	93.847			77,245	
Pass-Through From Research Institute at Nationwide Children's Hospital	93.847			189	
Pass-Through From Temple University	93.847			17,469	
Pass-Through From The Children's Hospital of Philadelphia	93.847			2,139	
Pass-Through From University of California, Santa Barbara	93.847			325,820	
Pass-Through From University of Maryland, Baltimore	93.847			74,574	
Pass-Through From University of Nebraska Medical Center	93.847			146,257	
Pass-Through From University of North Carolina at Chapel Hill	93.847			32,012	
Pass-Through From University of Pennsylvania	93.847			18,691	
Pass-Through From University of South Florida	93.847			503,956	
Pass-Through From University of Tennessee	93.847			19,417	
Pass-Through From University of Texas Southwestern Medical Center at Dallas	93.847			167,920	
Pass-Through From Wake Forest University	93.847			59,482	
Pass-Through From Wake Forest University School of Medicine	93.847			2,654	
Digestive Diseases and Nutrition Research	93.848		540,310		
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853		20,693,579		6,131,647
Pass-Through From Albert Einstein College of Medicine Bronx Creed	93.853			71,071	
Pass-Through From Barron Associates, Incorporated	93.853			64,953	
Pass-Through From Children's National Medical Center	93.853			127,754	
Pass-Through From Cincinnati Children's Hospital Medical Center	93.853			38,048	
Pass-Through From Columbia University	93.853			169,971	
Pass-Through From Emory University	93.853			2,053	
Pass-Through From Georgia State University	93.853			241,130	
Pass-Through From Johns Hopkins University	93.853			37,018	
Pass-Through From Mayo Clinic	93.853			348,892	
Pass-Through From Mount Sinai School of Medicine	93.853			82,281	
Pass-Through From Northwestern University	93.853			18,124	
Pass-Through From Novoron Bioscience Incorporated	93.853			14,125	
Pass-Through From Twin Star TDS, Limited Liability Company	93.853			38,829	
Pass-Through From University of California San Francisco	93.853			311,930	
Pass-Through From University of Cincinnati	93.853			16,700	
Pass-Through From University of Maryland	93.853			36,904	
Pass-Through From University of Medicine and Dentistry of New Jersey	93.853			4,088	
Pass-Through From University of Miami	93.853			9,640	
Pass-Through From University of Michigan	93.853			285,900	
Pass-Through From University of North Carolina, Chapel Hill	93.853			7,281	
Pass-Through From University of Pittsburgh	93.853			69,773	
Pass-Through From Yale University	93.853			1,372	
Pass-Through From Yeshiva University	93.853			247,315	
Allergy, Immunology and Transplantation Research	93.855		24,761,284		890,532
Pass-Through From Alexander BioDiscoveries, Limited Liability Company	93.855			460,679	
Pass-Through From Baylor College of Medicine	93.855			63,633	
Pass-Through From Brigham and Women's Hospital, Incorporated	93.855			19,199	
Pass-Through From Cincinnati Children's Hospital Medical Center	93.855			2,027	
Pass-Through From Duke University	93.855			(8,173)	
Pass-Through From Emory University	93.855			86,016	
Pass-Through From Federal University of Bahia, Brazil	93.855			16,088	
Pass-Through From Fox Chase Chemical Diversity Center	93.855			12,793	
Pass-Through From George Washington University	93.855			26,677	
Pass-Through From Indiana University	93.855			37,442	
Pass-Through From Infectious Disease Research Institute	93.855			96,110	
Pass-Through From Institute of Clinical Research	93.855			70,514	
Pass-Through From Johns Hopkins University	93.855			106,401	
Pass-Through From Laser and Plasma Technologies, Limited Liability Company	93.855			4,327	
Pass-Through From Loyola University Chicago	93.855			29,929	
Pass-Through From Mayo Clinic	93.855			26,838	
Pass-Through From National Jewish Health	93.855			132,569	
Pass-Through From Sequella, Incorporated	93.855			167,262	
Pass-Through From The Research Foundation of State University of New York	93.855			26,340	
Pass-Through From University of Alabama	93.855			58,769	
Pass-Through From University of California San Diego	93.855			17,136	
Pass-Through From University of Colorado	93.855			90,787	
Pass-Through From University of Maryland, Baltimore	93.855			491,937	
Pass-Through From University of North Carolina at Chapel Hill	93.855			54,730	

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Pass-Through From University of Notre Dame	93.855			49,161	
Pass-Through From University of Oregon	93.855			15,158	
Pass-Through From University of Pittsburgh	93.855			19,244	
Pass-Through From University of Rochester	93.855			6,188	
Pass-Through From University of South Carolina	93.855			23,376	
Pass-Through From University of Washington	93.855			22,571	
Pass-Through From University of Wisconsin	93.855			37,194	
Pass-Through From Wake Forest University Health Sciences	93.855			8,667	
Microbiology and Infectious Diseases Research	93.856		401,961		
Pass-Through From University of Notre Dame	93.856			639	
Biomedical Research and Research Training	93.859		23,805,633		1,450,319
Pass-Through From Albert Einstein College of Medicine	93.859			21,788	
Pass-Through From Colorado State University	93.859			42,389	
Pass-Through From Georgetown University	93.859			45,567	
Pass-Through From Hauptman-Woodward Medical Research Institute, Incorporated	93.859			17,894	
Pass-Through From IP Advantage, Limited Liability Company	93.859			23,447	
Pass-Through From Luna Innovations, Incorporated	93.859			10,026	
Pass-Through From Northwestern University	93.859			87,959	
Pass-Through From Novion Technologies	93.859			72,887	
Pass-Through From Ohio State University	93.859			111,605	
Pass-Through From Rutgers, The State University of New Jersey	93.859			5,477	
Pass-Through From Sanford-Burnham Medical Research Institute	93.859			44,497	
Pass-Through From SphynKx Therapeutics, Limited Liability Company	93.859			4,015	
Pass-Through From University of Alabama	93.859			17,153	
Pass-Through From University of Chicago	93.859			331,840	
Pass-Through From University of Florida	93.859			5,642	
Pass-Through From University of Illinois	93.859			71,546	
Pass-Through From University of Newcastle upon Tyne	93.859			49,326	
Pass-Through From University of North Carolina at Chapel Hill	93.859			6,273	
Pass-Through From University of Texas Southwestern Medical Center at Dallas	93.859			65,830	
Pass-Through From University of Utah	93.859			366,541	
Pass-Through From University of Wisconsin, Madison	93.859			9,818	
Child Health and Human Development Extramural Research	93.865		10,748,859		2,598,905
Pass-Through From Barron Associates, Incorporated	93.865			171,935	
Pass-Through From Boston University	93.865			186,460	
Pass-Through From Cedars-Sinai Medical Center	93.865			229,748	
Pass-Through From Cincinnati Children's Hospital	93.865			96,182	
Pass-Through From Clemson University	93.865			8,308	
Pass-Through From Duke University	93.865			21,935	
Pass-Through From Indiana University	93.865			257,088	
Pass-Through From Johns Hopkins University	93.865			329,860	
Pass-Through From Seattle Children's Research Institute	93.865			29,710	
Pass-Through From Temple University	93.865			159,059	
Pass-Through From The Regents of the University of California	93.865			45,063	
Pass-Through From University of California, Los Angeles	93.865			144,500	
Pass-Through From University of Minnesota	93.865			63,288	
Pass-Through From University of Pittsburgh	93.865			2,831	
Pass-Through From University of Texas at Dallas	93.865			173,799	
Pass-Through From Yale University	93.865			103,863	
Aging Research	93.866		2,804,169		274,093
Pass-Through From Barron Associates, Incorporated	93.866			9,544	
Pass-Through From Boston College	93.866			19,931	
Pass-Through From Empirical Technologies Corporation	93.866			44,401	
Pass-Through From MS Technologies Corporation	93.866			19,007	
Pass-Through From Paragon Computation, Incorporated	93.866			24,665	
Pass-Through From State Of Maryland	93.866			7,844	
Pass-Through From Texas A&M University	93.866			28,602	
Pass-Through From University of California San Diego	93.866			136,267	
Pass-Through From University of California, San Francisco	93.866			11,272	
Pass-Through From University of Oklahoma	93.866			27,917	
Pass-Through From University of South Carolina	93.866			24,264	
Pass-Through From Wake Forest University	93.866			9,098	
Vision Research	93.867		2,682,955		339,819
Pass-Through From Harvey Mudd College	93.867			43,517	

COMMONWEALTH OF VIRGINIA
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2016

Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
<i>Pass-Through From Jaeb Center for Health Research</i>	93.867			18,987	
<i>Pass-Through From University of Alabama at Birmingham</i>	93.867			406,832	
<i>Pass-Through From University of Maryland</i>	93.867			21,347	
<i>Pass-Through From University of Oklahoma Health Sciences Center</i>	93.867			39,372	
Rural Health Care Services Outreach and Rural Health Network Development Program	93.912		30,259		
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918		71,124		
Assistance Programs for Chronic Disease Prevention and Control	93.945		56,588		
International Research and Research Training	93.989		877,405		169,541
<i>Pass-Through From The Aga Khan University</i>	93.989			12,655	
Other Assistance:					
Interagency Personnel Act Agreement for Lisa Chin	93.RD	3078487 202939	66,696		
Interagency Personnel Act Agreement- Randall Keyser	93.RD	203414	53,707		
Interagency Personnel Act for Liansheng	93.RD	203626	49,325		
Interagency Personnel Act for Liansheng Tang	93.RD	203263	5,184		
Interagency Personnel Act for Tang	93.RD	203555	20,467		
John Collins Interagency Personnel Agreement	93.RD	3700573 203359	38,596		
Research Support for FDA Youth Tobacco Education Campaigns	93.RD	203293	54,735		
Using Navigating Tools	93.RD	203524	24,798		19,465
Other Assistance	93.RD	200-2011-10313	244,904		
Other Assistance	93.RD	200-2014-59646	292,789		28,357
Other Assistance	93.RD	200-2014-59669	288,679		18,750
Other Assistance	93.RD	HHSN272201000056C	1,499,451		
Other Assistance	93.RD	HHSN275201100015C	84,708		
Other Assistance	93.RD	R01NS094574	32,383		
<i>Pass-Through From Barron Associates, Incorporated</i>	93.RD			17,779	
<i>Pass-Through From Health Research and Educational Trust</i>	93.RD	HHSA2902010000251 203147		4,528	
<i>Pass-Through From JBS International, Incorporated</i>	93.RD	203802		67,080	
<i>Pass-Through From Science Research Applications International, Incorporated</i>	93.RD	HHSN2639999000291 203531 203825		63,074	
<i>Pass-Through From The Arc of the US</i>	93.RD	U1HMC26371-02-00 203440		3,932	
<i>Pass-Through From The EMMES Corporation</i>	93.RD	AGREEMENT 3610		58	
<i>Pass-Through From The EMMES Corporation</i>	93.RD	LOG-EMMES SUBCONTRACT AGMT		87,216	
<i>Pass-Through From The EMMES Corporation</i>	93.RD	SUBCONTRACT UNIFORM NATURALISTI		294,733	
<i>Pass-Through From Unified Prevention Coalition of Fairfax</i>	93.RD	203463 203597		4,999	
<i>Pass-Through From University of Chicago</i>	93.RD	FP043521-02-A		1,356,812	
<i>Pass-Through From University of Michigan</i>	93.RD			113,715	
<i>Pass-Through From University of Minnesota, Twin Cities</i>	93.RD	LOG-P003398401		478,200	
<i>Pass-Through From Virginia Center for Health Innovation</i>	93.RD	203468		80,157	
Total Non-Stimulus			245,305,132	28,486,081	32,802,665
Stimulus (ARRA):					
Trans-NIH Recovery Act Research Support	93.701				
<i>Pass-Through From The Emmes Corporation</i>	93.701			36,453	
Total Stimulus (ARRA)			-	36,453	-
Total Research and Development Cluster			245,305,132	28,522,534	32,802,665
Total U.S. Department of Health and Human Services			6,027,130,706	39,727,754	532,809,336
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
State Commissions	94.003		330,299		
AmeriCorps - ARRA	94.006		3,165,292		2,215,116
Volunteers in Service to America	94.013		4,704		
Volunteer Generation Fund	94.021		335,674		335,674
Total Excluding Clusters Identified Below			3,835,969	-	2,550,790
Research and Development Cluster:					
Social Innovation Fund	94.019				
<i>Pass-Through From WINGS for kids, Incorporated</i>	94.019			325,604	
National Service and Civic Engagement Research Competition	94.026		37,536		
Other Assistance					
Other Assistance	94.RD	DCKA-2015-C-0029	103,370		
Total Research and Development Cluster			140,906	325,604	-
Total Corporation for National and Community Service			3,976,875	325,604	2,550,790
EXECUTIVE OFFICE OF THE PRESIDENT					
High Intensity Drug Trafficking Areas Program	95.001		290,724		
Total Executive Office of the President			290,724	-	-

COMMONWEALTH OF VIRGINIA
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2016

Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
SOCIAL SECURITY COMMISSION					
Disability Insurance/SSI Cluster:					
Social Security-Disability Insurance	96.001		45,363,124		
Total Disability Insurance/SSI Cluster			45,363,124	-	-
Research and Development Cluster:					
Social Security-Research and Demonstration	96.007				
Pass-Through From Arizona State University	96.007			6,679	
Pass-Through From Mathematica Policy Research	96.007			155,867	
Total Research and Development Cluster			-	162,546	-
Total Social Security Commission			45,363,124	162,546	-
U.S. DEPARTMENT OF HOMELAND SECURITY					
Non-Profit Security Program	97.008		31,709		29,979
Boating Safety Financial Assistance	97.012		2,046,223		
Community Assistance Program State Support Services Element (CAP-SSSE)	97.023		219,281		
Flood Mitigation Assistance	97.029		2,072,440		2,072,258
Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036		14,636,992		8,785,978
Hazard Mitigation Grant	97.039		3,761,373		3,642,812
National Dam Safety Program	97.041		299,785		
Emergency Management Performance Grants	97.042		8,546,506		2,483,742
State Fire Training Systems Grants	97.043		16,971		
Assistance to Firefighters Grant	97.044		6,957		
Cooperating Technical Partners	97.045		36,524		
Pre-Disaster Mitigation	97.047		158,158		158,158
Port Security Grant Program	97.056		28,301		
Homeland Security Grant Program	97.067		8,507,945		4,948,080
Pass-Through From District of Columbia	97.067			343,925	
Pass-Through From Office of the Deputy Major Public Safety	97.067			2,049,223	
Metropolitan Medical Response System	97.071				
Pass-Through From Metropolitan Medical Response System	97.071			13,508	
Driver's License Security Grant Program	97.089		70,701		
Repetitive Flood Claims	97.092		14,737		14,737
Development Program	97.104		66,501		
Severe Loss Repetitive Program	97.110		1,034,017		1,034,017
Regional Catastrophic Preparedness Grant Program	97.111		35,102		30,400
Interoperable Communications and Training Project	97.124		349,995		349,995
Other Assistance:					
Business Writing Training Online	97.U01	209750	10,368		
Leader Development Training Program	97.U02	209734 209745	241,276		
Professional Writing Training	97.U03	209752	1,539		
Total Excluding Clusters Identified Below			42,193,401	2,406,656	23,550,156
Research and Development Cluster:					
Hazard Mitigation Grant	97.039		117,627		116,971
Assistance to Firefighters Grant	97.044				
Pass-Through From International Association of Fire Chiefs	97.044			33,612	
Centers for Homeland Security	97.061				
Pass-Through From State Of Maryland	97.061			197,612	
Pass-Through From Texas AgriLife Research	97.061			41,119	
Homeland Security Advanced Research Projects Agency	97.065				
Pass-Through From Trustees of Dartmouth College	97.065			575,742	
Staffing for Adequate Fire and Emergency Response (SAFER)	97.083				
Pass-Through From International Association of Fire Chiefs	97.083			42,630	
Other Assistance:					
Higher Education Initiative	97.RD	HS HQDC-12-C-00109A 202825	37,644		15,000
Higher Education Initiative	97.RD	HS HQDC-12-C-00109B 203347	4,546		
Higher Education Initiative	97.RD	HS HQDC-12-C-00109C 203536	161,005		
Security Vulnerabilities in Mobile Applications	97.RD	HS HQDC-14-C-B0040 203368	107,285		65,983
Pass-Through From Maryland Department of the Environment	97.RD	U00P5400403		7,192	
Pass-Through From State Of Maryland	97.RD	HS HQDC-10-D-000231/HS HQDC-14-J-00542		30,347	
Pass-Through From Trustees of Purdue University	97.RD	203432		210,635	
Total Research and Development Cluster			428,107	1,138,889	197,954
Total U.S. Department of Homeland Security			42,621,508	3,545,545	23,748,110

COMMONWEALTH OF VIRGINIA
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2016

Federal Agency, Federal Program Name, Cluster Name, or Name of Pass-Through Entity	CFDA Number	Additional Award Identification	Direct Award Expenditures	Pass-Through Entity Award Expenditures	Amount Provided to Subrecipients
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT					
USAID Development Partnerships for University Cooperation and Development	98.012		23,411		
<i>Pass-Through From Michigan State University</i>	98.012			37,625	
Other Assistance					
People-to-People Reconciliation	98.U01	AID-114-A-14-00002 203270 203271	540,849		284,478
Total Excluding Clusters Identified Below			564,260	37,625	284,478
Research and Development Cluster:					
USAID Foreign Assistance for Programs Overseas	98.001		8,074,128		3,203,551
<i>Pass-Through From Institute of International Education</i>	98.001			56,907	
<i>Pass-Through From International Potato Center</i>	98.001			116,876	
<i>Pass-Through From Kansas State University</i>	98.001			90,729	
<i>Pass-Through From Michigan State University</i>	98.001			57,470	
<i>Pass-Through From Ohio State University</i>	98.001			543,532	
<i>Pass-Through From Woods Hole Research Center</i>	98.001			54,384	
<i>Pass-Through From Tibetan Buddhist Resource Center</i>	98.011			166,330	
USAID Development Partnerships for University Cooperation and Development	98.012		17,257		
<i>Pass-Through From Michigan State University</i>	98.012			307,453	
<i>Pass-Through From NC State University</i>	98.012			177,720	
<i>Pass-Through From University of Georgia</i>	98.012			26,685	
Other Assistance:					
Other Assistance	98.RD	685-A-00-10-00194-00	3,731,551		342,009
<i>Pass-Through From International Food Policy Research</i>	98.RD	2011X383.VPI		94,334	
<i>Pass-Through From International Resources Group, Limited</i>	98.RD	621-TO-15-0004 203709 203781 203783		125,417	
<i>Pass-Through From Purdue University</i>	98.RD	41060000-8000021024		43,347	
Total Research and Development Cluster			11,822,936	1,861,184	3,545,560
Total U.S. Agency for International Development			12,387,196	1,898,809	3,830,038
OTHER FEDERAL ASSISTANCE					
Other Assistance					
Big Data-Cyber Systems Engineering Training	99.U01	209753 209754 209762	141,695		
Data Management and Website Issues	99.U02	ABMC16PX0011 203784	4,192		
Electronic Burial Register Revisions	99.U03	ABMC-15-05 203460	39,295		
<i>Pass-Through From National History Day Incorporated</i>	99.U04	203292		12,126	
Total Excluding Clusters Identified Below			185,182	12,126	-
Research and Development Cluster:					
Other Assistance					
Interagency Personnel Act Ramirez	99.RD	203527	25,892		
Interagency Personnel Act Ramirez Visiting Scholar	99.RD	203643	44,223		
<i>Pass-Through From The Bode Technology Group, Incorporated</i>	99.RD	D15PC00002 203430		647	
Total Research and Development Cluster			70,115	647	-
Total Other Federal Assistance			255,297	12,773	-
Total Federal Grantor Agencies			12,946,735,558	110,610,366	2,081,541,542

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, 2016

1. PURPOSE OF THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards issued by the Office of Management and Budget (OMB), 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, 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 The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. The schedule presents a summary of direct award expenditures, pass-through entity award expenditures, and amounts provided to subrecipients by federal department and CFDA Number.

Federal Financial Assistance – The Single Audit Act Amendments of 1996 (Public Law 104-156) and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards 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 contractor 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 Award Assistance – Assistance received directly from the Federal government or received in a pass-through relationship from other State entities is classified as direct award expenditures on the “Schedule of Expenditures of Federal Awards.”

Pass-Through Entity Federal Assistance – Assistance received in a pass-through relationship from entities other than the Federal government or other State entities is classified as pass-through entity award expenditures on the “Schedule of Expenditures of Federal Awards.”

Amounts Provided to Subrecipients Assistance – Assistance disbursed by the Commonwealth of Virginia to non-state subrecipients is classified as amount provided to subrecipients on the “Schedule of Expenditures of Federal Awards.”

Major Programs – The Single Audit Act Amendments of 1996 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards 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 the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

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	Forest Service School and Roads
CCDF	Highway Planning and Construction
CDBG-Disaster Recovery Grants	Highway Safety
CDBG-Entitlement Grants	Hurricane Sandy Relief
Child Nutrition	Medicaid
Clean Water State Revolving Fund	Research and Development
Disability Insurance/SSI	SNAP
Drinking Water State Revolving	Special Education (IDEA)
Economic Development	Student Financial Assistance Programs
Employment Service	TANF
Federal Transit	Transit Services Programs
Fish and Wildlife	TRIO
Food Distribution	WIA/WIOA

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 \$1,783,649,777 consisting of the following federal departments:

<u>Federal Department</u>	<u>Amount Expended</u>
Department of Education (Non-Stimulus)	\$1,772,055,492
Department of Health and Human Services (Non-Stimulus)	<u>11,594,285</u>
Total	<u>\$1,783,649,777</u>

The total direct amount expended for Research and Development was \$541,134,200 consisting of the following federal departments:

Federal Department	Detail	Amount Expended
Department of Health and Human Services		\$ 245,305,132
National Science Foundation - Stimulus ARRA Portion	\$ 7,737	
National Science Foundation - Non-Stimulus ARRA Portion	82,291,554	
National Science Foundation Total		82,299,291
Department of Defense		72,075,551
Department of Agriculture		26,129,519
Environmental Protection Agency		21,649,472
Department of Energy - Stimulus ARRA Portion	308,519	
Department of Energy - Non-Stimulus ARRA Portion	21,354,206	
Department of Energy Total		21,662,725
Department of Education - Stimulus ARRA Portion	2,192,851	
Department of Education - Non-Stimulus ARRA Portion	12,762,564	
Department of Education Total		14,955,415
Department of Transportation		11,971,455
Agency for International Development		11,822,936
Department of the Interior		10,583,170
National Aeronautics and Space Administration		8,492,052
Department of Commerce - Stimulus ARRA Portion	2,870	
Department of Commerce - Non-Stimulus ARRA Portion	7,884,180	
Department of Commerce Total		7,887,050
Department of Justice		2,920,662
National Foundation on the Arts and the Humanities		1,172,773
National Archives and Records Administration		751,793
Department of Homeland Security		428,107
Department of State		374,071
Nuclear Regulatory Commission		216,841
Department of Veterans Affairs		175,303
Corporation for National and Community Service		140,906
Other Federal Assistance		70,115
U.S. Institute of Peace		45,075
Scholarship and Fellowship Foundations		4,786
		<u>\$ 541,134,200</u>

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, 10.565, 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:

<u>CFDA #</u>	<u>Non-Stimulus</u>
10.555	\$29,872,670
10.558	\$ 1,622
10.559	\$ 76,774
10.565	\$ 34,869
10.569	\$10,354,671

The accompanying schedule does not include Commonwealth-stored undistributed food commodities of:

<u>CFDA #</u>	<u>Non-Stimulus</u>
10.550	\$ 19
10.555	\$ 38,806
10.569	\$ 11,299

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, 2016. Administrative expenditures of \$313,975 are not included in the accompanying schedule. The value of surplus property on hand at June 30, 2016 totaled \$1,447,160. 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, private physicians and other providers. The amount presented in the accompanying schedule reflects the cost of immunizations to the federal government of \$61,682,099 (Non-Stimulus). The remaining amount of \$5,612,547 (Non-Stimulus) is administrative expenditures incurred by the Department of Health. The value of inventory on hand at June 30, 2016 is \$1,740,302 held by the local Health Departments and \$22,250,847 held by other providers.

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, 2016. Balances outstanding at the end of the audit period were \$75,001,651.

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. Balances outstanding at the end of the audit period were \$65,346,761.

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, 2016. Balances outstanding at the end of the audit period were \$9,003,302.

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, 2016. Balances outstanding at the end of the audit period were \$501,749.

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, 2016. Balances outstanding at the end of the audit period were \$2,089,184.

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 Number 66.458) and the Drinking Water State Revolving Fund (DWSRF) program (CFDA Number 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, 2016 were \$22,986,602 in Non-Stimulus dollars and are included on the schedule. Capitalization grants received for the DWSRF for the fiscal year ended June 30, 2016, were \$15,395,441 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 \$46,678,843 for the fiscal year ended Jun 30, 2016, which are not included on the schedule. These amounts represent Non-Stimulus dollars. There were no outstanding loan balances at the end of the audit period.

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 subrecipients at June 30, 2016. Balances outstanding at the end of the audit period were \$9,175,183.

E. Emergency Unemployment Benefits

The amount included in the accompanying schedule for Unemployment Insurance (CFDA Number 17.225) includes \$49,117,831 Non-Stimulus administrative costs, \$14,672,717 Non-Stimulus federal unemployment benefits paid to federal employees, a recoupment of \$619,409 in Non-Stimulus overpayments and a recoupment of \$324,175 Stimulus (ARRA) Temporary Extended Unemployment Compensation overpayments, and \$396,549,524 Non-Stimulus state unemployment benefits paid to non-federal employees and \$880,000 in federal benefits paid to Trade Act impacted workers.

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 subrecipient state agency), the federal financial assistance will be reflected as expenditures by the subrecipient 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.Uxx or XX.RD, where XX represents the federal grantor agency, Uxx represents an unknown extension number, and RD represents Research and Development.

4. DE MINIMUS INDIRECT COST RATE

There were no agencies in the Commonwealth of Virginia that elected to use the de minimus indirect cost rate per Section 200.414 of the Uniform Guidance for the fiscal year ended June 30, 2016.

APPENDICES

COMMONWEALTH OF VIRGINIA
 Management's Corrective Action Plan
 For the Year Ended June 30, 2016

2016-001: Improve Oversight and Review of Financial Reporting

Prepared by: *Department of Education - Direct Aid to Public Education*

Responsible for Corrective Action: *Christine Lopilato, Director of Fiscal Services*

Planned Corrective Action:

- 1) *Update macros and queries needed for data extraction and analysis for the current financial system environment (OFS R12).*
- 2) *Update procedures for CAFR Attachments for accrued payables and receivables to reflect current processes, including explicit details to ensure accuracy.*
- 3) *Establish schedule for CAFR submissions annually to ensure adequate time for preparation, initial review by manager, and secondary/final review by Director prior to submission to DOA and APA, including thorough analysis of data to ensure financial system macros and queries are functioning properly, and reported data is accurate and complete.*
- 4) *Assign accrued payables preparation to grants and financial reporting staff.*

Anticipated Completion Date: *May 31, 2017*

2016-002: Strengthen Internal Controls over Budgeting and Fiscal Processes

Prepared by: *Department of Education - Direct Aid to Public Education*

Responsible for Corrective Action: *Christine Lopilato, Director of Fiscal Services; Ed Lanza, Director of Budget*

Planned Corrective Action:

- 1) *Develop macro to export data from Access database to Excel spreadsheet to ensure greater accuracy in data being processed.*
- 2) *Direct Aid payments prepared will be peer reviewed before submission to manager for review prior to validation and funds disbursement; Director of Fiscal Services will periodically audit batches prior to disbursement.*
- 3) *Reclass journal entries are reviewed by General Accounting Manager prior to posting; General Accounting Manager will review all transactions posted weekly; Director of Fiscal Services will spot check transactions during review of monthly certification.*
- 4) *Budget and Fiscal Services will coordinate throughout the fiscal year, but particularly within 60 days prior to fiscal year end to ensure appropriations are sufficient to meet anticipated expenditures.*
- 5) *EIM to develop query for OMEGA data export of claims in pending status so Fiscal Services can forecast Federal appropriations demands*

Anticipated Completion Date: *May 31, 2017*

2016-003: Improve Controls over Financial Reporting

Prepared by: *Department of Motor Vehicles*

Responsible for Corrective Action: *Angela Bartlett, Controller; David Mitchell, Deputy Commissioner, Finance and Administration*

Planned Corrective Action:

DMV will meet with the Department of Accounts (Accounts) to determine how the reporting will be handled for the areas covered in the report. DMV has asked Accounts to determine how other states are reporting these multi-year registrations. DMV and Accounts will work together as we always have to ensure that we will be ready for year-end reporting.

Anticipated Completion Date: *May 1, 2017*

2016-004: Improve Controls over Financial Reporting

Prepared by: *Department of Behavioral Health and Developmental Services*

Responsible for Corrective Action: *Ken Gunn, - DBHDS Director of Budget and Financial Reporting; and Randy Sherrod, - DBHDS Director of Internal Audit*

Planned Corrective Action:

DBHDS concurs with the comment. DBHDS will ensure that the Offices of Administrative Services, Architecture and Engineering, Budget and Financial Reporting and Fiscal Services collaborate on the calculation of contractual commitments at fiscal year end. In addition, the attachment that shows the amount of contractual commitments that DBHDS has at year-end will be submitted to the Office of Internal Audit for review.

Anticipated Completion Date: *June 30, 2017*

2016-005: Improve Data Mitigation Process and Documentation Retention

Prepared by: *Department of General Services*

Responsible for Corrective Action: *The DGS ISS Project Manager – Charles Ludwig*

Planned Corrective Action:

DGS will discuss with each agency prior to their migration of data how they will document the successful migration and ask for their documentation to include in our COVA Trax files.

Anticipated Completion Date: *This task will be an on-going responsibility until the COVA Trax project is completed and fully implemented by the Commonwealth.*

2016-006: Improve Reporting of Cash and Investments to the Department of Accounts

Prepared by: *Virginia Retirement System*

Responsible for Corrective Action: *Barry C. Faison, CFO, Virginia Retirement System*

Planned Corrective Action:

VRS is committed to producing timely and quality information for the Commonwealth's CAFR as well as for the VRS CAFR. Our efforts of continuous improvement will begin immediately. We will be reviewing each of the comments and questions raised by the auditor and developing additional documentation of the processes used for each of those items. We will also be reviewing the categorization of the entire investment portfolio with the Investment Division's Compliance Department. This will allow staff conducting financial reporting activities to improve its understanding of the nature of each of the investments and better determine whether any special accounting treatment may be required for financial reporting. We will apply resources to provide additional review of submissions. For those areas where the reporting by VRS appears to be inconsistent with current guidance from DOA, we will reach out to DOA for additional clarification and guidance to reduce these differences to the extent possible.

We remain committed to improving the overall process, including but not limited to, outreach to both DOA and APA regarding timeliness, expectations and enhanced internal review and oversight. We appreciate the efforts of the APA staff in working through this complex area with VRS.

Anticipated Completion Date: *June 15, 2017 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 23 (Attachment 24 in FY15) and other submissions.*

2016-007: Maintain Adequate Staffing in Accounting and Reporting Functions

Prepared by: *Department of the Treasury*

Responsible for Corrective Action: *Kristin Reiter, Director of Operations*

Planned Corrective Action:

Treasury will once again re-evaluate its staffing needs for the accounting and reporting functions before the next budget cycle and request additional staffing as deemed necessary.

Anticipated Completion Date: *November 30, 2017*

2016-008: Adjust Practices as Needed and Request Identifying Numbers Assigned by Pass-Through Entities

Prepared by: *Department of Accounts*

Responsible for Corrective Action: *Sharon Lawrence, Financial Reporting Director*

Planned Corrective Action:

The FY 2017 financial reporting directives will be modified to require agencies receiving pass-through funds to provide any identifying numbers assigned by the pass-through entities. The directive submission information will be incorporated into the FY 2017 Schedule of Expenditures of Federal Awards (SEFA). While the FY 2016 other identifying numbers were not included in the SEFA, the other identifying numbers will be included in the Federal Audit Clearinghouse.

Anticipated Completion Date: *November 30, 2017*

2016-009: Improve Database Security

Prepared by: *Department of Education - Central Office Operations*

Responsible for Corrective Action: *Brian Gibbs-Wilson, Chief Information Security Officer*

Planned Corrective Action:

DOE has been scheduled for servers upgrades with VITA for over a year, but has experienced delays due to VITA/NG being unable to meet timelines and/or provide the required environment to permit DOE to upgrade affected servers and ultimately rectify many related IT security deficiencies.

DOE will address multiple concerns during the implementation and testing phases of the servers upgrade.

Anticipated Completion Date: *June 30, 2017*

2016-010: Improve Application and Database Controls over the Dynamics AX Financial System

Prepared by: *State Lottery Department*

Responsible for Corrective Action: *Ted Maxwell, Director of Information Technology*

Planned Corrective Action:

The Lottery does not concur with the components of this audit comment. An improved application monitoring and logging system was implemented and reviews of user accounts and privileges will be complete, less than one year after implementation of the application monitoring system.

Anticipated Completion Date: *June 30, 2017*

2016-011: Improve Web Application Security

Prepared by: *Department of Alcoholic Beverage Control*

Responsible for Corrective Action: *Nannette Williams, Internal Audit Director*

Planned Corrective Action:

ABC will dedicate the necessary resources to implement the additional controls discussed in the communication marked FOIAE in accordance with the Security Standards in a timely manner. To this end, the agency is actively reviewing, refining, and documenting several key processes such as project management, the system development life cycle, and the risk management program to improve the development and implementation of security requirements congruent with proactive risk decisions.

ABC agrees that we need formal processes and documented standards, particularly for the purpose of verifying the efficacy of security controls. IT continues to review and document processes and standards as resource availability permits.

Anticipated Completion Date: *December 31, 2016*

2016-012: Improve Wireless Local Area Network Security

Prepared by: *Department of Alcoholic Beverage Control*

Responsible for Corrective Action: *Nannette Williams, Internal Audit Director*

Planned Corrective Action:

ABC is in the process of re-writing all Information Security Policies, to include proper management and use of the wireless local area network. The current published policy does include all relevant controls addressing wireless networks per the current Commonwealth Information Security Standards, SEC501-09. An effort to document all IT Operational Procedures is also underway and is being addressed as resource availability permits.

Anticipated Completion Date: *December 31, 2016*

2016-013: Continue Improving Cardinal System Security Controls

Prepared by: *Department of Accounts*

Responsible for Corrective Action: *Frank Pitera, Information Security Officer*

Planned Corrective Action:

DOA is continuing its efforts to implement the controls discussed in the communication marked FOIAE in accordance with the Security Standard and industry best practices.

Anticipated Completion Date: *March 31, 2017*

2016-014: Continue Improving Database Security

Prepared by: *Virginia Employment Commission*

Responsible for Corrective Action: *Chandos Carrow, Information Security Officer*

Planned Corrective Action:

This has been one of the priorities for the VEC this year, but unfortunately we were not able to improve the database security before the APA completed their review this year. As of the end of November 2016, the VEC has implemented the necessary changes to the database security identified within this finding and will continue to improve the database security as the standards change or new patches are available.

Anticipated Completion Date: *Completed November 30, 2016*

2016-015: Improve System Security for the Time, Attendance and Leave System

Prepared by: *Department of Human Resource Management*

Responsible for Corrective Action: *Bradley 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, 2017*

2016-016: Improve Oracle Database Security

Prepared by: *Department of Transportation*

Responsible for Corrective Action: *Craig Arnold, Assistant Division Administrator, VDOT ITD*

Planned Corrective Action:

The Department agrees with issues identified and is in the process of implementing changes to the Oracle settings identified as part of the audit. The changes have been implemented in the non-production environment and are being evaluated for any application impacts. After the evaluation is completed, the changes will be implemented into the production environment along with updating related documentation (policies/procedures/configurations). New database documentation will be reviewed and formalized into the appropriate VDOT document repository.

Anticipated Completion Date: *March 30, 2017*

2016-017: Improve Database Security

Prepared by: *Department of Social Services*

Responsible for Corrective Action: *Robert Hobbelman, Chief Information Officer; Barry Davis, Information Security Officer*

Planned Corrective Action:

VDSS is working with Northrup Grumman to assess the impact of the recommended parameters on the Agency's DBMS environment. If the impact meets acceptable business standards, VDSS will implement the security settings and amend the baseline configuration.

Necessary resources will be dedicated by the agency to developing and maintaining documented policies, procedures, and baseline security configurations for the agency DBMS. Further, VDSS will dedicate resources to implementing identified security controls for the agency DBMS administrators across all systems.

Anticipated Completion Date: *December 31, 2017*

2016-018: Improve SQL Database Security

Prepared by: *Department of Behavioral Health and Developmental Services*

Responsible for Corrective Action: *Greg Bell - DBHDS CISO; and Chris Sarandos - DBHDS CIO*

Planned Corrective Action:

DBHDS concurs with the comment. The funding request to remediate the audit finding (Audit Remediation Decision Package) was rejected and final corrective action plans are dependent on funding. DBHDS will review options available when the final budget is approved.

Anticipated Completion Date: *December 30, 2017*

2016-019: Continue to Improve End User Controls

Prepared by: *State Lottery Department*

Responsible for Corrective Action: *Joe Hubbell, Information Security Officer; Elizabeth Smith, Director of Audit & Security*

Planned Corrective Action:

Elevated permissions remaining for users will have complete documentation as to the necessary business reasons, and approvals for such access.

Anticipated Completion Date: *June 30, 2017*

2016-020: Improve Timely Removal of Critical Access

Prepared by: *Department of Health*

Responsible for Corrective Action: *Micah Fairchild, HR Policy Division Director*

Planned Corrective Action:

As noted, significant progress has been made on terminating user access across the agency. In addition to enhancements to the Office of Information Management Security Portal and certification processes, the Office of Human Resources has implemented a weekly review performed by the PMIS Security Officer to identify which employees have separated. If an HR-14 has not been initiated by the separating employee's work unit, the PMIS Security Officer notifies the work units of any delinquencies.

Anticipated Completion Date: *Complete*

2016-021: Ensure Proper Segregation of Duties Exist with myVRS Access Roles

Prepared by: *Department of Health*

Responsible for Corrective Action: *Micah Fairchild, HR Policy Division Director*

Planned Corrective Action:

Assigning roles is the responsibility of the Primary Security Administrator; a role that was vacant at the time of this audit. As such, the agency relied on incumbents with existing VNAV roles to process the monthly "Snapshot". After multiple delays with VRS, the Primary Security Administrator role has been filled and processed.

The "VNAV Purchase of Prior Service Process Guide for Employers", indicates throughout the online training that the employee responsible for creating the payment agreement through the Employer Processor role can also be the same employee approving the Service Purchase agreement. For example, on page 70 of this guide (found within the VRS University Online courses located under the Knowledge Center) it states: "If the Employment Processor also has the role of Service Purchase Approver, the system will display the APPROVE AND REJECT buttons at this step. If not, the system will send the Service Purchase Approver a notification via Secure Message to approve the agreement."

VDH had not previously conducted routine checks to ensure that VNAV access roles were properly assigned among employees. However, the vacancy of the agency's Primary Security Administrator has provided the opportunity to review assigned roles, correct inaccuracies, and ensure that responsibilities are properly segregated. Reviews of VNAV system access and roles will now be completed.

Anticipated Completion Date: *March 31, 2017*

2016-022: 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:

DMAS' Office of Compliance and Security (OCS) has developed a manual process used in 2016, to review MMIS (also known as VAMMIS) privileges with all groups. This manual process has been used to make sure the documentation includes all steps, and works as intended. For example, the intent is to make sure, the process is well-documented, and can be used by anyone within OCS.

Improvement Phases:

Phase I: DMAS reviewed all user access with DMAS Managers, Supervisors and Division Directors, explaining and provided on the spot training to ensure those reviewers, understood what was asked for during the review (Completed June 14, 2016).

The following actions were completed:

- 1. All MMIS user requests are documented.*
- 2. Annual reviews are conducted, with detail reports, identifying what is in the cluster and describes what the user has access to.*
- 3. OCS met with supervisors, managers, Division Directors as well as an IM Systems Analyst who understands the MMIS transactions, were conducted to discuss current access and modifications needed. Based on the meetings, OCS will develop the conflict matrix (see Phase II).*

Phase II: The OCS ISO is reviewing current access from assigned clusters, to design Roles from those clusters. In parallel, a Conflict Matrix is also being created (Estimated completion is March 31, 2017).

Anticipated Completion Date: *March 31, 2017*

2016-023: Review VaCMS Access for Medical Assistance Services Employee

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:

DMAS will perform a review of DMAS employees' VaCMS access to ensure access is justified and approved.

DMAS will develop internal procedures to grant and review access in accordance with VaCMS access policies and procedures to ensure it properly assigns and controls access.

Currently, DMAS Security (OCS) contacts DSS Security, immediately if a problem is discovered, in order to address the issue directly, rather than delay making the problem worse. DMAS watches DSS SPARK website, for changes affecting DMAS VaCMS users.

Anticipated Completion Date: *March 31, 2017*

2016-024: Document Separation of Duties of Individuals for Mission Critical Systems

Prepared by: *Virginia Employment Commission*

Responsible for Corrective Action: *Chandos Carrow Information Security Officer*

Planned Corrective Action:

Separation of duties will be identified within each security plan of a system. As previously stated in Finding #2 all security plans will be completed by 2019.

Anticipated Completion Date: *December 31, 2019*

2016-025: Remove System Access Timely

Prepared by: *Virginia Employment Commission*

Responsible for Corrective Action: *Chandos Carrow Information Security Officer*

Planned Corrective Action:

VEC understands that system access control is a critical function that needs to be improved upon within the overall environment. VEC will take the necessary steps to ensure the improvement of this process.

Anticipated Completion Date: *December 31, 2017*

2016-026: Improve Access Controls over Financial Management System

Prepared by: *Department of Behavioral Health and Developmental Services*

Responsible for Corrective Action: *Greg Bel, DBHDS CISO; Randy Sherrod, DBHDS Internal Audit Director*

Planned Corrective Action:

The Department concurs with the audit comment. DBHDS will enhance and establish where needed; policies, procedures, and controls over system access to FMS including the documenting of critical ledgers and roles in the newest FMS version to ensure proper separation of duties. In addition, DBHDS will address controls related to times when it is necessary to assign conflicting roles to an individual to also ensure proper separation of duties. DBHDS will update the form used to request, change, and delete access to FMS so that it agrees with the design of the upgraded system. DBHDS will also develop a process to monitor access to the new FMS version, annually for all regions and facilities. Finally DBHDS will continue with efforts to ensure access forms are completed properly, access granted is reasonable and access for terminated employees is removed timely. The funding request to remediate the audit finding (Audit Remediation Decision Package) was rejected and final corrective action plans are dependent on funding. DBHDS will review options available when the final budget is approved.

Anticipated Completion Date: *December 30, 2017*

2016-027: Improve Access and Other Controls Related to Federal Reimbursements

Prepared by: *Department of Education - Direct Aid to Public Education*

Responsible for Corrective Action: *Christine Lopilato, Director of Fiscal Services*

Planned Corrective Action:

- 1) Develop an OMEGA query to report all approved pending payment claims that have updated with paid dates from Oracle to OMEGA interface. Run query weekly and compare OMEGA paid claims data listing against validated/paid vouchers in Oracle from the previous week to ensure that all paid vouchers in Oracle have updated appropriately in OMEGA as paid.*
- 2) At Federal fiscal year end, research any OMEGA reimbursement claims not liquidated/paid against Oracle and voucher records to confirm non-payment before claims are denied in OMEGA.*
- 3) Terminate OMEGA user permissions to execute "Delete" actions in OMEGA, currently limited to OMEGA Support Specialist and Financial Systems Manager.*

Anticipated Completion Date: *April 30, 2017*

2016-028: 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; David Strite, Assistant Vice President for User Experience & Engagement*

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 SecureUVA, 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: *August 20, 2016*

2016-029: Improve Security Controls over Cardinal

Prepared by: *Department of Accounts*

Responsible for Corrective Action: *Stacy McCracken, Cardinal Post Production System Manager*

Planned Corrective Action:

The Department of Accounts will review and consider segregation of duties conflicts for the Cardinal System security roles to ensure they are adequately identified, consistently applied across both the statewide and VDOT roles (where applicable), and documented in the Cardinal Security Handbooks respectively.

Anticipated Completion Date: *March 30, 2017*

2016-030: Improve Logical Access Security Controls

Prepared by: *Department of Motor Vehicles*

Responsible for Corrective Action: *Betty Mattice, Director System Support Group; Beau Hurley, DMV Chief of IT Security & Agency Risk Management, CISO; Dave Burhop, DMV Deputy Commissioner (CIO)*

Planned Corrective Action:

DMV will grant the review staff read-only access of the appropriate group membership and perform a review.

Anticipated Completion Date: *January 31, 2017*

2016-031: Upgrade End-of-Life Technology

Prepared by: *Department of Education - Central Office Operations*

Responsible for Corrective Action: *Brian Gibbs-Wilson, Chief Information Security Officer*

Planned Corrective Action:

DOE has been scheduled for servers upgrades with VITA for over a year, but has experienced delays due to VITA/NG being unable to meet timelines and/or provide the required environment to permit DOE to upgrade affected servers and ultimately rectify many related IT security deficiencies.

DOE will address multiple concerns during the implementation and testing phases of the servers upgrade.

Anticipated Completion Date: *June 30, 2017*

2016-032: Finalize Security Exception Request for Unsupported Databases

Prepared by: *Department of Alcoholic Beverage Control*

Responsible for Corrective Action: *Nannette Williams, Internal Audit Director*

Planned Corrective Action:

ABC has two applications currently running on end of life database servers. Upgrade projects for both of those applications are currently underway and on target to complete in February 2017. The upgraded applications will run on currently supported database versions and the exception will no longer be needed. Therefore, given the short time frame until compliance, ABC will not continue to pursue approval for these security exceptions. ABC has instituted mitigating controls over those systems and databases and has purchased breach insurance.

Anticipated Completion Date: *December 31, 2016*

2016-033: Develop and Adopt a Comprehensive IT Strategic Plan to Modernize Systems

Prepared by: *Department of Alcoholic Beverage Control*

Responsible for Corrective Action: *Nannette Williams, Internal Audit Director*

Planned Corrective Action:

ABC agrees that Information Technology (IT) growth in headcount and compensation has not kept pace with the margin and revenue growth of ABC of the past 9 years. ABC would also point out that the profit presented does not include significant expenses beyond ABC's control such as: ABC's general fund contribution obligations, which increased 208.9 percent in the same period; increased retirement contributions and pay increases; and charges levied by other state agencies for system use or project work. More impactful, as technology becomes more central to how ABC conducts its business, both in e-Government initiatives and transactional efficiency, the IT investment deficit is even more significant.

ABC has already implemented changes to improve governance and transparency, particularly in project execution. Specifically, ABC has instituted:

- * Weekly formal project progress monitoring and status communication*
- * Monthly formal IT SLA reporting*
- * A Project Steering Committee that meets weekly to:*
 - 1. Gate-keep new projects*
 - 2. Approve project baseline changes*
 - 3. Prioritize projects*

Recognizing that the state of systems and their general age is a major issue for ABC, ABC has set up a Program with VITA to modernize the majority of the IT landscape. The first component of this effort is replacing the core ERP, ABC's Performance financial management system, but it also recognizes that the new website and licensing systems are also components of the same issue. The APA has correctly identified a major issue for ABC in system age, but the APA scope understates the operational risks to the business given current and imminent system obsolescence.

An ERP strategy has been developed laying out some fundamental building blocks for refreshing the entire portfolio of ABC, including a five year timeline. The IT Advisory Committee will play a fundamental role in guiding that program for ABC over the next five years.

Anticipated Completion Date: *December 31, 2016*

2016-034: Continue to Upgrade Unsupported Technology

Prepared by: *Department of Behavioral Health and Developmental Services*

Responsible for Corrective Action: *Greg Bell, DBHDS CISO; Chris Sarandos, DBHDS CIO*

Planned Corrective Action:

DBHDS concurs with the comment. The funding request to remediate the audit finding (Audit Remediation Decision Package) was rejected and final corrective action plans are dependent on funding. DBHDS will review options available when the final budget is approved. Previously the Department instituted the FAIR Project with a strategy to engage an executive-level decision team. The decision team would provide guidance in selecting a core suite of common applications that will be supported by the Central Office, then migrate all facility users to that suite. The remaining facility-specific applications will be modernized and migrated to the agency-wide infrastructure environment at VITA, then all agency applications will be transitioned to a cloud hosting provider using the VITA server hosting multi-supplier model. The net result will be a significant reduction in the number of duplicate applications, a decrease in the cost to support and secure the applications, and a subsequent increase in the quality of application support and function provided to the agency's business units. It is expected that the reduction in DBHDS sensitive IT systems will continue.

Anticipated Completion Date: *December 30, 2017*

2016-035: Continue to Upgrade Unsupported Technology

Prepared by: *Department of Transportation*

Responsible for Corrective Action: *Craig Arnold, Assistant Division Administrator, VDOT ITD*

Planned Corrective Action:

The Department currently has an effort underway with the Partnership to upgrade the hardware, operating system, and Oracle version of the identified unsupported technology. The new infrastructure is expected to be delivered by the end of January 2017 by VITA and VDOT will need 90 days to configure/test the environment before migration. The migration is expected to take 30-60 days to allow the business to validate full functionality and deploy into production. VDOT will follow up with VITA Security to identify any necessary controls and exceptions that are required for this environment.

Anticipated Completion Date: *September 30, 2017*

2016-036: Continue to Improve IT Software Maintenance and Management Controls

Prepared by: *Department of Motor Vehicles*

Responsible for Corrective Action: *Charlie Sheldon, DMV Director Digital Services; Dave Burhop, DMV Deputy Commissioner (CIO)*

Planned Corrective Action:

DMV will replace the remaining servers.

Anticipated Completion Date: *September 29, 2017*

2016-037: Upgrade Unsupported Technology

Prepared by: *Virginia Employment Commission*

Responsible for Corrective Action: *Chandos Carrow, Information Security Officer*

Planned Corrective Action:

All systems, except for one, that are currently using unsupported technology will be upgraded or decommissioned by March, 2017. The VEC is planning to migrate the other system to a state contract within 2017.

Anticipated Completion Date: *December 31, 2017*

2016-038: Improve System Patch Management

Prepared by: *State Lottery Department*

Responsible for Corrective Action: *Ted Maxwell, Director of Information Technology*

Planned Corrective Action:

The Lottery does not concur with this audit comment. System patches are identified, tested, and installed in accordance with the VITA and Lottery security standards. The Lottery is in the process of updating our Patch Management Standard to explicitly commit these practices in writing within the policy.

Anticipated Completion Date: *February 28, 2017*

2016-039: Improve Information Security Program and IT Governance

Prepared by: *Department of Education - Central Office Operations*

Responsible for Corrective Action: *Brian Gibbs-Wilson, Chief Information Security Officer*

Planned Corrective Action:

Information Security Program

- 1) Develop IT security policies and procedures manual.*
- 2) Track all key milestones via IT Security Calendar*
- 3) Hold quarterly security meetings with agency leadership to inform management of current status and obtain management feedback and approval of IT security efforts.*

IT Systems Hardening and Change Management Process

- 1) Update IT System Hardening policies and procedures to provide data hardening at the software/application level.*
- 2) Document baseline configurations to enable full restoration of systems at database and application level.*
- 3) Update EIM System Development Database Patching Procedure.*
- 4) Continue to evaluate in-house, open source, and commercial solutions to address this matter, as SANS and CIS benchmarks.*

Risk Management Process

- 1) Pursue outsourcing of process.*

Security Awareness Training

- 1) With transition to the Virginia Learning Center (VLC), all required training is contained in VLC.*
- 2) Transition monitoring of DOE employees' completion of IT security awareness training from HR to IT security staff.*
- 3) With development of new IT security policies and procedures manual, include sensitive system IT security training.*

IT Security Audits

- 1) Opt in for VITA Centralized Audit and ISO Services; allocate State funds to fund effort.*
- 2) Until VITA audits are scheduled, continue to complete and submit IT Security Audit Plans to Commonwealth Security by scheduled deadlines.*
- 3) With development of new IT security policies and procedures manual, include sensitive system IT security audit cycle.*

Anticipated Completion Date: *June 30, 2017*

2016-040: Continue to Improve IT Governance

Prepared by: *Department of Behavioral Health and Developmental Services*

Responsible for Corrective Action: *Greg Bell, DBHDS CISO; Chris Sarandos, DBHDS CIO*

Planned Corrective Action:

DBHDS concurs with the comment. The funding request to remediate the audit finding (Audit Remediation Decision Package) was rejected and final corrective action plans are dependent on funding. DBHDS will review options available when the final budget is approved. Previously the Department instituted the FAIR Project with a strategy to engage an executive-level decision team. The decision team would provide guidance in selecting a core suite of common applications that will be supported by the Central Office, then migrate all facility users to that suite. The remaining facility-specific applications will be modernized and migrated to the agency-wide infrastructure environment at VITA, then all agency applications will be transitioned to a cloud hosting provider using the VITA server hosting multi-supplier model. The net result will be a significant reduction in the number of duplicate applications, a decrease in the cost to support and secure the applications, and a subsequent increase in the quality of application support and function provided to the agency's business units. It is expected that the reduction in DBHDS sensitive IT systems will continue.

Anticipated Completion Date: *December 30, 2017*

2016-041: 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:

The original DMAS security compliance audit referenced in the APA report contained 15 findings, 12 findings have been resolved and DMAS is in process of completing corrective action for the three remaining findings that have not yet been fully addressed:

Risk Assessment Procedures – extended due date: December 31, 2017

During FY 2016, DMAS tested its risk assessment process for seven (7) internal application reviews. Risk Management Treatment Plans have also been identified, documented, and discussed with the Contract Monitors. The Office of Compliance and Security (OCS) has followed up in December 2016, reminding the Contract Monitors that their Treatment Plans are expected to be taken to resolution.

OCS will conduct internal Risk Assessments on the remaining applications listed on the DMAS IT Security Audit Plan dated July 8, 2016 (updated annually), and listed as required in VITA CSRM (Commonwealth Enterprise Technology Repository (CETR)/Archer.

OCS is reviewing and developing an internal documented procedure to complete these internal application Risk Assessments as well as have any Risk Management Treatment Plans resolved, by end of calendar year, December 31, 2017.

Logical Access Controls - extended to February 28, 2017

The Internal Audit Security Compliance audit report recommended the following five actions to be taken:

- 1. Review the user accounts identified for the TPLRS, HCOSTS, FAIR and CAS-E applications that did not have access request and authorizations forms to ensure access is appropriate for these users. Subsequently, these users' access should be documented on the required access request forms or be removed, if access is no longer needed.*

OCS Response: These four internal Oracle applications, TPLRS, HCOSTS, FAIR and CAS-E, account access reviews including documentation, will be completed by January 31, 2017.

- 2. Implement procedures to document access requests and authorizations for the CAS-E application.*

OCS Response: To be completed by January 31, 2017 for this internal application, including documentation. Documentation to be updated as required. Procedures to be developed for quarterly/annual reviews, as required by policy.

- 3. Implement procedures for ensuring the necessary access agreements are obtained, recorded and retained prior to access being granted to DMAS information systems.*

OCS Response: Documentation and procedures are being updated as required by policy as part of DMAS COV annual review (described below; to be completed by January 31, 2017).

- 4. Ensure the active DMAS network (Active Directory) and FAIR application user accounts are disabled or removed that belong to the terminated employee identified.*

OCS Response: COV annual reviews were sent to Division Directors on December 2, 2016, with requested responses due December 16, 2016, December 19, 2016, and extended due date through January 6, 2017 due to Holidays.

OCS will consolidate responses and take action to update user access as defined by DMAS Division Directors, and, develop policy and procedures to continue annual reviews as required. Completion expected by January 31, 2017.

5. *Identify the appropriate IM or business owners responsible for performing user access reviews, and coordinate with the responsible owners to develop and implement procedures requiring application or system owners to perform user access reviews on a periodic basis to identify user accounts that are not appropriate, including: inappropriate user access rights, roles and privileges assigned to accounts; unnecessary accounts that are no longer needed or used; and inactive or terminated accounts. These procedures should provide specific guidelines for conducting user access reviews, such as: reviewing all user accounts and the corresponding access rights on a specified, periodic – at least annual - basis, especially accounts that have privileged roles; following-up on any discrepancies or issues found, signing off on the review confirming that access is appropriate, and retaining documentation of these reviews.*

OCS Response: Similar to Item #5 above. Procedures are being developed for COV and applications, annual reviews required by policy, to be completed by February 28, 2017.

Policies and Procedures Reviews —extended to January 31, 2017

DMAS continues to review and finalize the required policies by SEC501-09. Documents below are numbered for convenience only. Document numbers 1-18 match SEC501 “Families of Controls”.

1. *One through seven have been finalized, signed by Agency Head and posted to MOAT.*
 1. *DMAS Access Control*
 2. *DMAS Security Awareness and Training*
 3. *DMAS Audit and Accountability*
 4. *DMAS Security Assessment and Authorization*
 5. *DMAS Configuration Management*
 6. *DMAS IT Contingency Planning*
 7. *DMAS Identification and Authentication*
2. *Nine through 13 have been approved by DMAS Security Advisory Committee (SAC) but pending Agency Head signature.*
 9. *System Maintenance*
 10. *Media Protection*
 11. *Physical and Environmental Protection Policy*
 12. *Security Planning*
 13. *Personnel Security*
3. *Fourteen through 16 have been sent to the SAC for a vote via email (i.e., e-vote) by January 17, 2017.*
 14. *Risk Assessment*
 15. *System and Services Acquisition*

- 16. *System and Communications Protection*
- 17. *IT System and Information Integrity*
- 18. *Security Program Management*

4. *Policy 8 (for Incident Response) is still being finalize*

Additional Supplemental policies are being drafted, reviewed by the Policy Owner, and then sent to the DMAS SAC for a review and an e-vote. Documents are numbered below for ease of reference only. They include (but are not listed in any particular order):

- S1.DMAS COV-owned and Non-COV-Owned Mobile Device Security and Use Policy, dated October 15, 2014, to be reviewed every three years.*
- S2.DMAS Information Resource Acceptable Use Policy (with use acknowledgement agreement)*
- S3.Social-Media Policy*
- S4.Security Incident Response Policy and Procedure*
- S5.DMAS Enterprise Security Policy, Standards and Procedures*
- S6.DMAS HIPAA Security Policy, dated June 05, 2013, pending review and revision*
- S7.DMAS SSP, Medicaid Enterprise System (MES) Master Security Plan (MSP) (as required by CMS)*
- S8.DMAS Privacy Impact Analysis (PIA) (including template privacy impact for social media)*
- S9.DMAS Business Impact Analysis (BIA)*
- S10.DMAS Risk Assessment (RA) Policy and Procedure and Template*
- S11.DMAS Guest WiFi Acceptable Use Policy*
- S12.Annual COOP required by April 1, 2017*
- S13.Annual Disaster and HIPAA Contingency Plan review and update.*

Once approved and signed, these documents will be posted for staff via MOAT. These policies have been marked for annual review where required, to address "review" delays in the past.

Anticipated Completion Date: *Risk Assessment Procedures – December 31, 2017, Logical Access Controls – February 28, 2017, Policies and Procedures Reviews – January 31, 2017*

2016-042: Continue Improving Oversight over Third-Party Service Providers

Prepared by: *Virginia Employment Commission*

Responsible for Corrective Action: *Chandos Carrow, Information Security Officer*

Planned Corrective Action:

VEC has made some progress in improving oversight over third-party services providers this year and plans to significantly improve this process within 2017 with the hiring of a Deputy Information Security Officer.

Anticipated Completion Date: *December 31, 2017*

2016-043: Review and Document Service Organization Control Reports of Third-Party Service Providers

Prepared by: *Department of Medical Assistance Services*

Responsible for Corrective Action: *Chris Foca, DMAS Procurement and Contract Division Director, Procurement and Contract Division; Mukundan Srinivasan, DMAS Chief Information Officer, Information Management Division; Theresa Fleming, DMAS Information Security Officer, Office of Compliance*

Planned Corrective Action:

To ensure proper oversight of Service Providers who provide significant fiscal processes, DMAS will take the following steps:

- 1. DMAS will develop policy and procedures to ensure that the Service Organization Control (SOC) reports received for service providers who provide significant fiscal processes for the agency are reviewed, assessed and documented. (to be completed by December 31, 2017)*
- 2. Procurement will define procedures to perform periodic follow-up reviews of SOC Report issues/findings until they are remediated. (to be completed by December 31, 2017)*
- 3. Procurement will coordinate training for the Contractor Administrators and develop guidelines and worksheets for Administrators to use to document reviews of the SOC Reports. (to be completed by March 31, 2018)*

Anticipated Completion Date: *March 31, 2018*

2016-044: Improve Oversight of Third Party Service Providers

Prepared by: *Department of Social Services*

Responsible for Corrective Action: *Barry Davis, Information Security Officer*

Planned Corrective Action:

VDSS will amend the existing CA-VDSS Information Security Assessment and Authorization policy requirements to include a formal framework for gaining appropriate assurance over outsourced operations procured by the Agency. The agency will develop and document a process to obtain, evaluate, and track third party service documentation reviews that provide reasonable assurance over the service's internal security controls. VDSS will develop contract language that requires third party service providers to adhere to applicable security standard requirements.

Anticipated Completion Date: *December 31, 2017*

2016-045: Ensure Oversight of Third Party Service Providers

Prepared by: *Department of Health*

Responsible for Corrective Action: *Steven VonCanon, Director of Purchasing and General Services*

Planned Corrective Action:

The Office of Purchasing and General Services (OPGS) has communicated with the work units to determine if any additional third party vendors are utilized and if SOC reports are already available for those vendors. OPGS will also incorporate this requirement to the agency's Contract Administration Policy and communicate the requirement to agency work units. The responsibility to meet the SOC reporting requirements will be part of contract administration at the work unit level.

Anticipated Completion Date: *June 30, 2017*

2016-046: Improve Oversight of Information Technology Third-Party Service Providers

Prepared by: *Virginia Commonwealth University*

Responsible for Corrective Action: *Dan Han, Information Security Officer*

Planned Corrective Action:

While VCU developed processes to review the security practices of new service providers in recent years, the process has not been centrally implemented on legacy service providers. Annual SOC report reviews are performed for service providers involving fiscal processes. VCU will develop a university-wide plan for a risk-based, ongoing review and certification process for all third-party service providers.

Anticipated Completion Date: *June 30, 2017*

2016-047: Improve Oversight of Third-Party Providers

Prepared by: *Department of General Services*

Responsible for Corrective Action: DGS Information Security Officer – Johnathan Barbett

Planned Corrective Action:

DGS will write a formal policy that will comply with Sec 525 for all of DGS cloud based systems

Anticipated Completion Date: *February 1, 2017*

2016-048: Continue to Develop and Implement Formal IT Hardening Policies and Procedures

Prepared by: *Department of Transportation*

Responsible for Corrective Action: *Craig Arnold, Assistant Division Administrator, VDOT ITD*

Planned Corrective Action:

The Department agrees with the APA on the importance of hardening servers supporting critical operations and is currently reviewing the database build standards the Partnership uses as a starting point for Oracle and SQL Server hardening standards. Once the review is completed and VDOT makes agency-specific updates, the new hardening standards will be documented and Information Technology Division will evaluate/adjust all Oracle and SQL Server databases to align with the hardening standards.

Anticipated Completion Date: *September 30, 2017*

2016-049: Continue to Improve Database and Application Baseline Security Configurations

Prepared by: *Department of Motor Vehicles*

Responsible for Corrective Action: *Biju Bashir, DMV DBA; Beau Hurley, DMV Chief of IT Security & Agency Risk Management, CISO; Dave Burhop, DMV Deputy Commissioner (CIO)*

Planned Corrective Action:

DMV will apply an acceptable level of hardening recommended by the center for Internet Security for the final application database group.

Anticipated Completion Date: *January 29, 2017*

2016-050: Improve Change Management Process

Prepared by: *Virginia Employment Commission*

Responsible for Corrective Action: *Dave Portner, IT Director*

Planned Corrective Action:

The VEC is in the process of documenting a change and configuration management process for the firewalls managed by the VEC. As an interim step we are using our internal ACERT system to document the firewall changes approved either by the System Owner of the affected system, or the Information Technology Director if the change is solely related to infrastructure.

Anticipated Completion Date: *March 31, 2017*

2016-051: Develop Baseline Configurations for Information Systems

Prepared by: *Department of Behavioral Health and Developmental Services*

Responsible for Corrective Action: *Greg Bell - DBHDS CISO and Chris Sarandos - DBHDS CIO*

Planned Corrective Action:

DBHDS concurs with the comment. The funding request to remediate the audit finding (Audit Remediation Decision Package) was rejected and final corrective action plans are dependent on funding. DBHDS will review options available when the final budget is approved. Previously the Department instituted the FAIR Project with a strategy to engage an executive-level decision team. The decision team would provide guidance in selecting a core suite of common applications that will be supported by the Central Office, then migrate all facility users to that suite. The remaining facility-specific applications will be modernized and migrated to the agency-wide infrastructure environment at VITA, then all agency applications will be transitioned to a cloud hosting provider using the VITA server hosting multi-supplier model. The net result will be a significant reduction in the number of duplicate applications, a decrease in the cost to support and secure the applications, and a subsequent increase in the quality of application support and function provided to the agency's business units. It is expected that the reduction in DBHDS sensitive IT systems will continue.

Anticipated Completion Date: *December 30, 2017*

2016-052: Continue to Improve IT Risk and Continuity Management Program

Prepared by: *Department of Motor Vehicles*

Responsible for Corrective Action: *Beau Hurley, DMV Chief of IT Security & Agency Risk Management, CISO; Dave Burhop, DMV Deputy Commissioner (CIO)*

Planned Corrective Action:

Action #1:

DMV will complete the IT portions of the Continuity and Disaster Recovery plans by January 31, 2017.

Action #2:

DMV will complete the more extensive Agency wide Continuity Plan.

Anticipated Completion Date: *Action #1: January 13, 2017; Action #2: April 28, 2017*

2016-053: Improve Data Backup and Restoration Procedures

Prepared by: *Department of Motor Vehicles*

Responsible for Corrective Action: *Beau Hurley, DMV Chief of IT Security & Agency Risk Management, CISO; Dave Burhop, DMV Deputy Commissioner (CIO)*

Planned Corrective Action:

Action #1:

DMV will adjust backup schedules, update the Agency's Continuity Plan, and provide feedback to the business units for updating their respective elements of the Continuity Plan

Action #2:

DMV will update its policy to reflect the inclusion of the system backup process to ensure data is not maintained longer than approved retention periods.

Anticipated Completion Date: *Action #1: January 31, 2017; Action #2: February 28, 2017*

2016-054: Improve IT Risk Management and Disaster Recovery Planning

Prepared by: *Department of Human Resource Management*

Responsible for Corrective Action: *a. Belchior Mira, DHRM IT Director, and DHRM Data Owners; b. Kristie McClaren, DHRM COOP Coordinator and Belchior Mira, DHRM IT Director, and Bob Auton, VITA ISO resource; c. Belchior Mira, DHRM IT Director, and Bradley Paul, DHRM Systems Engineer*

Planned Corrective Action:

- a. DHRM will document evaluation of data stored in mission essential/sensitive systems (including regulatory requirements to which the data 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 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.*
- c. DHRM will Document baseline configurations for mission essential and sensitive IT system.*

Anticipated Completion Date: *a. December 31, 2017, b. June 30, 2017, c. December 31, 2017*

2016-055: Improve Policies, Procedures, and Plans for Backup and Restoration

Prepared by: *Department of Social Services*

Responsible for Corrective Action: *Robert Hobbelman, Chief Information Officer; Barry Davis, Information Security Officer*

Planned Corrective Action:

VDSS will update the continuity planning documents to include Business Impact Analysis identified Recovery Point Objectives. The agency will evaluate the RTOs and RPOs to ensure the times coincide with the backup and restoration services offered by the VITA/NG partnership. Further, VDSS will complete an approved disaster recovery plan that includes system specific documentation to restore applications and data.

Anticipated Completion Date: *December 31, 2017*

2016-056: Continue Improving Oversight over IT Risk Assessments

Prepared by: *Virginia Employment Commission*

Responsible for Corrective Action: *Chandos Carrow, Information Security Officer*

Planned Corrective Action:

VEC has made significant progress with our Information Security program beginning in 2015 with the hiring of our first full time ISO. The concentration has been focused on developing the new Information Security Manual and the Safeguard Security Report for the IRS. Next year, the majority of the effort and resources will be put into completing Risk Assessments, Information System Security Audits, and Security Plans. We have developed a plan to complete Risk Assessments, Information System Security Audits, and Security Plans for all sensitive systems by the end of 2019. This will complete our first full three-year cycle of these processes.

Anticipated Completion Date: *December 31, 2019*

2016-057: Improve IT Risk Management Controls

Prepared by: *State Lottery Department*

Responsible for Corrective Action: *Joe Hubbell, Information Security Officer; Elizabeth Smith, Director of Audit & Security*

Planned Corrective Action:

The Lottery continues its progress in updating sensitive system risk management controls (risk assessments) to use the new format, and continues to work with VITA and the Lottery Internal Audit team to see this project to completion by June 30, 2017.

Anticipated Completion Date: *June 30, 2017*

2016-058: Improve Application Security Controls

Prepared by: *Department of Motor Vehicles*

Responsible for Corrective Action: *Action #1: Beau Hurley, DMV Chief of IT Security & Agency Risk Management, CISO; Dave Burhop, DMV Deputy Commissioner (CIO); Action #2: Charlie Sheldon, DMV Director Digital Services; Beau Hurley DMV Chief of IT Security & Agency Risk Management, CISO; Dave*

Planned Corrective Action:

Action #1:

DMV will complete a project plan, identify resources, and submit identified exceptions to Commonwealth Security along with the plan for tracking progress.

Action #2:

DMV will resolve this control deficiency.

Anticipated Completion Date: *Action #1: July 31, 2017; Action #2: August 31, 2018*

2016-059: 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: *June 30, 2017*

2016-060: 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; Clayton Lockhart, Assistant Vice President for Enterprise Infrastructure; Jason Belford, Chief Information Security Officer*

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 SecureUVA, 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: *December 31, 2016*

2016-061: Improve Internal Controls Surrounding Sensitive Documents

Prepared by: *Department of Behavioral Health and Developmental Services*

Responsible for Corrective Action: *Greg Bell - DBHDS CISO and Randy Sherrod - DBHDS Internal Audit Director*

Planned Corrective Action:

The Department concurs with the audit comment. DBHDS will ensure that The Commonwealth's Information Security Standard, SEC501-09, Section SC-8-COV is adhered to when sensitive data is transmitted to any external agency or entity. To complete this, DBHDS Information Security Office will be leading two initiatives to mitigate this risk. To assure information sent via email is encrypted (internally and externally), we are reviewing options that would push out Microsoft Outlook settings to all users assuring all emails are digitally signed and all content and attachments are encrypted for outgoing messages. To follow a layered defense approach, we are currently in the process of creating a group policy and security group to provide users that regularly send sensitive data, a file compression application that will give them the ability to encrypt all attachments. In addition, upon receiving the information from the APA reviewer, a ticket was opened with VITA on September 30, 2016. Following the subsequent confirmation received from VITA, encryption tools were installed on the devices used by staff who routinely process sensitive information.

Anticipated Completion Date: *June 30, 2017*

2016-062: Improve Security Awareness and Training

Prepared by: *Department of Human Resource Management*

Responsible for Corrective Action: *a. Belchior Mira, DHRM IT Director, and Bob Auton, VITA ISO resource assisting DHRM; b. Bob Auton, VITA ISO resource assisting DHRM, and Alexander (A.T.) Hamilton, COV Learning Center Administrator*

Planned Corrective Action:

a. DHRM will require that all DHRM end users receive basic security awareness training annually.

b. DHRM will provide role based security training to staff with role-based assignments

Anticipated Completion Date: *a. June 30, 2017, b. December 31, 2017*

2016-063: Improve Security Awareness Training Program

Prepared by: *University of Virginia-Academic Division*

Responsible for Corrective Action: *Virginia H. Evans, Chief Information Officer
Jason C. Belford, Chief Information Security Officer*

Planned Corrective Action:

The University will:

- *Update existing policies to address periodic security training and ensure that additional role-based training is included and*
- *Implement a process to monitor completions and enforce compliance.*

As part of the SecureUVA program (formerly named the Security Enhancement Program), the University will update all IT security policies, standards, and guidelines. The requirement for security training, as well as more periodic training updates, will be covered in these updated standards. This project has started and will be completed by June 30, 2017. The university will also develop methods to track and enforce compliance as part of a second SecureUVA project. This project will be scoped to update the current training materials and training system, which will help track and enforce training requirements. This project is scheduled to begin in March 2017 and will be completed by December 29, 2017.

Anticipated Completion Date: *December 29, 2017*

2016-064: Perform Information Technology Review as Required

Prepared by: *Department of Medical Assistance Services*

Responsible for Corrective Action: *Paul Kirtz, DMAS Internal Audit Director, Internal Audit Division;
Mukundan Srinivasan, DMAS Chief Information Officer,
Information Management Division; Theresa Fleming, DMAS
Information Security Officer, Office of Compliance and Security*

Planned Corrective Action:

DMAS is in the process of procuring a security audit of the MMIS. The delay in the biennial audit was due to the U. S. Department of Health and Human Services - Office of Inspector General (OIG) conducting a comprehensive security audit of MMIS that started in September 2015. The auditors used 45 CFR §95.621 – Automated Data Processing System Security Requirements and Review Process as criteria for the audit. In the OIG fieldwork exit conference presentation on April 28, 2016, the auditors reported they had assessed the following items:

- *The Commonwealth's policies and procedures*
- *The Contractor's policies and procedures*

- *Network system security*
- *Information systems virus protection capabilities*
- *Information systems security patch management*
- *Logical access controls*
- *Network device controls (firewalls, routers, and switches)*
- *Web application and website security*
- *Database controls*
- *Remote access controls*

While DMAS still has not received the draft audit report from the OIG, the DMAS Information Management Division and the Service Provider have been working diligently to address the audit issues and system vulnerabilities that were presented in field work exit conference.

Due to strained resources for both the Service Provider and DMAS in responding to the audit requests and resolving the audit issues, DMAS choose not to begin another similar security audit while the Federal security audit was still in process. In arriving at this decision, consideration was given to preventing duplication of effort for limited resources. Additionally, the results of the OIG audit provide helpful insight to efficiently develop the scope of the DMAS security audit of MMIS.

DMAS is working with Computer Aid, Inc. (CAI) through the COV IT Contingent Labor Contract (Statement of Work Process) to obtain IT services (Security Audits) from a CAI subcontractor. DMAS provided the Statement of Requirements (SOR) to CAI on September 15, 2016. CAI received a Statement of Work (SOW) response from one vendor on October 17, 2016. No other vendors submitted a SOW. After reviewing the SOW submitted by the vendor, DMAS selected the vendor and began negotiations with the vendor. Modifications are being made to the SOW and the negotiations should be completed by January 31, 2017.

The security audit as described in the SOR will ensure that the DMAS is in compliance with the following audit requirements for MMIS:

- *45 CFR §95.621 (f) (3) – ADP System Security Reviews*
- *45 CFR §164.308 (a) (8) – Standard Evaluation*
- *Code of Virginia §2.2 – 2009.A 1 – Address the scope and frequency of security audits*

The results of the OIG Audit and the security audit will help DMAS in monitoring the Service Provider to ensure compliance with the Commonwealth Security Standard, CAPP Manual, Code of Federal

Regulation, and the contract with the Commonwealth. If any weaknesses are identified in the audits, DMAS will implement complementary controls to mitigate the risk to the Commonwealth until the Service Provider corrects the deficiency.

Anticipated Completion Date: *September 1, 2017*

2016-065: Continue to Improve Physical and Environmental Security

Prepared by: *Virginia Employment Commission*

Responsible for Corrective Action: *Chandos Carrow Security Information Officer*

Planned Corrective Action:

Access changes previously identified this year have been made to the badge readers granting access to the data center. Visitor access log reviews will be conducted on a periodic basis. A cost benefit analysis will be conducted to determine if the agency is willing to except the risk of losing the data center.

Anticipated Completion Date: *December 31, 2017*

2016-066: Continue Improving Mobile Device Security

Prepared by: *Virginia Commonwealth University*

Responsible for Corrective Action: *Dan Han, Information Security Officer*

Planned Corrective Action:

From an administrative perspective, the University continuously revises its policies and standards, and has addressed the policy deficiencies identified in the recommendation. VCU is working to improve controls over mobile devices and has shared its detailed plans with the auditors.

Anticipated Completion Date: *June 30, 2017*

2016-067: Improve Inventory Valuation Procedures

Prepared by: *Department of Health*

Responsible for Corrective Action: *Craig Parrish, Pharmacy Manager*

Planned Corrective Action:

The Pharmacy & Supply Inventory Procedures located on the Office of Financial Management (OFM) intranet site does include valuation requirements. The Pharmacy work unit will add pricing validation to their internal inventory procedures and ensure alignment with OFM's Pharmacy and Supply Inventory Procedures. The Pharmacy Director has informed the vendor of the Commonwealth's desire to see SOC reporting, and will verify pricing on the top 20 items by dollar value as an additional control to validate the vendor's pricing controls.

Anticipated Completion Date: *June 30, 2017*

2016-068: Improve Controls over myVRS Navigator

Prepared by: *Department of Behavioral Health and Developmental Services*

Responsible for Corrective Action: *Stacy Pendleton - DBHDS HR Manager and Randy Sherrod - DBHDS Internal Audit Director*

Planned Corrective Action:

The Department concurs with the audit comment and will ensure that VNAV snapshot reconciliations are completed timely and include all aspects of a reconciliation between CIPPS, PMIS and VNAV. DBHDS will also ensure that policies and procedures adequately describe how the reconciliations of CIPPS and PMIS to VNAV are to be completed. Regarding the issue of improper access to VNAV. DBHDS will continue to ensure that proper segregation of duties is in place related to access to VNAV. The agency feels that controls are in place as there was only one employee, out of 18 tested, that was found to have improper access to VNAV. Enhancements to policies and procedures and a review of access to VNAV at DBHDS Central Office and all facilities will be completed in FY 2017. DBHDS Central Office and Facilities will continue to work on the monthly reconciliations between CIPPS, PMIS and VNAV to ensure they are properly completed and include all required documentation.

Anticipated Completion Date: *June 30, 2017*

2016-069: Improve myVRS Navigator Reconciliation and Confirmation

Prepared by: *University of Virginia-Medical Center*

Responsible for Corrective Action: *Kim Holdren, UVA Medical Center Controller*

Planned Corrective Action:

In response to the finding, the Medical Center Payroll Office met with the Director of Benefits for UVA, on October 11, 2016 to discuss the challenges with reconciling the activity. Specifically, it was determined that the Medical Center did not have the appropriate access for the new payroll manager and did not have processes in place to reconcile the activity. As of November 2016, the access has been provided and the processes designed. Medical Center management has identified the reconciling items between VRS and the Payroll System for the fiscal year ended June 30, 2016, as well as for the month ended October 10, 2016. In addition, management has documented the steps being taken to resolve each of the reconciling items and expects VRS to update their system accordingly. At this point, the Medical Center is current on its reconciliation requirements.

Anticipated Completion Date: *November 2016*

2016-070: Retain Documentation Supporting Retirement Contribution Reconciliations

Prepared by: *Department of Transportation*

Responsible for Corrective Action: *Emily Elliott, Division Administrator VDOT HR Division*

Planned Corrective Action:

1. Historical reconciliation data will be saved weekly and monthly. 2. Existing VNAV Reconciliation procedure will be updated to reflect the requirement to save the reconciliation data.

Anticipated Completion Date: *1. Practice was implemented during the audit period. 2. VNAV Reconciliation procedure was updated on December 5, 2016.*

2016-071: Improve Procedures related to Retirement Contributions

Prepared by: *Virginia Employment Commission*

Responsible for Corrective Action: *Ryan (HR & Finance)*

Planned Corrective Action:

VEC will continue to monitor VNAV and work with VRS to resolve discrepancies and escalate those discrepancies that cannot be resolved in a timely manner. Furthermore, the agency has enacted daily reviews in addition to the reviews conducted based on system generated prompts.

Anticipated Completion Date: *April 30, 2017*

2016-072: Improve Internal Controls for Creating and Updating Vendors in Cardinal

Prepared by: *Department of Accounts*

Responsible for Corrective Action: *Carlton McKinnon, Assistant Director Cardinal Vendor Group*

Planned Corrective Action:

The Department of Accounts will update written policies and procedures to reflect current internal control practices being executed. Additionally, DOA plans to go live with the secure WEB based portal for agencies to submit vendor enrollment/change data securely to the CVG.

Anticipated Completion Date: *March 30, 2017*

2016-073: Improve and Comply with Sole Source Policies and Procedures

Prepared by: *University of Virginia-Academic Division*

Responsible for Corrective Action: *Jeff Moore, Director of Construction Services & Contract Administration*

Planned Corrective Action:

- *University Contracting Officer, Associate Vice President-Chief Facilities Officer will provide clear and direct communication to emphasize the importance of compliance with UVA Procurement Rules and Sole Source Policies and Procedures.*
- *Facilities Planning & Construction (FP&C) will provide online resources, email notifications, and in person communications with the University community between now and March 31, 2017 to convey the State Procurement Rules and the UVA HECOM requirements for Sole Source procurements, procurement best practices, and the benefits of and time required for competitive procurements including:*
 - o *Timely notification of planned departmental construction activities is essential in providing adequate lead time for initiating competitive procurement.*
 - o *Imminent deadlines imposed by requesting clients, or clients initiating preliminary procurement without consulting FP&C, are not currently recognized justifications for Sole Source procurement by APA.*
 - o *The AVP & CFO is the authority acting as the UVA contracting officer, and Sole Source approval is based on his judgement on specific procurements.*
- *FP&C will implement procedures requiring clients to provide timely and adequate notification of the need for construction services to FP&C to allow for procurement of a contractor using a method allowed by the Procurement Rules and HECOM.*
- *FP&C will initiate increased scrutiny of future Sole Source requests with the end goal being to maximize competitive procurements to the extent practicable and consistent with relevant sections of the law.*

Anticipated Completion Date: *March 31, 2017*

2016-074: Continue to Strengthen Internal Controls Governing the Economic Interest Disclosure Process

Prepared by: *Department of Transportation*

Responsible for Corrective Action: *Emily Elliott, Division Administrator VDOT HR Division*

Planned Corrective Action:

Implement internal guidelines for designating VDOT positions required to submit a SOEI.

Anticipated Completion Date: *Guidelines were issued on December 1, 2016.*

2016-075: Comply with the Code of Virginia Economic Interest Requirements

Prepared by: *Department of Behavioral Health and Developmental Services*

Responsible for Corrective Action: *Dan Hinderliter - DBHDS Director of Administrative Services,
Stacy Pendleton - DBHDS HR Manager and Randy Sherrod -
DBHDS Internal Audit Director*

Planned Corrective Action:

The Department concurs with the audit comment. The Department will continue to work toward ensuring all employees required to submit the Statement of Economic Interest form do so timely and also that they complete the required Conflict of Interest Training. DBHDS has developed a process where the individuals required to file the Statement of Economic Interest form will be tracked along with their timely completion of the Conflict of Interest Training. DBHDS will require employees to take the Conflict of Interest Training that is offered and accounted for through the DBHDS Knowledge Center.

Anticipated Completion Date: *June 30, 2017*

2016-076: Improve Controls Over Payroll

Prepared by: *Department of Behavioral Health and Developmental Services*

Responsible for Corrective Action: *Randy Sherrod - DBHDS Internal Audit Director*

Planned Corrective Action:

Department concurs with the audit comment. The DBHDS Office of Internal Audit conducted this testwork and has reviewed the responses given by the facilities and Central Office to the findings noted. The Department has agreed with the responses to the findings and will be completing follow-up reviews to ensure compliance.

Anticipated Completion Date: *June 30, 2017*

2016-077: Develop and Implement Policy for Monitoring Part-time Hours

Prepared by: *Department of Health*

Responsible for Corrective Action: *Micah Fairchild, HR Policy Division Director*

Planned Corrective Action:

The Office of Human Resources will create a policy and procedure in conjunction with the Office of Financial Management to ensure work units are provided with warning reports at appropriate hour "milestones", provided with information related to the policy framework of the 1500 hour limitation, and are properly advised that supervisors are ultimately responsible for ensuring wage employees do not exceed the 1500 hour limit.

Anticipated Completion Date: *June 30, 2017*

2016-078: Ensure Tax Wage Discrepancy Report is Complete

Prepared by: *Virginia Employment Commission*

Responsible for Corrective Action: *William Walton, UI Director*

Planned Corrective Action:

The Virginia Employment Commission will continue to work with the VUIS vendor to correct the VUIS tax-wage discrepancy report. This will result in the Commission's ability to investigate all discrepancies exceeding established thresholds as prescribed by the Commission's tax-wage discrepancies policies and procedures. In the interim, the Commission will seek out and obtain additional reports, to identify and investigate existing discrepancies.

Anticipated Completion Date: *June 30, 2017*

2016-079: Improve Capital Asset Management

Prepared by: *State Lottery Department*

Responsible for Corrective Action: *Valerie Henshaw, Accounting Control Manager; Deborah Courtney, Finance Director*

Planned Corrective Action:

Policies and procedures were updated and a biennial physical inventory will be completed by June 30, 2017.

Anticipated Completion Date: *June 30, 2017*

2016-080: Continue Improving Accounts Receivable Collection Process

Prepared by: *Department of Medical Assistance Services*

Responsible for Corrective Action: *Karen Stephenson, Controller, DMAS Fiscal and Purchases Division*

Planned Corrective Action:

DMAS will continue to pursue improvements in the Accounts Receivable (AR) collections process by developing and implementing automated processing functions. This transition to automated processing functions has been delayed by a shift in priorities to the replacement of the financial system and the MMIS.

To date, the Fiscal AR Unit has implemented a process for scanning overpayment documents and storing them electronically. This new process has eliminated the need for paper folders. This improvement will ensure that documentation for all cases is available and accessible, and it will eliminate the risk of losing paper copies of cases. This improvement has already been implemented for all new cases. Old case files that were established prior to this date will remain in paper files until they are closed.

The Fiscal Division is working to implement a process that will automatically generate receivables and letters at the required intervals. This new process requires that an Excel spreadsheet template accompany all new receivable cases. The spreadsheet template will be completed by the entity conducting the audit (usually, this is the Program Integrity Division or audit contractors) and forwarded to the Fiscal Division with the original overpayment letter. The Fiscal Division will upload the spreadsheet to an Oracle staging area. The spreadsheet will trigger Oracle to set-up a receivable, generate letters, and electronically save the letters at the required intervals. This new automated process will reduce the amount of manual work required to work receivable cases and alleviate the need for additional staff.

Additionally, this process will automatically alert the Fiscal Division to refer cases the Division of Debt Collection of the Office of Attorney General (OAG), or a collection agency based on invoice date and status. These cases are sent to the OAG and collection agency quarterly. Full negative balances in MMIS and repayment agreements are reviewed monthly to determine if they need to be moved to the next step in the process.

This process should be complete and operational by April 30, 2017 for provider receivables. It is expected that implementing this same process for recipient receivables will take longer because they are more complex; the process for recipient receivables is expected to be complete and operational by June 30, 2017.

Anticipated Completion Date: *provider receivable is April 30, 2017, recipient receivables is June 30, 2017*

2016-081: Retain Evidence of and Support for Information Reported to the Federal Government

Prepared by: *Department of Education - Direct Aid to Public Education*

Responsible for Corrective Action: *Christine Lopilato, Director of Fiscal Services*

Planned Corrective Action:

- 1) *Ensure all FNS-777 reports include the FNS-10 30/90 day reports and are attached to support the quarterly FNS-777 report submissions.*
- 2) *Establish annual calendar on a monthly schedule of Federal financial status report submissions including monthly, quarterly, semi-annual, and annual report submissions by respective due dates.*
- 3) *Ensure Federal financial reports to be reviewed prior to submission are routed in monthly package. Upon final certification, return package to General Accounting Manager for review to ensure all reports and supporting documentation are present prior to filing and retention, ensuring integrity of auditable files.*

Anticipated Completion Date: *March 31, 2017*

2016-082: Continue to Improve IT Governance

Prepared by: *Department for Aging and Rehabilitative Services*

Responsible for Corrective Action: *Mark McCreary, Information Security Officer*

Planned Corrective Action:

The agency concurs with this finding. We have completed all corrective action plans as of December 31, 2016, with the exception of the application risk assessments. We documented our risk assessment plan covering the period from July 1, 2016 to June 30, 2018 and submitted it to Commonwealth Security in June, 2016. The Plan was subsequently approved by Commonwealth Security and we are working to complete all risk assessments according to the plan.

Anticipated Completion Date: *June 30, 2017*

2016-083: Perform Annual Review of AWARE System Access

Prepared by: *Department for Aging and Rehabilitative Services*

Responsible for Corrective Action: *Terry Johnson, IT Systems Analyst*

Planned Corrective Action:

The agency concurs with this finding and staff will no longer modify their own security, thereby ensuring proper controls over changes and separation of duties. Annual review of staff access will be performed in January of every year beginning in 2017 to validate the need still exists.

Anticipated Completion Date: *March 31, 2017*

2016-084: Record Accurate Time and Effort Reporting

Prepared by: *Department of Health*

Responsible for Corrective Action: *Laurie Forlano, Director of Epidemiology*

Planned Corrective Action:

The Office of Epidemiology (OEPI) agrees its T&E process must be strengthened and is assessing existing processes and practices utilized across the agency. Starting in August 2016, OEPI reverted to a paper T&E reporting process and will continue this approach until after employee training is delivered and written processes are developed and tested. T&E reconciliations for July through September 2016 are substantially complete and that effort is supporting development of written processes and employee training. Full implementation of staff training and utilization of a refined process will be completed by February 1, 2017.

Anticipated Completion Date: *February 1, 2017*

2016-085: Complete System Access Reviews

Prepared by: *Department of Health*

Responsible for Corrective Action: *Laurie Forlano, Director of Epidemiology*

Planned Corrective Action:

A procedure has been developed and implemented to address the need for periodic reviews of system access to the AIDS Drug Assistance Program database and the e2Virginia system. The procedure exceeds the audit recommendation by requiring quarterly system access reviews.

Anticipated Completion Date: *March 31, 2017*

2016-086: Improve Contract Procurement and Management Processes

Prepared by: *Department of Health*

Responsible for Corrective Action: *Laurie Forlano, Director of Epidemiology*

Planned Corrective Action:

The Office of Epidemiology (OEPI) has initiated efforts to ensure future compliance with the Agency Procurement and Surplus Property Manual and the Virginia Information Technologies Agency (VITA) Buy-IT manual. Contract initiation and execution timelines have been developed, monitoring tools have been implemented, periodic formal communication meetings between program and administrative staff has been scheduled, and conversations are ongoing to have the Office of Purchasing and General Services process all OEPI procurement related work.

Anticipated Completion Date: *June 30, 2017*

2016-087: Improve Controls over Period of Performance

Prepared by: *Department of Health*

Responsible for Corrective Action: *Laurie Forlano, Director of Epidemiology*

Planned Corrective Action:

The Office of Epidemiology will request the Office of Financial Management to assign a new project code to reflect changing grant periods for all federal grants.

Through a multi-step reconciliation process and use of date of service documentation, we remain confident that expenses are recorded and reported in the correct grant year. During the recent technical assistance site visit with HRSA consultants, the aforementioned process was reviewed and accepted. However, we agree this recommendation will strengthen the current process and offer clarity auditors are seeking.

Anticipated Completion Date: *June 30, 2017*

2016-088: Strengthen Subrecipient Monitoring Process

Prepared by: *Department of Health*

Responsible for Corrective Action: *Laurie Forlano, Director of Epidemiology*

Planned Corrective Action:

The Office of Epidemiology is working to strengthen subrecipient monitoring including:

- *An electronic subrecipient folder for each Ryan White funded entity was set up in a central location that will include all fiscal, procurement, and program monitoring documents.*
- *A status on all monitoring activities during the weekly ADAP leadership meeting will be provided by responsible parties during at least two meetings each month.*
- *A spreadsheet to document subrecipient reviews has been created to capture and monitor dates of visits, resulting reports and findings, and receipt and review of each entity's single audit.*
- *A template Employee Work Profile for contract administrators has been developed which includes specific performance measures and deadlines for all subrecipient monitoring deliverables.*
- *A procedure is under development that will specify all actions required to conduct subrecipient reviews and track results. A mechanism to document eligibility determinations reviewed as part of the on-site monitoring reviews will also be developed.*

Anticipated Completion Date: *September 30, 2017*

2016-089: Increase Program Auditors or Determine Another Approach to Meet Monitoring Requirements

Prepared by: *The Office of Children's Services*

Responsible for Corrective Action: *Scott Reiner, OCS Executive Director*

Planned Corrective Action:

Hire additional program auditors to enable completion of the audit plan. OCS has been authorized and funded for two additional program auditors over the period Fiscal Years 2017-2018. As of November 10, 2016, one of the two additional positions has been filled.

Anticipated Completion Date: *September 30, 2017*

2016-090: Issue Management Decisions on Sub-Grantee Single Audit Findings

Prepared by: *Department of Emergency Management*

Responsible for Corrective Action: *Cheryl Lee, Grants Director*

Planned Corrective Action:

VDEM concurs with this finding. In 2014 the internal audit functions were reassigned from the audit section to the grants division. This function was incorporated into the sub-grantee monitoring plan. However, from June 2014 to July 2016, the Finance and Grants Division operated at 70 percent reduction in staff. During this time period the staff could only accomplish the day-to-day critical activities. Currently, VDEM has moved ahead with filling vacancies and this task will be accomplished within the monitoring plans.

Anticipated Completion Date: *March 31, 2017*

2016-091: Strengthen Internal Controls over Time and Effort Reporting for Federal Grants

Prepared by: *Department of Emergency Management*

Responsible for Corrective Action: *Cheryl Lee, Grants Director*

Planned Corrective Action:

VDEM concurs with this finding. VDEM has recently gone through a major reorganization and has had the opportunity to restructure our payroll allocations. The new structure is in line with the 2 CFR 200.430 (I) (ii). In addition, we have also recently become users of the Commonwealth's time and attendance system that where practical will utilize to complete the certifications as required by the code. All new policies and procedures will be documented by revisions to Standard Operating Procedures and any additional reporting responsibilities for employees will be delivered in the form of training to ensure compliance.

Anticipated Completion Date: *March 31, 2017*

2016-092: Submit Required Reports

Prepared by: *Virginia Employment Commission*

Responsible for Corrective Action: *William Walton, UI Director*

Planned Corrective Action:

The Virginia Employment Commission did have a plan for how the system would produce needed federal and financial reports by their required deadlines. A management decision was made; however, to defer production until post-implementation of the system. The subject ETA 581 reports have since been submitted to the U.S. Department of Labor and receipt confirmed. The Commission will continue to work the vendor to finalize the controls and query logic used to prepare the ETA 581 report.

Anticipated Completion Date: *September 30, 2017*

APPENDIX II
2016 FINDINGS
GROUPED BY TOPIC

Finding Topic/Report Header		Applicable To
Finding Title		
Financial Reporting		
2016-001	Improve Oversight and Review of Financial Reporting	Department of Education - Direct Aid to Public Education
2016-002	Strengthen Internal Controls over Budgeting and Fiscal Processes	Department of Education - Direct Aid to Public Education
2016-003	Improve Controls over Financial Reporting	Department of Motor Vehicles
2016-004	Improve Controls over Financial Reporting	Department of Behavioral Health and Developmental Services
2016-005	Improve Data Migration Process and Documentation Retention	Department of General Services
2016-006	Improve Reporting of Cash and Investments to the Department of Accounts	Virginia Retirement System
2016-007	Maintain Adequate Staffing in Accounting and Reporting Functions	Department of the Treasury
2016-008	Adjust Practices as Needed and Request Identifying Numbers Assigned by Pass-Through Entities	Department of Accounts
Multiple Information System Security Control Families		
2016-009	Improve Database Security	Department of Education - Central Office Operations
2016-010	Improve Application and Database Controls over the Dynamics AX Financial System	State Lottery Department
2016-011	Improve Web Application Security	Department of Alcoholic Beverage Control
2016-012	Improve Wireless Local Area Network Security	Department of Alcoholic Beverage Control
2016-013	Continue Improving Cardinal System Security Controls	Department of Accounts
2016-014	Continue Improving Database Security	Virginia Employment Commission
2016-015	Improve System Security for the Time, Attendance and Leave System	Department of Human Resource Management
2016-016	Improve Oracle Database Security	Department of Transportation
2016-017	Improve Database Security	Department of Social Services
2016-018	Improve SQL Database Security	Department of Behavioral Health and Developmental Services
Access Control		
2016-019	Continue to Improve End User Controls	State Lottery Department
2016-020	Improve Timely Removal of Critical Access	Department of Health
2016-021	Ensure Proper Segregation of Duties Exist with myVRS Access Roles	Department of Health
2016-022	Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System	Department of Medical Assistance Services
2016-023	Review VaCMS Access for Medical Assistance Services Employee	Department of Medical Assistance Services
2016-024	Document Separation of Duties of Individuals for Mission Critical Systems	Virginia Employment Commission
2016-025	Remove System Access Timely	Virginia Employment Commission
2016-026	Improve Access Controls over Financial Management System	Department of Behavioral Health and Developmental Services
2016-027	Improve Access and Other Controls Related to Federal Reimbursements	Department of Education - Direct Aid to Public Education
2016-028	Improve Controls for Granting and Restricting Elevated Workstation Privileges	University of Virginia-Academic Division
2016-029	Improve Security Controls over Cardinal	Department of Accounts
2016-030	Improve Logical Access Security Controls	Department of Motor Vehicles
System and Information Integrity		
2016-031	Upgrade End-of-Life Technology	Department of Education - Central Office Operations
2016-032	Finalize Security Exception Request for Unsupported Databases	Department of Alcoholic Beverage Control
2016-033	Develop and Adopt a Comprehensive IT Strategic Plan to Modernize Systems	Department of Alcoholic Beverage Control
2016-034	Continue to Upgrade Unsupported Technology	Department of Behavioral Health and Developmental Services
2016-035	Continue to Upgrade Unsupported Technology	Department of Transportation
2016-036	Continue to Improve IT Software Maintenance and Management Controls	Department of Motor Vehicles
2016-037	Upgrade Unsupported Technology	Virginia Employment Commission
2016-038	Improve System Patch Management	State Lottery Department
Information Security Roles and Responsibilities		
2016-039	Improve Information Security Program and IT Governance	Department of Education - Central Office Operations
2016-040	Continue to Improve IT Governance	Department of Behavioral Health and Developmental Services
2016-041	Correct Operating Environment and Security Issues Identified by Their Security Compliance Audit	Department of Medical Assistance Services
System and Services Acquisition		
2016-042	Continue Improving Oversight over Third-Party Service Providers	Virginia Employment Commission
2016-043	Review and Document Service Organization Control Reports of Third-Party Service Providers	Department of Medical Assistance Services
2016-044	Improve Oversight of Third Party Service Providers	Department of Social Services
2016-045	Ensure Oversight of Third Party Service Providers	Department of Health
2016-046	Improve Oversight of Information Technology Third-Party Service Providers	Virginia Commonwealth University
2016-047	Improve Oversight of Third-Party Providers	Department of General Services
Configuration Management		
2016-048	Continue to Develop and Implement Formal IT Hardening Policies and Procedures	Department of Transportation
2016-049	Continue to Improve Database and Application Baseline Security Configurations	Department of Motor Vehicles
2016-050	Improve Change Management Process	Virginia Employment Commission
2016-051	Develop Baseline Configurations for Information Systems	Department of Behavioral Health and Developmental Services

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GROUPED BY TOPIC

Finding Topic/Report Header	Finding Title	Applicable To
Contingency Planning		
2016-052	Continue to Improve IT Risk and Continuity Management Program	Department of Motor Vehicles
2016-053	Improve Data Backup and Restoration Procedures	Department of Motor Vehicles
2016-054	Improve IT Risk Management and Disaster Recovery Planning	Department of Human Resource Management
2016-055	Improve Policies, Procedures, and Plans for Backup and Restoration	Department of Social Services
Risk Assessment		
2016-056	Continue Improving Oversight over IT Risk Assessments	Virginia Employment Commission
2016-057	Improve IT Risk Management Controls	State Lottery Department
Identification and Authentication		
2016-058	Improve Application Security Controls	Department of Motor Vehicles
2016-059	Improve Controls over the Personnel Management Information System	Department of Human Resource Management
System and Communications Protection		
2016-060	Improve Virtual Private Network Security Controls	University of Virginia-Academic Division
2016-061	Improve Internal Controls Surrounding Sensitive Documents	Department of Behavioral Health and Developmental Services
Awareness and Training		
2016-062	Improve Security Awareness and Training	Department of Human Resource Management
2016-063	Improve Security Awareness Training Program	University of Virginia-Academic Division
IT Security Audits		
2016-064	Perform Information Technology Review as Required	Department of Medical Assistance Services
Physical and Environmental Protection		
2016-065	Continue to Improve Physical and Environmental Security	Virginia Employment Commission
Planning		
2016-066	Continue Improving Mobile Device Security	Virginia Commonwealth University
Inventory		
2016-067	Improve Inventory Valuation Procedures	Department of Health
Retirement System Member Data		
2016-068	Improve Controls over myVRS Navigator	Department of Behavioral Health and Developmental Services
2016-069	Improve myVRS Navigator Reconciliation and Confirmation	University of Virginia-Medical Center
2016-070	Retain Documentation Supporting Retirement Contribution Reconciliations	Department of Transportation
2016-071	Improve Procedures related to Retirement Contributions	Virginia Employment Commission
Procurement		
2016-072	Improve Internal Controls for Creating and Updating Vendors in Cardinal	Department of Accounts
2016-073	Improve and Comply with Sole Source Policies and Procedures	University of Virginia-Academic Division
Statement of Economic Interests		
2016-074	Continue to Strengthen Internal Controls Governing the Economic Interest Disclosure Process	Department of Transportation
2016-075	Comply with the Code of Virginia Economic Interest Requirements	Department of Behavioral Health and Developmental Services
Payroll		
2016-076	Improve Controls Over Payroll	Department of Behavioral Health and Developmental Services
2016-077	Develop and Implement Policy for Monitoring Part-time Hours	Department of Health
Benefits		
2016-078	Ensure Tax Wage Discrepancy Report is Complete	Virginia Employment Commission
Fixed Assets		
2016-079	Improve Capital Asset Management	State Lottery Department
Accounts Receivable		
2016-080	Continue Improving Accounts Receivable Collection Process	Department of Medical Assistance Services
Federal Award Findings and Questioned Costs		
2016-081	Retain Evidence of and Support for Information Reported to the Federal Government	Department of Education - Direct Aid to Public Education
2016-082	Continue to Improve IT Governance	Department for Aging and Rehabilitative Services
2016-083	Perform Annual Review of AWARE System Access	Department for Aging and Rehabilitative Services
2016-084	Record Accurate Time and Effort Reporting	Department of Health
2016-085	Complete System Access Reviews	Department of Health
2016-086	Improve Contract Procurement and Management Processes	Department of Health
2016-087	Improve Controls over Period of Performance	Department of Health
2016-088	Strengthen Subrecipient Monitoring Process	Department of Health
2016-089	Increase Program Auditors or Determine Another Approach to Meet Monitoring Requirements	The Office of Children's Services
2016-090	Issue Management Decisions on Sub-Grantee Single Audit Findings	Department of Emergency Management
2016-091	Strengthen Internal Controls over Time and Effort Reporting for Federal Grants	Department of Emergency Management
2016-092	Submit Required Reports	Virginia Employment Commission

APPENDIX II
2016 FINDINGS
GROUPED BY APPLICABLE ENTITY

Applicable To	Finding Number	Finding Title	Finding Topic/Report Header
Department for Aging and Rehabilitative Services			
	2016-082	Continue to Improve IT Governance	Federal Award Findings and Questioned Costs
	2016-083	Perform Annual Review of AWARE System Access	Federal Award Findings and Questioned Costs
Department of Accounts			
	2016-008	Adjust Practices as Needed and Request Identifying Numbers Assigned by Pass-Through Entities	Financial Reporting
	2016-013	Continue Improving Cardinal System Security Controls	Multiple Information System Security Control Families
	2016-029	Improve Security Controls over Cardinal	Access Control
	2016-072	Improve Internal Controls for Creating and Updating Vendors in Cardinal	Procurement
Department of Alcoholic Beverage Control			
	2016-011	Improve Web Application Security	Multiple Information System Security Control Families
	2016-012	Improve Wireless Local Area Network Security	Multiple Information System Security Control Families
	2016-032	Finalize Security Exception Request for Unsupported Databases	System and Information Integrity
	2016-033	Develop and Adopt a Comprehensive IT Strategic Plan to Modernize Systems	System and Information Integrity
Department of Behavioral Health and Developmental Services			
	2016-004	Improve Controls over Financial Reporting	Financial Reporting
	2016-018	Improve SQL Database Security	Multiple Information System Security Control Families
	2016-026	Improve Access Controls over Financial Management System	Access Control
	2016-034	Continue to Upgrade Unsupported Technology	System and Information Integrity
	2016-040	Continue to Improve IT Governance	Information Security Roles and Responsibilities
	2016-051	Develop Baseline Configurations for Information Systems	Configuration Management
	2016-061	Improve Internal Controls Surrounding Sensitive Documents	System and Communications Protection
	2016-068	Improve Controls over myVRS Navigator	Retirement System Member Data
	2016-075	Comply with the Code of Virginia Economic Interest Requirements	Statement of Economic Interests
	2016-076	Improve Controls Over Payroll	Payroll
Department of Education - Central Office Operations			
	2016-009	Improve Database Security	Multiple Information System Security Control Families
	2016-031	Upgrade End-of-Life Technology	System and Information Integrity
	2016-039	Improve Information Security Program and IT Governance	Information Security Roles and Responsibilities
Department of Education - Direct Aid to Public Education			
	2016-001	Improve Oversight and Review of Financial Reporting	Financial Reporting
	2016-002	Strengthen Internal Controls over Budgeting and Fiscal Processes	Financial Reporting
	2016-027	Improve Access and Other Controls Related to Federal Reimbursements	Access Control
	2016-081	Retain Evidence of and Support for Information Reported to the Federal Government	Federal Award Findings and Questioned Costs
Department of Emergency Management			
	2016-090	Issue Management Decisions on Sub-Grantee Single Audit Findings	Federal Award Findings and Questioned Costs
	2016-091	Strengthen Internal Controls over Time and Effort Reporting for Federal Grants	Federal Award Findings and Questioned Costs
Department of General Services			
	2016-005	Improve Data Migration Process and Documentation Retention	Financial Reporting
	2016-047	Improve Oversight of Third-Party Providers	System and Services Acquisition
Department of Health			
	2016-020	Improve Timely Removal of Critical Access	Access Control
	2016-021	Ensure Proper Segregation of Duties Exist with myVRS Access Roles	Access Control
	2016-045	Ensure Oversight of Third Party Service Providers	System and Services Acquisition
	2016-067	Improve Inventory Valuation Procedures	Inventory
	2016-077	Develop and Implement Policy for Monitoring Part-time Hours	Payroll
	2016-084	Record Accurate Time and Effort Reporting	Federal Award Findings and Questioned Costs
	2016-085	Complete System Access Reviews	Federal Award Findings and Questioned Costs
	2016-086	Improve Contract Procurement and Management Processes	Federal Award Findings and Questioned Costs
	2016-087	Improve Controls over Period of Performance	Federal Award Findings and Questioned Costs
	2016-088	Strengthen Subrecipient Monitoring Process	Federal Award Findings and Questioned Costs
Department of Human Resource Management			
	2016-015	Improve System Security for the Time, Attendance and Leave System	Multiple Information System Security Control Families
	2016-054	Improve IT Risk Management and Disaster Recovery Planning	Contingency Planning
	2016-059	Improve Controls over the Personnel Management Information System	Identification and Authentication
	2016-062	Improve Security Awareness and Training	Awareness and Training

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2016 FINDINGS
GROUPED BY APPLICABLE ENTITY

Applicable To	Finding Number	Finding Title	Finding Topic/Report Header
Department of Medical Assistance Services			
	2016-022	Create Formal Documentation that Facilitates Controlling Privileges in the Medicaid Management Information System	Access Control
	2016-023	Review VaCMS Access for Medical Assistance Services Employee	Access Control
	2016-041	Correct Operating Environment and Security Issues Identified by Their Security Compliance Audit	Information Security Roles and Responsibilities
	2016-043	Review and Document Service Organization Control Reports of Third-Party Service Providers	System and Services Acquisition
	2016-064	Perform Information Technology Review as Required	IT Security Audits
	2016-080	Continue Improving Accounts Receivable Collection Process	Accounts Receivable
Department of Motor Vehicles			
	2016-003	Improve Controls over Financial Reporting	Financial Reporting
	2016-030	Improve Logical Access Security Controls	Access Control
	2016-036	Continue to Improve IT Software Maintenance and Management Controls	System and Information Integrity
	2016-049	Continue to Improve Database and Application Baseline Security Configurations	Configuration Management
	2016-052	Continue to Improve IT Risk and Continuity Management Program	Contingency Planning
	2016-053	Improve Data Backup and Restoration Procedures	Contingency Planning
	2016-058	Improve Application Security Controls	Identification and Authentication
Department of Social Services			
	2016-017	Improve Database Security	Multiple Information System Security Control Families
	2016-044	Improve Oversight of Third Party Service Providers	System and Services Acquisition
	2016-055	Improve Policies, Procedures, and Plans for Backup and Restoration	Contingency Planning
Department of the Treasury			
	2016-007	Maintain Adequate Staffing in Accounting and Reporting Functions	Financial Reporting
Department of Transportation			
	2016-016	Improve Oracle Database Security	Multiple Information System Security Control Families
	2016-035	Continue to Upgrade Unsupported Technology	System and Information Integrity
	2016-048	Continue to Develop and Implement Formal IT Hardening Policies and Procedures	Configuration Management
	2016-070	Retain Documentation Supporting Retirement Contribution Reconciliations	Retirement System Member Data
	2016-074	Continue to Strengthen Internal Controls Governing the Economic Interest Disclosure Process	Statement of Economic Interests
State Lottery Department			
	2016-010	Improve Application and Database Controls over the Dynamics AX Financial System	Multiple Information System Security Control Families
	2016-019	Continue to Improve End User Controls	Access Control
	2016-038	Improve System Patch Management	System and Information Integrity
	2016-057	Improve IT Risk Management Controls	Risk Assessment
	2016-079	Improve Capital Asset Management	Fixed Assets and Leases
The Office of Children's Services			
	2016-089	Increase Program Auditors or Determine Another Approach to Meet Monitoring Requirements	Federal Award Findings and Questioned Costs
University of Virginia-Academic Division			
	2016-028	Improve Controls for Granting and Restricting Elevated Workstation Privileges	Access Control
	2016-060	Improve Virtual Private Network Security Controls	System and Communications Protection
	2016-063	Improve Security Awareness Training Program	Awareness and Training
	2016-073	Improve and Comply with Sole Source Policies and Procedures	Procurement
University of Virginia-Medical Center			
	2016-069	Improve myVRS Navigator Reconciliation and Confirmation	Retirement System Member Data
Virginia Commonwealth University			
	2016-046	Improve Oversight of Information Technology Third-Party Service Providers	System and Services Acquisition
	2016-066	Continue Improving Mobile Device Security	Planning
Virginia Employment Commission			
	2016-014	Continue Improving Database Security	Multiple Information System Security Control Families
	2016-024	Document Separation of Duties of Individuals for Mission Critical Systems	Access Control
	2016-025	Remove System Access Timely	Access Control
	2016-037	Upgrade Unsupported Technology	System and Information Integrity
	2016-042	Continue Improving Oversight over Third-Party Service Providers	System and Services Acquisition
	2016-050	Improve Change Management Process	Configuration Management
	2016-056	Continue Improving Oversight over IT Risk Assessments	Risk Assessment
	2016-065	Continue to Improve Physical and Environmental Security	Physical and Environmental Protection
	2016-071	Improve Procedures related to Retirement Contributions	Retirement System Member Data
	2016-078	Ensure Tax Wage Discrepancy Report is Complete	Benefits
	2016-092	Submit Required Reports	Federal Award Findings and Questioned Costs
Virginia Retirement System			
	2016-006	Improve Reporting of Cash and Investments to the Department of Accounts	Financial Reporting

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ACRONYMS

Acronym	Definition
ABC	Department of Alcoholic Beverage Control
ACA	Affordable Care Act
ACERT	Application Change/Enhancement Request Ticket
ACL	Administration for Community Living
ADAP	AIDS Drug Assistance Program
ADI-SSS	Alzheimer's Disease Initiative: Specialized Supportive Services
ADP	Automatic Data Processing
AECA	Assistance for Europe, Eurasia and Central Asia
AFRI	Agriculture and Food Research Initiative
AIDS	Acquired Immunodeficiency Virus Syndrome
AIS	Accounting Information System
AITAC	Agency IT Advisory Committee
AITR/CAM	Agency Information Technology Resource/Customer Account Manager
AMLR	Abandoned Mine Land Reclamation
APA	Auditor of Public Accounts
ARMICS	Agency Risk Management and Internal Control Standards
ARRA	American Recovery and Reinvestment Act of 2009
AVP	Associate Vice President
BIA	Business Impact Analysis
BNY	Bank of New York
BRCC	Blue Ridge Community College
CACFP	Child and Adult Care Feeding Program
CAFR	Comprehensive Annual Financial Report
CAI	Computer Aid, Inc.
CAP	Corrective Action Plan
CAPP	Commonwealth Accounting Policies and Procedures
CCDF	Child Care Development Fund
CDBG	Community Development Block Grant
CETR	Commonwealth Enterprise Technology Repository
CFDA	Code of Federal Domestic Assistance
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CGEP	Comprehensive Geriatric Education Program
CHOP	The Children's Hospital of Philadelphia
CIO	Chief Information Officer
CIPPS	Commonwealth Integrated Payroll and Personnel System
CIS	Center for Internet Security
CISO	Chief Information Security Officer
CMS	Centers for Medicare and Medicaid Services

Acronym	Definition
COD	Common Origination and Disbursement System
COO	Central Office Operations
COOP	Continuity of Operations Plan
COTS	Commercial Off-The-Shelf
COVA	Commonwealth of Virginia
CSA	Children's Services Act
CSRM	Commonwealth Security and Risk Management
CVCC	Central Virginia Community College
CVG	Commonwealth Vendor Group's
CWSRF	Clean Water State Revolving Fund
DAPE	Direct Aid to Public Education
DBA	Database Administrator
DBHDS	Department of Behavioral Health and Developmental Services
DBMS	Database Management System
DCSE	Division of Child Support Enforcement
DDP	Division of Disease Prevention
DGS	Department of General Services
DHBDS	Department of Behavioral Health & Developmental Services
DHRM	Department of Human Resource Management
DMAS	Department of Medical Assistance Services
DMV	Department of Motor Vehicles
DNA	Deoxyribonucleic Acid
DOA	Department of Accounts
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
DVOP	Disabled Veterans' Outreach Program
DWSRF	Drinking Water State Revolving Fund
EDBC	Electronic Determination and Benefit Calculations
EDSPO	Enterprise Delivery Systems Program Office
EEOC	Equal Employment Opportunity Commission
EHDI	Early Hearing Detection and Intervention Information System
EIM	Education Information Management
EIP	Emerging Infections Program
ELC	Epidemiology and Laboratory Capacity for Infectious Disease
EOL	End-of-life
ERP	Enterprise Management System
ESP	Environmental Studies Program

Acronym	Definition
ETA	Employment and Training Administration
ETV	Chafee Education and Training Vouchers Program
EUC	Emergency Unemployment Compensation
FANRP	Food Assistance and Nutrition Research Programs
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FLSA	Fair Labor Standards Act
FMNP	Farmers' Market Nutrition Program
FMS	Financial Management System
FNS	Food and Nutrition Service
FOIA	Freedom of Information Act
FOIAE	Freedom of Information Act Exempt
FTI	Federal Tax Information
GAAP	Generally Accepted Accounting Principles
GASB	Governmental Accounting Standards Board
GCC	Germanna Community College
GMU	George Mason University
GRO	Greater Research Opportunities
HECOM	Higher Education Capital Outlay Manual
HHS	U.S Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HPP	Hospital Preparedness Program
HRSA	The Health Resources and Services Administration
HSTS	Health Sciences Technical Services
IASG	Iraq and Afghanistan Service Grants
IDEA	Individuals with Disabilities Education Act
IDOLS	Intellectual Disability On-line System
IEC	International Electrotechnical Commission
IOOS	Integrated Ocean Observing System
IREMS	Integrated Real Estate Management System
IRS	Internal Revenue Service
ISO	Information Security Officer
ISRM	Information Security and Risk Management
ISS	Information System Security
JMU	James Madison University
JSRCC	J. Sargeant Reynolds Community College
JTCC	John Tyler Community College
LDA	Last Date of Attendance
LEA	local educational agencies

Acronym	Definition
LFCC	Lord Fairfax Community College
MECC	Mountain Empire Community College
MES	Medicaid Enterprise System
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
MMS	Minerals Management Service
MOAT	Managed Online Awareness Training
MSI	Minority Serving Institutions
MSIP	Minority Serving Institutions Program
MSP	Master Security Plan
NATO	North Atlantic Treaty Organization
NCHIP	National Criminal History Improvement Program
NCRDS	National Coal Resources Data System
NFLP	Nurse Faculty Loan Program
NHTSA	National Highway Transportation Safety Administration
NIMH	National Institute of Mental Health
NIST	National Institute for Standards and Technology
NNSA	National Nuclear Security Administration
NOAA	National Oceanic and Atmospheric Administration
NSC	National Safety Council
NSLDS	National Student Loan Data System
NSU	Norfolk State University
OAG	Office of the Attorney General
OAS	Office of Procurement and Administrative Services
OCS	Office of Compliance and Security
OEPI	Office of Epidemiology
OFM	Office of Financial Management
OFS	Office of Financial Services
OHR	Office of Human Resources
OIG	Office of Inspector General
OISE	International Science and Engineering
OMB	Office of Management and Budget
OPEI	Office of Epidemiology
OPGS	Office of Procurement and General Services
OTL	Oracle Time and Labor
PAUR	Prior Authorization and Utilization Review
PAW	Personal Action Worksheet
PDCCC	Paul D. Camp Community College
PHCC	Patrick Henry Community College
PHEP	Public Health Emergency Preparedness

Acronym	Definition
PHI	Personal Health Information
PIA	Privacy Impact Analysis
PMIS	Personnel Management Information System
PPHF	Prevention and Public Health Funds
PSB	Payroll Service Bureau
RFP	Request for Proposal
ROAP	Regional Office Administered Program
ROTC	Reserve Officers' Training Corps
RPO	Recovery Point Objective
SAC	Security Advisory Committee
SACSCOC	The Southern Association of Colleges and Schools Commission on Colleges
SAFER	Staffing for Adequate Fire and Emergency Response
SCC	State Corporation Commission
SEC	U.S Securities and Exchange Commission
Security Standard	The Commonwealth's Information Security Standard, SEC 501-09
SFSF	State Fiscal Stabilization Fund
SHIP	State Health Insurance Assistance Program
SLA	Service Level Agreement
SNAP	Supplemental Nutrition Assistance Program
SOAR	SSI/SSDI Outreach, Access, and Recovery
SOC	Service Organization Control
SOEI	Statement of Economic Interests
SOR	Statement of Requirements
SOW	Statement of Work
SQL	Structured Query Language
SSI	Supplemental Security Income
SSR	Security Safeguard Report
SSS	Specialized Supportive Services
SSSE	State Support Services Element
SSWS	Single Sign-on for WEB Systems
STD	Sexually Transmitted Disease
SWCC	Southwest Virginia Community College
SWVCC	Southwest Virginia Community College
TAACCCT	Trade Adjustment Assistance Community College and Career Training
TAL	Time, Attendance, and Leave system
TANF	Temporary Assistance for Needy Families
TAX	Department of Taxation
TMU	Technology Marketing Unit
TPLRS	Third Party Liability Recovery System
TRS	Department of Treasury

Acronym	Definition
TSCA	The Toxic Substance Control Act
UBO	University Business Office
USAID	Agency for International Development
USC	United States Code
USDA	The United States Department of Agriculture's Food and Nutrition Services
UVA	University of Virginia
UVAH	University of Virginia Medical Center
VABS	Virginia Automated Benefits System
VAL	Virginia Lottery
VAMMIS	Virginia Medicaid Management Information System
VCCC	VITA Customer Care Center
VCCS	Virginia Community College System
VCSP	Virginia College Savings Plan
VCU	Virginia Commonwealth University
VDEM	Department of Emergency Management
VDH	Virginia Department of Health
VDOE	Department of Education
VDOT	Department of Transportation
VDSS	Virginia Department of Social Services
VEC	Virginia Employment Commission
VHCC	Virginia Highlands Community College
VHWDA	Virginia Health Workforce Development Authority
VITA	Virginia Information Technology Agency
VLC	Virginia Learning Center
VMI	Virginia Military Institute
VNAV	myVRS Navigator
VPN	Virtual Private Network
VRS	Virginia Retirement System
VSU	Virginia State University
VTOP	Virginia Treasury Offset Program System
VUIS	Virginia Unemployment Insurance System
VVESTS	Virginia Vital Events and Screening Tracking System
WGS	WIC Grants To States
WHA	Western Hemisphere Affairs
WIA	Workforce Investment Act
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WIOA	Workforce Innovation and Opportunity Act
WLAN	Wireless Local Area Networks
WOTC	Work Opportunity Tax Credit Program