***\*\*\*DRAFT\*\*\****

**FY 2018 Certification of Financial Results and Internal Controls**

*Please respond to each of the following representations with either:*

***Yes*** *– I am in compliance with representation*

***Partially\* –*** *I am working on being in compliance with the representation and may seek some additional assistance if needed*

***No\**** *– I am not in compliance with the representation*

***\* Please provide comments for any response of 'Partially' or 'No'.***

***New / Revised items are highlighted in Bold / Italics***

**Stewardship: YES PARTIALLY NO**

I have read and, to the best of my ability, am guiding my unit in adhering to the

“[Fiscal Responsibilities Standard Practice Guide](http://spg.umich.edu/pdf/500.01.pdf)”and the “[Statement on Stewardship:](http://www.hr.umich.edu/stewardship.html)

[Responsibilities in the Management of Human, Financial, Physical and Information](http://www.hr.umich.edu/stewardship.html)

[Resources](http://www.hr.umich.edu/stewardship.html).”

**Comments:**

**Financial Results:**

I have discussed the fiscal 2018 financial results of my unit with my financial administrator

and have reported any concerns I have to the Vice President I report to and to the Associate

Vice President for Finance.

**Comments:**

**Internal Controls / Risk Management:**

**COMPLIANCE HOTLINE**- I am promoting the University Compliance Hotline within my unit by ensuring Compliance Hotline posters are prominently displayed and have sent a communication to my unit on the process for reporting incidents or concerns at U-M.

**Comments:**

**CONFLICT OF INTEREST AND COMMITMENT** – For FY2018, conflict of interest procedures

were implemented such that disclosures of conflicts of interests/commitments or potential

conflicts of interests/commitments for individual faculty or staff were properly collected,

evaluated and managed consistent with my unit policy.

For FY2018, unit fully implemented procedures such that disclosures of conflicts of

interests/commitments or potential conflicts of interests/commitments for individual

faculty or staff were properly collected, evaluated and managed consistent with unit

policy.

For FY2018, unit partially implemented procedures such that disclosures of conflicts of

interests/commitments or potential conflicts of interests/commitments for individual

faculty or staff were properly collected, evaluated and managed consistent with unit

policy.

For FY2018, unit did not implement procedures such that disclosures of conflicts of

interests/commitments or potential conflicts of interests/commitments for individual

faculty or staff were properly collected, evaluated and managed consistent with unit

policy.

**Comments:**

**Internal Controls / Risk Management (continued): YES PARTIALLY NO N/A**

**INTERNAL CONTROLS - ONGOING FINANCIAL RELATED PROCESSES –**

I understand my responsibility to assure proper internal controls within my unit for the

processes identified below. Our unit has performed our annual gap analysis of the appropriate

operating, monitoring and oversight controls, as outlined in the internal controls adequacy

matrices for the processes listed below and has the proper internal controls in place.

Employment/Payroll Process

P-Card Process

Cash Handling Process (Credit Cards)

Gift Cards Process

Unit Administered Financial Aid Process

Yes Unit has completed annual gap analysis and proper controls are in place

Partially Annual gap analysis completed, but still implementing corrective action plans for identified control gaps

No Annual gap analysis not yet completed

N/A Unit did not have any gift card usage in FY2018/ did not administer financial aid in FY2018 /

did not accept credit card payments in FY2018

 **Comments:**

**INTERNAL CONTROLS - MANAGEMENT REPORTING -** I confirm that I have discussed

the data, trends or exceptions in the management reports provided for the processes listed

below with my financial administrator and found them to be consistent with our expectations.

*Click* [*here*](https://mreports.umich.edu/mReports/) *to access MReports*

Employment/Payroll Process

P-Card Process

Cash Handling Process (Credit Cards)

Yes Management reports have been reviewed and are consistent with expectations

Partially Management reports have been reviewed but have identified anomalies or issues that

are not yet completely resolved or understood

No Management reports have not yet been reviewed

N/A Unit did not accept credit card payments in FY2018

**Comments:**

**Internal Controls / Risk Management (continued): YES PARTIALLY NO N/A**

**UNIVERSITY AUDIT REPORTS -** I have reviewed the attached list of reports

completed by University Audits during fiscal year 2018 for departments within my unit.

I have evaluated whether any internal control recommendations identified in these

audits are applicable more broadly within my unit and have ensured that appropriate

corrective action was taken where necessary.

Unit has evaluated the recommendations identified for broad applicability and

either implemented corrective action where necessary or determined recommendations

Identified were not applicable more broadly

Unit is in the process of evaluating the recommendations identified for broad

applicability and/or implementing corrective action as appropriate

Unit has not yet evaluated the recommendations identified for broad applicability

Unit had no University Audit Reports during Fiscal Year 2018

**Comments:**

**INFORMATION ASSURANCE *CERTIFICATION – My unit has:***

* ***Developed a unit-specific protocol for university-owned devices that***

***complies with*** [***Electronic Data Disposal and Media Sanitization***](http://cio.umich.edu/policy/electronic-data-disposal) ***(DS-11), and***

* ***Communicated to our faculty and staff the protocol and Safe Computing [best](https://www.safecomputing.umich.edu/protect-yourself/prepare-devices-disposal)***

***[practices](https://www.safecomputing.umich.edu/protect-yourself/prepare-devices-disposal) for sanitizing personal devices that have maintained university data***

***My unit has developed a unit-specific protocol for university-owned devices that***

***complies with*** [***Electronic Data Disposal and Media Sanitization***](http://cio.umich.edu/policy/electronic-data-disposal) ***(DS-11), and***

***communicated to our faculty and staff the protocol and Safe Computing*** [***best practices***](https://www.safecomputing.umich.edu/protect-yourself/prepare-devices-disposal)

***for sanitizing personal devices that have maintained university data***

***My unit has developed a unit-specific protocol for complying with [Electronic Data Disposal](http://cio.umich.edu/policy/electronic-data-disposal)***

***[and Media Sanitization](http://cio.umich.edu/policy/electronic-data-disposal) (DS-11) or communicated to faculty and staff about*** [***best practices***](https://www.safecomputing.umich.edu/protect-yourself/prepare-devices-disposal)

***for sanitizing personal devices, but not both.***

***My unit has not developed a unit-specific protocol for complying with [Electronic Data Disposal](http://cio.umich.edu/policy/electronic-data-disposal)***

***[and Media Sanitization](http://cio.umich.edu/policy/electronic-data-disposal) (DS-11) or communicated to faculty and staff about*** [***best practices***](https://www.safecomputing.umich.edu/protect-yourself/prepare-devices-disposal) ***for***

***sanitizing personal devices.***

**Comments:**

**IDENTITY THEFT PREVENTION PROGRAM** - I understand my responsibilitiesrelated

to identity theft prevention and have implemented a program within myunit to ensure the

identification of covered accounts is accurate and up to dateand have developed local

policies and procedures to address the Red Flagsguidelines. We have conducted appropriate

training for our staff and reported any significant Red Flag occurrences as appropriate.

Unit has fully implemented an identity theft prevention program

Unit has begun but not yet fully implemented an identity theft prevention program

Unit has not yet begun implementing an identity theft prevention program

**Comments:**

Signature Date

Name

Title