Georgia Institute of Technology/Georgia Tech Research Corporation
A-133 Coordinated Audit
Schedule of Findings, Recommendations, Questioned Costs,
and Corrective Action Plans
Year Ended June 30, 2007
March 14, 2008

Joel E. Hercik, Associate Vice President
Financial Services
Georgia Institute of Technology
Atlanta, Georgia

This report has been prepared to present the findings, recommendations, and questioned costs as identified in the audit reports covering services performed for Georgia Institute of Technology/Georgia Tech Research Corporation as part of the OMB Circular A-133 Coordinated Audit for the year ended June 30, 2007.

The FY 2007 A-133 Coordinated Audit incorporated the work of two auditors as identified below:

1. Grant Thornton, LLP, Certified Public Accountants
2. Department of Audits of the State of Georgia

Page three of this report describes the specific audit coverage provided by each auditor, and the balance of the report describes the individual findings, recommendations, and questioned costs identified in each report for the year ended June 30, 2007. In addition, the report provides a description of the corrective action plans for FY 2007 findings and the status of prior year corrective action plans.

Submitted by:

James G. Fortner, Director
Grants & Contracts Accounting
FY 2007 A-133 Coordinated Audits Performed

1. Financial Statements of Georgia Institute of Technology
   - Audit performed by the Department of Audits of the State of Georgia
   - See findings included in this report.

2. Financial Statements of Georgia Tech Research Corporation/Georgia Tech Applied Research Corporation
   - Audit performed by Grant Thornton, LLP, Certified Public Accountants
   - See findings included in this report.

3. A-133 Compliance Requirements
   - Audit performed by Grant Thornton, LLP, Certified Public Accountants
   - Compliance Requirements
     A. Activities Allowed or Unallowed
     B. Allowable Costs/Cost Principles
     C. Cash Management
     D. Davis-Bacon
     E. Eligibility
     G. Matching, Level of Effort, Earmarking
     H. Period of Availability of Funds
     J. Program Income
     L. Reporting
     M. Subrecipient Monitoring
     N. Special Tests and Provisions
   - See findings included in this report.

4. A-133 Compliance Requirements
   - Audit performed by the Department of Audits of the State of Georgia
   - Compliance Requirements
     F. Equipment and Real Property
     I. Procurement and Suspension
     K. Real Property Acquisition and Relocation
   - No findings included in this report.
Summary Schedule of Findings, Recommendations and Questioned Costs

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* GA - State of Georgia Statewide Single Audit Report Finding Control Number noted if different from GIT/GTRC Finding Control Number
Department of Audits of the State of Georgia  
FINANCIAL STATEMENT FINDINGS AND QUESTONED COSTS
S 07-1 Inadequate Controls Over Reporting Liabilities, Expenses, Accounts Receivable and Revenues  
(Finding Number: FS-503-07-01)

Statement of Condition
Accounting procedures of Georgia Institute of Technology were insufficient to provide adequate controls over reporting of liabilities, expenses, accounts receivable and revenues.

Criteria
The Board of Regents of the University System of Georgia's Business Procedures Manual, Section 1.2 states, in part, "GASB Statement 34 requires that institutions that report as Business Type Activities (BTAs) follow accrual accounting. Under accrual accounting, revenue is recognized when earned and expenses are recognized when accrued".

Cause
Management of Georgia Institute of Technology failed to implement adequate controls and procedures to (1) ensure proper recognition of revenues and (2) proper recording of expenditures when the liability is incurred in accordance with generally accepted accounting principles.

Effect
The failure of Georgia Institute of Technology to maintain a complete and accurate general ledger can lead to inaccurate internal and external reporting.

Questioned Cost
None.

Information
A review of subsequent year activity disclosed $10,212,285 that should have been recorded as liabilities and expenses in the year under review. Of this amount, $6,143,077 was for Restricted Funds activity. Restricted Funds are predominately accounted for on a reimbursement basis, therefore, accounts receivable and revenues associated with these expenditures would not have been recognized where funds are available from the grantor in the year under review.

Recommendations
Management of Georgia Institute of Technology should review the accounting procedures in place and implement additional procedures to ensure that financial transactions are recorded in accordance with generally accepted accounting principles.
Department of Audits of the State of Georgia
FINANCIAL STATEMENT FINDINGS AND QUESTIONED COSTS
S 07-1 Inadequate Controls Over Reporting Liabilities, Expenses, Accounts Receivable and Revenues
(Finding Number: FS-503-07-01) -- Continued

Management’s Response

We concur with this finding. The Institute will modify controls and procedures associated with the recognition and reporting of year end liabilities and expenses. To the extent these expenses and liabilities are associated with Restricted Fund activity; revenue will also be recorded in accordance with generally accepted accounting principles. Procedures are to be fully developed in the spring of 2008 prior to the year end closing and financial statement preparation.

Contact person: Joel Hercik, Associate Vice President for Financial Services
Telephone: 404-894-7894; Fax: 404-385-0809; E-Mail: joel.hercik@business.gatech.edu
Department of Audits of the State of Georgia

FINANCIAL STATEMENT FINDINGS AND QUESTONED COSTS

S 07-2 Inadequate Internal Controls for Monitoring Compliance With GIT Procurement Card Manual
(Finding Number: FS-503-07-02)

Statement of Condition
A review of purchasing card transactions revealed that the Georgia Institute of Technology failed to implement internal controls to ensure that purchase card expenditures were adequately monitored and in compliance with the Georgia Institute of Technology's guidelines as prescribed in the Georgia Institute of Technology's Procurement Card Manual

Criteria
Purchasing card transactions must comply with purchasing guidelines established in the Georgia Institute of Technology's (1) Procurement Card Manual and (2) with prescribed credit and transaction limits.

Cause
Management at the Georgia Institute of Technology failed to enforce the transaction limits and guidelines established in the Procurement Card Manual. The Georgia Institute of Technology's policy identifies the responsibilities of each department. The policy states "departments are responsible for reviewing all transactions to (1) ensure the appropriateness of purchases and funds being utilized (2) verify the completeness of documentation (signed and reconciled statements, detailed receipts, disputed transactions) and (3) identify any policy violations and take appropriate action". 15 of 16 violations noted in the Information section were not identified by the department reviewer. As a result, the P-Card Administrator and, consequently, the cardholders violating the P-Card policy did not receive written notification of their violations.

Effect
The purchasing card program was designed to simplify and streamline the purchasing process and lower overall transaction costs for smaller supplies and materials purchases. However, the Georgia Institute of Technology has placed itself in a position in which the benefits of using the purchasing cards could be diminished because of misuse and failure to follow purchasing card guidelines.

Questioned Cost
None.

Information
Adequate procedures were not in place to ensure purchasing card expenditures were properly documented, allowable, and reviewed/approved by someone other than the cardholder. Additionally, procedures were not in place to ensure that violations of the purchasing card policy were documented or communicated to the Procurement Department.
Department of Audits of the State of Georgia
FINANCIAL STATEMENT FINDINGS AND QUESTIONED COSTS
S 07-2 Inadequate Internal Controls for Monitoring Compliance With GIT Procurement Card Manual
(Finding Number: FS-503-07-02) -- Continued

A review of seventy-one purchasing card expenditures revealed the following:

1. Four instances in which purchases were made for unallowable items.

2. Eleven cardholders were identified as having overspent their single transaction limit by improperly dividing transactions into multiple transactions to avoid exceeding the approved single transaction limit.

3. Of the eleven cardholders in item 2 above, six cardholders appear to have made purchases greater than their single transaction limit of $5,000 in an effort to circumvent the state's no-bid limit.

4. No documentation could be provided for one transaction selected for testing.

Recommendations

Management of Georgia Institute of Technology should establish and implement appropriate procedures to ensure that purchasing card guidelines are followed for all purchasing card transactions.

Management’s Response

We concur with this finding. The Institute is modifying its procurement card policies and procedures to strengthen the program training and oversight. The Institute has implemented mandatory coordinator training and new monthly compliance reporting. The Institute will also require card holder recertification annually starting in January 2008 and expand the audit program to insure purchasing card guidelines are followed for all purchases.

Contact Person: Tom Pearson, Director Business Services
Telephone: 404-894-5000; Fax 404-894-8552; E-Mail: tom.pearson@business.gatech.edu
Grants Thornton, LLP A-133 Compliance Requirements
FINANCIAL STATEMENT FINDINGS AND QUESTIONED COSTS
2007-1 Lack of Established Method for Calculating Allowance for Doubtful Accounts Receivable
(Finding No: FS-5036-07-01)

Statement of Condition

The Research Corporation does not have an established formalized method for calculating an allowance for
doubtful accounts receivable. In general, the Research Corporation reserves for all accounts outstanding over
180 days; however, it appeared the allowance was overstated by $399,000 when this methodology was
reapplied. Accounts receivable should be reviewed periodically for uncollectible accounts and the allowance
for doubtful accounts should be adjusted based on accounts receivable aging, historical write-offs, identified
collection issues, and an overall evaluation of the accounts.

Criteria

The provision for bad debts should be periodically adjusted to properly match bad debt expense with the
associated uncollectible revenues recognized.

Cause

The Research Corporation records an estimated annual provision for bad debts, but did not formally evaluate
the allowance for doubtful accounts as of year-end.

Effect

The condition could result in misstatements in the financial statements including an inaccurate provision for
uncollectible accounts.

Recommendation

The adequacy of the allowance should be reviewed during the year and adjusted based on the success of
collection efforts, accounts aging, and an overall evaluation of the accounts. This should minimize the need
for a year-end adjustment of this account and improve the accuracy of interim financial statements.

Management’s Response

Management agrees it should formalize the process for evaluating potential bad debts at the end of the fiscal
year. Management also agrees it should create a process for reviewing potential bad debts quarterly to ensure
the sufficiency of funds in the allowance for doubtful ledger in the event of unexpected payment problems on
the part of a major sponsor. In addition, GTRC will develop a procedure to adjust the allowance for doubtful
accounts as Management deems necessary.

Contact Person: Barbara Alexander, Director GTRC/GTARC Accounting
Telephone: 404-894-6962; Fax 404-385-2078; E-Mail: barbara.alexander@gtrc.gatech.edu
Grant Thornton, LLP A-133 Compliance Requirements
FINANCIAL STATEMENT FINDINGS AND QUESTIONED COSTS
2007-2 Short Term Investment Accounts Not Reconciled to the General Ledger (Finding No: FS-5036-07-02)

Statement of Condition

Although investment activity is monitored using transaction activity reports from the bank, the short term investment accounts were not reconciled to the general ledger using the monthly account statements.

Criteria

The investments held in short term investment accounts should be reconciled to the account statements on a monthly basis to be certain that all investments made are reflected in the account statement and securities are being recorded at the proper value.

Cause

The Research Corporation did not have a procedure in place to perform a monthly reconciliation between the general ledger balance and the investment account statements.

Effect

The condition could result in the misappropriation of assets not being discovered or bank discrepancies not being identified and resolved in a timely manner.

Recommendation

We recommend the Research Corporation perform a monthly reconciliation of investment accounts with documented review to ensure all investment activity is properly accounted for. The reconciliation should be performed by an individual without authorization to initiate investment transactions.

Management’s Response

GTRC and GTARC reconcile short term investments monthly from the cash statement provided by the financial institution. Individual deposits and withdrawals are shown on the statement and are compared to our detailed ledger. At year end, the investment statement from the financial institution did not match with the amounts calculated from the cash statement. The difference was not due to a reconciliation problem on our part, but rather a programming issue at the financial institution which has now been corrected.

However, a line has been added to the monthly investment account reconciliation to confirm the balance on the investment schedule matches with the amount calculated from the bank cash statement.

Contact Person: Barbara Alexander, Director GTRC/GTARC Accounting
Telephone: 404-894-6962; Fax 404-385-2078; E-Mail: barbara.alexander@gtrc.gatech.edu
Statement of Condition

The Director of Accounting has the ability to post journal entries without review by a second person. Also, there is no control in place to ensure all nonstandard journal entries recorded by the accounting staff are reviewed. Although the Research Corporation does have a policy for the Director of Accounting to review nonstandard entries posted by the Accounting Manager, and the Accounting Manager to review nonstandard journal entries posted by the Accounting Staff, there is no procedure to ensure all entries recorded are presented for review.

Criteria

All nonstandard journal entries should be authorized and reviewed by a person not preparing the journal entry.

Cause

The Research Corporation does not have an established policy for the review and recording of nonstandard journal entries.

Effect

The condition could result in misstatements in the financial statements due to error or fraud.

Recommendation

The Research Corporation should establish written policies and procedures related to the review and recording of non-standard journal entries. We recommend the Research Corporation require all nonstandard journal entries to be reviewed by a person not preparing the entry with documentation of approval maintained on a standard journal entry form. During the monthly close process, a report of manual journal entries recorded should be generated from the system and compared to the journal entries that have been approved. We also recommend the Research Corporation consider whether the accounting application system could be modified to allow journal entries to be approved electronically based on predetermined user roles and responsibilities.

Management’s Response

In FY07, there were roughly 1,284 journal entries with 32,500 line items. Of this amount, 86% were system generated from interfaces from the receivable, project ledger, and payable systems. The remaining journal entries are monthly generated recurring manual journals to post items such as depreciation, salaries, allocation distributions, etc., and a few actual manual entries for rare items such as donated equipment. GTRC will clarify its procedure to require the Accounting Director and the Accounting Manager to sign all journal entries prepared by the other person. We will also write a procedure to require the General Manager to review and approve by signature all non-recurring manual entries.
Grant Thornton, LLP A-133 Compliance Requirements
FINANCIAL STATEMENT FINDINGS AND QUESTIONED COSTS
2007-3 Inadequate Policy for Review and Recording of Nonstandard Journal Entries
(Finding No: FS-5036-07-03) -- Continued

GTRC will explore the cost and feasibility of enhancing the Oracle application at such time as the organizational structure and staffing support electronic workflow.

Contact Person: Barbara Alexander, Director GTRC/GTARC Accounting
Telephone: 404-894-6962; Fax 404-385-2078; E-Mail: barbara.alexander@gtrc.gatech.edu
Grant Thornton, LLP A-133 Compliance Requirements
FINANCIAL STATEMENT FINDINGS AND QUESTIONED COSTS
2007-4 Lack of Periodic Reviews of Logical User Access to Applications, Databases or Servers
(Finding No: FS-503-07-03)

Statement of Condition

The Georgia Institute of Technology (“GIT”) does not perform a periodic review of logical user access to applications, databases or servers which resulted in inappropriate access rights in certain cases. Specific deficiencies identified include:

5. Logical access to the Salary, Planning and Distribution (SPD) module was not appropriately restricted. Two individuals (controller and assistant controller) had access that was not aligned with their current job roles and responsibilities. The individuals had access to maintain the distribution of salaries.

6. Less than optimal segregation of duties was identified for one individual (Business Analyst III) with logical security access to PeopleSoft applications. The individual was granted logical security access that allowed him/her to maintain the vendor masterfile and enter vendor invoices. Additionally, the same individual had global access to PeopleSoft production applications.

7. One individual (EIS Developer) is currently on leave of absence for an undetermined period of time. This individual had logical security access to PeopleSoft source code and applications.

8. One individual (EIS developer) had logical access to PeopleSoft that was not aligned with his/her current job roles and responsibilities. The individual was assigned to the user security group titled “GT_CSRs” which is no longer utilized by CSRs and was considered to be an inappropriate group for a developer.

Criteria

Logical security access should be limited to authorized users, aligned with the individual’s job roles and responsibilities, and configured to enforce appropriate segregation of duties.

Effect

The condition could result in inappropriate or unauthorized transactions and misstatements in the Organization’s financial statements.

Recommendations

Management should consider implementing periodic reviews of logical security access to applications, databases, and servers. It is recommended that these reviews be conducted by the user organization and appropriately documented to reflect resolution of any resulting changes to logical access. Documentation of these reviews should be maintained by management.

1. Management should consider modifying the individuals’ logical security access in order to align the access with current job roles and responsibilities.
2. Management should consider modifying the individual’s logical security access in order to enforce more optimal segregation of duties. Management should consider removing the individual’s global access to the production PeopleSoft applications.

3. Management should consider disabling the user’s account until he/she returns from leave of absence.

4. Management should consider removing this access from the individual’s logical security profile.

Management’s Response

As a result of the audit process, we recognized the need to include a standard process for review of user access with the applicable data steward. The System Management security team will be preparing reports for each data steward to review beginning October 1, 2007. It is EIS management intent to provide these reports and request feedback on a quarterly basis.

1. Both of these users have had updates made removing this access.

2. As a Business Analyst III this individual is required to access all files in her day to day activities of supporting/troubleshooting the Financial Modules. There is a control mechanism in place for this, a PeopleSoft query is performed each month to note operator’s access to vendor records.

3. Access to the PeopleSoft application for the noted user has been removed.

4. Access to the role within the PeopleSoft application for the noted user has been removed.

Contact Person: Gregory Phillips, Associate Director Enterprise Information Systems, OIT
Telephone: 404-894-3416; Fax 404-894-9135; E-Mail: greg.phillips@oit.gatech.edu
Grant Thornton, LLP A-133 Compliance Requirements
FINANCIAL STATEMENT FINDINGS AND QUESTONED COSTS
2007-5 Failure to Follow Policy on Prior Approval of Logical Security Access Rights
(Finding No: FS-503-07-04)

Statement of Condition

The Georgia Institute of Technology (“GIT”) did not follow its policy that requires prior approval of logical
security access rights. Specific deficiencies identified include:

1. Four of fourteen PeopleSoft logical security access change requests were not approved by a data
   steward in accordance with existing policies and procedures.

2. Two of two Oracle database logical security access change requests were not approved by a data
   steward in accordance with existing policies and procedures.

Criteria

Logical security access requests should be properly approved prior to implementation.

Effect

The condition could result in inappropriate or unauthorized transactions and misstatements in the
Organization’s financial statements.

Recommendations

Management should consider enforcing the existing policies and procedures or updating the policies and
procedures to clearly articulate the method of approval that should be applied for information technology personnel.

Management’s Response

The employees listed are hired in support of the PeopleSoft application as well as other applications and
databases. There is a given that when a person is hired to fill a position in administrative support within
Enterprise Information Systems, appropriate access levels are granted by their positional responsibilities. The
data access policy will be updated to reflect this concern.

Contact Person: Lori Sundal, Director Enterprise Information Systems, OIT
Telephone: 404-894-5348; Fax 404-894-9135; E-Mail: lori.sundal@oit.gatech.edu
Grant Thornton, LLP A-133 Compliance Requirements
FINANCIAL STATEMENT FINDINGS AND QUESTIONED COSTS
2007-6 Inadequate Procedures to Define Requirements/Thresholds for Events to be Logged and Monitored
(Finding No: FS-503-07-05)

Statement of Condition

The Georgia Institute of Technology (“GIT”) policies and procedures do not define requirements or thresholds for events that should be logged and monitored. Additionally, documentation of each event resolution should be maintained.

Criteria

System events meeting specified criteria should be formally investigated, resolved and documented as they occur.

Effect

The condition could result in system failure or undetected unauthorized access to and modification of critical data.

Recommendation

Management should consider developing policies and procedures which clearly define events that require formally documented follow-up and resolution.

Management’s Response

Operational guidelines will be updated to address this procedure and its frequency.

Contact Person: Gregory Phillips, Associate Director Enterprise Information Systems, OIT
Telephone: 404-894-3416; Fax 404-894-9135; E-Mail: greg.phillips@oit.gatech.edu
Grant Thornton, LLP A-133 Compliance Requirements
FINANCIAL STATEMENT FINDINGS AND QUESTIONED COSTS
2007-7 Inadequate Database Password Policy Settings (Finding No: FS-503-07-06)

Statement of Condition

The following GIT Oracle database password policy settings were not in place presenting less than optimal password configuration.

- Requirement to change password after a stated period of time (e.g., 30 or 45 days).
- Requirement that passwords be a minimum length (e.g., 6 characters or more).
- Requirement that passwords be complex or a dictionary prevents setting a password to common words.
- Requirement that the system logs out users after a period of inactivity (e.g. 30 minutes).

The database administrator group has been provided access to the Oracle system delivered accounts. The system delivered account passwords are known and shared by all database administrators.

Criteria

Databases should be properly secured to prevent inappropriate access to critical financial data. Password configuration policies should enforce rules that deter unauthorized access.

Effect

The condition could result in unauthorized access to and modification of critical financial data.

Recommendations

Management should consider implementing stronger password policies for the database. Management should also consider limiting knowledge of system delivered user ids and passwords to a minimum number of management personnel. Management should restrict the use of generic ids and assign unique user IDs to each database administrator to allow for more accurate logging of changes made at the administrative level and to prevent password sharing. Management should consider monitoring event logs associated with the system delivered accounts in order to evaluate the appropriateness of the related changes.
Grant Thornton, LLP A-133 Compliance Requirements
FINANCIAL STATEMENT FINDINGS AND QUESTIONED COSTS
2007-7 Inadequate Database Password Policy Settings (Finding No: FS-503-07-06) -- Continued

Management’s Response

User access to Oracle directly is tightly controlled and maintained following standard access approval procedures. A user’s ability to connect to an Oracle-specific database would also require the user to have access to the network which is similarly controlled. Network access is managed by Kerberos standards which do comply with requirements of regularly updated passwords of specific length, with special characters, and with timeout constraints. While forcing user access and password rules within Oracle is possible, the impact would significantly increase day-to-day administration. Utilizing delivered password/access controls within Oracle would impact all users, both human and system alike. Additional workflow would need to be created/automated to notify users when password expiration was imminent. In addition, each system user that accesses and Oracle database would need to also have the password parameters updated to ensure uninterrupted access.

Database Administrator access to Sys/System/sysadm is only used when doing database administration such as: creating new databases, altering datafiles, performing database shutdown or startup, monitoring the database and changing system parameters. Oracle requires the use of these generic accounts for shutdown and startup tasks specifically. As a precaution, all Oracle default passwords for these standard accounts are reset from the original vendor default initially. Furthermore, all system changes show up in the alert log. The alert log, however, does not record username that entered the command. All other changes made by a DBA are tracked via username/password applicable to the application/system being supported. While DBA-specific user accounts could be defined for DBA tasks, Oracle auditing functionality would need be initiated and defined to capture the account/userid for specific types of changes beyond what is currently captured with the change alert log. This level of audit capture at the database level would negatively impact database response times.

EIS management will consider an update to the access policy to provide for the need for exception for Oracle DBA access specifically.

Contact Person: Gregory Phillips, Associate Director Enterprise Information Systems, OIT
Telephone: 404-894-3416; Fax 404-894-9135; E-Mail: greg.phillips@oit.gatech.edu
Grant Thornton, LLP A-133 Compliance Requirements
FINANCIAL STATEMENT FINDINGS AND QUESTIONED COSTS
2007-8 Inappropriate Database Administrator Access to Source Code and Changes in Production
(Finding No: FS-503-07-07)

Statement of Condition

GIT Oracle database administrators have access to source code and access to promote changes to production. The ability to promote changes should be restricted to a user with no programming, database administration or user access administration functions. Current access results in less than optimal segregation of duties.

Criteria

The ability to migrate source code to the production environment should be restricted to a limited number of individuals with no programming or database administration responsibilities.

Effect

The condition could result in unauthorized changes to production source code and objects.

Recommendation

Management should consider restricting access to promote changes to production to an individual that does not have development or user access administration responsibilities.

Management’s Response

Database administrators promote source code changes through individual user access so that there is an auditable link to the changes and the individual database administrator. Often, these changes require additional changes to be made including clearing caches, restarting servers or similar actions that only the database administrator would have authority and access to complete. Policy will be reviewed for improvements by management.

Contact Person: Gregory Phillips, Associate Director Enterprise Information Systems, OIT
Telephone: 404-894-3416; Fax 404-894-9135; E-Mail: greg.phillips@oit.gatech.edu
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Grant Thornton, LLP A-133 Compliance Requirements
FINANCIAL STATEMENT FINDINGS AND QUESTIONED COSTS
2007-9 Inadequate Internal Controls Related to Certain Purchasing Card Policies and Procedures
(Finding No: FS-503-07-08)

Statement of Condition

It was brought to our attention by GIT Management and the Internal Audit Department, that an internal control deficiency existed related to the operating effectiveness of certain purchasing card policies and procedures. These deficiencies, as described to us, consisted of the lack of proper supporting transaction documentation, lack of performing a timely reconciliation of the monthly purchasing card account statements to the supporting transaction documentation, and lack of approval of the monthly account reconciliations by a designated official.

Similarly, in our testing, we identified two purchasing card transactions that were not reconciled or reviewed in a timely manner in a sample of sixty nonlabor related expenditures. The respective purchase card monthly account statements did not contain the required card holder’s documented review or the designated official’s documented approval.

Criteria

According to the GIT’s Purchasing Card Policy, a monthly purchase card account statement will be generated by Bank of America and mailed to the cardholder. When the cardholder or designated reconciler receives the statement, it must be reviewed and reconciled against the accountable documents retained from each transaction. The reconciled statement should be signed by the cardholder or designated reconciler and approved by the individual designated by the Department Head or PCard Coordinator.

Cause

The cardholder and designated approval official did not perform the monthly reconciliation and review as required.

Effect

The condition could result in unidentified fraudulent activity, unallowable charges to federal programs, and misstatements in the financial statements.

Recommendation

We recommend the Organization reinforce their policy that requires all cardholders to reconcile their account statements monthly to their receipts, then sign and date the statements to document the completion of this reconciliation. The reconciled account statement should then require a review by a designated official and that the reviewer sign and date the statements to document approval. In addition, we recommend the Organization have mandatory training on awareness of fraud and financial accountability for all employees involved in the purchase card program.
Grant Thornton, LLP A-133 Compliance Requirements
FINANCIAL STATEMENT FINDINGS AND QUESTONED COSTS
2007-9 Inadequate Internal Controls Related to Certain Purchasing Card Policies and Procedures
(Finding No: FS-503-07-08) -- Continued

Questioned Cost

None.

Management Response

We concur with this finding and recommendation. The Divisions of Administration & Finance and Internal Auditing are implementing comprehensive changes to the GIT Purchasing Card program. These changes include improved internal control mechanisms to ensure proper and timely review of all P-card account statements and related account reconciliations. This work will be completed prior to June 30, 2008.

Contact Person: Tom Pearson, Director Business Services
Telephone: 404-894-5000; Fax 404-894-8552; E-Mail: tom.pearson@business.gatech.edu
Grant Thornton, LLP A-133 Compliance Requirements

FEDERAL AWARD FINDINGS AND QUESTIONED COSTS - REPORTING
2007-10 Financial Reports Submitted Late or with Inaccuracies (Finding No: FA-503-07-01)

See Exhibit 7-10 for a listing of agency names, contract numbers and CFDA numbers associated with this finding.

Statement of Condition

Certain financial reports required by grant and contractual agreements entered into by the Organization with various Federal agencies were not submitted on time or were inaccurate as to the information presented. Of a total of forty financial reports subjected to testing, two were not submitted on time and one contained inaccurate financial information. The inaccurate report was subsequently corrected.

Criteria

In accordance with 32 CFR section 32.21 and 32.52, the Organization is required to maintain and report accurate, current and complete disclosures of the financial results of each federally-sponsored project or program in accordance with the reporting requirements. The Organization is required to use the standard financial reporting forms or such other forms as may be authorized by OMB to report program outlays and program income on a cash or accrual basis, as prescribed by the Federal awarding agency. The Federal awarding agency shall determine the frequency of the financial report for each project or program, considering the size and complexity of the particular project or program. However, the report shall not be required more frequently than quarterly or less frequently than annually. A final report shall be required at the completion of the award.

Cause

The cause of inaccurate or untimely reports, as stated to us, was human error.

Effect

The submission of inaccurate or untimely reports could result in the possible delay of grant funding or affect other projects from the federal sponsor agency.

Recommendation

Efforts should continue to be made by the Organization to institute policies and procedures to ensure that all contractual deliverables are submitted to the contracting agencies by the specified due dates and to ensure the financial information included in the reports is accurate and agrees to the general ledger.

Questioned Cost

None.
Grant Thornton, LLP A-133 Compliance Requirements

Federal Award Findings and Questioned Costs - Reporting

2007-10 Financial Reports Submitted Late or with Inaccuracies (Finding No: FA-503-07-01) -- Continued

Management Response

We concur with this finding and recommendation. During the next fiscal year, special attention will be focused on additions to staff training programs and/or Accounting Manager review and oversight activities to assure the maintenance of all required financial details to permit submission of all financial reports in an accurate and timely manner. In addition, we will study the findings identified above and notify each Project Accountant responsible for preparation and completion of the report that this report was identified as a finding in the annual A-133 audit report as having been inaccurate or filed late. This notification will indicate the need for improved performance. This work will be completed prior to June 30, 2008.

Contact Person: James G. Fortner, Director, Grants and Contracts Accounting Office
Telephone: 404-385-7561; Fax 404-894-5519; E-Mail: james.fortner@business.gatech.edu

Exhibit 7-10

<table>
<thead>
<tr>
<th>Agency</th>
<th>CFDA Number</th>
<th>Major Program</th>
<th>Pass-Through Grantor / Program Title</th>
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Grant Thornton, LLP A-133 Compliance Requirements
FEDERAL AWARD FINDINGS AND QUESTIONED COSTS - REPORTING
2007-11 Progress/Special Reports Not Submitted on Time or Not Submitted as Specified in the Agreements
(Finding No: FA-503-07-02)

See Exhibit 7-11 for a listing of agency names, contract numbers and CFDA numbers associated with this finding.

Statement of Condition

Certain progress and special performance reports required by grant and contractual agreements entered into by the Organization with various Federal agencies were not submitted on time or were not submitted as specified in the grant and contractual agreements. Of a total of forty performance reports subjected to testing, fifteen were not submitted on time and submission could not be verified for one report.

Criteria

In accordance with 32 CFR section 32.51, the Organization is required to submit performance reports as required by the award terms and conditions. With certain exceptions, performance reports shall not be required more frequently than quarterly or less frequently than annually. Annual reports shall be due 90 calendar days after the award year; quarterly or semi-annual reports shall be due 30 calendar days after the reporting period. Federal awarding agencies may require annual reports before the anniversary dates of multiple year awards in lieu of these requirements. The final performance reports are due 90 calendar days after the expiration or termination of the award. Performance reports generally contain, for each award, brief information on each of the following:

- A comparison of actual accomplishments with the goals and objectives established for the period.
- Reasons why established goals were not met, if appropriate.
- Other pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

Cause

The cause of untimely reports, as stated to us, was the unavailability of data at the report due date necessary for the completion of the required reports.

Effect

The submission of inaccurate or untimely reports could result in the possible delay of grant funding or affect other projects from the federal sponsor agency.

Recommendation

Efforts should continue to be made by the Organization to reemphasize policies and procedures to ensure required reports are submitted to the contracting agencies by the specified due dates and authorized by proper personnel.
Grant Thornton, LLP A-133 Compliance Requirements

FEDERAL AWARD FINDINGS AND QUESTIONED COSTS - REPORTING

2007-11 Progress/Special Reports Not Submitted on Time or Not Submitted as Specified in the Agreements
(Finding No: FA-503-07-02) -- Continued

Questioned Cost

None.

Management Response

We concur with this finding and recommendation. Prior to August 31, 2008, actions identified below will be taken to address the weaknesses identified in this finding to make progress toward ensuring that all required contractual deliverables are submitted to the contracting agencies in a timely fashion:

1. Study the findings identified in this report and notify each Project Director, Department Head and Unit Financial Officer that their report was identified as part of a finding in the Annual A-133 Audit report as having been filed late, not filed, or not completed properly.

2. Continue to make available Upcoming Deliverables Due and Overdue Deliverables Lists for all sponsored research projects. This report is made available to members of upper administration, including Deans, School Chairs, and Lab/Center Directors, as well as all Project Directors.

3. Continue to encourage the use by Project Directors and Campus Business Officers of the web-based system that sends automatic E-mail reminders for upcoming deliverables due and facilitates submission of those deliverables to project sponsors and OSP via the web.

4. A letter will be sent from the Senior Vice Provost for Research and Innovation to each Dean, School Chair, and Lab/Center Director to stress the importance of timely submission of progress reports, final reports, and other special reports as required by grant and contractual agreements.

GIT agrees that we continue to have issues with timely report filing but believe we will continue to have some issues related to reports based on the large number of grants in process and the number of principal investigators involved in the reporting process. However, we believe the finding does not warrant further action as described in the Summary Schedule of Prior Audit Findings.

Our corrective action plan as detailed above will be fully implemented and we will continue to stress the importance of timely report filing, however we do not consider this finding to be material.

Contact Person: G. Duane Hutchison, Director, Office of Sponsored Programs
Telephone: 404-894-4819; Fax 404-894-7002; E-Mail: duane.hutchison@osp.gatech.edu
Grant Thornton, LLP A-133 Compliance Requirements

**FEDERAL AWARD FINDINGS AND QUESTIONED COSTS - REPORTING**

2007-11 Progress/Special Reports Not Submitted on Time or Not Submitted as Specified in the Agreements (Finding No: FA-503-07-02) – Continued

**Exhibit 7-11**

<table>
<thead>
<tr>
<th>Agency</th>
<th>CFDA Number</th>
<th>Major Program</th>
<th>Pass-Through Grantor / Program Title</th>
<th>Reference Number</th>
<th>Type of report</th>
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Grant Thornton, LLP A-133 Compliance Requirements
FEDERAL AWARD FINDINGS AND QUESTIONED COSTS – SUBRECIPIENT MONITORING
2007-12 Failure to Adequately Monitor For-Profit Subrecipient’s Compliance with Applicable Requirements
(Finding No: FA-503-07-03)

See Exhibit 7-12 for a listing of agency names, contract numbers and CFDA numbers associated with this finding.

Statement of Condition

The Organization does not have a formal policy to monitor for-profit subrecipients’ compliance with applicable requirements. The Organization did not require annual certification letters from for-profit subrecipients which provide written representation the entity complied with the applicable compliance requirements and would allow the Organization to make a timely management decision on any audit findings if needed. Of a total of forty subrecipients subjected to testing, the Organization did not obtain an annual certification of compliance from six for-profit subrecipients and the Organization did not communicate the sufficient award information to two of the subject for-profit subrecipients. The costs reviewed under the subject subaward agreements were determined to be allowable.

Criteria

Pursuant to 32 CFR section 32.51 and OMB Circular A-133, subpart B section 210(e), a pass-through is responsible for the following related to for-profit subrecipients:

− **For-profit Subrecipients** – Evaluating the impact of subrecipient activities on the pass-through entity’s ability to comply with applicable Federal regulations includes monitoring for-profit subrecipients. The pass-through entity is responsible for establishing requirements, as necessary, to ensure compliance by for-profit subrecipients. The contract with the for-profit subrecipient should describe applicable compliance requirements and the for-profit subrecipient's responsibility. Methods to ensure compliance for Federal awards made to for-profit subrecipients may include pre-award audits, monitoring during the contract and post-award audits.

− **Pass-through Entity Responsibilities** – At the time of the award, identifying to the subrecipient the Federal award information and advise the subrecipient of applicable compliance requirements (e.g., CFDA title and number if available, award name, name of Federal agency, source or governing requirements, and specific compliance or regulatory requirements).

Cause

The Organization did not have a formal policy in place to require documented certification of compliance by for-profit subrecipients. The Organization did not have a procedure in place to ensure required federal award information is included in subaward agreements with for-profit entities.

Effect

If proper monitoring of subawards does not occur, the award requirements may not be properly administered resulting in potential unallowable activities or unallowable costs or other noncompliance with Federal grant regulations.
Grant Thornton, LLP A-133 Compliance Requirements
FEDERAL AWARD FINDINGS AND QUESTIONED COSTS – SUBRECIPIENT MONITORING
2007-12 Failure to Adequately Monitor For-Profit Subrecipient’s Compliance with Applicable Requirements
(Finding No: FA-503-07-03) -- Continued

Recommendation

The Organization should develop an annual certification request form that is completed by each for-profit subrecipient that certifies the subrecipient has complied with the applicable compliance requirements. The Organization should establish a procedure or develop a standard form for all federal subaward agreements with for-profits to ensure the required federal award information and compliance responsibilities are communicated to subrecipients. When certain federal award information is not available, the Organization should communicate as much information as possible to identify the award, federal agency, source of governing awards, and specific compliance requirements.

Questioned Cost

None.

Management Response

We concur with the finding and recommendation regarding monitoring our for-profit sub-recipients. Prior to April 30, 2008, we will implement a procedure to require that additional financial information be obtained as part of our annual sub-recipient certification letter process, specifically for our for-profit sub-recipients.

Contact Person: G. Duane Hutchison, Director, Office of Sponsored Programs
Telephone: 404-894-4819; Fax 404-894-7002; E-Mail: duane.hutchison@osp.gatech.edu
Grant Thornton, LLP A-133 Compliance Requirements

FEDERAL AWARD FINDINGS AND QUESTIONED COSTS – SUBRECIPIENT MONITORING
2007-12 Failure to Adequately Monitor For-Profit Subrecipient’s Compliance with Applicable Requirements
(Finding No: FA-503-07-03) -- Continued

Exhibit 7-12

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