HOUSTON
CITY COLLEGE

AGENDA

BOARD OF TRUSTEES

REGULAR MEETING

October 28, 2026
4:00 PM

3100 Main Street, 2nd Floor Auditorium, Houston, Texas 77002

NOTICE OF A REGULAR MEETING
OF THE BOARD OF TRUSTEES
HOUSTON CITY COLLEGE

October 28, 2026

Notice is hereby given that a Regular Meeting of the Board of Trustees of the Houston City College will be held on Wednesday, October 28, 2026 at 4:00 PM, or after, and from day to day as required, 3100 Main Street, 2nd Floor Auditorium, Houston, Texas 77002. The items listed in this notice may be considered in any order at the discretion of the Chair or Board and items listed for closed session discussion may be discussed and/or approved in open session and vice versa as permitted by law.

I. Call to Order

II. Prayer and Pledge of Allegiance

III. Approval of Minutes

A. Approval of Minutes September 2026

IV. Awards, Presentations, and Recognitions

A. Check Presentation by Lowe's Foundation

B. Skills Development Fund Announcement Presented by Chairman Joe Esparza, Texas Workforce Commission

V. Chair's Report

A. Trustees District Report

VI. Chancellor's Report

A. United Student Council Report

B. Faculty Senate Report

C. Staff Senate Report

VII. Hearing of Citizens

VIII. Consent Agenda

1. Acceptance of Donated Items
2. FY 2026 Internal Audit Annual Report
3. Proposed Legislative Initiatives – 90th Legislative Session, As Amended
4. Adopt the General Education Curriculum Review Committee Recommendation
5. Quarterly and Monthly Investment Reports, Financial Statement and Budget Review for August 2026

IX. Topics for Discussion and/or Action

A. Executive Search and Recruitment Services (Project No. RFP 26-14)

B. Personnel Agenda - Faculty

C. Letter of Nomination Supporting Appointment to Association of Community College Trustees (ACCT) 2027 Appointed Committees

D. Ratify Resolution Honoring Dr. Pretta VanDible Stallworth, HCC Trustee, District IX and ACCT Board Chair for 2026-2027

X. Adjournment to closed or executive session pursuant to Texas Government Code Sections 551.071; 551.072 and 551.074, the Open Meetings Act, for the following purposes:

A. **Legal Matters**

Consultation with legal counsel concerning pending or contemplated litigation, a settlement offer, or matters on which the attorney's duty to the System under the Texas Disciplinary Rules of Professional Conduct clearly conflicts with the Texas Open Meetings Laws.

1. Swift Water Rescue Training Program
2. Organizational Efficiency Contract Scope of Work
3. Discuss HB20 Opportunities and Potential Contract

B. **Personnel Matters**

Deliberate the appointment, employment, evaluation, reassignment, duties, discipline or dismissal of a public officer, employee or board member to hear complaints or changes against an officer, employee or board member unless the officer, employee or board member who is the subject of the deliberation or hearing requests a public hearing.

C. **Real Estate Matters**

Deliberate the purchase, exchange, lease, or value of real property for Agenda items if deliberation in an open meeting would have a detrimental effect on the position of the System in negotiations with a third person.

1. Real Estate Opportunities Update

XI. Additional Closed or Executive Session Authority:

If, during the course of the meeting covered by this Notice, the Board should determine that a closed or executive meeting or session of the Board should be held or is required in relation to any items included in this Notice, then such closed or executive meeting or session as authorized by Section 551.001 et seq. of the Texas Government Code (the Open Meetings Act) will be held by the Board at that date, hour and place given in this Notice or as soon after the commencement of the meeting covered by the Notice as the Board may conveniently meet in such closed or executive meeting or session concerning:

Section 551.071 - For the purpose of a private consultation with the Board's attorney

about pending or contemplated litigation, a settlement offer, or matters on which the attorney's duty to the System under the Texas Disciplinary Rules of Professional Conduct clearly conflicts with the Texas Open Meetings Laws.

Section 551.072 - For the purpose of discussing the purchase, exchange, lease or value of real property if deliberation in an open meeting would have a detrimental effect on the position of the governmental body in negotiations with a third person.

Section 551.073 - For the purpose of considering a negotiated contract for a prospective gift or donation to the System if deliberation in an open meeting would have a detrimental effect on the position of the System in negotiations with a third person.

Section 551.074 - For the purpose of considering the appointment, employment, evaluation, reassignment, duties, discipline or dismissal of a public officer, employee or board member to hear complaints or changes against an officer, employee or board member unless the officer, employee or board member who is the subject of the deliberation or hearing requests a public hearing.

Section 551.076 - To consider the deployment, or specific occasions for implementation of security personnel or devices, or a security audit.

Section 551.082 - For the purpose of considering discipline of a student or to hear a complaint by an employee against another employee if the complaint or charge directly results in a need for a hearing, unless an open hearing is requested in writing by a parent or guardian of the student or by the employee against whom the complaint is brought.

Section 551.084 - For the purpose of excluding a witness or witnesses in an investigation from a hearing during examination of another witness in the investigation. Should any final action, final decision, or final vote be required in the opinion of the Board with regard to any matter considered in such closed or executive meeting or session, then such final action, final decision, or final vote shall be at either:

A. The open meeting covered by this Notice upon the reconvening of the public meeting, or

B. At a subsequent public meeting of the Board upon notice thereof, as the Board shall determine.

XII. Reconvene in Open Meeting

XIII. Adjournment

XIV. Appendix - No Action Required

CERTIFICATE OF POSTING OR GIVING NOTICE

On this **22nd day of October 2026**, this Notice was posted at a place convenient to the public and readily accessible at all times to the general public at the following locations:

(1) the HCC Administration Building of the Houston City College, 3100 Main, First Floor, Houston, Texas 77002 and (2) the Houston City College's website: www.hccs.edu.

Posted By:

_____

Sharon R. Wright
Director, Board Services

ACTION ITEM

Meeting Date: October 28, 2026

Approval of Minutes

ITEM #	ITEM TITLE	PRESENTER
A.	**Approval of Minutes September 2026**	**Dr. Margaret Ford Fisher Sharon Wright**

RECOMMENDATION

Approve meeting minutes for September 2026

COMPELLING REASON AND BACKGROUND

In accordance with the Board bylaws, the Board shall prepare and keep minutes of each open meeting.

The following Board meetings were held in September 2026:

- Academic and Student Affairs Committee on September 2, 2026
- Audit Committee on September 2, 2026
- External Relations Committee on September 2, 2026
- Committee of the Whole Meeting on September 16, 2026
- Regular Meeting on September 16, 2026

LEGAL REQUIREMENT

In accordance to Board Bylaws, Article G, Section 9

STRATEGIC ALIGNMENT

1. Student Success

ATTACHMENTS:

Description	Upload Date	Type
Draft Minutes - September 2026	10/20/2026	Attachment

This item is applicable to the following: District

MEETING OF THE
ACADEMIC AND STUDENT AFFAIRS COMMITTEE
OF THE BOARD OF TRUSTEES
HOUSTON CITY COLLEGE

September 2, 2026

Minutes

The Academic and Student Affairs Committee of Houston City College Board of Trustees met on Wednesday, September 2, 2026, at the HCC Administration Building, 3100 Main, Second Floor Auditorium, Houston, Texas.

MEMBERS PRESENT
Adriana Tamez, Committee Chair
Sean Cheben, Committee Member
Renee Patterson, Committee Member
Cynthia Lenton-Gary
Monica Richart

CHANCELLOR'S COUNCIL
Margaret Ford Fisher, Chancellor
Rima Adil, Vice Chancellor, Strategic Communications and Marketing
Lisa Alcorta, Vice Chancellor, Student Services
Andrea Burridge, Vice Chancellor for Strategy, Planning, and Institutional Effectiveness
Jerome Drain, President, HCC Global Online
Michael Edwards, Office of the Ombudsman
Betty Fortune, President, HCC Northeast
Frances Villagran-Glover, President, HCC Southeast
Lutricia Harrison, President, HCC Coleman
Edmond "Butch" Herod, President, HCC Central
Warren Hurd, Vice Chancellor, Administrative Services
Bob McCracken, Vice Chancellor, Administration and Operations
Elizabeth McGee, Chief Artificial Intelligence Transformation Officer
Nicole Montgomery, General Counsel
Rodney Nathan, Vice Chancellor for Talent Engagement/Chief Human Resource Officer
Norma Perez, Senior Vice Chancellor for Instructional Services/Chief Academic Officer
Karen Schmidt, Executive Director, HCC Foundation
Nathan Smith, Faculty Senate President
Michael Webster, President, HCC Southwest
Izzy Flowers, Staff Senate President
Remmele Young, Vice Chancellor of External and Governmental Relations, Transfer and Alumni Relations

OTHER PRESENT
Melissa Mihalick, Board Counsel, Thompson and Horton, LLP (via Video Conference)

DRAFT

CALL TO ORDER
Dr. Adriana Tamez, Committee Chair, called the meeting to order at 9:45 a.m. and declared the Board convened to consider matters about Houston City College as listed on the duly posted Meeting Notice.

(The following Trustees were present: Tamez and Lenton-Gary)

OPPORTUNITY FOR PUBLIC COMMENTS
No citizens signed up to speak before the Board.

(Trustee Patterson joined the meeting at 9:48 a.m.)

TOPICS FOR DISCUSSION AND/OR ACTION

DUAL CREDIT PROGRAM UPDATE
Dr. Ford Fisher apprised the Board that the item provides an update on the Dual Credit Program and noted that Dr. Norma Perez, Senior Vice Chancellor for Instructional Services/Chief Academic Officer
would provide the update.

Dr. Perez provided an overview of the origination of the Dual Credit program and acknowledged Dr. Desmond Lewis, Associate Vice President, College Readiness, to provide the update.

Dr. Lewis provided an overview to include the following:

- Types of Dual Credit
- Dual Credit Partners By Type
- Dual Credit Partner Types and Total Dual Credit Locations Served by HCC
- HCC Locations Geocoded Dual Credit by HCC Service Area, AY 2026 - 2027
- Dual Credit Pathway Types and Program Award Options Offered by HCC
- AY 2026-2027 TEA College and Career Readiness School Models (ECHS)
- AY 2026-2027 TEA College and Career Readiness School Models (PTECH)
- AY 2026-2027 SB 1882 –Level 5 Autonomy Schools

(Trustee Cheben joined the meeting at 9:55 a.m.)

- AY 2023-2026 Unduplicated Dual Credit Enrollment by ISD
- 2023-2026 Dual Credit Enrollment by Degree/Certificate
- Dual Credit Fall to Spring Persistence by ISD AY 25-26
- 2023-2026 Dual Credit Course Success Rate by ISD
- 2018-2023 Dual Credit Course Success Rate by Ethnicity (% of Students earning A, B or C)
- 2023-2026 Dual Credit Course Success Rate by Gender (% of Students Earning A, B or C)
- Unduplicated Dual Credit Count with 15+ Credits Earned by Dual Credit Partner Academic Years 2023 - 2026
- 2023-2026 Dual Credit Award Completions

DRAFT

- 2026 Top 5 Transfer Institutions for Dual Credit Students Opportunities

Dr. Tamez referenced slide 21 and inquired whether the numbers represented students who persisted and completed their programs. Dr. Lewis noted that the numbers represented students who had completed their programs. He noted that the College is focused on assisting all students and that the numbers may reflect students within specific fields of study.

Dr. Lewis further informed that the College is working to place students in high-demand areas and strategically move students forward with a "future-forward" mindset. He apprised that each of the colleges is working to transition dual credit students to HCC who do not complete their associate degree while in high school.

Dr. Tamez expressed an interest in seeing increased engagement at the high school level through signage and a stronger HCC presence within the schools. She emphasized the importance of establishing a visible and consistent presence in high schools.

TEACHING & LEARNING INNOVATION UPDATE
Dr. Ford Fisher noted that the item provides an update regarding the Teaching and Learning Innovation. She apprised that Dr. Miguel Ramos, Vice Chancellor, Instructional Services, would provide the update.

Dr. Ramos reported on the following:

- Cognitive Apprenticeship Model
- An Interconnected System of Support
- The Faculty Academy
- Faculty Academy Participation 2025/26
- The Center for Teaching & Learning Excellence
- CTLE Participation 2025/26
- The Centers for Teaching & Learning Innovation
- CTLI Participation 2025/26
- CTLI Special Initiatives
- An Inflection Point in Teaching & Learning
- AI Integration Continuum in Higher Education
- Faculty Participation in AI Offerings 2023/26
- Teaching & Learning Innovation AI Initiatives

Trustee Cheben referenced the data regarding gateway math and inquired how the College is utilizing the tool to assist students in navigating gateway pathways.

Dr. Ramos noted that the data provides an opportunity to identify areas where students may need additional support. He emphasized the importance of identifying the appropriate tools and resources to assist students in successfully progressing through their gateway pathways.

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UPDATE ON SB 37 GENERAL EDUCATION REVIEW

Dr. Ford Fisher noted that the item provides an update on SB 37 General Education Review. She apprised that Dr. Miguel Ramos would provide the update.

Dr. Ramos provided an overview to include the following:

- General Education Curriculum Review Charge
- General Education Curriculum Review Criteria
- General Education Review Process

Dr. Tamez inquired about the number of members serving on the General Education Curriculum Review Committee and the process used to select its members. Dr. Ramos noted that the committee consists of 21 members representing faculty and the advisory council, including eight members appointed by the Board of Trustees.

Dr. Tamez requested that a list of the General Education Curriculum Review Committee members be made available for public access.

APPRENTICESHIPS AND WORK-BASED LEARNING PROGRAM UPDATE

Dr. Ford Fisher noted that the item provides an update on apprenticeship and work-based learning programs. She noted that Dr. Miguel Ramos would provide the update.

Dr. Ramos provided an overview to include the following:

- Goals
- Department at a Glance
- Grant and Financial Impact–FY2026
- Partnership portfolio by industry
- Apprenticeship and pre-apprenticeship at a glance
- Southeast drives 90% of unique campus enrollment
- Apprenticeship Trade Enrollment by Industry
- Chapter 133 Trade Program Graduates
- Nine industries account for non-traditional apprentices
- Plumbers account for 78% of trade pre-apprenticeship enrollment
- Health Informatics leads pre-apprenticeship
- Gulf Coast Trade Up Careers

Dr. Tamez referenced the partnerships included in the portfolio and inquired about the partnerships representation. Dr. Ramos noted that the partnerships vary depending on the interests and needs of the participating partners.

Dr. Tamez inquired about the role of organized labor and union leadership in partnerships. Dr. Ramos noted that the College has partnerships with various unions and that they are embedded within the College's workforce efforts.

(Trustee Richart joined the meeting at 10:19 a.m.)

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Dr. Tamez inquired whether there are any state partnerships. Dr. Christina Tobin, Interim Associate Vice Chancellor for Work-Based Learning and Industry Partnerships, noted that the College participates in state-funded partnerships and receives state funding in support of those efforts.

Dr. Tamez referenced the high schools listed and inquired whether there is a reason the College is not expanding the initiative across all high schools. Dr. Tobin noted that the College is working across the service area and is seeking to expand the initiative to 10 additional high schools.

Trustee Cheben inquired about the distinguishing differences between the apprenticeship model and the College's approach. Dr. Tobin noted that a significant portion of the participation reflected in the data is through partnerships with unions.

Trustee Cheben inquired whether the approach could be replicated across other programs or with additional unions. Dr. Tobin noted that extending the approach could be explored; however, many unions have their own processes and partnerships. She added that the College's intent is to ensure adequate staffing and capacity to meet demand and scale the programs.

Trustee Cheben referenced the discussion regarding scaling and the 2.1 million unfilled jobs and inquired about the factors preventing the College from scaling its efforts. Dr. Tobin noted that students traditionally complete four- or five-year programs; however, the College's approach to scaling includes providing students with opportunities to obtain Level 1 or Level 2 certificates.

Trustee Cheben recommended a future discussion regarding the scaling of workforce and apprenticeship programs, including how the Board could assist with those efforts. He suggested that the discussion be presented before the end of the year.

Dr. Tamez inquired about the College's relationship with labor unions. Dr. Tobin noted that the State changed its funding model to allow unions to receive funding directly from the State. She further noted that approximately 12% of jobs are union jobs and that companies may hire only a certain number of students.

Trustee Patterson inquired whether the union referenced was Local 68. Dr. Tobin confirmed that it was.

ADJOURNMENT
With no further business coming before the Board, the meeting adjourned at 10:28 a.m.

Minutes submitted by Sharon Wright, Executive Director, Board Services

Minutes Approved: _____

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AUDIT COMMITTEE
OF THE BOARD OF TRUSTEES
HOUSTON CITY COLLEGE

September 2, 2026

Minutes

The Audit Committee of Houston City College Board of Trustees met on Wednesday, September 2, 2026, at the HCC Administration Building, 3100 Main, Second Floor Auditorium, Houston, Texas.

MEMBERS PRESENT
Pretta VanDible Stallworth, Committee Chair
Monica Richart, Committee Member
David Wilson, Committee Member
Sean Cheben, Alternate Member
Laolu Davies
Cynthia Lenton-Gary
Eva Loredo (via Video Conference)
Renee Patterson
Adriana Tamez

CHANCELLOR'S COUNCIL
Margaret Ford Fisher, Chancellor
Rima Adil, Vice Chancellor, Strategic Communications and Marketing
Lisa Alcorta, Vice Chancellor, Student Services
Andrea Burridge, Vice Chancellor for Strategy, Planning, and Institutional Effectiveness
Jerome Drain, President, Online College
Michael Edwards, Office of the Ombudsman
Betty Fortune, President, Northeast College
Frances Villagran-Glover, President, Southeast College
Lutricia Harrison, President, Coleman College
Edmond "Butch" Herod, President, Central College
Warren Hurd, Vice Chancellor, Administrative Services
Barry Sullivan, Chief Information Officer, Information Technology
Bob McCracken, Vice Chancellor, Administration and Operations
Elizabeth McGee, Chief Artificial Intelligence Transformation Officer
Nicole Montgomery, General Counsel
Rodney Nathan, Vice Chancellor for Talent Engagement/Chief Human Resource Officer
Norma Perez, Senior Vice Chancellor for Instructional Services/Chief Academic Officer
Karen Schmidt, Executive Director, HCC Foundation
Nathan Smith, Faculty Senate President
Michael Webster, President, Southwest College
Izzy Flowers, Staff Senate President

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Remmele Young, Vice Chancellor of External and Governmental Relations, Transfer and Alumni Relations

OTHER PRESENT
Melissa Mihalick, Board Counsel, Thompson and Horton, LLP (via Video Conference)

CALL TO ORDER
Dr. Pretta VanDible Stallworth, Committee Chair, called the meeting to order at 10:40 a.m. and declared the Board convened to consider matters about Houston City College as listed on the duly posted Meeting Notice.

(The following Trustees were present: Cheben, Lenton-Gary, Richart, Tamez, and VanDible Stallworth)

OPPORTUNITY FOR PUBLIC COMMENT
No citizens signed up to speak before the Committee.

TOPICS FOR DISCUSSION AND/OR ACTION

ENTERPRISE RISK MITIGATION REPORT: DEFERRED MAINTENANCE
Dr. Ford Fisher noted that the item provides an overview of the Enterprise Risk Mitigation: Deferred Maintenance Program Update. She advised that Bob McCracken, Vice Chancellor, Administration and Operations, would provide an overview.

Mr. McCracken provided an overview of the following:

- Executive Highlights
- Primary Deferred Maintenance Risks
- Deferred Maintenance and Annual FCI by Year and Investment

(Trustee Loredo joined the meeting remotely at 10:45 a.m.)

- How We Are Mitigating Risks
  - Multi-Layered Risk Mitigation Program
  - Proactive Asset Management
  - Efficient Use of Funding / Deliberate Planning Process
- Deferred Maintenance 10 Step Prioritization Process Update
- Deferred Maintenance Funds By College
- Evidence That Mitigation Is Working
  - Operational Performance Indicators
  - Maintenance Performance
  - Facility Reliability
- Planned and Reactive Work Orders Breakdown
- Facilities Interruptions to Operations Update
- Program Maturity and Delivery Improvements

DRAFT

- Project Management Platform and Dashboard
- Remaining Challenges
  - Risks Still Requiring Attention
  - Funding Gap
  - Increasing Exigent Spend
  - Portfolio Complexity

(Trustee Wilson joined the meeting at 10:53 a.m.)

- Major Proposed Items with $22M Budget
- Major Proposed Items with $42M Budget
- Major Proposed Items with $52M Budget

Dr. Tamez inquired about who conducts the facilities assessment. Mr. McCracken noted that the most recent comprehensive assessment was completed by Jacobs in 2019 and that the next assessment is anticipated in 2029. He explained that the 2019 model is updated annually based on work tickets and information maintained in-house; therefore, the current information does not solely reflect 2019 data. He added that the model incorporates various cost factors, including an inflation index.

Dr. VanDible Stallworth referenced page 7 and the percentages reflected for each college regarding completed, in-process, and remaining projects. She inquired about the distribution of the $15 million approved in the budget across the district. Mr. McCracken noted the information is available in the Capital Improvement Plan Report and noted that the information could be provided to the Trustees.

Dr. VanDible Stallworth referenced exigent expenditures and inquired about the source of those costs. Mr. McCracken explained that exigent expenditures represent items requiring repair before they were placed on the deferred maintenance list.

Dr. VanDible Stallworth inquired whether there was a separate line item for exigent expenditures in the previous budget. Mr. McCracken noted that when the Board approved the budget amendment in June 2026, none of those funds were allocated to exigent expenditures.

Dr. VanDible Stallworth inquired whether exigent expenditures are funded from the $15 million deferred maintenance allocation. Mr. McCracken confirmed that they are. Dr. VanDible Stallworth inquired whether exigent expenditures could be reflected as a separate line item. Mr. McCracken noted that a separate line item could be established for exigent expenditures.

(Trustee Davies joined the meeting at 11:03 a.m.)

(Trustee Patterson joined the meeting at 11:04 a.m.)

Mr. McCracken noted that the intent is to keep day-to-day operating maintenance separate from long-term deferred maintenance projects.

DRAFT

Dr. VanDible Stallworth noted that the Board had been informed that exigent expenditures were being used for day-to-day repairs. Mr. McCracken advised that exigent expenditures were used for emergency items associated with deferred maintenance. He noted that many projects require design work; however, he did not recommend expending funds on design work unless the projects could move forward. He further noted that the Jacobs assessment identified an annual need of approximately $43 to $45 million to adequately address deferred maintenance.

Dr. VanDible Stallworth referenced the additional information included in the appendix and inquired about current deferred maintenance projects for South Campus. Mr. McCracken referenced page 61 and noted that three items were listed for South Campus.

Dr. VanDible Stallworth inquired about the number of committee members involved in reviewing and making decisions regarding the projects. Mr. McCracken noted that the projects are managed in-house and that he ultimately makes the decision regarding project prioritization. He referenced slide 6 regarding the 10-Step Prioritization Process, noting that some adjustments are made at the administrative level following the review process.

(Dr. Lenton-Gary stepped out of the meeting at 11:22 a.m.)

Dr. VanDible Stallworth noted that the $15 million annual allocation has not kept pace with the College's deferred maintenance needs and reiterated that exigent expenditures have been funded from the same allocation. She expressed that exigent expenditures should be separated and that the financial information should be clearly identified to provide an understanding of the flow and use of the funds.

Dr. VanDible Stallworth noted that the Board may need to consider adjustments to the budget to address maintenance needs before they become an exigent expense.

Trustee Cheben inquired about the impact of deferred maintenance on the College's ability to serve students, including whether conditions could result in classes being interrupted or relocated. He inquired whether the College is at risk of such situations. Mr. McCracken noted that the circumstances vary by location. He referenced Central Campus, where multiple buildings provide greater flexibility to relocate classes, compared with smaller campuses that may have only one building. He noted that circumstances may require relocating classes or closing portions of a building.

Trustee Cheben noted that it would be helpful in future meetings to receive information regarding where repairs result in or could result in the relocation of students and classes.

Trustee Wilson noted that approximately five or six years ago, there was a period when no funding was allocated in the budget for deferred maintenance and that the current deferred maintenance need is approximately $107 million. He apprised that the Board should have an opportunity to provide input before the budget is approved. He further noted that all associated costs should be presented as part of the budget process and that projects should be appropriately categorized and prioritized.

DRAFT

Mr. McCracken noted that the College has facilities funded by taxpayers and a responsibility to properly maintain those assets. He apprised that the criteria used to prioritize projects include safety and the potential impact of the investment, while items such as painting and flooring generally receive a lower priority.

Dr. VanDible Stallworth noted that the goal is to address the College's current deficiencies and referenced page 29, which indicated that projects 1 through 29 could be completed with $22 million. Mr. McCracken apprised that the $22 million has already been allocated, consisting of the $15 million budget allocation and $7 million from Fund Balance, and that the identified projects are scheduled.

Dr. VanDible Stallworth inquired how the College will manage the projects without experienced project managers available internally. Mr. McCracken noted that the College relies heavily on external project managers who have the expertise necessary to manage the projects.

Dr. VanDible Stallworth recommended that an internal staff member monitor the projects to ensure they are completed in accordance with the established criteria and approved funding allocations.

Trustee Davies referenced the discussion regarding internal staffing for project management and requested an overview of the current staffing structure. He also inquired whether staffing is appropriately sized as the CIP continues to wind down. Mr. McCracken noted that the College previously had in-house project managers whose positions were reduced some time ago and discussed considerations associated with maintaining project management functions internally.

Trustee Davies noted that the Board began discussions in 2024 regarding deferred maintenance and the need to scale and track projects in a manner that provides a clear understanding of their status. He inquired about how other institutions address deferred maintenance. Mr. McCracken noted that deferred maintenance will likely never reach zero and discussed various options available to institutions for addressing ongoing maintenance needs.

Trustee Davies noted that additional discussion may be needed regarding how the College will sustain and raise the standards of its facilities beyond addressing deferred maintenance. He noted that as enrollment increases, the College should also consider future facility needs and opportunities for innovation.

Dr. VanDible Stallworth noted that the Board may need to receive additional reporting regarding retrofit projections as well as exigent items.

ADJOURNMENT

With no further business coming before the Board, the meeting adjourned at 11:46 a.m.

Minutes submitted by Sharon Wright, Executive Director, Board Services

Minutes Approved:_____

DRAFT

MEETING OF THE
EXTERNAL RELATIONS COMMITTEE
OF THE BOARD OF TRUSTEES
HOUSTON CITY COLLEGE

September 2, 2026

Minutes

The External Relations Committee of Houston City College met on Wednesday, September 2, 2026, at the HCC Administration Building, 3100 Main, Second Floor Auditorium, Houston, Texas.

MEMBERS PRESENT
David Wilson, Committee Chair
Laolu Davies, Committee Member
Eva Loredo, Committee Member (via Conference Video)
Sean Cheben
Cynthia Lenton-Gary
Renee Patterson
Monica Richart
Adriana Tamez
Pretta VanDible Stallworth

CHANCELLOR'S COUNCIL
Margaret Ford Fisher, Chancellor
Rima Adil, Vice Chancellor, Strategic Communications and Marketing
Lisa Alcorta, Vice Chancellor, Student Services
Andrea Burridge, Vice Chancellor for Strategy, Planning, and Institutional Effectiveness
Jerome Drain, President, Online College
Michael Edwards, Office of the Ombudsman
Betty Fortune, President, Northeast College
Frances Villagran-Glover, President, Southeast College
Lutricia Harrison, President, Coleman College
Edmond "Butch" Herod, President, Central College
Warren Hurd, Vice Chancellor, Administrative Services
Barry Sullivan, Chief Information Officer, Information Technology
Bob McCracken, Vice Chancellor, Administration and Operations
Elizabeth McGee, Chief Artificial Intelligence Transformation Officer
Nicole Montgomery, General Counsel
Rodney Nathan, Vice Chancellor for Talent Engagement/Chief Human Resource Officer
Norma Perez, Senior Vice Chancellor for Instructional Services/Chief Academic Officer
Karen Schmidt, Executive Director, HCC Foundation
Nathan Smith, Faculty Senate President
Michael Webster, President, Southwest College
Morgan Yette, Staff Senate President
Remmele Young, Vice Chancellor of External and Governmental Relations, Transfer and Alumni Relations

DRAFT

OTHER PRESENT
Melissa Mihalick, Board Counsel, Thompson and Horton, LLP

CALLED TO ORDER
Trustee Dave Wilson, Committee Chair, called the meeting to order at 11:46 a.m. and declared the Board convened to consider matters of Houston Community College as listed on the duly posted Meeting Notice.

(The following Trustees were present: Cheben, Davies, Lenton-Gary, Loredo, Patterson, Richart, Tamez, VanDible Stallworth, and Wilson)

OPPORTUNITY FOR PUBLIC COMMENTS
No citizens signed up to speak before the Committee.

TOPICS FOR DISCUSSION AND/OR ACTION

BUILDING A LEGISLATIVE AGENDA FOR HOUSTON CITY COLLEGE
Dr. Ford Fisher noted that the item provides a review of the proposed Legislative Agenda for HCC regarding the upcoming Legislative Session. She advised that Remmele Young, Vice Chancellor of External and Governmental Relations, Transfer and Alumni Relations, would provide the overview.

Dr. Young noted that the policy agenda will be presented to the Board for approval in October 2026 and provided an overview of the following:

- Executive Summary
- Relevant Key Dates
- Policy Priority Tiers
- Informed Insight Partners

(Trustee Richart left the meeting at 11:52 a.m.)

- Proposed Policy Priorities - Tier 1
  - Adopt Robust biennial appropriations
  - Support full funding in the supplemental appropriations bill
  - Support structural improvements to the formula
  - Seek appropriation that supports HB 20 (89R)
  - Support Continuation and coordination of state workforce education grant programs
  - Maintain the authority of locally elected community college governing boards to determine tuition and revenue policies
  - Make statutory name change from “Houston Community College System District” to “Houston City College District
  - Support expanding the current cap of five community college baccalaureate degrees

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- Proposed Policy Priorities – TIER 2
  - Strengthen alignment among Career College and Military Readiness credentials of value, dual credit, CTE, and community college funding
  - Support more detailed and timely wage and occupation data

- Proposed Policy Priorities – TIER 3
  - Allow community colleges to serve as licensure exam sites.

Trustee Cheben inquired why the clinical opportunities for nursing students were not included. Dr. Young noted that the omission was an oversight and that the item could be added.

Trustee Cheben inquired whether state funding for Continuing Education courses was included in the discussion. He noted that it did not need to be included as a separate item.

Dr. VanDible Stallworth noted that ACCT will host a public policy meeting and requested that HCC participate. She noted that there are several items on the ACCT agenda that are not included in the College's agenda and further noted that AACC and ACCT develop public policy agendas. Dr. Young noted that he would connect with their public policy team.

(Trustee Patterson left the meeting at 12:01 p.m.)

Trustee Davies noted that the students served by the College have different needs and that the College should weigh in on matters affecting those students. He further noted that the College should approach External Relations from the perspective of the size and scope of the institution.

Trustee Davies inquired about opportunities for Trustees to provide input regarding the Legislative Appropriations Request (LAR) items to review the proposed projects. Dr. Ford Fisher noted that Trustees had been provided with an opportunity to submit feedback; however, there was a quick turnaround. She added that changes could still be made to the proposed items.

Trustee Davies inquired whether any feedback was received from Trustees regarding items to be included in the LAR submitted to the Legislative Budget Board (LBB). Dr. Ford Fisher noted that she was not aware of any feedback having been received.

Trustee Davies inquired when the notice requesting Trustee feedback was distributed. Dr. Ford Fisher noted that the memorandum was sent on August 12.

Trustee Davies expressed concerns regarding the healthcare program. He referenced an article regarding a company establishing a location in the area and noted that consideration could have been given to a facility on the west side. Dr. Ford Fisher noted that Trustee Davies' inquiry regarding a west-side facility had been considered. She further noted that the Regional Industry Training Center included in the LAR would benefit programs throughout the region and that Trustee Davies' concerns and feedback had been considered.

DRAFT

Trustee Davies noted that he did not have a clear understanding of the proposed Regional Industry Training Center. He stated that when proposals are developed by the administration, there should be a collaborative process that allows the Board to be informed and provide input regarding proposed projects. He further noted that two days' notice was insufficient for Trustees to adequately review the information and provide feedback.

Dr. VanDible Stallworth concurred with Trustee Davies regarding the need for additional review time. She noted that when LAR items are developed, consideration should be given to broader needs throughout the College's service area. She referenced HISD's plans to develop a workforce training center in District 9 and noted the importance of reviewing planned developments by other entities throughout the College's service area and region. She further noted that such information should be considered when developing the College's appropriation requests.

Trustee Davies noted that he would like clarification regarding the process for moving forward. Dr. Ford Fisher clarified that there was no intent to exclude Trustee input. She noted that attention had been focused on other projects and that some of the information had been received late in the process.

Dr. Tamez noted that the primary concern was the timing and the limited two-day period provided for Trustees to submit feedback. Dr. Ford Fisher noted that, going forward, information regarding these matters could be provided to the Trustees through the Weekly Administrative Briefing (WAB).

ADJOURNMENT
With no further business coming before the Board, the meeting adjourned at 12:23 p.m.

Minutes submitted by Sharon Wright, Executive Director, Board Services

Minutes Approved: _____

DRAFT

COMMITTEE OF THE WHOLE
OF THE BOARD OF TRUSTEES
HOUSTON CITY COLLEGE

September 16, 2026

Minutes

The Houston City College Board of Trustees held a Committee of the Whole meeting on Wednesday, September 16, 2026, at the HCC Administration Building, 3100 Main, Second Floor Auditorium, Houston, Texas.

MEMBERS PRESENT
Eva Loredo, Chair
Sean Cheben, Vice Chair
Cynthia Lenton-Gary, Secretary
Renee Patterson
Monica Richart
Pretta VanDible Stallworth
Adriana Tamez
Dave Wilson (via Videoconference)

CHANCELLOR COUNCIL
Margaret Ford Fisher, Chancellor
Lisa Alcorta, Vice Chancellor, Student Services
Andrea Burridge, Vice Chancellor for Strategy, Planning, and Institutional Effectiveness
Jerome Drain, President, HCC Online
Michael Edwards, Office of the Ombudsman
Frances Villagran-Glover, President, HCC Southeast
Lutricia Harrison, President, HCC Coleman
Edmond "Butch" Herod, President, HCC Central
Zachary Hodges, President, HCC Northwest
Warren Hurd, Vice Chancellor, Administrative Services
Bob McCracken, Vice Chancellor, Administration and Operations
Elizabeth McGee, Chief Artificial Intelligence Transformation Officer
Nicole Montgomery, General Counsel
Rodney Nathan, Vice Chancellor for Talent Engagement/Chief Human Resource Officer
Norma Perez, Senior Vice Chancellor for Instructional Services/Chief Academic Officer
Karen Schmidt, Executive Director, HCC Foundation
Mia Taylor, Faculty Senate President
Barry Sullivan, Chief Information Officer
Michael Webster, President, HCC Southwest
Izzy Flowers for Morgan Yette, Staff Senate President
Remmele Young, Vice Chancellor of External and Governmental Relations, Transfer and Alumni Relations

DRAFT

OTHERS PRESENT
Melissa Mihalick, Board Counsel, Thompson and Horton, LLP

CALL TO ORDER
Trustee Eva Loredo, Chair, called the meeting to order at 2:30 p.m. and declared the Board convened to consider matters of Houston City College as listed on the duly posted Meeting Notice.

(The following Trustees were present: Cheben, Lenton-Gary, Loredo, Richart, Tamez, VanDible Stallworth, and Wilson (via videoconference))

HEARING OF THE CITIZENS
No citizens signed up to speak before the Board.

TOPICS FOR DISCUSSION AND/OR ACTION

MONTHLY INVESTMENT REPORTS, FINANCIAL STATEMENTS AND BUDGET REVIEWS FOR JULY 2026
Dr. Ford Fisher noted that the item is acceptance of the monthly Investment Report, Financial Statement, and Budget Review, and apprised that Mr. Bob McCracken, Vice Chancellor, Administration and Operations, would provide an overview and entertain any questions.

Motion – Dr. Cynthia Lenton-Gary motioned, and Trustee Monica Richart seconded.

Mr. McCracken noted that the interest rate increased and apprised that the College may start to pull back into short-term or find longer-term investments.

Trustee Cheben inquired about the total revenue after expenses. McCracken noted approximately $5 million after budget adjustment.

Vote – The motion passed with a vote of 7-0, with Trustees Loredo, Cheben, Lenton-Gary, Richart, VanDible Stallworth, Tamez, and Wilson in favor.

ADJOURNED TO CLOSED SESSION
Trustee Eva Loredo adjourned the meeting to Executive Session at 2:35 p.m., notice having previously been given and reiterated per Sections 551.071, 551.072, and/or 551.074 of the Open Meetings Law. Trustee Eva Loredo stated that any final action, vote, or decision on any item discussed in Executive Session would be taken up in the Open Session or a subsequent Public Meeting.

Trustee Eva Loredo reconvened the meeting in Open Session at 3:38 p.m. and entertained any motions on pending matters.

(Present: Trustees Cheben, Lenton-Gary, Loredo, Richart, Tamez, and VanDible Stallworth

DRAFT

APPROVE CHANCELLOR'S ANNUAL PRIORITIES AND PERFORMANCE GOALS FOR 2026-27
Motion – Dr. Adriana Tamez motioned to approve goals per discussion in closed session, and Trustee Sean Cheben seconded.

Vote – The motion passed with a vote of 6-0, with Trustees Loredo, Cheben, Lenton-Gary, Richart, VanDible Stallworth, and Tamez in favor.

APPROVE HCC BOARD GOALS FOR 2026-27
Motion – Dr. Adriana Tamez motioned, and Dr. Cynthia Lenton-Gary seconded.

Vote – The motion passed with a vote of 6-0, with Trustees Loredo, Cheben, Lenton-Gary, Richart, VanDible Stallworth, and Tamez in favor.

ADJOURNMENT
With no further business coming before the Board, the meeting adjourned at 3:41 p.m.

Minutes submitted by Sharon Wright, Executive Director, Board Services

Minutes Approved: _____

DRAFT

REGULAR MEETING
OF THE BOARD OF TRUSTEES
HOUSTON CITY COLLEGE

September 16, 2026

Minutes

The Board of Trustees of Houston City College held a Regular Meeting on Wednesday, September 16, 2026, at the HCC Administration Building, 3100 Main, Second Floor Auditorium, Houston, Texas.

MEMBERS PRESENT
Eva Loredo, Chair
Sean Cheben, Vice Chair
Cynthia Lenton-Gary, Secretary
Laolu Davies
Renee Patterson
Monica Richart
Pretta VanDible Stallworth
Adriana Tamez
Dave Wilson (via Telephone Conference)

CHANCELLOR COUNCIL
Margaret Ford Fisher, Chancellor
Lisa Alcorta, Vice Chancellor, Student Services
Andrea Burridge, Vice Chancellor for Strategy, Planning, and Institutional Effectiveness
Jerome Drain, President, HCC Online
Michael Edwards, Office of the Ombudsman
Frances Villagran-Glover, President, HCC Southeast
Lutricia Harrison, President, HCC Coleman
Edmond "Butch" Herod, President, HCC Central
Zachary Hodges, President, HCC Northwest
Warren Hurd, Vice Chancellor, Administrative Services
Bob McCracken, Vice Chancellor, Administration and Operations
Elizabeth McGee, Chief Artificial Intelligence Transformation Officer
Nicole Montgomery, General Counsel
Rodney Nathan, Vice Chancellor for Talent Engagement/Chief Human Resource Officer
Norma Perez, Senior Vice Chancellor for Instructional Services/Chief Academic Officer
Karen Schmidt, Executive Director, HCC Foundation
Mia Taylor, Faculty Senate President
Barry Sullivan, Chief Information Officer
Michael Webster, President, HCC Southwest
Izzy Flowers for Morgan Yette, Staff Senate President
Remmele Young, Vice Chancellor of External and Governmental Relations, Transfer and Alumni Relations

DRAFT

OTHERS PRESENT
Melisa Mihalick, Board Counsel, Thompson and Horton, LLP

CALL TO ORDER
Trustee Eva Loredo, Chair, called the meeting to order at 4:20 p.m. and declared the Board convened to consider matters of Houston City College as listed on the duly posted Meeting Notice.

(Present: Trustees Cheben, Davies, Lenton-Gary, Loredo, Patterson, Richart, Tamez, and Wilson (via videoconference)

PRAYER AND PLEDGE OF ALLEGIANCE
Dr. Cynthia Lenton-Gary led in the prayer and pledges.

APPROVAL OF MINUTES FOR August 2026
Motion – Dr. Adriana Tamez motioned, and Trustee Sean Cheben seconded.

(Dr. VanDible Stallworth joined the meeting at 4:22 p.m.)

Vote – The motion passed with a vote of 9-0, with Trustees Loredo, Cheben, Lenton-Gary, Davies, Patterson, Richart, Tamez, VanDible Stallworth, and Wilson in favor.

AWARDS, PRESENTATIONS, AND RECOGNITIONS
- Recognition of Inaugural HCC Mariachi Aguilas de Ora (Golden Eagle) Ensemble
- Check Presentation by Houston West Chamber of Commerce
- Check Presentation by Lennar Foundation
- Recognition of National Hispanic Heritage Month

CHAIR'S REPORT
Trustee Loredo congratulated Dr. VanDible Stallworth on being honored as one of the Top 20 Women of Culture by the Dr. Robert Santee and Associates Foundation on Saturday, September 19, 2026.

TRUSTEE DISTRICT REPORT

District IV – Trustee Davies expressed appreciation to Dr. Butch Herod, President of Central College and the HCC Central College team for facilitating a campus tour highlighting the Culinary Arts and Cosmetology programs.

Trustee Davies also recognized Dr. Andrea Bonner for her leadership of the Fashion Program and the Fashion Archive collection at HCC Central College. Additionally, Trustee Davies acknowledged Dr. Zachary Hodges, President of Northeast College for celebrating 50 years of dedicated service to HCC.

District VII – Dr. Lenton-Gary expressed appreciation for the opportunity to attend several meetings and serve the HCC community.

DRAFT

District VIII – Trustee Loredo expressed appreciation to everyone for their hard work and dedication to HCC and the community.

District IX – Dr. VanDible Stallworth expressed gratitude to the HCC family for their prayers and words of encouragement regarding the fatality of her niece, Rosalyn Davis Williams. She also emphasized the importance of addressing domestic violence within HCC policies.

BOARD MEETING SCHEDULE
Trustee Loredo announced the next Committee/COTW meetings will be held on Wednesday, October 7, 2026, Special Meeting on October 7, and Regular Meeting on Wednesday, October 28, 2026.

CHANCELLOR'S REPORT
Dr. Ford Fisher provided the following highlights:

- Recognition of HCC Mariachi Aguilas de Ora (Golden Eagle) Ensemble
- Recognition of Trustees Loredo, Richart, and Tamez on being honored by Mr. Gabriel Esparza, Publisher of Que Onda Magazine in acknowledgment of Hispanic Heritage Month
- Recognition of Dr. Hodges for 50 years of dedicated service to HCC
- Acknowledged National Day of Service and Remembrance in observing the Commemorated 25th Anniversary of 9/11 (September 11)
- 2026 Fall Convocation "The Intelligence Revolution" is scheduled for Friday, October 2, 2026
- Enrollment Report and Student Success Outcomes
    - Total Enrollment Comparison: Fall 2025 vs. Fall 2026
    - HCC Enrollment Comparison: Fall 2025 vs. Fall 2026
    - Number of Students Reaching 15 Dual Credit SCH for the First Time

(Trustee Patterson stepped out at 4:56 p.m.)

UNITED STUDENT COUNCIL REPORT
Saheed Shofu, United Student Council President, provided the following report:

- Recognized the HCC Student Government Association (SGA) Presidents in attendance.
- Reported that the USC participated in various events throughout the district, including voter registration drives to enhance the student experience.
- Noted that additional student engagement and retention initiatives will be implemented throughout the fall semester.

FACULTY SENATE REPORT
Dr. Mia Taylor, Faculty Senate President, reported on the following:

- Expressed appreciation for the opportunity to support students and emphasized the importance of providing continued support and care.

DRAFT

- Announced that the family of Dr. Nora Joe Sherman established a scholarship fund in her memory with a $25,000 contribution.
- Announced that the Bedichek Orman Auction is scheduled for Friday, October 30, 2026, at 6 p.m. at the West Houston Institute (WHI).
- Noted that the Eagle Summer Seminar is scheduled for May.

STAFF SENATE REPORT
Ms. Izzy Flowers, State Senate President, provided the following report:

- Expressed appreciation to partners across the institution for their continued collaboration and commitment to ensuring the seamless operation of HCC.
- Staff Senate held its retreat on Friday, September 11, at the South Campus.
- Announced that future Staff Senate meetings will rotate among campuses throughout the district to encourage greater staff engagement and participation.
- Shared plans to host town hall meetings featuring subject matter experts, including representatives from District teams.
- Reported that the Staff Emergency Fund has awarded $8,000 to staff members in need and noted ongoing efforts to expand fundraising initiatives.
- Emphasized the importance of maintaining an authentic staff voice and providing meaningful opportunities for staff to express their perspectives and concerns.

HEARING OF THE CITIZENS
There were no citizens present to speak before the Board.

CONSENT AGENDA
Motion – Dr. Cynthia Lenton-Gary motioned, and Trustee Sean Cheben seconded, to approve the Consent Agenda with the exception of Item VIII.3-Approve Chancellor's Annual Priorities and Performance Goals for 2026-27.

Vote – The motion passed with a vote of 8-0, with Trustees Loredo, Cheben, Lenton-Gary, Davies, Richart, Tamez, VanDible Stallworth, and Wilson in favor.

The following items were approved:

- Acceptance of Donated Items
- Monthly Investment Report, Financial Statement and Budget Review for July 2026
- Approve HCC Board Goals for 2026-27

APPROVE CHANCELLOR'S ANNUAL PRIORITIES AND PERFORMANCE GOALS FOR 2026-27
Ms. Motion – Dr. Adriana Tamez moved, and Trustee Sean Cheben seconded.

Mihalick, Board Counsel, noted that the item was pulled for adjustments to Goal #6.

Dr. Ford Fisher apprised that the recommendation was to amend Goal #6 to increase certifications among Connect Program participants. Dr. Andrea Burridge, Vice Chancellor for

Strategy, Planning, and Institutional Effectiveness, noted that the proposed amendment would establish a target goal of 45% and a stretch goal of 50%.

Dr. Tamez noted that the goal would remain at 50%.

Trustee Cheben concurred with Dr. Tamez and expressed his expectation that growth in the Reconnect Program would increase. He suggested establishing a stretch goal of 55%.

(Trustee Patterson returned at 5:13 p.m.)

Dr. Lenton-Gary expressed concern regarding the proposed stretch goal and suggested establishing a stretch goal of 55% rather than 60%.

Dr. VanDible Stallworth inquired about the actual number of completions associated with the goal. Dr. Burridge reported approximately 250 completions and noted that additional data could be provided through a Trustee Inquiry (TI) response. She apprised that participation numbers were projected to increase to approximately 2,000.

Dr. Ford Fisher requested that Dr. Lisa Alcorta, Vice Chancellor, Student Services, and Dr. Norma Perez, Senior Vice Chancellor for Instructional Services/Chief Academic Officer, provide clarification regarding the program numbers. Dr. Alcorta explained that the targets for the Connect and Reconnect programs were combined and noted that the data would need to be reviewed.

Trustee Cheben noted that the program was entering its second year. Dr. Alcorta reported that participation had expanded during the spring and fall semesters, with approximately 900 participants anticipated for the Reconnect Program alone in fall 2026.

Trustee Cheben commended the team for its efforts to increase program participation. Dr. Ford Fisher noted that the team had been actively recruiting participants for both programs. She requested consideration to proceed with the proposed 10% increase and provide progress updates at future Board meetings.

Trustee Richart inquired about whether the 50% target applied individually to each program rather than proportionally across both programs. She also inquired whether the intent was to achieve a 50% completion rate for each program. Dr. Perez noted that data regarding program outcomes was still being collected and indicated that an update would be provided upon further review.

(Dr. Tamez left before the vote at 5:20 p.m.)

Upon discussion, the Board concluded to leave Goal #6 as presented.

Vote – The motion passed with a vote of 7-0-1, with Trustees Loredo, Cheben, Lenton-Gary, Patterson, Richart, VanDible Stallworth, and Wilson in favor. Trustee Davies abstained.

DRAFT

TOPICS FOR DISCUSSION AND/OR ACTION

APPROVE THE PROPOSED 2026 TAX RATE AND ANNOUNCE THE TIMELINE FOR THE PUBLIC HEARING AND FINAL ADOPTION OF 2026 TAX RATE (FY2027)
Motion – Trustee Sean Cheben moved, and Dr. Cynthia Lenton-Gary seconded.

Dr. Ford Fisher noted that the item is regarding the proposed Tax Rate and announcing the public hearing and final adoption of the 2026 Tax Rate for Fiscal Year 2027. She noted that Mr. Bob McCracken, Vice Chancellor for Administration and Operations, would provide an overview.

Mr. McCracken noted that the proposed tax rate of $0.098802 is recommended and that the public hearing and the adoption of the rate are scheduled for October 7.

Mr. McCracken reported on the following:

- Purpose
- Calculations (No Change to Total Tax Rate) Explanations:
- Typical County Timeline
- Recommended Tax Rate and Revenue Estimates (No Change to Total Tax Rate)
- Ad Valorem Tax Values and M&O Revenue (No Change to Total Tax Rate)
- Tax Rate Recommendation (No Change to Total Tax Rate) - Proposed Tax Rate of $0.098802
- Calculations (Rate for Budget Plan)
- Ad Valorem Tax Rate Options
    - No-New-Revenue Rate
    - No Change to M& O
- FY27 Budget Update (Rate for Budget Plan)
- FY27 Budget Update (Tax Rate for Budget Plan and State Reduction)
- Appendix A-3 Impact of Proposed Tax Rate and HCC Exemptions to Local Homeowners (Rate for Budget Plan)
- Appendix A-5 Proposed Homestead Exemption - No Change Comparison of Competitors Exemption Amounts and Tax Rates

Vote – The motion passed with a vote of 8-0, Trustees Loredo, Cheben, Lenton-Gary, Davies, Patterson, Richart, VanDible Stallworth, and Wilson in favor.

GOVERNMENT RELATIONS SERVICES (PROJECT NO. RFQ 26-20)
Motion – Dr. Cynthia Lenton-Gary motioned, and Trustee Sean Cheben seconded

Dr. Ford Fisher noted that the item is to authorize the Chancellor or designee to negotiate and execute contracts with multiple qualified firms, as identified in the attached award list, to provide Government Relations Services in accordance with RFQ 26-20. She apprised that Mr. Remmele Young, Vice Chancellor of External and Governmental Relations, Transfer and Alumni Relations, would entertain questions.

DRAFT

Trustee Davies inquired about the vision regarding the leveraging of firms. Dr. Young noted that the firms meet the requisites regarding policy needs and noted that some are more astute. He apprised that there are needs for expertise in higher education matters and noted that the recommended pool is a good representative sample to work with both sides of the aisle.

Trustee Davies inquired if the College could narrow down the firms to better align with the College's needs. Dr. Nicole Montgomery, General Counsel, recommended that the matter be discussed in closed session.

Motion – Trustee Laolu Davies motioned, and Monica Richart seconded to table until after closed session.

TEXAS ASSOCIATION OF COMMUNITY COLLEGES (TACC) ANNUAL MEMBERSHIP FOR 2026-2027

Motion – Trustee Laolu Davies motioned, and Dr. Cynthia Lenton-Gary seconded.

Dr. Ford Fisher noted that all 50 Texas community colleges are members and that the Texas Association of Community Colleges (TAAC) advocates for community colleges with the Legislature. She apprised that the membership provides an opportunity to engage with TAAC and receive information regarding funding matters. She requested an opportunity to continue the TAAC membership.

Trustee Wilson noted that this is a good area to review for potential budgetary savings and requested an overview of the benefits of the membership. He apprised that Lone Star College withdrew to advocate independently.

(Trustee Patterson left the meeting at 5:50 p.m.)

Trustee Davies concurred with the comments of Trustee Wilson and noted that it is not always evident that HCC's interests are at the forefront. He apprised that further discussions are needed to fully demonstrate the value of the membership and ensure that HCC's priorities are heard.

Vote – The motion passed with a vote of 6-1, Trustees Loredo, Cheben, Lenton-Gary, Davies, Richart, and VanDible Stallworth in favor and Wilson opposed.

PERSONNEL AGENDA – FACULTY

Motion – Dr. Cynthia Lenton-Gary motioned, and Trustee Monica Richart seconded.

Vote – The motion passed with a vote of 7-0, with Trustees Loredo, Cheben, Lenton-Gary, Davies, Richart, VanDible Stallworth, and Wilson in favor.

FULL-TIME EXECUTIVE ADMINISTRATOR EMPLOYEE CONTRACTS

Motion – Trustee Sean Cheben motioned, and Dr. Cynthia Lenton-Gary seconded.

DRAFT

Trustee Davies congratulated Dr. Zachary Hodges, Northeast College, on being the Senior Lead President.

Vote – The motion passed with a vote of 7-0, with Trustees Loredo, Cheben, Lenton-Gary, Davies, Richart, VanDible Stallworth, and Wilson in favor.

ADJOURNED TO CLOSED SESSION
Trustee Eva Loredo adjourned the meeting to Executive Session at 5:67 p.m., notice having previously been given and reiterated per Sections 551.071, 551.072, and/or 551.074 of the Open Meetings Law. Trustee Eva Loredo stated that any final action, vote, or decision on any item discussed in Executive Session would be taken up in the Open Session or a subsequent Public Meeting.

Trustee Eva Loredo reconvened the meeting in Open Session at 8:06 p.m. and entertained any motions on pending matters.

(Present: Trustees Cheben, Loredo, Davies, Lenton-Gary, Richart, and VanDible Stallworth)

REMOVE ITEM IX.8-GOVERNMENT RELATIONS SERVICES (PROJECT NO. RFQ 26-20) FROM THE TABLE
Motion - Trustee Davies moved to lift the item from the table, and Trustee Richart seconded.

Vote on Lifting from the Table – The motion passed with a vote of 6-0, Trustees Loredo, Cheben, Lenton-Gary, Davies, Richart, and VanDible Stallworth in favor.

Vote - The motion passed with a vote of 6-0, Trustees Loredo, Cheben, Lenton-Gary, Davies, Richart, and VanDible Stallworth in favor.

CONSIDERATION FOR AUTHORITY FOR GOOD FAITH PARTICIPATION IN THE MEDIATION OF CAUSE NO. 2023-86852; MCNEIL ET AL V HCCS; IN THE DISTRICT COURT OF HARRIS COUNTY, 334TH JUDICIAL DISTRICT
Motion – Trustee Monica Richart motioned and Dr. Cynthia Lenton-Gary seconded that representation participate in the mediation consistent with closed session discussion.

Vote – The motion passed with a vote of 6-0, Trustees Loredo, Cheben, Lenton-Gary, Davies, Richart, and VanDible Stallworth in favor.

ADJOURNMENT
With no further business coming before the Board, the meeting adjourned at 8:10 p.m.

Minutes submitted by Sharon Wright, Director, Board Services

Minutes Approved as Submitted: _____

DRAFT

ACTION ITEM

Meeting Date: October 28, 2026

Consent Agenda

ITEM #	ITEM TITLE	PRESENTER
1.	**Acceptance of Donated Items**	**Dr. Margaret Ford Fisher** **Robert McCracken**

RECOMMENDATION

Acceptance of the donated items by the following donors:

- Digital Delight
- HNS Cabling
- Karen & Mark Couch
- Mike LeGrange
- Security Data Supply

COMPELLING REASON AND BACKGROUND

This gift will support student success across Houston City College

FISCAL IMPACT

Donation Value: In-kind contribution at a total of $8,996.98
Additional Costs: No additional costs included in HCC Budget

STRATEGIC ALIGNMENT

1. Student Success

ATTACHMENTS:

Description	Upload Date	Type
In-Kind Donation Acknowledgement Letters	9/11/2026	Attachment

This item is applicable to the following: Central, Southwest

HOUSTON CITY COLLEGE
FOUNDATION

HCC Foundation Executive Committee

Tracy Janda
Board Chair

David D. Itz
Immediate Past Board Chair

Jennifer Waldner Grant
Vice Chair of Advancement

Lona McManus
Vice Chair of Board Relations

Ed Fierro
Vice Chair of Governance

Leslie Nagy
Treasurer

Juanita S. Parker
Secretary

Margaret Ford Fisher, Ed.D.
HCC Chancellor

Karen L. Schmidt, M.B.A., CFRE
HCC Foundation President

September 10, 2026

Mr. JJ Canon
Digital Delight
10101 Harwin Dr. #192
Houston, TX 77036

Dear Mr. Cannon,

Thank you for the wonderful in-kind donation of one Logitech Circle 2 Camera and five White Lutron Single Gang Screwless Decora plates to support our New Student Orientation Prize Drawing for HCC's Smart Building Technology Program. We anticipate that Houston City College's Board of Trustees will determine its formal acceptance of the donation at the October 28, 2026, Board meeting. We will keep you aware of this process.

While, according to IRS regulations, we cannot declare the value of your donation, you have valued your in-kind contribution at $225.00. Your generosity has furthered the efforts of the Smart Building Technology program at Houston City College and will help ensure that new students in the program build camaraderie and develop lasting bonds as they begin their educational journey.

As one of the largest city colleges in the nation, HCC's top priority and mission is focused on serving our students and student success. You know that education changes lives and is an equalizer, creating opportunities for all. We appreciate you providing these items to enrich the student experience.

I appreciate you joining the HCC Foundation in its mission of ensuring that all Houston students have access to education and the chance at building a promising future.

Sincerely,

Karen L. Schmidt

Karen L. Schmidt, M.B.A., CFRE
President, Houston City College Foundation

All gifts to the HCC Foundation are tax deductible to the extent allowed by law. In compliance with IRS tax reporting laws, the amount of your charitable contribution is limited to the excess of your payment over the value of goods or services provided by HCCF. The HCCF tax identification number is #74-1885205. No goods or services were provided in exchange for this donation.

HOUSTON CITY COLLEGE
FOUNDATION

HCC Foundation Executive Committee

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Board Chair

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Immediate Past Board Chair

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Vice Chair of Advancement

Lona McManus
Vice Chair of Board Relations

Ed Fierro
Vice Chair of Governance

Leslie Nagy
Treasurer

Juanita S. Parker
Secretary

Margaret Ford Fisher, Ed.D.
HCC Chancellor

Karen L. Schmidt, M.B.A., CFRE
HCC Foundation President

September 10, 2026

Mr. Jose Reyes
HNS Cabling
606 N 9th St.
La Porte, TX 77571

Dear Mr. Reyes,

Thank you for the wonderful in-kind donation of three Home Depot Gift Cards and one Vertical Cable I-Punch tool to support our New Student Orientation Prize Drawing for HCC's Smart Building Technology Program. We anticipate that Houston City College's Board of Trustees will determine its formal acceptance of the donation at the October 28, 2026, Board meeting. We will keep you aware of this process.

While, according to IRS regulations, we cannot declare the value of your donation, you have valued your in-kind contribution at $100.00. Your generosity has furthered the efforts of the Smart Building Technology program at Houston City College and will help ensure that new students in the program build camaraderie and develop lasting bonds as they begin their educational journey.

As one of the largest city colleges in the nation, HCC's top priority and mission is focused on serving our students and student success. You know that education changes lives and is an equalizer, creating opportunities for all. We appreciate you providing these items to enrich the student experience.

I appreciate you joining the HCC Foundation in its mission of ensuring that all Houston students have access to education and the chance at building a promising future.

Sincerely,

Karen L. Schmidt

Karen L. Schmidt, M.B.A., CFRE
President, Houston City College Foundation

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HOUSTON CITY COLLEGE
FOUNDATION

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Vice Chair of Governance

Leslie Nagy
Treasurer

Juanita S. Parker
Secretary

Margaret Ford Fisher, Ed.D.
HCC Chancellor

Karen L. Schmidt, M.B.A., CFRE
HCC Foundation President

September 10, 2026

Mark and Karen Couch
8102 Town Creek Dr.
Houston, Texas 77095

Dear Mr. and Mrs. Couch,

Thank you for the in-kind donation of the 7 Aluminized Blended Kevlar Hoods and 2 Kevlar Welding Gloves for Student Success in the Fab Lab at Houston City College Southwest – West Loop Campus. We anticipate that Houston City College's Board of Trustees will determine its formal acceptance of the donation at the October 28, 2026, Board meeting. We will keep you aware of this process.

While, according to IRS regulations, we cannot declare the value of your donation, you have valued your in-kind contribution of $4,056.98. Your generosity has furthered the efforts of the student programs at Houston City College.

As one of the largest city colleges in the nation, HCC's top priority and mission is focused on serving our students and student success. We know that education changes lives and is an equalizer, creating opportunities for all. HCC works to ensure students acquire the skills needed to compete in today's marketplace and contribute to the economic growth of Houston's region.

I appreciate you joining the HCC Foundation in its mission of ensuring that all Houston students have access to education and the chance at building a promising future.

Sincerely,

Karen L. Schmidt

Karen L. Schmidt, M.B.A., CFRE
President, Houston City College Foundation

All gifts to the HCC Foundation are tax deductible to the extent allowed by law. In compliance with IRS tax reporting laws, the amount of your charitable contribution is limited to the excess of your payment over the value of goods or services provided by HCCF. The HCCF tax identification number is #74-1885205. No goods or services were provided in exchange for this donation.

HOUSTON CITY COLLEGE
FOUNDATION

HCC Foundation Executive Committee

Tracy Janda
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Vice Chair of Governance

Leslie Nagy
Treasurer

Juanita S. Parker
Secretary

Margaret Ford Fisher, Ed.D.
HCC Chancellor

Karen L. Schmidt, M.B.A., CFRE
HCC Foundation President

September 10, 2026

Mr. Mike LeGrange
13023 Taylorcrest Rd.
Houston, TX 77079

Dear Mr. LeGrange,

Thank you for the wonderful in-kind donation of two Christian Lacroix Skirt Suits, one Mary McFadden couture dress, and one Dolce & Gabbana and dress. We anticipate that Houston City College's Board of Trustees will determine its formal acceptance of the donation at the October 28, 2026, Board meeting. We will keep you aware of this process.

While, according to IRS regulations, we cannot declare the value of your donation, you have valued your in-kind contribution at $4,345.00. Your generosity has furthered the efforts of the HCC Fashion Archive at Houston City College to preserve garments with significance to the Fashion industry. Furthermore, these items will be of great use to help support our students in the Fashion programs at Houston City College.

As one of the largest city colleges in the nation, HCC's top priority and mission is focused on serving our students and student success. You know that education changes lives and is an equalizer, creating opportunities for all. We appreciate you providing these items to support the student experience and help more students learn from these items through the Fashion Archive.

I appreciate you joining the HCC Foundation in its mission of ensuring that all Houston students have access to education and the chance at building a promising future.

Sincerely,

Karen L. Schmidt

Karen L. Schmidt, M.B.A., CFRE
President, Houston City College Foundation

All gifts to the HCC Foundation are tax deductible to the extent allowed by law. In compliance with IRS tax reporting laws, the amount of your charitable contribution is limited to the excess of your payment over the value of goods or services provided by HCCF. The HCCF tax identification number is #74-1885205. No goods or services were provided in exchange for this donation.

HOUSTON CITY COLLEGE
FOUNDATION

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HCC Foundation President

September 10, 2026

Mr. Jason Byrd
Security Data Supply
9777 W Gulf Bank Rd., Suite 15
Houston, TX 77040

Dear Mr. Byrd,

Thank you for the wonderful in-kind donation of three Astros' club-level tickets and food vouchers to support our New Student Orientation Prize Drawing for HCC's Smart Building Technology Program. We anticipate that Houston City College's Board of Trustees will determine its formal acceptance of the donation at the October 28, 2026, Board meeting. We will keep you aware of this process.

While, according to IRS regulations, we cannot declare the value of your donation, you have valued your in-kind contribution at $270.00. Your generosity has furthered the efforts of the Smart Building Technology program at Houston City College and will help ensure that new students in the program build camaraderie and develop lasting bonds as they begin their educational journey.

As one of the largest city colleges in the nation, HCC's top priority and mission is focused on serving our students and student success. You know that education changes lives and is an equalizer, creating opportunities for all. We appreciate you providing these items to enrich the student experience.

I appreciate you joining the HCC Foundation in its mission of ensuring that all Houston students have access to education and the chance at building a promising future.

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ACTION ITEM

Meeting Date: October 28, 2026

Consent Agenda

ITEM #	ITEM TITLE	PRESENTER
2.	**FY 2026 Internal Audit Annual Report**	**Dr. Margaret Ford Fisher** **Terry Corrigan**

RECOMMENDATION

Approve the FY 2026 Internal Audit Annual Report.

COMPELLING REASON AND BACKGROUND

The Board of Trustees approved FY 2026 Internal Audit Annual Report will be posted on the Internal Audit webpage of the HCC website in accordance with the Texas Internal Auditing Act.

LEGAL REQUIREMENT

In accordance with the Texas Internal Auditing Act, the Board approved Internal Audit Annual Report will be posted to the HCC website.

STRATEGIC ALIGNMENT

1. Student Success, 5. College of Choice

ATTACHMENTS:

Description	Upload Date	Type
FY 2026 Internal Audit Annual Report for Approval	9/22/2026	Presentation
FY 2026 Internal Audit Annual Report	9/22/2026	Attachment

This item is applicable to the following: District

FY 2026 Internal Audit Annual Report

Dr. Margaret Ford Fisher, Chancellor
Terry Corrigan, Director Internal Audit

October 7, 2026

FY 2026 Internal Audit Annual Report

The Attached Annual Report Is

- A standard recurring annual report
- Required by the Texas Internal Auditing Act
- Follows State Auditors Office prescribed standard elements
- Required to be reviewed and approved by Board of Trustees
- Required to be posted on website

Annual Report Standard Elements

I. Internal Audit Plan FY 2026

II. Quality Assurance Review

III. Observations & Action Plans

IV. Consulting & Non-audit Services

V. Internal Audit Plan FY 2027

VI. External Audit Services FY 2026

VII. Reporting Fraud & Abuse

VIII. Posting Plan & Annual Report

Report is attached in the package

FY 2026 Internal Audit Annual Report

External Quality Assurance Review Results

- Completed by Basil Woller and Associates, LLC
- Conclusions were as of September 11, 2026
- Method - Validation of Internal Audit's Self-Assessment
- Overall Opinion - Fully Achieves the Standards and Fully Conforms with the 52 associated standards. This is the highest rating level and demonstrates a clear intent and commitment to achieving the Purpose of Internal Auditing (see pages 4 & 5).
- Three Opportunities for Improvement Observed (see pages 27 & 28):
  1. Consider detailing the IA Strategic Plan in a multi-year format.
  2. Consider incorporating the *Standards* Topical Requirements into the annual audit and engagement planning processes.
  3. Consider enhancing the IA QAIP by including in the periodic internal assessments process using a maturity framework to demonstrate the effectiveness and maturity of the internal audit function related to the principles in the Standards.

FY 2026 Internal Audit Annual Report

We recommend approving the report.

Thank You

Questions?

HOUSTON
CITY COLLEGE

Internal Audit Annual Report
Fiscal Year 2026
in Accordance with the Texas Internal Auditing Act

Prepared by
Internal Audit Department
Terry Corrigan, Executive Director Internal Audit

Table of Contents

SECTION

Internal Audit Plan for Fiscal Year 2026.....I

Quality Assurance Review …….....II

Summary of Observations & Management Action Plans.....III

List of Consulting Engagements and Non-audit Services Completed.....IV

Internal Audit Plan for Fiscal Year 2027.....V

External Audit Services – Fiscal Year 2026.....VI

Reporting Suspected Fraud and Abuse VII

Compliance with TGC, Section 2102.015: Posting the Internal Audit Plan, Internal Audit Annual Report, and Other Audit Information on the HCC Website VIII

I. Internal Audit Plan for Fiscal Year 2026

The Board of Trustees approved the FY 2026 Internal Audit Plan on August 20, 2025. The HCC audit universe is developed through HCC's ERM Assessment Program (239 risks assessed). The High Risk Audit Candidates in the plan are based on the assessment of the following: 1) governing board members input, 2) ERM interviews conducted with the Chancellor, Chancellor's Executive Council members and other chief executives (24 interviews), 3) external consultants use, 4) external audits, 5) top risks identified by the United Educator's Risk Management Premium Credit program, 6) top risks identified by the University Risk Management Association, 7) 2025 KPMG Internal Audit Key Thematic Areas, 8) Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF) 9) Texas Internal Auditing Act, and 10) alignment with HCC's strategic priorities. The plan includes some hours for transitioning to the new Global Internal Audit Standards that went into effect on January 9, 2025.

A FY 2026 Internal Audit Plan Status Report is detailed in the following table.

FY 2026 Internal Audit Plan Status Report

Audit Projects	Project Number	Stage	Report Issued	Notes/Issues
Operational Audit Projects				
Minors on Campus	26-O-1	Completed	06/08/26	Final audit report issued Monday, 6/8/2026
Policing	26-O-2	Completed	07/21/26	Final audit report issued Tuesday, 7/21/2026
Information Technology Audit Projects				
IT Disaster Recovery/Business Continuity	26-I-1	Completed	9/22/26	Final audit report issued Tuesday, 9/22/2026
*IT Systems Audit	26-I-2	Fieldwork	N/A	Project rolled over to FY 2027 Audit Plan
Compliance Audit Projects				
Campus Safety & Environmental Operations Mgt	26-C-1	N/A	N/A	Planning for all three colleges
Central College	26-C-1-1	Completed	04/22/26	Final audit report issued Wednesday, 4/22/2026
Northeast College	26-C-1-2	Completed	04/20/26	Final audit report issued Monday, 4/20/2026
Coleman College	26-C-1-3	Completed	03/31/26	Final audit report issued Tuesday, 3/31/2026
Clery Act Reporting	26-C-2	Completed	10/01/25	Final audit report issued Wednesday, 10/1/2025
Advisory Services Projects				
Committees & Task Forces	26-S-1	N/A	N/A	
Special Projects & Examinations	26-S-2	N/A	N/A	
ERM Top 10 Risks Baseline Assessment	26-S-3	N/A	N/A	
Contracted Services Analysis	26-S-4	Completed	10/03/25	Final audit report issued Friday, 10/3/2025
Less Than $100K Payments Analysis	26-S-5	Completed	10/03/25	Final audit report issued Friday, 10/3/2025
Procurement Process - AI exercise	26-S-6	Completed	N/A	
*Procurement Activity Tracking Management	26-S-6-1	Fieldwork	N/A	Project rolled over to FY 2027 Audit Plan
*Data Hosting Vendors Management	26-S-6-2	Fieldwork	N/A	Project rolled over to FY 2027 Audit Plan
HB 33 Active Shooter & Campus Security	26-S-7	Ongoing	N/A	
Website Accessibility	26-S-8	Ongoing	N/A	Presentation to Audit Committee - May 6, 2026
SB 37 Faculty Senate Reconstruction	26-S-9	Ongoing	N/A	
Administrative Projects				
FY 2027 Audit Planning & ERM Assessment	26-A-1	Complete	08/05/26	FY 2027 IA Plan Presented to Audit Committee 8/5/2026
TeamMate IA Management System	26-A-2	Ongoing	N/A	Continuously improving the use of TM+
Internal Quality Assurance Review	26-A-3	Complete	03/04/26	Final audit report issued Wednesday, 3/4/2026
FY 2026 Annual Audit Report	26-A-4	Complete	10/07/26	FY2026 annual report presented Wednesday, 10/7/2026
External Audits Monitoring	26-A-5	Ongoing	N/A	
Lunch and Learns	26-A-6	Ongoing	N/A	
Newsletters	26-A-7	Ongoing	N/A	
Global Internal Audit Standards Transition	26-A-8	Ongoing	N/A	
Observation Action Plan Follow-ups				
Observation Action Plan Follow-ups	26-F-1	Ongoing	N/A	Quarterly status report presented to Audit Committee

* Project rolled over to FY 2027 Audit Plan

II. Quality Assurance Review

An external quality assurance review (EQAR) was performed by Basil Woller and Associates (Basil Woller) on HCC's internal audit function, for conformance with The Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF) comprised of Global Internal Audit Standards (GIAS), Topical Requirements, and Global Guidance (*Standards*) that went into effect January 9, 2025. The review was an independent validation of the assertions and conclusions made in the internal audit report "26-A-3 Internal Quality Assurance Review" issued by the HCC's Internal Audit Department on March 4, 2026. Basil Woller's report issued September 11, 2026 (attached to this report), concluded that HCC's Internal Audit Department fully achieves the *Standards* and fully conforms with the 52 associated standards. This is the highest rating level and demonstrates a clear intent and commitment to achieving internal audit's Purpose and commitment to adhering to the *Standards*.

In addition to the EQAR, the HCC internal audit function completed the following quality assurance activities during FY 2026:

1. Collaborated with the Risk Management Office to update and complete the annual Enterprise Risk Management Assessment for HCC.
2. An Internal Quality Assurance Review was combined with a Global Internal Audit Standards transition review to meet the requirements of the new *Standards*.
3. Completed TeamMate software training enhancing the function's ability to be more effective and productive.
4. TeamMate Analytics software and artificial intelligence is being used to perform data analytics in audit projects based on planning assessments.
5. Maintained professional staff with diversified skill sets and professional certifications.
6. Completed training to maintain professional certifications and to improve knowledge and understanding required to complete audit projects.

III. Summary of Observations and Management Action Plans

See the detailed FY 2026 Audit Observations and Management Action Plans Attachment to this report.

IV. List of Consulting Engagements and Non-audit Services Performed

Internal Audit provided a lunch and learn on “Fraud Awareness.” Members of the Internal Audit Department participated on the following councils, task forces, and committees in FY 2026:

1. Compliance Partners Council
2. Artificial Intelligence Governance Use Solution
3. ERP Vendor Selection
4. IT and Facilities Safe and Secure Committee
5. Procurement Contract Evaluation Committees
6. Candidates for Hiring Screening Committees
7. Association of Local Government Auditors Houston Regional Training Planning Committee

V. Internal Audit Plan for Fiscal Year 2027

The Houston City College (HCC) Board of Trustees approved the Fiscal Year 2027 Internal Audit Plan on August 19, 2026.

Executive Summary

The purpose of the Internal Audit Plan (Plan) is to outline audits and other activities the HCC Internal Audit Department (IA) will conduct during fiscal year 2027. The Plan's development and approval are intended to satisfy requirements under Board Bylaws, Board Policy CDC (LOCAL), Audit Committee Charter, HCC's Internal Audit Department Charter, The Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF), and Texas Internal Auditing Act. Time is built into the Plan for IA to be agile and responsive to board and management concerns that come up during the fiscal year.

A significant amount of time will be devoted to collaborating with HCC's Vice Chancellor, Administration and Operations and other control monitoring functions within HCC to further refine the Enterprise Risk Management (ERM) Assessment Program in FY 2027. The plan includes time for reviewing the integrity and validity of assessments and information provided to the board on the top 10 risks identified in HCC's ERM Assessment.

Plan Development Methodology

The HCC audit universe is developed through HCC's ERM Assessment Program (239 risks assessed). The High Risk Audit Candidates in the plan are based on the assessment of the following: 1) governing board members input, 2) ERM interviews conducted with the Chancellor, Chancellor's Executive Council members and other chief executives (23 interviews), 3) external consultants use, 4) external audits, 5) top risks identified by the United Educator's Risk Management Premium Credit program, 6) top risks identified by the University Risk Management Association, 7) 2026 KPMG Internal Audit Key Risk Areas, 8) Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF) 9) Texas Internal Auditing Act, and 10) alignment with HCC's strategic priorities. The plan includes an External Quality Assurance Assessment as required by the Global Internal Audit Standards to be performed at least every five years.

The FY 2027 Internal Audit Plan is detailed in the following table.

Internal Audit Department
Fiscal Year 2027 Audit Plan

No.	Project	Description
	Operational Audit Projects	
27-O-1	Deferred Maintenance	Governance, risk and controls (GRC) propriety review. Review propriety of the program for identifying, risk assessing, prioritizing, cost tracking, and reporting on maintenance projects.
27-O-2	Asset Management	Governance, risk and controls (GRC) propriety review. Follow up on the newly established HCC Regulation. Review the propriety of processes for staff training and compliance with the HCC Regulation procedures and processes.
27-O-3	Minors on Campus	Governance, risk and controls (GRC) propriety review. Follow up on the newly established HCC Regulation Review the propriety of processes for staff training and compliance with the HCC Regulation procedures and processes.
	Information Technology Audit Projects	
27-I-1	Student Information System Controls (PS Campus Solutions)	The objective of this audit is to evaluate the design and effectiveness of key business and IT controls within the PeopleSoft Campus Solutions environment to ensure the confidentiality, integrity, and availability of student data and academic records. The criteria for this engagement will include the standards established by TAC 202.
27-I-2	IT Cyber Security Audit	The objective of the audit is to determine whether cybersecurity risks are appropriately managed, security controls are operating effectively, and the organization is complying with applicable regulatory, industry, and internal security requirements. The criteria for this engagement will include the standards established by TAC 202 and IIA Topical Requirements.
	Compliance Audit Projects	
27-C-1	Campus Safety & Environmental Operations Management	Planning for campus safety & environmental legal policy compliance management reviews.
27-C-1-1	Northwest College	Safety & environmental legal policy compliance.
27-C-1-2	Southeast College	Safety & environmental legal policy compliance.
27-C-1-3	Southwest College	Safety & environmental legal policy compliance.
	Advisory Services Projects	
27-S-1	Committees & Task Forces	Participate on committees and task forces providing risk management and control advice.
27-S-1-1	AI Governance Implementation	Governance, risk and controls (GRC) propriety review.
27-S-1-2	ERP Conversion	Governance, risk and controls (GRC) propriety review.
27-S-2	Special Projects & Examinations	Responsive to provide services as required.
27-S-3	ERM Top 10 Risks Baseline Assessment	Review for integrity and validity of assessments and information.
27-S-4	Procurement Processing	Review the procurement processes to help streamline the system.
27-S-4-1	Vendor 1	Review the vendor payments approval process propriety.
27-S-4-2	Vendor 2	Review the vendor payments approval process propriety.
27-S-4-3	Vendor 3	Review the vendor payments approval process propriety.
27-S-4-4	Vendor 4	Review the vendor payments approval process propriety.
*26-S-6-1	Procurement Activity Tracking Management	Governance, risk and controls (GRC) propriety review. Review the efficiency and effectiveness of procurement processing.
*26-S-6-2	Data Hosting Vendors Management	Governance, risk and controls (GRC) propriety review. Review for data security.

* Carry-over/continued projects from FY 2026 Internal Audit Plan

No.	Project	Description
Administrative Projects		
27-A-1	FY 2028 Audit Planning & ERM Assessment	Collaborate with HCC Risk Management to update the Enterprise Risk Management (ERM) assessment & audit planning.
27-A-2	TeamMate IA Management System	TeamMate software system maintenance & improvement.
27-A-3	External Quality Assurance Review	Providing assistance to the external quality assurance reviewer.
27-A-4	FY 2026 Annual Audit Report	Compile and prepare State required annual audit report.
27-A-5	External Audits Monitoring	Monitor external audit activities on HCC and related observation action plans.
27-A-6	Lunch and Learns	Presentations to HCC's general personnel to raise awareness on fraud deterrence, risk management, internal control & compliance.
27-A-7	Newsletters	Newsletters to HCC's general personnel to raise awareness on fraud deterrence, risk management, internal control & compliance.
Observation Action Plan Follow-ups		
27-F-1	Observation Action Plan Follow-ups	Follow-up on completion of audit observations action plans

VI. External Audit Services – Fiscal Year 2026

HCC Procured Services in FY 2026

1. Rapid 7 – IT cyber & data security penetration testing.
2. Texas Mutual Insurance Company – 3/1/25 to 3/1/26 Workers' Compensation final premium audit.
3. Forvis Mazars – annual comprehensive financial statements & single external audit.

Regulatory Imposed in FY 2026

1. Texas State Auditors Office (SAO) performed compliance testing on TEC Section 51.3525 (SB 17) – DEI compliance. HCC was determined compliant. Regulation requires the SAO to audit all higher education institutions that receive state funding.
2. Department of Veterans Affairs, Veterans Benefits Administration performed a compliance survey. Some needed compliance improvements were reported, and HCC corrective action plans were completed.
3. City of Houston Housing and Community Development Department performed a Limited Scope Compliance Monitoring Review on HCC's EmPowering Solar Jobs Program. The City reported that HCC's program is compliant.
4. The State Auditor's Office completed its evaluation of compliance with the Public Funds Investment Act (PFIA) and Rider 5 requirements. HCC was determined to be fully compliant with PFIA requirements.
5. LaPorte, APAC was engaged by the Houston-Galveston Area Council (H-GAC) to perform financial monitoring and billing reviews of funds distributed to Houston City College (HCC) in connection with contract/billing report numbers 213-25 and 213-26 for the Adult Education and Literacy programs. The scope of the engagement covered the period September 1, 2024 through September 30, 2025, including contract close-out for the period ending June 30, 2025. The examination yielded no findings of concern.

VII. Reporting Suspected Fraud and Abuse

HCC has taken the following actions to implement the fraud detection and reporting requirements of Section 7.09 of the 83rd Legislature's General Appropriations Act, and Texas Government Code, Section 321.022:

- All employee mandatory annual Standards of Conduct training has been established.
- HCC has established a confidential independent Hotline for people to report suspected fraud, abuse, and unethical behavior. A link to the reporting Hotline is on the HCC website home page. Reporting Hotline information is included in mandatory annual Standards of Conduct training.
- The HCC Compliance and Ethics website has a link to the State Auditor's Office fraud hotline.
- Internal Audit provided a "Fraud Awareness" lunch and learn available to all HCC employees.
- In compliance with the reporting requirements of fraud, waste, and abuse, HCC reports all instances of confirmed fraud, waste, and abuse to the State Auditor's Office.

VIII. Compliance with TGC, Section 2102.015: Posting the Internal Audit Plan, Internal Audit Annual Report, and Other Audit Information on the HCC Website

TGC, Section 2102.015 was added by House Bill 16 (83rd Legislature, Regular Session) on June 14, 2013. Colleges are required to post certain information on their website. Specifically, Colleges must post the following information within 30 days of approval by the Board of Trustees:

- The approved audit plan for the current fiscal year.
- The annual audit report for the previous fiscal year.
- A detailed summary of the weaknesses, deficiencies, wrongdoings, or other concerns raised by the audit plan or annual report.
- A summary of the action taken by the College to address concerns raised by the audit plan or annual report.

HCC Internal Audit will submit the Internal Audit Annual Report to the website coordinators for posting on the Internal Audit section of the HCC website no later than 30 days after the HCC Board of Trustees approves the report. The current fiscal year audit plan has been posted to the website. This report includes the TGC, Section 2102.015 standard elements.

HOUSTON CITY COLLEGE

FY 2026 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
23-O-1 Asset Management - Information Technology	1	IA observed various discrepancies with departmental IT asset inventory. The discrepancies are detailed in the report Attachment. IA noted that HCC does not have a written policy that details HCC's expectations for managing IT assets. IA recommends an HCC policy regulation be written and submitted to the Chancellor's Executive Committee (CEC) for approval to manage IT assets. IA suggests that the regulation cover the following elements: • Onboarding: Workflow from HCC IT to the customer. This would include departmental technology assets from general purchase, grant funded, and donated items. The HCC IT department should be the initial recipient of controlled and capitalized IT assets inclusive of computers, servers and network equipment. This would help ensure that these types of assets are properly recorded, set up, secured, managed, configured and safe to use on the HCC network. • Monitoring: Annual inventory count and reconciliation by a designated party, movement forms completed when assets are moved and transferred to another location. • Offboarding: Workflow from IT asset custodians to HCC IT when employees leave HCC or transfer to other departments. • Training: Required training details. • Review and monitoring oversight: Required by directly responsible individuals. • Enforcement: Accountability, disciplinary action for policy offenders.	The CEC approved an Asset Management Regulation Policy in July. An inventory of assets has been complete and the report is being reviewed by HCC management before providing the report to th BOT. IT is working with Facilities to improve the integration of IT asset records maintained in Service Now with the asset record in PeopleSoft.	Chief Facilities Officer/Chief Information Officer	Complete 7/20/2026
24-C-1 Campus Safety & Environmental Operations Management	1	Historically, HCC has maintained safety data sheets (SDS) in a hard copy format, leading to inefficiencies in storage, retrieval, and updating as indicated by ongoing observations related to missing SDS and incomplete chemical inventories. With advancements in technology, digital solutions offer a more streamlined and effective approach to managing SDS information. Internal Audit recommends that EH&S submit a proposal to HCC Administration to implement an online SDS service.	SDS information has been digitized for laboratory and workforce programs. The number of SDS's that HCC has was underestimated which created an overage of HCC's allowed SDS count. HCC is in the process of paying for the additional information processing. Velocity is building HCC's SDS's platforms. Separation Systems Consultants, Inc. (SSCI) has been used as HCC's environmental consultants. The project is on track to have everything functional by August 31, 2026.	EHS Manager	Complete 9/1/2026

FY 2026 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
24-C-2 Senate Bill 17	1	In Internal Audits opinion, HCC executive management has been provided with sufficient training concerning SB 17 compliance through Chancellor Executive Council Task Force Meetings, Accountability and Standards Council meeting presentations, and required executive management attestation certifications. An SB 17 Compliance Resources email was provided to all HCC employees on July 25, 2024, to assist employees in complying with the new mandatory requirements. Employees may not have been diligent in adequately acquainting themselves with the information provided. All employees are responsible for familiarizing themselves and complying with SB 17's basic requirements. Internal Audit recommends HCC management provide required training for all HCC employees to strengthen the control environment around complying with the new requirements.	SB17 live training was planned to be provided via TEAMS in the spring semester with anticipated end of February 2026 timeframe while HCC works to have a more robust SB17 training available on demand. However, the training was delayed for the State Auditors Office (SAO) to complete their current audit, so that OGC can include any feedback from the SAO and only provide one training with all relevant information. Training was included in the Compliance Partners meeting on July 24, 2026. OGC is working with TE on how to roll out required compliance training for the Spring 2027 because the Fall 2026 mandatory training is robust.	General Counsel and VC, Talent Engagement & CHRO	In Progress 5/31/2027
24-O-2 Student Mental Health	1	Opportunities for improvement were identified in conjunction with Counseling and Ability Services related to staffing needs. The improvements would offer expanded services to further promote student success and wellbeing. The significant changes in student needs, regulatory requirements, and the overall campus environment since 2012 underscore the necessity of hiring additional counselors. By expanding the counseling staff, HCC can better support students' mental health and wellness, comply with legal obligations, and effectively handle the increasing number of crises on campus. This investment is essential for fostering a healthy and supportive educational environment.	A justification for additional positions was provided the Interim Vice Chancellor for Student Services. When presented to the CEC, this request was not a selected as a priority to move forward for funding by the CEC.	AVC, Special Programs & Success	The risk has been accepted by CEC
	2	Counseling and Ability Services training offerings are quite robust, however, comprehensive tracking of attendance by faculty and staff is needed. Counseling and Ability Services should maintain a record of attendee names, positions and departments. For student-facing positions, goals evaluated in the PEP process could include annual training in mental health, human trafficking and other related topics. In this case, evidence of attendance in the form of certificates backed by attendance records would be needed to provide appropriate documentation supporting the achievement of goals.	Counseling and Ability Services plans to take advantage of the Anthology Engage Student Engagement Platform being acquired by Student Life to track the attendees' names, positions, and departments for each training offering, as well as tracking evaluation feedback forms for topics of interest and needs for professional development as reported by faculty, staff and student attendees. The Engage platform is being used by counselors to track training attendance.	AVC, Special Programs & Success	Complete 9/1/2026

FY 2026 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
25-O-1 IT Disaster Recovery	1	As part of the audit, Internal Audit conducted a physical and environmental assessment of HCC's primacy data center. The facility is currently equipped with a diesel-powered generator, which has sufficient fuel capacity to sustain operations for several days under emergency conditions. However, during natural disasters, fuel availability can become severely constrained, and distribution is typically prioritized for emergency response and essential services. To enhance the resiliency of the data center, it is recommended that HCCs Information Technology department consult with Facilities Management to evaluate the feasibility of transitioning to a natural gas-powered generator. Natural gas systems are generally more reliable during extended emergencies due to the continuous pipeline supply, reducing dependency on fuel deliveries and improving overall disaster recovery preparedness.	Facilities estimates it will cost $3 million to retrofit the existing generator to natural gas. Facilities is investigating getting a 15,000 or 20,000 diesel fuel tank permanently installed in the back parking lot. Facilities expects to complete this analysis by the end of FY 2026.	Chief Information Officer	Complete 9/1/2026
	2	Currently, HCC's Disaster Recovery priorities are primarily focused on the restoration of critical systems necessary to support payroll processing and vendor payments. While these functions are essential, it is recommended that HCC's Information Technology and the Administration & Operations department periodically facilitate strategic discussions with executive leadership to formally define and align institutional priorities for system restoration in the event of a disaster. Engaging executive management in these discussions will help ensure that recovery efforts reflect the broader operational, academic, and community service objectives of the College, and that the resources are allocated in a manner consistent with HCC's mission.	As new application implementations are approved, disaster recovery requirements will be assessed to ensure alignment with organizational resilience standards. HCC's Information Technology, and Administration and Operations departments will schedule periodic Chancellor Executive Council meetings to identify institutional priorities in the event of a disaster beyond mere restoration of critical systems to ensure continuity of academic and administrative operations. The agenda item was not included in the July 20,2026 CEC agenda.	Chief Information Officer; Vice Chancellor, Administration and Operations	In Progress 10/31/2026
25-C-2-1 Cooperative Contracts Review	1	The Procurement department does not currently have formal written procedures outlining the processes, responsibilities, and controls related to cooperative procurement activities. There is no documented formal guidance to ensure consistent application, proper documentation, or compliance with state and College requirements. The Department has been relying on institutional or personal knowledge and informal practices rather than formally documented policies. The lack of documented processes can lead to increased risk of inconsistent procurement practices, non-compliance with applicable laws and guidelines, and reduced transparency in vendor selection and contracting which could be exacerbated by personnel turnover and employee absenteeism. It is recommended that the Procurement department implement formal written procedures outlining the processes, responsibilities and controls related to Cooperative Contract procurement. During the internal audit review, IA flowcharted and documented the cooperatives contracting process. This documentation has been provided to the Procurement Department and can be used as a guideline in establishing the formal written procedures.	The Procurement department will develop written procedures that document and diagram basic procurement processes, responsible parties, and controls for cooperative contracts.	Executive Director Purchasing/ Procurement Operations	Complete 9/1/2026

FY 2026 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	2	The College currently utilizes cooperative purchasing contracts for the procurement of various goods and services. However, there is no centralized process in place to track cumulative annual spending through cooperative contracts. Furthermore, the Board of Trustees is not regularly informed about the volume or nature of such expenditures. Bi-monthly reports were requested by the Board of Trustees to track cooperative contract spending against amounts approved by the Board in the "FY2025 Cooperative Contracts Award List" in the September 2024 Special Meeting. This reporting was not provided. It is recommended that the College establish a formal process to: 1)Track and consolidate annual expenditures made through cooperative contracts across all departments and 2) Prepare and present a summary report to the Board of Trustees quarterly, detailing vendors used, amounts spent, and relevant contract information. The report should include a comparison of the annually board approved "Cooperative Contracts Award List" to actual amounts spent.	The Procurement department is developing a process to track COOP spend weekly to ensure that we report spend compared to approved amount, and available balances on a semi-monthly or quarterly basis. The FY 2026 first quarter spend reporting for cooperatives, sole sources, and job order contractors was provided to the board in Weekly Administrative Briefing V12.02, dated January 16, 2026.	Executive Director Purchasing/ Procurement Operations	Complete 1/16/2026
	3	The College engages multiple job order contract (JOC) cooperative vendors annually to procure goods and services including construction, renovations, environmental services, maintenance, repairs, and supplies. Many of these JOC vendors had total cooperative spending that exceeded $500,000 in the fiscal year; however, board approval was not required because there were multiple contracts for multiple projects with none individually exceeding the $500,000 threshold that requires Board approval. Because these high-dollar JOC cooperative vendor expenditures are not reported to the Board, there is a lack of full transparency and oversight in institutional spending. This may result in the Board not having a comprehensive view of the College's financial commitments, potentially increasing the risk of overspending or inefficient allocation of resources. It is recommended that the College Administration include information on the JOC vendors expenditures exceeding $500,000 in the quarterly cooperative reporting to the Board. Doing so will strengthen governance practices and ensure greater transparency in cooperative procurement activities.	The Procurement department will add Job Order Contracts [JOC] to the Board report on COOP spend, ideally on a quarterly basis, commencing with 1QFY26. The FY 2026 first quarter spend reporting for job order contractors was provided to the board in Weekly Administrative Briefing V12.02, dated January 16, 2026.	Executive Director Purchasing/ Procurement Operations	Complete 1/16/2026

FY 2026 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
25-C-2-2 Blanket Purchase Orders Review	1	IA reviewed the HCC Procurement Guidelines (Guidelines) and the Procurement Operations Procedures Manual (Manual) and noted the following areas for improvement: a. The Guidelines have not been updated since 2018. IA recommends a comprehensive review and revision to ensure alignment with current procurement practices, regulatory requirements, and institutional needs. b. The Manual needs to be updated to reflect current practices. 1) The Manual does not detail the process to generate a Blanket Purchase Order (BPO). The detailed procurement methodology used to generate BPOs needs to be added to the Manual. The procurement process flowcharts provided by IA can serve as a guide in developing formal procedures. 2) The thresholds of Contract Award under Signature Authority in Guideline No. 3. approved by the Chancellor, Senior Vice Chancellor, and the Board of Trustees, need to be reviewed and updated. The thresholds need to be included in the Manual. 3) The existing rule in the Manual that restricts single-item purchases through a BPO to a maximum of $700 is not practical and should be reconsidered. IA recommends removing or revising this limitation to better reflect operational realities and procurement needs.	The Procurement department will update the Procedures Manual containing internal processes and Procurement Guidelines containing information for district end-users. The Guidelines will also include updated Signature Authority thresholds. In addition, Procurement will remove the $700 per-item restriction for blanket purchases.	Executive Director Purchasing/ Procurement Operations	Complete 9/1/2026
	2	IA noted that in FY 2024, thirty-three departments, and in FY 2025, twenty-nine departments were issued multiple Blanket Purchase Orders (BPOs) for similar goods and services from the same suppliers. BPOs are intended to streamline procurement and reduce administrative workload. Issuing multiple BPOs to the same department for recurring purchases from the same vendor diminishes the efficiency gains. To optimize procurement operations and reduce processing time, HCC should adopt a policy of issuing a single BPO per fiscal year per department for each supplier, where feasible. This approach would enhance consistency and reduce administrative overhead.	The Procurement department will address the matter of multiple Blanket Purchase Orders for similar products and services from the same suppliers by reinforcing this best-practice concept in training sessions conducted throughout the year. Moreover, we plan to manage food orders through America To Go via Direct Pay instead of Blanket Purchase Order since the former method is more efficient while still maintaining budgetary controls on spending. The expected completion date for the change to Direct Pay would be December 18, 2025, if approved. Training will occur throughout FY26 as planned with 12 sessions occurring by August 31, 2026	Executive Director Purchasing/ Procurement Operations	Complete (Direct Pay - 12/18/2025) Complete (Training - 7/1/2026)
26-A-3 Internal Quality Assurance Review	1	IA must finalize revisions to the existing Quality Assurance and Improvement Program (QAIP).	The QAIP will be reviewed and discussed with the Audit Committee in the April 2026 committee meeting. To allow time for committee members review, required QAIP approval items will be brought back for approval in May 2026 Board of Trustees meetings.	Executive Director, Internal Audit	Complete 5/20/2026
	2	The CAE must meet with the Board to discuss the process for selecting an external assessor for the external assessment.	The plan for the external quality assessment to be performed in September 2026 was reviewed and discussed with the Audit Committee in the April 2026 meeting. A formal discussion of the process for selecting the recommended external assessor was included. To allow time for committee members review, required approval of the selection process will be brought back for approval in May 2026 Board of Trustees meetings.	Executive Director, Internal Audit	Complete 5/20/2026
	3	CAE must review internal audit performance objectives with the Board.	IA's performance measurement methodology was reviewed and discussed with the Audit Committee in the April 2026 meeting. To allow time for committee members review, they will be brought back for approval in May 2026 Board of Trustees meetings.	Executive Director, Internal Audit	Complete 5/20/2026

FY 2026 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	4	IA should update the Internal Audit Policy and Procedures Manual to better align with the new Standards.	IA will continue reviewing and updating the IA Policy and Procedures Manual to ensure that it provides more details for handling matters related to the internal audit function under the new Standards.	Executive Director, Internal Audit	Complete 6/25/2026
	5	IA staff should use available TeamMate audit software features to improve workpaper preparation.	All IA staff will complete refresher training to ensure continued proficiency with the TeamMate audit software.	Executive Director, Internal Audit	Complete 5/14/2026
26-C-1-1 Central College Campus Safety & Environmental Operations Management	1	Obstruction of safety equipment, such as eyewash stations and portable fire extinguishers, was noted in ten classrooms/labs. All exceptions to compliance were corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	COO; Campus Manager	Complete 4/22/2026
	2	Safety data sheets were not readily available in four classrooms. Central Campus must maintain SDS for all chemicals maintained until the new SDS vendor has scanned and developed a database of chemicals for Central campus classes and labs. Three exceptions at JB Whitely were corrected prior to the issuance of the report. One exception at the Workforce building was still open.	SDS for Acetone will be added in the classroom at the Workforce building.	COO; Campus Manager	Complete 7/1/2026
	3	Written LOTO procedures were not readily available in two classrooms, even though LOTO controls appeared to be in place. One of the aforementioned classrooms and another had LOTO equipment installed but used improperly—keys were left in the locks. Keys must remain under the exclusive control of the authorized employee who applied the lock. Leaving keys in the locks allows anyone to remove the device, defeating lockout control and failing to prevent unexpected energization. All exceptions to compliance were corrected prior to the issuance of this report.	All exceptions were corrected prior to report issuance.	COO; Campus Manager	Complete 4/22/2026
	4	Containers in two classrooms were not appropriately labeled with the full chemical or trade name. Both exceptions to compliance were corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	COO; Campus Manager	Complete 4/22/2026
	5	Two classrooms had gas cylinders that were not properly and adequately secured to prevent accidents or damage to the cylinders. One exception to compliance was corrected prior to the issuance of the report. The cylinders at the Workforce Building were open.	the gas cylinders at the Workforce Building will be properly secured to prevent accidents and damage to cylinders.	Campus Manager; EHS Manager	Complete 7/1/2026
	6	One classroom did not contain an accurate inventory list of hazardous chemicals known to be present. Central Campus must maintain an inventory of all chemicals maintained for relevant SDS until the new vendor has scanned and developed the database for Central Campus classes and labs.	The inventory list will be updated to include all chemicals maintained in classroom.	COO; Campus Manager	Complete 7/1/2026
	7	One classroom did not have appropriate signs present indicating hazard information. The exception was corrected on site by EHS.	All exceptions were corrected prior to report issuance.	EHS Manager	Complete 4/22/2026
	8	One classroom had a portable power tool that was missing the appropriate guards.	The missing guard on the tool in the Workforce Building will be replaced on portable power tool.	Campus Manager	Complete 7/1/2026
26-C-1-2 Northeast College Campus Safety & Environmental Operations Management	1	Safety data sheets were not readily available in three classrooms. Northeast Campus must maintain SDS for all chemicals maintained until the new SDS vendor has scanned and developed a database of chemicals for Northeast campus classes and labs. Safety data sheets could not be verified against the chemical inventory in two classrooms because the SDS vendor did not provide the digital database for those rooms. All exceptions to compliance were corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	COO; Campus Manager	Complete 4/20/2026

FY 2026 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	2	Four classrooms had a fire extinguisher that did not contain a current (within one month) inspection tag. All exceptions to compliance were corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	EHS Manager	Complete 4/20/2026
	3	Fume hoods in four classrooms/lab were not working properly. All exceptions to compliance were corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	EHS Manager	Complete 4/20/2026
	4	Obstruction of areas around fire extinguishers and an eyewash station were noted in two classrooms. A pull fire alarm was obstructed in one classroom. Two obstructions of safety equipment were corrected on site. The remaining exception to compliance was corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	COO; Campus Managers	Complete 4/20/2026
	5	Three classrooms did not contain an accurate inventory list of hazardous chemicals known to be present. Northeast Campus must maintain an inventory of all chemicals maintained for relevant SDS until the new vendor has scanned and developed the database for Northeast Campus classes and labs. All exceptions to compliance were corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	COO; Campus Managers	Complete 4/20/2026
	6	Two classrooms did not have appropriate signs present indicating hazard information. Signage was corrected on site by the Safety Department for one classroom. The remaining exception to compliance was corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	EHS Manager	Complete 4/20/2026
	7	Two classrooms did not have a written lockout/tagout program and procedures in place.	All exceptions were corrected prior to report issuance.	COO; Campus Managers	Complete 4/20/2026
	8	A damaged or missing ceiling tile was noted in one classroom. Missing ceiling tiles can interfere with the proper operation of fire alarm, smoke detection, and sprinkler systems. Missing tiles can delay activation of sprinklers and detectors, reducing safe evacuation time. The exception to compliance was corrected prior to the issuance of the report.	All exceptions were corrected prior to report issuance.	COO; Campus Managers	Complete 4/20/2026
	9	One classroom had gas cylinders that were not properly and adequately secured to prevent accidents or damage to the cylinders. The exception to compliance was corrected prior to the issuance of this report.	All exceptions were corrected prior to report issuance.	COO; Campus Managers	Complete 4/20/2026
26-C-1-3 Coleman College Campus Safety & Environmental Operations Management	1	Two labs did not have appropriate signs present indicating hazard information. College Operations self-identified one missing sign, notified IA. Both exceptions were corrected on site by the campus manager.	All exceptions were corrected prior to report issuance.	Campus Manager	Complete 3/31/2026
26-O-2 Policing	1	To further strengthen community trust in campus public safety operations and align HCC with recognized governance best practices, HCC should consider the following initiatives: a) Joining the Texas Police Chiefs Association (TPCA) and pursue accreditation under the voluntary Texas Law Enforcement Best Practices Accreditation Program. b) Establishment of an independent oversight committee to periodically review and monitor selected aspects of HCCPD operations, such as policy compliance, use-of-force incidents, community feedback, and overall operational performance.	a) HCC PD will pursue accreditation with the Texas Police Chiefs Association (TPCA) under the voluntary Texas Law Enforcement Best Practices Accreditation Program. This process will be initiated by September 30, 2026. b) Evaluation of the benefits of an independent oversight board will be conducted in conjunction with the TPCA Accreditation.	Police Chief / VC Administration and Operations	In Progress 9/30/2026

FY 2026 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	2	HCC policy CGF (Local) requires annual review of General Orders (GOs) to ensure that guidance remains current, accurate, and aligned with applicable laws, best practices, and operational needs. However, many GOs have not been reviewed since November 25, 2023, or earlier, and continue to reference the former organizational name “Houston Community College”. To support compliance with HCC policy and strengthen operational effectiveness, HCCPD should consider reinforcing a formal review process to ensure that all GOs, SOPs, and Emergency Operations Plans (EOPs) are reviewed and updated at least annually. This process should include updating references to reflect the current organizational name, Houston City College.	1. The HCC Police will establish a general orders and standard operating procedures review team that will include representatives from command staff, officers, and telecommunicators. The review team will be established by July 15, 2026. 2. The review team will annually review each general order and recommend changes where appropriate. The first annual review will be completed by September 30, 2026. Subsequent annual reviews will be completed by August 31 of each year. 3. The review team will review the standard operating procedures and recommend changes where appropriate. The first annual review will be completed by September 30, 2026. Subsequent annual reviews will be completed by August 31 of each year. Recommended changes will be submitted for review and approval to the Chief of Police. Following the review and approval by the Chief of Police, the recommended changes will be submitted for review and approval to the Compliance Office and the Office of General Counsel prior to formal adoption.	Police Chief	In Progress 10/15/2026
	3	HCCPD has not established a formal collaboration with the campus counseling center or external mental health professionals to support officers during behavioral health or substance-related crisis responses. In addition, most HCC police officers and telecommunicators have not completed mental health–specific training within the past two years. As a result, officers may respond to behavioral health emergencies without recent specialized training in mental health awareness, de-escalation techniques, or access to clinical support. General Order (GO) 3.1, Basic Training, requires police officers and telecommunicators to complete mental health training every two (2) years. Additionally, the Texas Law Enforcement Best Practices Accreditation Program encourages the integration of mental health professionals into crisis response models and recommends recurring training in mental health awareness, de-escalation strategies, and appropriate use-of-force decision-making. HCCPD should consider the following actions: a) Establish formal partnerships with qualified mental health providers to support responses to behavioral health and substance-related incidents. b) Develop a documented crisis response protocol that clearly defines roles, responsibilities, deployment criteria, and communication pathways between HCCPD and mental health professionals. c) Provide comprehensive mental health, de-escalation, and use-of-force training to police officers at least every two (2) years. d) Implement centralized tracking mechanisms to monitor training completion and partnership activities, supporting accountability, recurring training, and ongoing compliance.	HCCPD will take the following actions: 1. Formalize partnerships with internal mental health providers and identify opportunities to establish partnerships with external mental health providers. 2. Develop and implement a clearly defined crisis response protocol to strengthen coordination among department personnel, mental health professionals, and community partners. 3. HCCPD will maintain training programs that meet or exceed TCOLE requirements for behavioral health and substance related incident response. 4. Review applicable policies, including General Order 3.1, to clarify how HCCPD training requirements will remain aligned with TCOLE requirements and operational needs. The review will be completed by September 30, 2026. 5. Enhance training documentation processes by including the curriculum used to accurately reflect instruction received by officers and telecommunicators. This will provide clearer documentation that course elements, e.g., mental health awareness, use of force, and de-escalation strategies, are integrated into TCOLE courses in different ways during each 4-year training cycle. HCCPD will maintain copies of the official TCOLE training record and review the HCC training records of mandatory HCC training that is maintained by Talent Engagement. 6. HCCPD will pursue accreditation with the Texas Police Chiefs Association (TPCA) under the voluntary Texas Law Enforcement Best Practices Accreditation Program. This process will be initiated by September 30, 2026. 7. HCC PD training requirements, including those related to mental health, will be revised to meet accreditation standards.	Police Chief	In Progress 11/15/2026

FY 2026 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	4	HCCPD has not established a formal community outreach program or a designated communication channel for routinely sharing safety related information with students, faculty, and staff. In addition, HCCPD does not conduct surveys to gather input from these groups regarding their perceptions of campus safety or to identify priority safety and security concerns. As a result, opportunities to obtain consistent meaningful feedback and proactively identify emerging issues may be limited. To strengthen community engagement and support alignment with the Texas Law Enforcement Best Practices Accreditation Program, HCCPD should consider implementing the following initiatives: a) Host community forums or meetings to encourage dialogue and provide updates on safety-related topics. b) Leverage social media platforms or other digital channels to disseminate timely safety information and crime prevention messaging. c) Develop police–community engagement programs that foster positive interactions and collaboration. d) Conduct periodic community surveys to assess perceptions of safety, identify key concerns, and operational priorities.	HCCPD will implement coordinated outreach and communication efforts that include: 1. HCC Police will develop a formal community engagement plan that may include community forums and meetings, coordination and communication with campus leadership, and police-community activity programs. The community engagement plan will be completed by August 15, 2026. 2. HCC communications processes do not support campus police social media campaigns/presence. Emergency notifications and timely warnings (crime alerts) are pushed out through existing communication channels, which include the official HCC social media channels. This district's communication channels can be used to advertise special community activity programs, crime prevention, or safety resource announcements, etc. 3. The HCC Office of Institutional Research coordinates and supervises all survey tools used at HCC to ensure quality data collection and analysis and generally limits broad surveys. Information collected in the standardized Community College Student Survey Inventory includes a couple of safety/policing questions, and HCC students rate campus safety as a strength, with higher scores than our peer institutions. 4. HCC PD will pursue accreditation with the Texas Police Chiefs Association (TPCA) under the voluntary Texas Law Enforcement Best Practices Accreditation Program. This process will be initiated by September 30, 2026. 5. HCC PD community outreach and messaging approach/process will be revised to meet accreditation standards.	Police Chief	In Progress 9/30/2026
	5	HCC CGF (Local) policy requires HCCPD to establish memoranda of understanding (MOUs) and appropriate interlocal agreements with agencies that share or overlap jurisdiction with HCC, including surrounding city, county, school district, and college police departments. The policy also requires these agreements to be reviewed annually by the Chief of Police and the Chancellor or designee. In 2022, HCCPD developed 23 mutual aid agreements. However, fourteen (14) agreements remain pending due to limited follow-up after partner agencies did not initially respond. As a result, these agreements have not yet been finalized. To enhance safety, efficiency, and effectiveness through improved coordination, resource sharing, and clearly defined roles during emergency responses, HCCPD should consider the following actions: a) Conduct formal follow-up with partner agencies to support completion of the fourteen (14) outstanding MOUs. b) Establish a tracking and reminder process to monitor agreement status and ensure annual review and renewal in accordance with HCC CGF (Local) policy. c) Document communication and renewal efforts to demonstrate compliance with policy requirements and accountability in the management of interlocal agreements.	HCCPD will adhere to the following key practices: 1. HCCPD will ensure that all interlocal agreements and MOUs are reviewed and approved by the Office of General Counsel and the Chancellor prior to execution. Reinsurance of interlocal agreements and MOUs will be completed by September 30, 2026. 2. Maintain comprehensive documentation of the review, approval, and execution process for each agreement. 3. Store finalized and fully executed MOUs in designated repositories maintained by both HCCPD and the Office of General Counsel. This will be completed by October 15, 2026. 4. Comply fully with established HCC contract submission, review, and approval procedures throughout the revision and execution process to ensure consistency, transparency, and institutional compliance. These measures will help ensure that all agreements remain current, legally sound, and aligned with Houston City College policies and operational standards.	Police Chief	In Progress 10/15/2026

FY 2026 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	6	HCCPD has not established a formal quality assurance (QA) program for the Dispatch Center. As a result, there is no standardized process to routinely evaluate dispatcher performance, promote consistency in call handling practices, and assess compliance with established operational standards. The Texas Law Enforcement Best Practices Accreditation Program recommends that agencies establish a formal quality assurance program for dispatch operations. To support alignment with these recommendations and enhance operational effectiveness, HCCPD should consider implementing a QA program that includes the following components: a) Documented quality evaluations for each telecommunicator role, including assessment of call taking accuracy, dispatch performance, and compliance with established procedures. b) Defined frequency and scope of quality reviews to ensure performance is assessed consistently and comprehensively. c) A structured feedback process to communicate evaluation results, identify improvement opportunities, and reinforce expectations and standards. d) A management reporting and review process to track QA findings, monitor trends, and inform decisions related to training, staffing, and operational improvements.	HCCPD will establish and implement a formal QA program through a coordinated effort with relevant internal partners at HCC. This collaborative approach will ensure that evaluation methods, performance metrics, and feedback processes are both comprehensive and aligned with institutional standards. 1. HCCPD will establish a structured QA framework that includes documented internal performance reviews, standardized evaluation criteria, and consistent reporting protocols. This will be completed by July 31, 2026. 2. Provide regular performance feedback and targeted coaching opportunities to support skill development, compliance, and professional growth. 3. In collaboration with HCC internal partners, develop a survey instrument designed to capture a snapshot of HCCPD services as experienced by students, staff, faculty, and the broader community served. The survey design will be collaboratively developed with HCC internal partners to ensure relevance, clarity, and alignment with institutional objectives with completion targeted by August 31, 2026. 4. Conduct survey data collection over 60 days, followed by analysis to identify trends, service strengths, and opportunities for improvement. 5. Utilize survey results and QA findings to inform leadership reviews, guide operational adjustments, and support transparent decision-making.	Police Chief	In Progress 11/30/2026
	7	General Order (GO) 3.1, Basic Training Requirements, and the Texas Law Enforcement Best Practices Accreditation Program require that all police officers complete the following refresher training at least every two (2) years: • Response to Resistance Training (or equivalent) • Basic or Refresher Self Aid/Buddy Aid (or equivalent) • Bias Neutralization Training (or equivalent) • Officer Safety and De Escalation (or equivalent) • Crisis Intervention Training (or equivalent) • Mental Health Training (or equivalent) Based on the information provided by HCCPD, Internal Audit was unable to confirm that all officers have consistently completed the above refresher training every two years. To enhance training governance, consistency, and oversight, and to better align with recognized best practices, HCCPD should consider the following actions: 1. Implement a centralized training tracking system to monitor individual officer training completion, upcoming requirements, and compliance status. 2. Ensure refresher courses (or approved equivalents) are offered with sufficient frequency to support staffing needs and meet the required two year renewal cycle. 3. Conduct periodic internal reviews or reconciliations to verify training completion and ensure training records are accurate and complete.	To strengthen the HCCPD training infrastructure, HCCPD will: 1. HCC PD will pursue accreditation with the Texas Police Chiefs Association (TPCA) under the voluntary Texas Law Enforcement Best Practices Accreditation Program. This process will be initiated by September 30, 2026. 2. HCCPD training requirements will be revised to meet accreditation standards. 3. HCCPD will establish a centralized tracking systems and periodic internal reviews to verify adherence to state requirements and institutional expectations. Centralized tracking and review will be completed by August 30, 2027. 4. The General Orders 3.1 will be reviewed and revised to reflect that training programs will comply with TCOLE requirements, plus the training mandated for all HCC employees. References to specific courses and topics will be removed where possible, as the course titles and material are frequently changed by TCOLE and/or HCC Talent Engagement. This will be completed by September 30, 2026.	Police Chief	In Progress Initiate Accred 9/30/2026 Training 8/30/2027

FY 2026 Audit Observations and Management Action Plans

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
26-I-1 IT Disaster Recovery / Business Continuity	1	In accordance with Texas Education Code §37.108, the Institution is required to schedule, conduct, and evaluate the effectiveness of emergency drills each school year. The drill requirements, including the frequency of each type of drill, are detailed in the Emergency Operations Plan. Campus Management is responsible for scheduling, conducting, and documenting the drills conducted for each building, campus, and or college. At the time of the audit, Smartsheet served as the system of record for tracking drills. Internal Audit (IA) selected a sample of drills for review and noted the following opportunities for improvement: • Drill results were not recorded consistently, making tracking and review difficult. • Documentation supporting completion of drills was maintained inconsistently across campuses. • A centralized repository for retaining supporting documentation related to completed drills, and After-Action Reports (AARs) had not been established. • Campus managers demonstrated inconsistent understanding regarding when AARs were required. IA was informed that management plans to replace Smartsheet with a new system for recording and tracking drills. As part of this transition, Emergency Management should establish standardized procedures for documenting drills, and After-Action Reports, including clear guidance regarding AAR requirements. Additionally, management should provide training to system users and implement a centralized repository to maintain supporting documentation for completed drills, and AARs.	1. Emergency Management will establish standardized procedures for documenting drills, and After-Action Reports, including clear guidance regarding AAR requirements. 2. The standardized procedures will be made available in Campus Management, and campus management will be provided training on the procedures. Expected Completion Date: August 31, 2027 Individual Responsible: Manager of Emergency Management 3. A centralized repository to main supporting documentation for completed drills, and AARs will be established and Campus Management will be trained in the use of the repository.	Manager of Emergency Management	1. In Progress 12/31/2026 2. In Progress 8/31/2027 3. In progress 8/31/2027

Internal Audit Quality Assessment

Validation of Internal Audit's Self-Assessment

Presented to:
Houston City College System
Audit Committee

September 2026

Basil Woller and Associates, LLC
Internal Audit Quality Consulting

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Table of Contents

TOPIC	PAGE
Executive Summary Overall Conclusion Overall Opinion as to the Standards Independent Validation Statement Summary Observations Specific to Internal Audit Objectives, Scope, Methodology, and Independent Assessor Qualifications	3-9
Detailed Observations – Self-Assessment Team Conformance Level by Domain As Noted By The Self-Assessment Team Successful Practices Conformance Gaps (None Noted) Enhancement Opportunities	10-20
Detailed Observations – Independent Assessor Conformance Level by Domain As Noted By The Independent Assessor Successful Practices Conformance Gaps (None Noted) Enhancement Opportunities	21-28
Appendix A Achievement / Conformance Rating Criteria	29-30
Appendix B List of Acronyms	31-32
Appendix C Interview Participants	33-34
Appendix D Principles Effectiveness Framework	35-49
Appendix E Internal Audit Self-Assessment Report Dated March 4, 2026	50-65

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Executive Summary

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Houston City College System

We concur with the Houston City College System ("HCCS") internal audit function ("Internal Audit") self-assessment that they **Fully Achieve** the Global Internal Audit Standards ("Standards"). They **Fully Conform** with the 52 associated standards. This level of achievement demonstrates a clear intent and commitment to achieving the Purpose of Internal Auditing.

Purpose of Internal Auditing	
Purpose	**Rating**
Purpose of Internal Auditing	Fully Achieves

Rating Legend (see Appendix A for Definitions)
Fully Achieves
Generally Achieves
Partially Achieves
Does Not Achieve

Ethics and Professionalism	
Principle	**Rating**
Demonstrate Integrity	Fully Achieves
Maintain Objectivity	Fully Achieves
Demonstrate Competency	Fully Achieves
Exercise Due Professional Care	Fully Achieves
Maintain Confidentiality	Fully Achieves

Governing the Internal Audit Function	
Principle	**Rating**
Authorized by the Board	Fully Achieves
Positioned Independently	Fully Achieves
Overseen by the Board	Fully Achieves

Managing the Internal Audit Function	
Principle	**Rating**
Plan Strategically	Fully Achieves
Manage Resources	Fully Achieves
Communicate Effectively	Fully Achieves
Enhance Quality	Fully Achieves

Performing Internal Audit Services	
Principle	**Rating**
Plan Engagements Effectively	Fully Achieves
Conduct Engagement Work	Fully Achieves
Communicate Engagement Results and Monitor Action Plans	Fully Achieves

Thank you for the opportunity to be of service to Internal Audit. I will be pleased to respond to further questions concerning this report and furnish any desired information.

Basil Woller, CIA, CRMA
Independent Assessor

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Overall Opinion as to the Standards

Internal Audit **Fully Achieves** the Standards and **Fully Conforms** with the 52 associated standards. This level of achievement demonstrates a clear intent and commitment to achieving the Purpose of Internal Auditing.

A summary of achievement of the 15 Principles and conformance to the 52 individual standards is provided on the Conformance Level by Domain pages of this report. A summary of observations pertaining to Successful Practices and Enhancement Opportunities identified by the self-assessment team and the independent assessor, respectively, are also noted in this report. Upon issuance of this report, Internal Audit may continue to use the "Conformance" phrases permitted by the Standards in their audit reports, Internal Audit Charter, and other practice materials. This External Quality Assessment ("EQA") was performed as a component of Internal Audit's Quality Assurance and Improvement Program ("QAIP").

The Institute of Internal Auditors ("IIA") *Quality Assessment Manual (2024 Edition)* suggests a scale of four ratings, "Full Achievement/Conformance, General Achievement/Conformance", "Partial Achievement/Conformance", and "Nonachievement/Nonconformance". Achievement is used for the overall rating and to rate the Purpose of Internal Auditing contained in Domain I and each of the 15 Principles. Conformance is used to rate each of the 52 Standards. Detailed rating definitions and criteria for each of these ratings are noted in Appendix A.

Under the Standards (Standard 8.4), an EQA of an internal audit function must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organization. The EQA requirement can also be fulfilled by Internal Audit performing a Self-Assessment with Independent Validation ("SAIV") that is then validated by a qualified, independent assessor or assessment team. Internal Audit, in consultation with the Audit Committee, selected Basil Woller & Associates, LLC to lead the independent validation portion of the SAIV. The independent assessor who performed this validation demonstrated competence in both the professional practice of internal auditing and the EQA process as required by Standard 8.4. The validation was conducted in a virtual manner the week of September 7-11, 2026. Conclusions were as of September 11, 2026.

Future changes in external factors and actions taken by HCCS personnel, including actions taken to address enhancement opportunities, may have an impact upon the operation of Internal Audit in a manner that the independent assessor did not and cannot anticipate. Considerable professional judgment is involved in evaluating achievement/conformance to the Standards and developing recommendations. Accordingly, it should be recognized that others could evaluate the results differently and draw different conclusions.

All information included in this report is proprietary and confidential and is intended for internal use only. This report may not be distributed to any other third-party (other than your regulator, Audit Committee, or external auditor) without the prior written consent of Basil Woller & Associates, LLC.

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Independent Validation Statement

I was engaged as an Independent Assessor to conduct an independent validation of the self-assessment of HCCS Internal Audit. The primary objective of my validation was to verify the assertions made in the attached self-assessment report dated March 4, 2026, concerning Internal Audit's achievement of the Standards. Other matters that may have been covered in a full independent assessment (such as an in-depth analysis of successful practices, governance, consulting services, and use of advanced technology) were excluded from the scope of this independent validation by agreement with the Executive Director, Internal Audit ("Chief Audit Executive or CAE").

In acting as an Independent Assessor, I attest to being fully independent of the organization and am a qualified external assessor as required by the Standards. My validation primarily consisted of a review and testing of the procedures and results of the self-assessment performed by the self-assessment team during the period ending March 4, 2026. In addition, interviews were conducted with several key stakeholders to Internal Audit.

I fully concur with Internal Audit's conclusions in its self-assessment. Implementation of the recommendations contained in the validation report will enhance the value of Internal Audit and ensure its continued achievement of the Standards.



Basil Woller, CIA, CRMA
Independent Assessor

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Summary Observations Specific to Internal Audit

OVERALL SUMMARY

Internal Audit is structured to strengthen the organization's ability to create, protect, and sustain value by providing the Audit Committee and management with independent, risk-based, and objective assurance, advice, insight, and foresight. Internal Audit is striving to enhance the governance, risk management, and control processes in the organization, thus enhancing decision-making and oversight; reputation and credibility with stakeholders; and ability to serve the public interest. Internal auditing is effectively performed by qualified internal auditors with a clear intent to conform with the Standards, which are set in the public interest. Internal Audit is independently positioned with direct accountability to the Audit Committee. Internal auditors are free from undue influence and committed to making objective assessments. Undertaking this SAIV to meet their EQA requirement demonstrates Internal Audit's continued commitment to enhancing quality and effectiveness of their function. The rating of fully achieves demonstrates a clear intent and commitment to achieving the Purpose of Internal Auditing and its 15 principles and conforming to the associated 52 standards. Internal Audit has incorporated the requirements of the Standards into their infrastructure and methodology in a manner that reflects an understanding and commitment to conformance with the requirements of the Standards.

DOMAIN II – ETHICS AND PROFESSIONALISM

Internal auditors demonstrate integrity in their work and behavior; maintain an impartial and unbiased attitude when performing internal audit services and making decisions; apply the knowledge, skills, and abilities to fulfill their roles and responsibilities; apply due professional care in planning and performing internal audit services; and use and protect information appropriately. Internal Audit has incorporated requirements related to ethics and professionalism into their policies and procedures.

DOMAIN III – GOVERNING THE INTERNAL AUDIT FUNCTION

The Board, through the Audit Committee, establishes, approves, and supports the mandate of Internal Audit. They establish and protect Internal Audit independence and oversee Internal Audit to ensure the function's effectiveness. The Standards require that the CAE hold discussions with the Audit Committee and senior management to document their expectations to meet their oversight responsibilities. The Audit Committee ensures that the Internal Audit Mandate and Internal Audit Charter are in place and approved that meet all the requirements of the Standards. The Audit Committee also ensures that a QAIP is in place that includes scope, objectives, internal and external assessments, communication of results, and communication of performance for Internal Audit. The Audit Committee approves the plan for external assessments as presented by the CAE and directly receives the results of these assessments. Various required approvals by the Audit Committee, as documented in meeting minutes, demonstrates their oversight responsibilities over Internal Audit.

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Summary Observations Specific to Internal Audit

DOMAIN IV – MANAGING THE INTERNAL AUDIT FUNCTION

Internal Audit has a strategic plan as required by the Standards to support the function, fulfill its mandate, and achieve long-term success. The annual risk assessment and audit planning process is effective in focusing engagements in areas of highest risk, consistent with the entity-level risks of HCCS. Resources to implement the Internal Audit strategy and achieve its annual audit plan and mandate are managed effectively. The CAE guides Internal Audit to effectively communicate with its stakeholders. The CAE continues to be committed to continuous performance improvement of Internal Audit in conformance with the new requirements of the Standards.

DOMAIN V – PERFORMING INTERNAL AUDIT SERVICES

Internal auditors plan each engagement using a systematic, disciplined approach. They implement the engagement work program to achieve the engagement objectives, communicate the engagement results to the appropriate parties, and monitor management's progress toward implementation of recommendations or action plans.

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Objective, Scope, Methodology, and Independent Assessor Qualifications

OBJECTIVE

The objective of this engagement was to conduct an independent validation of the self-assessment performed by HCCS Internal Audit which assessed their achievement of the Purpose of Internal Auditing and the 15 principles and conformance to the 52 standards of the Global Internal Audit Standards per Standard 8.4 – External Quality Assessments.

SCOPE

As required by Standard 8.4, Internal Audit's scope of their assessment included a comprehensive review of the adequacy of Internal Audit's:

- Conformance with the Global Internal Audit Standards
- Mandate, charter, strategy, methodologies, processes, risk assessment, and internal audit plan
- Compliance with applicable laws and/or regulations
- Performance criteria and measures as well as assessment results
- Competencies and due professional care, including the sufficient use of tools and techniques, and focus on continual development
- Qualifications and competencies, including those of the CAE role, as defined by the organization's job description(s)
- Integration into the organization's governance processes, including the relationships among those involved in positioning the internal audit function to operate independently
- Contribution to the organization's governance, risk management, and control processes
- Contribution to the improvement of the organization's operations and ability to attain its objectives
- Ability to meet expectations articulated by the board, senior management, and stakeholders

METHODOLOGY

To accomplish the above objective and scope, the independent assessor:

- Reviewed information prepared specifically for this EQA by Internal Audit
- Sample tested Internal Audit's work
- Conducted interviews with key stakeholders of Internal Audit including the Audit Committee Chair, the Chancellor, the external auditors, the CAE, and members of Internal Audit leadership
- Reviewed results of surveys conducted by Internal Audit supporting their self-assessment

INDEPENDENT ASSESSOR QUALIFICATIONS

- The independent assessor is independent from the organization, CAE, and Internal Audit staff (no conflicts of interest)
- The independent assessor holds a Certified Internal Auditor® designation
- The independent assessor has experience with and knowledge of the Standards and leading internal audit practices
- The independent assessor has previous experience performing external quality assessments
- The independent assessor completed EQA training recognized by the IIA
- The independent assessor has experience as a CAE or comparable senior level of internal audit management
- The independent assessor has experience in the organization's industry or sector (direct or via other EQAs)

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Detailed Observations –
Self-Assessment Team

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Conformance Level – Domains II and III – As Noted by the Self-Assessment Team

Domain-II Ethics and Professionalism	Rating
1 - DEMONSTRATE INTEGRITY	**FA**
1.1 - Honesty and Professional Courage	FC
1.2 - Organization's Ethical Expectations	FC
1.3 - Legal and Ethical Behavior	FC
2 - MAINTAIN OBJECTIVITY	**FA**
2.1 - Individual Objectivity	FC
2.2 - Safeguarding Objectivity	FC
2.3 - Disclosing Impairments to Objectivity	FC
3 - DEMONSTRATE COMPETENCY	**FA**
3.1 – Competency	FC
3.2 - Continuing Professional Development	FC
4 - EXERCISE DUE PROFESSIONAL CARE	**FA**
4.1 - Conformance with Global Internal Audit Standards	FC
4.2 - Due Professional Care	FC
4.3 - Professional Skepticism	FC
5 - MAINTAIN CONFIDENTIALITY	**FA**
5.1 - Use of Information	FC
5.2 - Protection of Information	FC

Domain-III Governing the Internal Audit Function	Rating
6 - AUTHORIZED BY THE BOARD	**FA**
6.1 - Internal Audit Mandate	FC
6.2 - Internal Audit Charter	FC
6.3 - Board and Senior Management Support	FC
7 - POSITIONED INDEPENDENTLY	**FA**
7.1 - Organizational Independence	FC
7.2 - Chief Audit Executive Qualifications	FC
8 - OVERSEEN BY THE BOARD	**FA**
8.1 - Board Interaction	FC
8.2 – Resources	FC
8.3 – Quality	FC
8.4 - External Quality Assessment	FC

Rating Legend (see Appendix A for Definitions)	
FA/FC	Fully Achieves/Conforms
GA/GC	Generally Achieves/Conforms
PA/PC	Partially Achieves/Conforms
NA/NC	Nonachievement/Nonconformance

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Conformance Level – Domains IV and V – As Noted by the Self-Assessment Team

Domain-IV Managing Internal Audit Function	Rating
9 - PLAN STRATEGICALLY	**FA**
9.1 - Understanding Governance, Risk Management, and Control Processes	FC
9.2 - Internal Audit Strategy	FC
9.3 - Methodologies	FC
9.4 - Internal Audit Plan	FC
9.5 - Coordination and Reliance	FC
10 - MANAGE RESOURCES	**FA**
10.1 - Financial Resource Management	FC
10.2 - Human Resources Management	FC
10.3 - Technological Resources	FC
11 - COMMUNICATE EFFECTIVELY	**FA**
11.1 - Building Relationships and Communicating with Stakeholders	FC
11.2 - Effective Communication	FC
11.3 - Communicating Results	FC
11.4 - Errors and Omissions	FC
11.5 - Communicating the Acceptance of Risks	FC
12 - ENHANCE QUALITY	**FA**
12.1 - Internal Quality Assessment	FC
12.2 - Performance Measurement	FC
12.3 - Oversee and Improve Engagement Performance	FC

Domain-V Performing Internal Audit Services	Rating
13 - PLAN ENGAGEMENTS EFFECTIVELY	**FA**
13.1 - Engagement Communication	FC
13.2 - Engagement Risk Assessment	FC
13.3 - Engagement Objectives and Scope	FC
13.4 - Evaluation Criteria	FC
13.5 - Engagement Resources	FC
13.6 - Work Program	FC
14 - CONDUCT ENGAGEMENT WORK	**FA**
14.1 - Gathering Information for Analyses and Evaluation	FC
14.2 - Analyses and Potential Engagement Findings	FC
14.3 - Evaluation of Findings	FC
14.4 - Recommendations and Action Plans	FC
14.5 - Engagement Conclusions	FC
14.6 - Engagement Documentation	FC
15 - COMMUNICATE ENGAGEMENT RESULTS AND MONITOR ACTION PLANS	**FA**
15.1 - Final Engagement Communication	FC
15.2 - Confirming the Implementation of Recommendations or Action Plans	FC

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Successful Practices – As Noted by the Self-Assessment Team

#	STANDARD	SUCCESSFUL PRACTICE	INDEPENDENT ASSESSOR COMMENT
SP-01	**Standard 2.1 – Individual Objectivity**	Annual independence attestation confirmations to ensure continued objectivity and independence by the Internal Audit team.	We agree with this successful internal audit practice identified by the self-assessment team. The process established by Internal Audit requires all Internal Audit leadership and staff sign on an annual basis a form that addresses requirements for independence and objectivity. The signed confirmation requires disclosure of any actual or perceived impairments to objectivity. The confirmation process supports individual objectivity for internal auditors and organizational independence for Internal Audit and is an important element of Internal Audit infrastructure and methodology that supports the demonstration of adherence to objectivity requirements.
SP-02	**Standard 3.1 – Competency**	A highly credentialed team with deep industry expertise.	We agree with this successful internal audit practice identified by the self-assessment team. Internal Audit leadership and staff are highly qualified, credentialed, experienced, and collectively possess the skills required to perform audit responsibilities. There is a good blend of skills from a technical and financial perspective, and individuals have professional certifications including the CIA, CISA, CFE, or CPA. Continuing Professional Education ("CPE") requirements associated with these certifications is supported for all Internal Audit leadership and staff.
SP-03	**Standard 3.2 - Continuing Professional Development**	A CAE deeply committed to continuous improvement and professional development.	We agree with this successful internal audit practice identified by the self-assessment team. We specifically note that Internal Audit leadership and staff are required to complete at least 40 hours of CPE annually to ensure certifications remain current. Internal auditors are also required to complete 6 hours of data analytics, artificial intelligence ("AI"), and communications training annually. Training is tracked for all internal auditors to ensure requirements are met.

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Successful Practices – As Noted by the Self-Assessment Team

#	STANDARD	SUCCESSFUL PRACTICE	INDEPENDENT ASSESSOR COMMENT
SP-04	**Standard 6.2 – Internal Audit Charter**	A comprehensive Internal Audit Charter that clearly defines the Internal Audit's purpose, authority, and responsibility.	We agree with this successful internal audit practice identified by the self-assessment team. The CAE has developed and maintains an Internal Audit Charter that specifies, at a minimum, Internal Audit's: • Purpose of Internal Auditing. • commitment to adhering to the Global Internal Audit Standards. • mandate, including scope and types of services to be provided, and the Audit Committee's responsibilities and expectations regarding management's support of Internal Audit. • organizational position and reporting relationships. • other topics that should be included to enable an effective internal audit function. Approval of the Internal Audit Charter is done on an annual basis and is included in the Audit Committee meeting minutes. A detailed listing of the Audit Committee's oversight responsibilities is included in the Internal Audit Charter.
SP-05	**Standard 6.3 – Board and Senior Management Support**	Strong stakeholders trust and confidence.	We agree with this successful internal audit practice identified by the self-assessment team. The CAE and Internal Audit have established relationships throughout HCCS that support stakeholder trust and confidence. Internal Audit engagements focus on solutions and continuous improvement. This is viewed as providing value to the organization.
SP-06	**Standard 7.1 – Organizational Independence**	The CAE and Internal Audit team have no responsibilities beyond Internal Audit and have safeguards to protect independence.	We agree with this successful internal audit practice identified by the self-assessment team. Internal Audit uses an annual independence confirmation process as noted in the successful practice identified by the self-assessment team for Standard 2.1 – Individual Objectivity. This confirmation supports the fact that the CAE and Internal Audit staff are not responsible for activities beyond Internal Audit.

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Successful Practices – As Noted by the Self-Assessment Team

#	STANDARD	SUCCESSFUL PRACTICE	INDEPENDENT ASSESSOR COMMENT
SP-07	**Standard 10.3 – Technological Resources**	A culture of innovation and value creation driven by data analytics.	We agree with this successful internal audit practice identified by the self-assessment team. Internal Audit continues to enhance and expand their use of technology and Computer-Assisted Audit Techniques ("CAATs") to enhance efficiency and effectiveness of Internal Audit risk assessment, planning, and engagement execution processes. The use of technology and CAATs is included as an initiative in the Internal Audit Strategic Plan. Timely access to data across the organization, discipline to address technology and data analytics for each engagement, and training associated with data analysis tools and techniques, will continue to be critical success factors to raising the level of technology and CAATs maturity. Internal Audit is proactively addressing artificial intelligence in their methodology.

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Enhancement Opportunities – As Noted by the Self-Assessment Team

#	STANDARD	ENHANCEMENT OPPORTUNITY	INDEPENDENT ASSESSOR COMMENT
EO-01	**Standard 8.3 – Quality**	Internal Audit must finalize revisions to the existing QAIP. Standard 8.3 requires the CAE to establish and maintain a QAIP that covers all aspects of the internal audit function. Internal Audit is currently updating its existing QAIP. Once finalized, the QAIP should be presented to and reviewed with the Board at least annually. **Management Response:** The QAIP will be reviewed and discussed with the Audit Committee in the April 2026 committee meeting. To allow time for committee members review, required QAIP approval items will be brought back for approval in May 2026 Board of Trustees meetings. **Expected Completion Date:** May 20, 2026 **Individuals Responsible:** Executive Director, Internal Audit	We agree with this enhancement opportunity identified by the self-assessment team. The revised QAIP as included in the Internal Audit Manual addresses the requirements of the Standards. Consider including a separate section in the QAIP related to Internal Audit's performance. Enhancements related to performance measurement are further described as enhancement opportunities for Standard 12.2.

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Enhancement Opportunities – As Noted by the Self-Assessment Team

#	STANDARD	ENHANCEMENT OPPORTUNITY	INDEPENDENT ASSESSOR COMMENT
EO-02	**Standard 8.4 – External Quality Assessment**	The CAE must meet with the Board to discuss the process for selecting an external assessor for the EQA. Standard 8.4 requires the CAE to develop a plan for an EQA and review that plan with the Board. The CAE has notified the Audit Committee of the EQA due by the end of 2026; however, a formal discussion with the Board is still needed to outline the process for selecting the external assessor to conduct the review. **Management Response:** The plan for the EQA to be performed in September 2026 is on the Audit Committee agenda for April 2026 for review and discussion. A formal discussion of the process for selecting the recommended external assessor is included. To allow time for committee members review, required approval of the selection process and the recommended assessor will be brought back for approval in May 2026 Board of Trustees meetings. **Expected Completion Date:** May 20, 2026 **Individuals Responsible:** Executive Director, Internal Audit	We agree with this enhancement opportunity identified by the self-assessment team. The required communications with the Audit Committee have taken place and are documented in Audit Committee meeting materials. No further action needs to be taken.

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Enhancement Opportunities – As Noted by the Self-Assessment Team

#	STANDARD	ENHANCEMENT OPPORTUNITY	INDEPENDENT ASSESSOR COMMENT
EO-03	**Standard 9.3 – Methodologies**	Internal Audit should update the Internal Audit Policy and Procedures Manual to better align with the new Standards. Standard 9.3 requires that the CAE establish and periodically update methodologies to guide the internal audit function in a systematic and disciplined manner to implement the internal audit strategy, develop the internal audit plan, and conform to the Standards. Although the department's current methodologies are effective and no areas of nonconformance were identified, Internal Audit should update the Internal Audit Policy and Procedures Manual to include more detailed instructions and criteria. This will better support auditors in applying the Standards and delivering high-quality services. **Management Response:** Internal Audit will continue reviewing and updating the Internal Audit Policy and Procedures Manual to ensure that it provides more details for handling matters related to the internal audit function under the new Standards. **Expected Completion Date:** August 17, 2026 **Individuals Responsible:** Executive Director, Internal Audit	We agree with this enhancement opportunity identified by the self-assessment team. The Internal Audit Policy and Procedures Manual currently in place generally aligns with the requirements of the Standards. A review, update, and associated training documenting changes made is being done on an annual basis as a component of the QAIP. This is a successful internal audit practice. Consider expanding the description of the process for strategic planning and internal audit planning to support consistency and sustainability of their execution.

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Enhancement Opportunities – As Noted by the Self-Assessment Team

#	STANDARD	ENHANCEMENT OPPORTUNITY	INDEPENDENT ASSESSOR COMMENT
EO-04	**Standard 12.2 – Performance Measurement**	CAE must review internal audit performance objectives with the Board. Standard 12.2 requires the CAE to establish performance objectives for evaluating the internal audit function and to incorporate input from the Board and senior management. While Internal Audit's performance objectives are included in its Strategic Plan, the CAE should formally review performance monitoring, assessments, and results with the Audit Committee and senior management at least annually to seek their input. **Management Response:** Internal Audit's performance measurement methodology is included in the agenda items for review and discussion with the Audit Committee in the April 2026 meeting. To allow time for committee members review, they will be brought back for approval in May 2026 Board of Trustees meetings. **Expected Completion Date:** May 20, 2026 **Individuals Responsible:** Executive Director, Internal Audit	We agree with this enhancement opportunity identified by the self-assessment team. The CAE has established an effective process, using a balanced scorecard, to monitor the performance of Internal Audit and to drive quality and continuous improvement. Defining, implementing, measuring, and reporting key performance indicators, using a balanced scorecard is a successful internal audit practice that promotes continuous improvement of Internal Audit processes. The balanced scorecard used by Internal Audit incorporates metrics relevant to the efficient and effective performance of Internal Audit. Results reported on the balanced scorecard are included as a component of the periodic reporting process to the Audit Committee and support oversight of Internal Audit by the Audit Committee. Performance metrics for Internal Audit must be approved by the Audit Committee on an annual basis.

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Enhancement Opportunities – As Noted by the Self-Assessment Team

#	STANDARD	ENHANCEMENT OPPORTUNITY	INDEPENDENT ASSESSOR COMMENT
EO-05	**Standard 14.6 – Engagement Documentation**	Internal Audit staff should use available TeamMate audit software features to improve workpaper preparation. Standard 14.6 requires internal auditors to document information and evidence sufficient to support engagement results, enabling an informed and competent auditor to replicate the work and reach the same conclusions. While the evidence collected by Internal Audit adequately supports the audit report, Internal Audit should make fuller use of TeamMate's available features to enhance workpaper preparation. **Management Response:** All Internal Audit staff will complete refresher training to ensure continued proficiency with the TeamMate audit software. **Expected Completion Date:** April 10, 2026 **Individuals Responsible:** Executive Director, Internal Audit	We agree with this enhancement opportunity identified by the self-assessment team. We found work papers for individual audit engagements were documented in a complete, consistent, and high-quality manner. Observations communicated to senior management and the Audit Committee were fully supported and linked to the underlying work papers. Documentation of information within the work papers – including planning, work programs, and supervisory review and approval – was maintained across the projects reviewed and in conformance with the defined methodology. Status of engagements was formally reported to clients on a periodic basis – creating transparency in the audit process and early validation of results. Significant client communications were routinely included and there were appropriate supervisory review and approval of all work performed. The use of checklists and templates as a component of the internal monitoring of performance of the QAIP supports and promotes the effectiveness and overall quality of work papers.

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Detailed Observations –
Independent Assessor

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Conformance Level – Domains II and III – As Noted by the Independent Assessor

Domain-II Ethics and Professionalism	Rating
1 - DEMONSTRATE INTEGRITY	**FA**
1.1 - Honesty and Professional Courage	FC
1.2 - Organization's Ethical Expectations	FC
1.3 - Legal and Ethical Behavior	FC
2 - MAINTAIN OBJECTIVITY	**FA**
2.1 - Individual Objectivity	FC
2.2 - Safeguarding Objectivity	FC
2.3 - Disclosing Impairments to Objectivity	FC
3 - DEMONSTRATE COMPETENCY	**FA**
3.1 – Competency	FC
3.2 - Continuing Professional Development	FC
4 - EXERCISE DUE PROFESSIONAL CARE	**FA**
4.1 - Conformance with Global Internal Audit Standards	FC
4.2 - Due Professional Care	FC
4.3 - Professional Skepticism	FC
5 - MAINTAIN CONFIDENTIALITY	**FA**
5.1 - Use of Information	FC
5.2 - Protection of Information	FC

Domain-III Governing the Internal Audit Function	Rating
6 - AUTHORIZED BY THE BOARD	**FA**
6.1 - Internal Audit Mandate	FC
6.2 - Internal Audit Charter	FC
6.3 - Board and Senior Management Support	FC
7 - POSITIONED INDEPENDENTLY	**FA**
7.1 - Organizational Independence	FC
7.2 - Chief Audit Executive Qualifications	FC
8 - OVERSEEN BY THE BOARD	**FA**
8.1 - Board Interaction	FC
8.2 – Resources	FC
8.3 – Quality	FC
8.4 - External Quality Assessment	FC

Rating Legend (see Appendix A for Definitions)	
FA/FC	Fully Achieves/Conforms
GA/GC	Generally Achieves/Conforms
PA/PC	Partially Achieves/Conforms
NA/NC	Nonachievement/Nonconformance

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Conformance Level – Domains IV and V – As Noted by the Independent Assessor

Domain-IV Managing Internal Audit Function	Rating
9 - PLAN STRATEGICALLY	**FA**
9.1 - Understanding Governance, Risk Management, and Control Processes	FC
9.2 - Internal Audit Strategy	FC
9.3 - Methodologies	FC
9.4 - Internal Audit Plan	FC
9.5 - Coordination and Reliance	FC
10 - MANAGE RESOURCES	**FA**
10.1 - Financial Resource Management	FC
10.2 - Human Resources Management	FC
10.3 - Technological Resources	FC
11 - COMMUNICATE EFFECTIVELY	**FA**
11.1 - Building Relationships and Communicating with Stakeholders	FC
11.2 - Effective Communication	FC
11.3 - Communicating Results	FC
11.4 - Errors and Omissions	FC
11.5 - Communicating the Acceptance of Risks	FC
12 - ENHANCE QUALITY	**FA**
12.1 - Internal Quality Assessment	FC
12.2 - Performance Measurement	FC
12.3 - Oversee and Improve Engagement Performance	FC

Domain-V Performing Internal Audit Services	Rating
13 - PLAN ENGAGEMENTS EFFECTIVELY	**FA**
13.1 - Engagement Communication	FC
13.2 - Engagement Risk Assessment	FC
13.3 - Engagement Objectives and Scope	FC
13.4 - Evaluation Criteria	FC
13.5 - Engagement Resources	FC
13.6 - Work Program	FC
14 - CONDUCT ENGAGEMENT WORK	**FA**
14.1 - Gathering Information for Analyses and Evaluation	FC
14.2 - Analyses and Potential Engagement Findings	FC
14.3 - Evaluation of Findings	FC
14.4 - Recommendations and Action Plans	FC
14.5 - Engagement Conclusions	FC
14.6 - Engagement Documentation	FC
15 - COMMUNICATE ENGAGEMENT RESULTS AND MONITOR ACTION PLANS	**FA**
15.1 - Final Engagement Communication	FC
15.2 - Confirming the Implementation of Recommendations or Action Plans	FC

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Successful Practices – As Noted by the Independent Assessor

#	STANDARD	SUCCESSFUL PRACTICE
SP-01	**Standard 3.1 – Competency**	Internal Audit uses an internal auditing competency framework to support talent and resource management activities within Internal Audit. The use of competency frameworks is a successful internal audit practice that establishes a baseline of knowledge, skills, and experience for each level within Internal Audit. Competency frameworks supplement job descriptions for Internal Audit and can be used to support and demonstrate: • training and professional development activities, • definition of desired skills and competencies related to financial, operational, and technical requirements for internal auditors, • the use of AI in the internal auditing process, • onboarding of new staff into Internal Audit, • the scheduling of resources for Internal Audit engagements, • decisions regarding the use of third-party subject matter experts if necessary to augment Internal Audit skills and competencies, • identification of professional certification requirements to support professional proficiency, • decisions regarding the hiring of new staff into Internal Audit, and • succession-planning for the CAE and key professionals within Internal Audit.
SP-02	**Standard 6.1 – Internal Audit Mandate**	The CAE has provided the Audit Committee and senior management with the information necessary to establish the Internal Audit Mandate and has documented the Internal Audit Mandate in the Internal Audit Charter. Discussion and approval of the Internal Audit Mandate is documented in the Audit Committee meeting minutes.
SP-03	**Standard 6.2 – Internal Audit Charter**	Internal Audit uses a checklist to document that the responsibilities of the Audit Committee and the CAE as established in the Internal Audit Charter have been met. The checklist also includes all required communications by the CAE to the Audit Committee. Responsibilities of Internal Audit are appropriately aligned and cross-referenced to the Standards. Using this checklist supports the Audit Committee's oversight of Internal Audit and reflects new requirements of the Standards.

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Successful Practices – As Noted by the Independent Assessor

#	STANDARD	SUCCESSFUL PRACTICE
SP-04	**Standard 7.1 – Organizational Independence**	The Internal Audit Charter specifically documents the ways that the Audit Committee supports organizational independence of Internal Audit within the organization. The Audit Committee: • establishes a direct reporting relationship with the CAE and Internal Audit that enables Internal Audit to fulfill its mandate, • authorizes the appointment and removal of the CAE, • provides input into the performance evaluation of the CAE, • approves the remuneration of the CAE, • provides the CAE with the opportunity to discuss significant and sensitive matters with the Audit Committee, including meetings without senior management present, • requires that the CAE be positioned at a level in the organization that enables internal audit services and responsibilities to be performed without interference from management. This positioning provides the organizational authority and status to bring matters directly to senior management and escalate matters to the Audit Committee, when necessary, • acknowledges the actual or potential impairments to Internal Audit's independence when approving roles or responsibilities for the CAE that are beyond the scope of internal auditing, • engages with senior management and the CAE to establish appropriate safeguards if CAE roles and responsibilities impair, or appear to impair, Internal Audit's independence, and • engages with senior management to ensure that Internal Audit is free from interference when determining its scope, performing internal audit engagements, and communicating results.
SP-05	**Standard 8.2 – Resources**	Resource planning is included as an initiative in the Internal Audit Strategic Plan to ensure alignment with annual audit plan objectives. The initiative includes resourcing from a skills and competencies perspective. In addition, an annual capacity analysis is performed to determine whether Internal Audit is sufficiently staffed to meet annual audit plan requirements. A summary-level capacity analysis is presented to the Audit Committee, along with the annual audit plan, and any recommendations for addressing capacity gaps or concerns.
SP-06	**Standard 8.4 – External Quality Assessment**	The self-assessment prepared in conjunction with this independent validation was exceptionally thorough and well done and fully supported and documented the conclusions reached by Internal Audit. It was evident that the self-assessment was taken seriously and had as a primary focus the identification of opportunities to improve the efficiency, effectiveness, and quality of Internal Audit infrastructure and processes. The supporting work papers were thorough and complete. They fully documented the conclusions and judgments drawn by the self-assessment team. The self-assessment report was comprehensive and additional background information provided context for the process and reported observations.

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Successful Practices – As Noted by the Independent Assessor

#	STANDARD	SUCCESSFUL PRACTICE
SP-07	**Standard 9.4 – Internal Audit Plan**	The annual audit plan is dynamic and supported by a risk assessment process that incorporates input from Internal Audit stakeholders, including the Audit Committee, and that is generally linked to HCCS strategies, objectives, and risks. The annual audit plan, and significant changes to the plan, are presented to senior management for review and the Audit Committee for review and approval on an annual basis and more frequently if significant changes in the plan occur.
SP-08	**Standard 9.5 – Coordination and Reliance**	Internal Audit used an assurance map to demonstrate coordination of coverage between Internal Audit as a third line assurance function and other assurance activities that comprise second and first line assurance functions for HCCS. Currently, the CAE coordinates with other internal and external providers of assurance services in an effective manner. Coordination of services minimizes duplication of efforts, highlights gaps in coverage of key risks, and enhances the overall value added by providers. Internal Audit should review all second-line assurance functions on a periodic basis and consider placing some level of reliance upon assurance provided as they deem appropriate. Using an assurance map to demonstrate coverage is a successful internal audit practice to communicate how this coverage is coordinated.
SP-09	**Principle 13 – Plan Engagements Effectively**	Internal Audit has a thorough planning process for engagements. This includes consistent and timely communication with all stakeholders, review and analysis of data, internal and external information for a risk assessment, determination and communication of objectives and scope and evaluation criteria, review and assignment of both internal and external resources that are adequate and competent, and development of a work program to achieve the objectives of the engagement. The collaborative team environment promotes knowledge sharing, alignment, and strength of communication. Using a Risk and Control Matrix within the planning process provides clear directives to create the work program with efficiency.

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Enhancement Opportunities – As Noted by the Independent Assessor

#	STANDARD	ENHANCEMENT OPPORTUNITY	INTERNAL AUDIT RESPONSE
EO-01	**Standard 9.2 – Internal Audit Strategy**	Consider enhancing the Internal Audit Strategic Plan to include several successful internal audit practices not currently reflected in the plan. The independent assessor notes the following elements in the plan that meet requirements of the Standards.: • The plan and initiatives are aligned with HCCS' strategies and objectives. • The plan is reviewed with the Audit Committee on an annual basis. • The plan is based upon a Strengths, Weaknesses, Opportunities, and Threats analysis. Consider including the following elements: • Show the plan in a multi-year format. • Present the plan to the Audit Committee for their approval on an annual basis. Although not required, approval of the Internal Audit Strategic Plan by the Audit Committee is a successful practice. • Include performance measures to evaluate achieving the plan and incorporate the performance measures into the balanced scorecard reported to the Audit Committee on a periodic basis. • Document the strategic planning process in the Internal Audit Manual to ensure consistency and sustainability in its execution.	Internal Audit will institute the following: • Detail the Strategic Plan initiatives in a multi-year format. • Document the strategic planning process in the Internal Audit Manual. • Present to Audit Committee in February each year for their review of the Internal Audit Strategic Plan including the performance measures to achieving the plan in the balanced scorecard. • Request the Audit Committee and Full Board approve the Internal Audit Strategic Plan and performance measures in April each year. **Expected completion dates:** February & April each year.

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Enhancement Opportunities – As Noted by the Independent Assessor

#	STANDARD	ENHANCEMENT OPPORTUNITY	INTERNAL AUDIT RESPONSE
EO-02	**Standard 9.3 – Methodologies**	Consider incorporating Topical Requirements into annual audit and engagement planning processes. Consideration of topical requirements should be documented in the Internal Audit Policy and Procedures Manual, and a detailed description of where and how to address these risks should be done to ensure consistency and completeness in execution. The audit universe should capture where consideration of topical requirements takes place and engagement-level planning should incorporate work program steps to address topical requirements as necessary. To the extent that specialized resources are necessary to perform certain activities, those resources should be a component part of the resources approved by the Audit Committee for the Internal Audit annual plan. The requirement to adhere to Topical Requirements is included in the Internal Audit Charter.	HCCS Internal Audit will incorporate the following: • Topical Requirements immediately into the standard planning protocols in TeamMate used for each audit project. • Topical Requirement considerations into the annual planning process in May each year. • Any specialized resources to perform Topical Requirements work will be approved by the Audit Committee when annual Internal Audit plans are approved each August. • The Internal Audit Manual will immediately be revised to include consideration of Topical Requirements.
EO-03	**Standard 12.2 – Performance Measurement**	Consider enhancing the Internal Audit periodic internal assessment process by using a maturity framework to demonstrate the effectiveness and maturity of Internal Audit related to the principles in the Standards. The QAIP should document the requirement to assess maturity related to these principles. An example "*Principles Effectiveness Framework*" is provided to Internal Audit as an appendix to this report.	The HCCS Internal Audit QAIP will be revised to include using a maturity framework to demonstrate the effectiveness and maturity of the HCCS internal audit function related to the principles in the Standards when performing internal assessments on the HCCS internal audit function each year. **Expected completion dates:** When internal assessments are performed each year.

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Appendix A
Achievement / Conformance Rating Criteria

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Achievement / Conformance Rating Criteria

Quality Rating	For Conclusions on Achieving Overall Conformance	For Conclusions on Achieving Each Principle	For Conclusions on Conforming with Each Standard
Full Achievement (or Conformance)	The internal audit function is fully achieving all 15 Principles and the Purpose of Internal Auditing.	The internal audit function is fully achieving all the standards related to the Principle and the Principle's intent.	The internal audit function is fully conforming with all requirements of the Standard and the Standard's intent.
General Achievement (or General Conformance)	The internal audit function is not fully achieving at least one Principle or aspect of Domain I but is achieving the Purpose of Internal Auditing.	The internal audit function is not fully achieving at least one Standard but is achieving the Principle's intent.	The internal audit function is not fully conforming with at least one requirement but is achieving the Standard's intent.
Partial Achievement (or Partial Conformance)	The internal audit function is not fully achieving at least one Principle or aspect of Domain I, and the impact is significant enough to rate the function's overall achievement as partially achieving. *The CAE may not include in final reports that engagements were performed in conformance with the Standards if the Overall Achievement Conclusion is Partial Achievement.*	The internal audit function is not fully conforming with at least one Standard, and the impact is significant enough to rate the function as partially achieving the Principle's intent.	The internal audit function is not fully conforming with at least one requirement, and the impact is significant enough to rate conformance with the Standard as partially conforming with the Standard's intent.
Nonachievement (or Nonconformance)	The internal audit function is not fully achieving at least one Principle and the impact is significant enough to rate the function's overall achievement as not achieving.	The internal audit function is not fully conforming with at least one Standard, and the impact is significant enough to rate the function as not achieving the Principle's intent.	The internal audit function is not fully conforming with at least one requirement, and the impact is significant enough to rate conformance with the Standard as not achieving the Standard's intent.

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Appendix B
List of Acronyms

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List of Acronyms

ACRONYM	DESCRIPTION
AI	Artificial Intelligence
CAATs	Computer Assisted Audit Techniques
Chief Audit Executive or CAE	Executive Director, Internal Audit
CPE	Continuing Professional Education
EQA	External Quality Assessment
HCCS	Houston City College System
IAF	Internal Audit Function
Internal Audit	HCCS Internal Audit Function
IIA	The Institute of Internal Auditors
QAIP	Quality Assurance and Improvement Program
SAIV	Self-Assessment with Independent Validation
Standards	Global Internal Audit Standards

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Appendix C
Interview Participants

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Key Stakeholder Interview Participants

STAKEHOLDER NAME	STAKEHOLDER TITLE
Dr. Pretta VanDibble Stallworth	Audit Committee Chair
Dr. Margaret Ford Fisher	Chancellor
Angie Dunlap	Forvis Mazars Partner

INTERNAL AUDITOR NAME	INTERNAL AUDITOR TITLE
Terrance Corrigan	Executive Director, Internal Audit
Tammey Smoot	Senior Internal Auditor
Steve Tran	Senior IT Auditor

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Appendix D
Principles Effectiveness Framework

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Principles Effectiveness Framework Rating Criteria

Although many maturity models exist, IIA Quality Services' EQAs employ its Principles Effectiveness Framework, a maturity assessment based on performance and maturity characteristics associated with differing levels of effectiveness for each Principle of the Standards. Achieving the differing levels of effectiveness is driven by support from the board (or audit committee), senior management, and CAE, as well as the organization's level of maturity. Like other maturity models, the framework can be utilized to develop strategic initiatives focused on driving continuous improvement and stakeholder value.

IIA Quality Services' Principles Effectiveness Framework has five maturity levels; Optimized, Sustainable, Effective, Partially Effective, and Not Effective. Each increasing level of maturity includes the characteristics of maturity described below and is linked to the Internal Audit Function's ("IAF") Achievement rating for each Principle. In this framework, the Sustainable level builds off the Effective level, and the Optimized level builds off the Sustainable level.

Effectiveness Rating	Definition
Optimized	The IAF is viewed as Proactive; individuals embrace new ideas and ways of working to drive change. The IAF is an early adopter of emerging technology to enhance effectiveness and efficiency of audit management and engagement processes. They are valued by stakeholders as strategic advisors and a partner in achieving organizational objectives/success, focused on driving innovation, and adding strategic value via a balance between assurance and advisory engagements, as well as providing real-time advice by having a "seat at the table." A Full Achievement rating is required for each Principle.
Sustainable	The IAF utilizes technology and a data-driven (key performance indicators) approach to manage the IAF and leverages data analytics and other technology significantly to enhance engagement efficiency and effectiveness. The annual plan includes both assurance and advisory engagements. Continuous improvement initiatives are in place to deliver greater value. A Full or General Achievement rating is required for each Principle.
Effective	The IAF is viewed as a Practicalist; individuals advocate or adhere to what is practical. Standardized processes are in place. Audit activities are well-managed, with a focus on risk-based assurance and planning. Quality assurance processes are established to monitor and improve effectiveness. At least a General Achievement rating is required for each Principle.
Partially Effective	The IAF is viewed as a Purist; individuals focus on adherence to traditional audit practices. Basic processes for conducting engagements and activities are in place, generally documented, and repeatable. The IAF adheres to the Standards, but there are inconsistencies in execution. A General or Partial Achievement rating is required for each Principle.
Not Effective	IAF processes are not formally defined, documented, and/or consistently performed. Activities are reactive, with little focus on risk management or contributing to organizational stakeholder value. Engagements are primarily compliance oriented. Each Principle receives a Does Not Achieve rating.

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Principles Effectiveness Framework Rating Summary

The Principles Effectiveness Framework describes the performance and maturity characteristics associated with differing levels of effectiveness for each Principle of the Global Internal Audit Standards. Most organizations strive to be at an Effective to Sustainable level as there is normally incremental cost associated with operating at an Optimized level.

	Optimized	Sustainable	Effective	Partially Effective	Not Effective
Domain-II Ethics and Professionalism	**X**				
1 - Demonstrate Integrity	X				
2 - Maintain Objectivity	X				
3 - Demonstrate Competency	X				
4 - Exercise Due Professional Care	X				
5 - Maintain Confidentiality	X				
Domain-III Governing the Internal Audit Function		**X**			
6 - Authorized by the Board	X				
7 - Positioned Independently	X				
8 - Overseen by the Board		X			
Domain-IV Managing the Internal Audit Function		**X**			
9 - Plan Strategically		X			
10 - Manage Resources		X			
11 - Communicate Effectively		X			
12 - Enhance Quality		X			
Domain-V Performing Internal Audit Services		**X**			
13 - Plan Engagements Effectively		X			
14 - Conduct Engagement Work		X			
15 - Communicate Engagement Results and Monitor Action Plans		X			

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Principles Effectiveness Framework: Domain II Ethics and Professionalism

Optimized	Sustainable	Effective	Partially Effective	Not Effective
Principle #1 - Demonstrate Integrity (Optimized)				
• *Full Achievement of Principle* • *Annual ethics training includes internal audit (IA) integrity scenarios* • *IA Competency framework includes integrity* • *EQA stakeholder survey and/or interview results indicate role model level of integrity by internal auditors*	• *Full or General Achievement of Principle* • *Annual ethics training focused on IA ethics as well as organization's ethics training* • *Performance objectives related to integrity used to actively manage internal audit* • *EQA stakeholder survey and/or interview results indicate high-level of integrity by internal auditors*	• *General Achievement of Principle* • *IA methodologies addressing integrity are defined and documented in IA manual* • *Only Organization ethics training, no IA specific content* • *Annual confirmation process for adherence to Standards includes integrity* • *Performance objectives related to integrity established, monitored, and reported* • *EQA stakeholder survey and/or interview results indicate internal auditors demonstrate integrity*	• *Partial or General Achievement of Principle* • *IA methodologies addressing integrity are defined but not documented in IA manual* • *Only Organization ethics training* • *Annual ethics confirmation performed ad hoc* • *Performance objectives related to integrity established but not monitored and reported* • *EQA stakeholder survey and/or interview results indicate IA integrity issues*	• *Does Not Achieve Principle* • *IA methodologies addressing integrity not defined* • *No ethics training by IA or Organization* • *No annual ethics confirmation* • *Performance objectives related to integrity not established* • *EQA stakeholder survey and/or interview results indicate IA integrity issues, some significant*
Principle #2 - Maintain Objectivity (Optimized)				
• *Full Achievement of Principle* • *Annual IA training includes IA objectivity scenarios* • *IA Competency framework includes objectivity* • *IA reporting relationships and interactions with stakeholders actively encourages objectivity* • *EQA stakeholder survey and/or interview results indicate role model level of objectivity by internal auditors*	• *Full or General Achievement of Principle* • *Annual objectivity training* • *Real or perceived conflicts of interest that may impact objectivity appropriately disclosed at time of engagement staffing and/or during planning phase via signing a confirmation statement – safeguards put in place to protect objectivity* • *Performance objectives related to objectivity used to actively manage IA* • *IA reporting relationships and interactions with stakeholders encourages objectivity* • *EQA stakeholder survey and/or interview results indicate high-level of objectivity by internal auditors*	• *General Achievement of Principle* • *IA methodologies addressing objectivity are defined and documented in IA manual* • *Periodic objectivity training* • *Annual confirmation process for adherence to Standards includes practicing objectivity* • *Real or perceived conflicts of interest appropriately disclosed annually via confirmation statement* • *Performance objectives related to objectivity are established, monitored, and reported* • *IA reporting relationships fully support objectivity* • *EQA stakeholder survey and/or interview results indicate internal auditors demonstrate objectivity*	• *Partial or General Achievement of Principle* • *IA methodologies addressing objectivity are defined but not documented in IA manual* • *Ad hoc objectivity training* • *Confirmation process on practicing objectivity performed ad hoc* • *Disclosure of real or perceived conflicts of interest disclosed when individuals join the IA team* • *Performance objectives related to objectivity are established but not monitored and reported* • *IA reporting relationships generally support objectivity* • *EQA stakeholder survey and/or interview results indicate IA objectivity issues*	• *Does Not Achieve Principle* • *IA objectivity methodologies not defined* • *No training on objectivity* • *No confirmation process on practicing objectivity* • *No disclosure of real or perceived conflicts of interest* • *Performance objectives related to objectivity not established* • *IA reporting relationships do not support objectivity* • *EQA stakeholder survey and/or interview results indicate IA objectivity issues, some significant* • *Management exerts undue influence*

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Principles Effectiveness Framework: Domain II Ethics and Professionalism

Optimized	Sustainable	Effective	Partially Effective	Not Effective
Principle #3 – Demonstrate Competency (Optimized)				
• *Full Achievement of Principle* • *Talent management focuses on attracting, retaining and developing future IA leaders as well as organizational leaders* • *IA Competency framework assessed annually and used for performance evaluations, hiring, promotions, and training plans* • *Annual in-house training covers methodologies, risks topics, business processes, technology, and soft skills* • *IA is invested in the business as demonstrated by industry specific training and/or participation in industry and professional organizations* • *Certifications encouraged, tracked, reported, supported financially by the organization and required for IA management roles* • *Certifications other than audit and accounting encouraged, supported, tracked and reported* • *EQA stakeholder survey and/or interview results indicate role model level of competency by internal auditors* • *EQA stakeholder survey and/or interview results indicate IA has strong knowledge of business processes and organizational/ industry risks* • *IA viewed by stakeholders as talent pool and training function for high performers (both IA and non-IA employees)* • *IA viewed by stakeholders as Proactive: individuals who embrace new ideas, new ways of working and drive change that creates value*	• *Full or General Achievement of Principle* • *Skills, credentials, and experience managed using an IA competency framework* • *Continuing professional development key focus of IA* • *Annual IA methodologies training* • *Training plans developed based on performance reviews and input from IA management, reported and monitored* • *Performance objectives related to competency are reviewed and updated periodically* • *IA management have the skills, credentials, certifications, and significant IA experience to achieve audit mandate, plan objectives and manage IA* • *Certifications encouraged, tracked, reported and supported financially by the organization* • *IA Competency framework used for performance evaluations* • *IA team includes employees with significant non-audit or accounting skills and experience (example operations or business function)* • *EQA stakeholder survey and/or interview results indicate high level of competency by internal auditors* • *EQA stakeholder survey and/or interview results indicate IA has good knowledge of business processes, plus organizational and industry risks* • *Internal auditors considered for roles outside IA and rotations occur with business functions (IA rotates in/out of business and business employees rotate in/out of IA)*	• *General Achievement of Principle* • *IA competency methodologies defined and documented in IA manual* • *Training plans developed with input from IA management and training attended reported* • *Minimum CPE hours in place, reported and monitored* • *Periodic training on IA methodologies* • *Annual confirmation process for adherence to Standards includes competency* • *Performance objectives related to competency established, monitored, and reported* • *Job descriptions defined for all levels within Internal Audit* • *IA management and staff overall have the skills, credentials, and experience to achieve audit plan objectives and manage IA* • *Certifications encouraged and tracked* • *EQA stakeholder survey and/or interview results indicate internal auditors demonstrate competency* • *EQA stakeholder survey and/or interview results indicate IA has basic knowledge of business processes and/or organizational/industry risks* • *IA viewed by stakeholders as Practicalist: individuals who advocate or adhere to what is practical*	• *Partial or General Achievement of Principle* • *IA competency methodologies defined but not documented in IA manual* • *Training left up to each individual auditor and reported, but not monitored* • *Ad hoc training on IA methodologies* • *Performance objectives related to competency are established but not monitored and reported* • *IA management and staff generally have the skills, credentials, and experience to achieve audit plan objectives and/or manage the IA function* • *Certifications encouraged but not tracked* • *EQA stakeholder survey and/or interview results indicate IA competency issues* • *EQA stakeholder survey and/or interview results indicate IA has limited knowledge of business processes and/or organizational/industry risks* • *IA viewed by stakeholders as Purist: individuals focused on adherence to traditional rules*	• *Does Not Achieve Principle* • *IA competency methodologies not defined* • *Training left up to each individual audit team member and not reported and monitored* • *No inhouse formal training on IA methodologies* • *Performance objectives related to competency not established* • *IA management and staff do not have skills, credentials, and/or experience to achieve audit plan objectives or manage the IA function* • *Certifications not encouraged* • *EQA stakeholder survey and/or interview results indicate IA competency issues, some significant* • *EQA stakeholder survey and/or interview results indicate IA lacks knowledge of business processes and/or organizational/industry risks* • *IA viewed by stakeholders as Purist: individuals focused on adherence to traditional rules*

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Principles Effectiveness Framework: Domain II Ethics and Professionalism

Optimized	Sustainable	Effective	Partially Effective	Not Effective
Principle #4 Exercise Due Professional Care (Optimized)				
• *Full Achievement of Principle* • *Audit management system fully integrated into risk management systems of the organization for assessing/monitoring risks and tracking audit issues and management action plans* • *Internal QAIP processes focus on enhancement to exercising due professional care* • *Training on due professional care incorporates scenarios and associated risks* • *Performance objectives related to exercising due professional care are reviewed and updated on an annual basis* • *Post engagement performance reviews conducted for non-management staff to timely identify and address performance improvement opportunities* • *Daily touch base meeting on engagements to ensure risks are appropriately identified and tested and scope adjusted as needed* • *Weekly touch base on audit plan status and action plan follow-up* • *IA team members spend a full or portion of a day in functional areas to improve knowledge of processes and risks* • *Lessons learned performed post engagements to identify engagement process enhancements* • *IA leverages governance frameworks other than standard frameworks related to risks, for example Generative AI Governance Framework*	• *Full or General Achievement of Principle* • *IA methodologies updated as changes adopted* • *IA methodologies documented and embedded in audit management system* • *Training on exercising due professional care required for all internal auditors on an annual basis* • *Performance objectives related to exercising due professional care used to actively manage IA and evaluate performance* • *Work of subject matter experts effectively integrated into risk assessments, engagement planning and engagement execution* • *Supervisory review and signoff of engagement planning and audit execution programed into audit management system ensures compliance with audit methodology and Standards conformance* • *IA embraces the use of technology (ex, robotics, AI, etc.) and data analysis to support work performed in annual planning process, engagement planning and engagement performance*	• *General Achievement of Principle* • *IA due professional care methodologies defined and documented in IA manual* • *Training on exercising due professional care required for all internal auditors on a periodic basis* • *Annual confirmation process for adherence to Standards includes practicing due professional care* • *Performance objectives related to exercising due professional care established, monitored, and reported* • *Work performed in a manner consistent with defined methodology, supported by QAIP* • *Supervisory review and approval consistently documented* • *Use of technology and data analysis defined as component of IA methodology and utilized to some extent*	• *Partial or General Achievement of Principle* • *IA due professional care methodologies defined but not documented in IA manual* • *Training on exercising due professional care performed on an ad hoc basis* • *Confirmation process on practicing due professional care performed ad hoc* • *Performance objectives related to exercising due professional care established but not monitored and reported* • *Work performed in a manner generally consistent with defined methodology* • *Supervisory review and approval takes place but may not be formally documented* • *Limited use of data analytics and/or other technology*	• *Does Not Achieve Principle* • *IA due professional care methodologies not defined* • *Work performed in ad hoc manner* • *No training on due professional care* • *No confirmation process on practicing due professional care* • *Performance objectives related to exercising due professional care not established* • *Supervisory review and approval of internal audit work not evidenced* • *No use of data analytics and/or other technology*

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Principles Effectiveness Framework: Domain II Ethics and Professionalism

Optimized	Sustainable	Effective	Partially Effective	Not Effective
Principle #5 - Maintain Confidentiality (Optimized)				
• *Full Achievement of Principle* • *Training on confidentiality incorporates scenarios related to internal audit* • *IA's audit management system includes system controls to protect confidentiality* • *Performance objectives related to maintaining confidentiality are reviewed and updated on an annual basis* • *EQA stakeholder survey and/or interview results IA confidentiality is role model behavior*	• *Full or General Achievement of Principle* • *Training on maintaining confidentiality required for all internal auditors on an annual basis* • *Performance objectives related to maintaining confidentiality used to actively manage IA confidentiality* • *EQA stakeholder survey and/or interview results IA confidentiality is strong* • *Chief audit executive communicates results related to maintaining confidentiality in reporting to the board*	• *General Achievement of Principle* • *IA methodologies addressing maintaining confidentiality are defined and documented in IA manual* • *Training on maintaining confidentiality required for all internal auditors on a periodic basis* • *Annual confirmation process for adherence to Standards includes maintaining confidentiality* • *Performance objectives related to maintaining confidentiality established, monitored, and reported* • *QAIP in place that assesses maintaining confidentiality* • *EQA stakeholder survey and/or interview results indicate no issues with IA confidentiality*	• *Partial or General Achievement of Principle* • *IA methodologies addressing maintaining confidentiality are defined but not documented in an IA manual* • *Training on maintaining confidentiality performed on an ad hoc basis* • *Confirmation process on maintaining confidentiality performed ad hoc* • *Performance objectives related to maintaining confidentiality established but not monitored and reported* • *Elements of QAIP in place but does not assess maintaining confidentiality* • *EQA stakeholder survey and/or interview results indicate IA confidentiality issues*	• *Does Not Achieve Principle* • *IA confidentiality methodologies not defined* • *Training on maintaining confidentiality not performed* • *No confirmation process on maintaining confidentiality* • *Performance objectives related to maintaining confidentiality not established* • *QAIP not established to assess maintaining confidentiality* • *EQA stakeholder survey and/or interview results indicate IA confidentiality issues, some significant*

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Principles Effectiveness Framework: Domain III Governing the Internal Audit Function

Optimized	Sustainable	Effective	Partially Effective	Not Effective
Principle #6 – Authorized by the Board (Optimized)				
• *Full Achievement of Principle* • *IA mandate is broad and aligned with organizational needs* • *Strong IA reporting relationships and stakeholder interactions actively encourage board authorization* • *EQA stakeholder survey and/or interview results indicate good understanding and strong support of authorization by the Board* • *Internal audit charter and Board/AC charter aligned on Board/AC IA responsibilities*	• *Full or General Achievement of Principle* • *IA reporting relationships and stakeholder interactions encourage board authorization* • *EQA stakeholder survey and/or interview results indicate good understanding of authorization by the Board* • *IA charter reviewed annually; any updates approved*	• *General Achievement of Principle* • *IA reporting relationships and stakeholder interactions support board authorization* • *EQA stakeholder survey and/or interview results indicate no issues with authorization by the Board*	• *Partial or General Achievement of Principle* • *IA reporting relationships and stakeholder interactions generally support board authorization* • *EQA stakeholder survey and/or interview results indicate issues with authorization by the Board*	• *Does Not Achieve Principle* • *IA reporting relationships and lack of stakeholder interactions do not support board authorization* • *EQA stakeholder survey and/or interview results indicate significant issues with authorization by the Board*
Principle #7 - Positioned Independently (Optimized)				
• *Full Achievement of Principle* • *Functional reporting to board clearly understood and valued across organization* • *Administrative reporting is to CEO* • *Independence and objectivity supported by annual IA awareness training* • *Organizational roles and responsibilities clearly defined and aligned with the Three Lines Model* • *Frequent interaction between CAE and AC/Board Chair and/or full Board/AC between meetings* • *Chief audit executive is highly respected and valued for leading internal audit* • *Board/AC Chair actively involved in CAE performance review and delivery of performance review, plus in CAE compensation process*	• *Full or General Achievement of Principle* • *Independence, and objectivity actively managed by IA* • *Administrative reporting actively promotes role of Internal Audit* • *Annual confirmation of independence by IA team* • *Safeguards, with reporting to the board, are in place and periodically audited by an independent qualified 3rd party for any roles the CAE has responsibility for beyond IA (permanent and temporary)* • *Unrestricted and periodic access to the board* • *Chief audit executive has strong skills and experience to effectively manage IA independently*	• *General Achievement of Principle* • *Functional reporting to the board clearly articulated in both Internal Audit and Board/Audit Committee charters* • *Administrative reporting to direct report of the CEO* • *Survey and/or interview results support view that IA operates independently* • *Chief audit executive has the skills and experience to effectively manage IA independently* • *Chief audit executive focuses on her/his professional development as a CAE*	• *Partial or General Achievement of Principle* • *Functional reporting defined to the board, but actual practice does not support this reporting relationship* • *Administrative reporting does not support independence and objectivity (below direct report to CEO – ex. direct report to CFO)* • *Chief audit executive has some skills and experience to manage IA independently* • *Chief audit executive has limited focus on her/his professional development as a CAE*	• *Does Not Achieve Principle* • *Functional reporting is not to the board or a committee of the board* • *Administrative reporting does not support independence and objectivity (below direct report to CEO)* • *Chief audit executive lacks skills and experience to manage IA independently* • *Chief audit executive does not focus on her/his professional development as a CAE*

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Principles Effectiveness Framework: Domain III Governing the Internal Audit Function

Optimized	Sustainable	Effective	Partially Effective	Not Effective
Principle #8 – Overseen by the Board (Sustainable)				
• *Full Achievement of Principle* • *IA reporting relationships and stakeholder interactions strongly support board oversight* • *Interaction with board includes IA management and staff presenting results and/or topics* • *Frequent interaction between CAE and AC/Board Chair and/or full Board/AC between meetings* • *Board/AC significantly relies on CAE for insight on risk management, governance and control effectiveness* • *Board inquires about resource gaps and impairments to objectivity/independence periodically each year* • *Benchmarking and peer input promotes continuous improvement and generation of enhancement opportunities to the board oversight process* • *Internal QAIP processes focus on enhancement to board oversight processes* • *External assessment performed more frequently than every-five years* • *External assessments include maturity assessment* • *EQA stakeholder survey and/or interview results indicate strong relationships and strong level of board oversight*	• *Full or General Achievement of Principle* • *Required communications integrated into Board/AC agenda* • *Regular interaction between CAE and Board/Audit Committee Chair between meetings (ex. meeting prior to Board/AC meetings)* • *Board/AC annually reviews resource gap analysis and approves resource actions to address gaps* • *Executive sessions with CAE take place at the end of each Board/AC meeting, even if no predefined topics are agreed to pre-meeting* • *Internal and external assessment focus on achievement/ conformance, performance and continuous improvement* • *External assessment performed in at least two consecutive five-year periods* • *Internal assessment process evaluates performance of CAE responsibilities to the Board/AC* • *Communication of QAIP results promotes continuous improvement* • *EQA stakeholder survey and/or interview results indicate high level of effective board oversight*	• *General Achievement of Principle* • *IA reporting relationships and stakeholder interactions fully support board oversight* • *Required communications checklist used to ensure requirements met timely* • *Board/AC specifically approves IA resources (financial, human and technology) annually* • *Formal and periodic informal (between meetings) interaction with the Board/Audit Committee by CAE* • *Executive sessions with CAE occur as needed/requested, no management present* • *QAIP formally defined and executed periodically and consistent with plan* • *Results of QAIP communicated effectively* • *Internal assessment effectively distinguishes between ongoing monitoring of performance and periodic internal assessment* • *EQA stakeholder survey and/or interview results indicate effective board oversight*	• *Partial or General Achievement of Principle* • *IA reporting relationships and stakeholder interactions generally support board oversight* • *Required communications defined – not consistently followed* • *Formal interaction with Board/Audit Committee during meetings – limited informal* • *Board/AC has limited involvement in IA resource decisions* • *Executive sessions with the CAE take place periodically and/or with a member of management present* • *QAIP not formally defined – ad hoc* • *Internal assessment processes not performed periodically and/or holistically* • *External assessment not performed within five-year requirement* • *Results of QAIP not communicated effectively* • *EQA stakeholder survey and/or interview results indicate issues with board oversight*	• *Does Not Achieve Principle* • *IA reporting relationships and lack of stakeholder interactions do not support board oversight* • *Required communications not defined* • *No or infrequent interaction with the Board/Audit Committee* • *Board/AC not involved in internal audit resource decisions* • *No executive sessions between the Board/AC and CAE* • *QAIP not defined* • *Internal assessment processes not performed* • *External assessment not performed* • *EQA stakeholder survey and/or interview results indicate significant issues with board oversight*

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Principles Effectiveness Framework: Domain IV Managing the Internal Audit Function

Optimized	Sustainable	Effective	Partially Effective	Not Effective
Principle #9 – Plan Strategically (Sustainable)				
• *Full Achievement of Principle* • *IA strategic plan embraces Vision 2035 by focusing on talent, processes, emerging technology/ innovation, and strategic advisor status to advance IA maturity, drive continuous improvement, and be Proactive: individuals who embrace new ideas, new ways of working and drive change that creates value* • *IA balanced scorecard linked to IA strategic plan objectives/milestones* • *IA advises on process and system changes pre-go live to provide insight and foresight to ensure project success and up front risk mitigation* • *Balance between assurance and advisory engagements adjusted annually based on organizational needs/risks* • *Active participation with stakeholders and peer groups to identify emerging risks, emerging technology, and leading practices* • *CAE participates in senior stakeholder strategy-setting, governance, and/or operations meetings (seat-at-the-table) to provide timely insight and foresight on governance, risk and controls* • *CAE direct reports and/or other IA team members regularly meet with management below CEO reports to provide timely insight and foresight* • *Use of technology incorporates data analytics, robotics, artificial intelligence, and/or other emerging technology in audit processes and overall management of IA* • *EQA stakeholder survey and/or interview results indicate management and the board view IA as value-added partner*	• *Full or General Achievement of Principle* • *IA strategic plan has multi-year horizon* • *IA strategic plan, including updates on progress, presented to board for review and approval annually* • *IA mandate is broad and aligned with organizational needs* • *Risk-based planning exercise performed more frequently than on annual basis* • *Active and effective coordination with and reliance on other assurance providers (2nd Line)* • *Assurance maps used to communicate risk coverage* • *Periodically audits the risk management function/framework and other assurance providers (2nd Line)* • *Data analytics utilized for each engagement as well as for annual risk assessment and audit plan development* • *IA methodologies updated as changes adopted* • *IA methodologies documented and embedded in audit management system* • *Supervisory review and signoff of engagement planning and audit execution programed into audit management system ensures compliance with audit methodology and Standards conformance* • *Specific positive commentary by stakeholders related to effective IA strategic planning as a contributor to value*	• *General Achievement of Principle* • *IA strategic plan is aligned to the organizational strategy and is developed with a defined vision, objectives, and clear measures of success* • *Top organizational risks are used as the basis of the annual audit plan. Top risks not addressed in the annual audit plan are communicated to the board* • *Risk-based plan includes criteria related to alignment with organizational strategy and risk* • *IA plan is flexible and adapted to emerging risks or changes to risk profile during the year, as needed* • *Effective coordination with other providers of assurance providers* • *Assurance map used to demonstrate alignment of annual audit plan with ERM risks* • *Balance between financial, operational, and compliance risks* • *Audit plan includes both assurance and advisory engagements* • *IA methodologies are documented and reviewed annually for updates* • *IA methodology includes focus on continuous improvement* • *EQA stakeholder survey and/or interview results indicate effective IA strategic planning*	• *Partial or General Achievement of Principle* • *IA strategic plan not well defined – initiatives not linked to entity-wide view of risk or objectives/strategy* • *IA approach (mandate) focused solely or primarily on one dimension – financial, operational, or compliance* • *Risk-based IA plan with limited input from key stakeholders and limited linkage to ERM* • *Coordination with other providers of assurance done on ad hoc basis* • *No clear definition or understanding of roles in Three Lines Model* • *CAE doesn't have appropriate seat at the table* • *IA methodologies not fully documented, either high level and/or not all are documented* • *EQA stakeholder survey and/or interview results indicate issues with IA strategic planning*	• *Does Not Achieve Principle* • *No IA Strategic Plan* • *IA plan is not risk-based* • *IA strategic initiatives performed on an ad hoc basis – reactive rather than proactive* • *Audit universe not defined* • *IA plan is developed without input from key stakeholders within the organization* • *No coordination with other providers of assurance in the organization, especially with ERM* • *No alignment of annual audit plan with top organizational risk universe and risk appetite* • *Internal Audit has no seat at the table related to ERM* • *IA methodologies not documented, rely on CAE involvement in all activities* • *IA viewed by key stakeholders as necessary evil – not seen as valuable contributor to organization success*

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Principles Effectiveness Framework: Domain IV Managing the Internal Audit Function

Optimized	Sustainable	Effective	Partially Effective	Not Effective
Principle #10 - Manage Resources (Sustainable)				
• *Full Achievement of Principle* • *Resource levels from skills and FTE perspective monitored and adjusted to meet audit plan objectives and changing risks* • *IA leverages emerging technologies proactively (ex. AI)* • *CAE garners organizational support to ensure investments required to achieve IA's strategic plan are funded to empower IA to fulfill its purpose/mandate of strengthening the organization's ability to create, protect, and sustain value while serving the public interest* • *EQA stakeholder survey and/or interview results indicate role model level of effective resource management*	• *Full or General Achievement of Principle* • *Qualified 3rd party resources used to augment skills or FTE needs* • *Technology such as audit management software and data analytics deployed effectively and leveraged to conform to IA methodologies* • *Management action plans tracked and status reports generated via audit management system or organization's GRC tool* • *IA technology use coordinated with IT to ensure proper implementation and ongoing management and support* • *EQA stakeholder survey and/or interview results indicate high level of effective resources management*	• *General Achievement of Principle* • *Resources (skills and FTEs) aligned with audit plan objectives* • *Impact of resource limitations (skills and FTEs) communicated to management and the Board/AC annually* • *Technology such as audit management software and data analytics deployed effectively but not fully leveraged* • *Third-party resource qualifications and performance generally meet IA requirements* • *EQA stakeholder survey and/or interview results indicate effective management of resources*	• *Partial or General Achievement of Principle* • *Resources generally sufficient to meet audit plan objectives – audits deferred due to resource limitations* • *Limited and/or ineffective technology used to support IA* • *Training on technology used left up to each individual audit team member* • *Data analytics performed using MS Excel and not used on all engagements for risk assessment or planning* • *EQA stakeholder survey and/or interview results indicate issues with managing resources*	• *Does Not Achieve Principle* • *Resources not sufficient to meet audit plan objectives and/or IA mandate from numbers and/or skills perspective* • *No use of technology to support IA* • *EQA stakeholder survey and/or interview results indicate significant issues with managing resources*
Principle #11 - Communicate Effectively (Sustainable)				
• Full Achievement of Principle • IA reporting relationships and stakeholder interactions encourage proactive effective communications • IA competency framework includes effective communications • IA staff liaison with functional groups across the org to educate and remain current on risk, process, and technology changes • Risk acceptance process managed within audit management system • Risk acceptance coordinated with ERM function • Themes (audit issues, root causes, effective practices, etc.) reported to management and Board annually • *EQA stakeholder survey and/or interview results indicate* role model level of effective communication	• Full or General Achievement of Principle • IA reporting relationships and stakeholder interactions fully support communicating effectively • IA communication methodologies configured in audit management system • Training on communicating effectively required for all internal auditors on an annual basis • Risk acceptance documented using a standardized form with management sign-off • High level awareness of risk acceptance process across org • *EQA stakeholder survey and/or interview results indicate* high level of effective communications	• General Achievement of Principle • IA reporting relationships and stakeholder interactions encourage communicating effectively • IA methodologies addressing communicating effectively are defined and documented in an IA manual • Training on communicating effectively required for all internal auditors on a periodic basis • Documented formal policy for communicating acceptance of risk to management and Board • *EQA stakeholder survey and/or interview results indicate* effective communications	• Partial or General Achievement of Principle • IA reporting relationships and stakeholder interactions generally supports communicating effectively • Internal audit methodologies addressing communicating effectively are defined but not documented in an IA manual • Training on communicating effectively performed on an ad hoc basis • *EQA stakeholder survey and/or interview results indicate* issues with communicating effectively	• Does Not Achieve Principle • IA reporting relationships and lack of stakeholder interactions do not support communicating effectively • IA communication methodologies not defined • Training on communicating effectively not performed nor supported • *EQA stakeholder survey and/or interview results indicate* significant issues with communicating effectively

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Principles Effectiveness Framework: Domain IV Managing the Internal Audit Function

Optimized	Sustainable	Effective	Partially Effective	Not Effective
Principle #12 – Enhance Quality (Sustainable)				
• *Full Achievement of Principle* • *Periodic internal assessment uses vertical and horizontal assessment techniques* • *Internal QAIP processes includes benchmarking with peers to identify enhancement opportunities* • *Internal QAIP post engagement reviews performed by alternating team members as development opportunity for all IA team members* • *Internal QAIP post engagement reviews for small audit functions performed by qualified employees outside of IA* • *Utilize activity-based and results-based performance metrics that demonstrate and drive performance, innovation and continuous improvement* • *IA Performance scorecard on metrics available electronically (Dashboard) to stakeholders* • *Technology (ex. AI or data analytics) used to self-audit or monitor audit management system to detect non-conformance to IA methodologies for completed engagements*	• *Full or General Achievement of Principle* • *QAIP reviewed and updated annually* • *IA methodologies related to enhancing quality are integrated into IA's Audit Management System* • *Input on performance metrics requested and received from stakeholders, tracked and reported (scorecard) quarterly* • *Performance metric gaps addressed by action plans to close the identified gap are reported to stakeholders quarterly* • *Chief audit executive communicates results related to enhancing quality in reporting to the board quarterly*	• *General Achievement of Principle* • *QAIP in place that assesses enhancing quality as part of internal and external assessments* • *QAIP documented in the IA manual and approved by the board* • *Continuous improvement not a specific QAIP objective* • *Standard performance metrics developed, tracked and reported to stakeholders* • *IA manual reviewed annually and updated, if needed*	• *Partial or General Achievement of Principle* • *Elements of QAIP in place but does not assess enhancing quality* • *QAIP not documented or approved by the board* • *Internal assessment does not promote quality on audit-by-audit basis* • *Periodic internal assessment not performed holistically* • *Limited performance metric measurement tracked and not reported* • *No input from stakeholders on performance metrics* • *IA manual reviewed and updated periodically*	• *Does Not Achieve Principle* • *QAIP not established to assess quality* • *No performance metric measurement* • *No IA manual*

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Principles Effectiveness Framework: Domain V Performing Internal Audit Services

Optimized	Sustainable	Effective	Partially Effective	Not Effective
Principle #13 - Plan Engagements Effectively (Sustainable)				
• *Full Achievement of Principle* • *Annual training on effective engagement planning includes scenarios from prior engagement lessons learned* • *Data analytics used for engagement planning incorporates robotics and/or artificial intelligence* • *Engagement planning considers benchmarking and research data available from outside the organization* • *EQA stakeholder survey and/or interview results indicate superior level of effective engagement planning which contributes value protection to the organization and focus on enhancement opportunities*	• *Full or General Achievement of Principle* • *IA methodologies related to effective engagement planning are integrated into IA's audit management system* • *Training on effective engagement planning required for all internal auditors on an annual basis* • *Data analytics addressed for each engagement planning as well as for annual risk assessment* • *IA planning aligned with top organizational risk universe and risk appetite* • *Each engagement scope and objective is customized to address the significant organizational and strategic risks most relevant to the engagement* • *EQA stakeholder survey and/or interview results indicate high level of effective engagement planning which contributes value protection to the organization*	• *General Achievement of Principle* • *IA methodologies addressing effective engagement planning are defined and documented in an IA manual* • *Training on effective engagement planning required for all internal auditors on a periodic basis* • *Data analytics are deployed throughout the various phases of the audit life-cycle to identify risks* • *Planning and engagement risk assessment considers input from process owners and respective management* • *EQA stakeholder survey and/or interview results indicate effective engagement planning*	• *Partial or General Achievement of Principle* • *IA methodologies addressing effective engagement planning are defined but not documented in IA manual* • *Training on effective engagement planning performed on an ad hoc basis* • *Data analysis used in a limited manner for risk assessment and planning* • *Limited input from process owners during engagement planning* • *EQA stakeholder survey and/or interview results indicate issues with engagement planning*	• *Does Not Achieve Principle* • *IA methodologies not defined* • *Training on effective engagement planning not performed nor supported* • *Data analysis not used to support risk assessment and planning* • *Internal Audit is compliance based – check the box approach* • *No input from process owners during engagement planning* • *EQA stakeholder survey and/or interview results indicate significant issues with engagement planning*

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Principles Effectiveness Framework: Domain V Performing Internal Audit Services

Optimized	Sustainable	Effective	Partially Effective	Not Effective
Principle #14 - Conduct Engagement Work (Sustainable)				
• *Full Achievement of Principle* • *Training on conducting engagement work required for all internal auditors on an annual basis includes scenarios from prior engagement lessons learned* • *Benchmarking performed to learn and implement engagement work methodology enhancement opportunities* • *Data analytics incorporates robotics and/or artificial intelligence* • *EQA stakeholder survey and/or interview results indicate highly effective engagement work, including detailed understanding of associated processes/risks by IA team members*	• *Full or General Achievement of Principle* • *IA methodologies related to conducting engagement work are integrated into IA's audit management system* • *Training on conducting engagement work required for all internal auditors on an annual basis* • *Data analytics and/or other technology utilized for every engagement and throughout the various phases of the audit life-cycle to identify and assess risks* • *EQA stakeholder survey and/or interview results indicate highly effective engagement work, including strong process/risk knowledge of IA team members*	• *General Achievement of Principle* • *IA methodologies addressing conducting engagement work are defined and documented in an IA manual* • *Training on conducting engagement work required for all internal auditors on a periodic basis* • *Evaluation of control design inherent to audit approach* • *IA focuses on efficiency and effectiveness of processes – identifies opportunities for improvement and/or cost reductions* • *Data analytics and/or other technology is available for use on every audit and used regularly during the engagement work process phase* • *EQA stakeholder survey and/or interview results indicate effective engagement work, including effective process/risk knowledge of IA team members*	• *Partial or General Achievement of Principle* • *IA methodologies addressing conducting engagement work are defined but not documented in IA manual* • *Training on conducting engagement work performed on an ad hoc basis* • *Limited evaluation of control design, mostly effectiveness testing* • *Data analysis used in a limited manner for engagement execution* • *EQA stakeholder survey and/or interview results indicate issues with engagement work, including issues with process/risk knowledge of IA team members*	• *Does Not Achieve Principle* • *IA methodologies not defined, performed ad hoc* • *No training on conducting engagement work* • *No evaluation of control design – only policy/procedure compliance testing (no effectiveness testing)* • *Data analytics not used to support engagement execution* • *EQA stakeholder survey and/or interview results indicate significant issues with engagement work, including significant issues with process/risk knowledge of IA team members*

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Principles Effectiveness Framework: Domain V Performing Internal Audit Services

Optimized	Sustainable	Effective	Partially Effective	Not Effective
Principle #15 - Communicate Engagement Results and Monitor Action Plans (Sustainable)				
• *Full Achievement of Principle* • *High-level customized reports to key stakeholders – recognition of different communication requirements* • *Reports provide a holistic view of assurance including positive performance* • *Reporting or results linked back to top organizational and strategic risks* • *Incorporates use of maturity models into reporting of results* • *Leading practices, insights, and control / risk trends shared with the business and across business units* • *Management action plan tracking dashboards shared electronically with management and permit management to update status and submit support online* • *Management action plan status updates are presented at CEO and CEO direct report staff meetings to drive timely implementation* • *EQA stakeholder survey and/or interview results indicate role model level of effective communicating engagement results and monitoring action plans processes*	• *Full or General Achievement of Principle* • *IA methodologies related to communicating engagement results and monitoring action plans are integrated into IA's audit management system* • *Training on communicating engagement results and monitoring action plans required for all internal auditors on an annual basis* • *Reports highlight risk, address root cause, and encourage engagement from process owners* • *Engagement reporting template driven with appropriate use of graphics* • *Engagement reports have multiple dimensions – include themes and/or systematic issues* • *Management action plan tracking and follow-up performed at least monthly by IA staff* • *Management action plan reminder communications are automated* • *EQA stakeholder survey and/or interview results indicate high-level of effective communicating engagement results and monitoring action plans processes*	• *General Achievement of Principle* • *IA methodologies addressing communicating engagement results and monitoring action plans are defined and documented in IA manual* • *Training on communicating engagement results and monitoring action plans required for all internal auditors on a periodic basis* • *Engagement reporting viewed as effective by key stakeholders* • *Engagement report observations highlight the risk/impact of observations raised* • *Reported observations and associated management action plans tracked monthly, validated, and escalated, as needed, based on risk through to completion using MS Excel* • *EQA stakeholder survey and/or interview results indicate effective communicating engagement results and monitoring action plans processes*	• *Partial or General Achievement of Principle* • *IA methodologies addressing communicating engagement results and monitoring action plans are defined but not documented in IA manual* • *Training on communicating engagement results and monitoring action plans performed on an ad hoc basis* • *Engagement reporting viewed as adequate by key stakeholders* • *Engagement reports meet most quality characteristics* • *IA observations provide limited insight in risk/impact* • *Management action plan tracking is performed periodically using MS Excel* • *EQA stakeholder survey and/or interview results indicate issues with communicating engagement results and monitoring action plans*	• *Does Not Achieve Principle* • *IA methodologies not defined* • *Training on communicating engagement results and monitoring action plans not performed* • *Engagement reporting viewed as ineffective by key stakeholders* • *Engagement reports of low quality as measured by quality characteristics* • *Engagement reports do not draw conclusions and/or provide insight on significance of observations* • *Management action plans and follow-up performed ad-hoc or not at all* • *EQA stakeholder survey and/or interview results indicate significant issues with communicating engagement results and monitoring action plans*

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Appendix E
Internal Audit Self-Assessment Report
Dated March 4, 2026

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HOUSTON CITY COLLEGE | Internal Audit Department

Audit Report

26-A-3 Internal Quality Assurance Review

Issued to: Pretta VanDible Stallworth,
Chairman, Audit Committee

March 4, 2026

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Table of Contents

Executive Summary 3

Background 4

Objectives, Scope, and Methodology 6

Successful Practices 7

Detailed Audit Observations 8

Audit Team 10

Report Distribution 11

Appendix A: Detailed Results 12

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Executive Summary

In accordance with the FY 2026 Internal Audit Plan approved by the Board of Trustees, the Internal Audit Department (IA) has completed an internal quality assurance review of its operations. The objective of this review was to evaluate IA's conformance with the new [1]Global Internal Audit Standards (Standards), related principles, and the Purpose of Internal Auditing. An external quality review is planned to be performed in September 2026.

Based on the procedures performed, we conclude that IA's management processes generally conform to the Standards and related principles (see Appendix A). This level of conformance indicates that while at least one principle or element of Domain I is not fully achieved, the department meets the Purpose of Internal Auditing. IA has satisfied the requirements for maintaining independence, objectivity, and proficiency.

Opportunities for improvement include continuing the department's efforts to update the Quality Assurance and Improvement Program (QAIP), providing even more open two-way communication to the Board and senior management, and strengthening the quality of departmental documentation.

Detailed observations and management responses are presented in the Detailed Audit Observations section of this report. The detailed results of the internal quality assurance review are presented in Appendix A to this report.

[1] The new Global Internal Audit Standards, released by the Institute of Internal Auditors (IIA) on January 9th, 2024, officially came into effect on January 9, 2025. These Standards replace the previous 2017 standards, introducing a one-year transition period for implementation.

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Background

The Global Internal Audit Standards (Standards) guide the worldwide professional practice of internal auditing and serve as a basis for evaluating the quality of the internal audit function. The Standards consist of five domains, 15 principles, and 52 Standards. At the heart of the Standards are 15 guiding principles that enable effective internal auditing (see Appendix A). Each principle is supported by standards that contain requirements, considerations for implementation, and examples of evidence of conformance. Together, these elements help internal auditors achieve the principles and fulfill the Purpose of Internal Auditing.

The Internal Audit Department (IA) operates under a Charter that defines its purpose, mission, authority, and responsibilities. Both the Standards and the Charter require periodic internal and external quality assessments, supported by ongoing internal monitoring. Internal assessments are conducted when an external review is not required, while external assessments must be performed at least once every five years by an independent, qualified assessor. The next external assessment is planned to be performed in September 2026.

IA completed internal quality assessments in FY 2018, 2019, and 2020, followed by an external assessment performed by Basil Woller & Associates, LLC in FY 2021. Additional internal assessments were conducted in FY 2022, 2023, and 2024. Each review identified opportunities for improvement; however, none indicated significant non-compliance. In all cases, IA received a “generally conforms” rating—the highest rating—demonstrating a strong commitment to the Core Principles for the Professional Practice of Internal Auditing and the Definition of Internal Auditing. All identified improvement opportunities have been addressed. This report reflects the results of IA’s seventh internal quality assessment.

Opinion Rating Definitions

Effective January 9, 2025, a new four-point rating scale for quality assessments was implemented. The scale introduces a “Full Achievement” rating reserved for internal audit functions that meet all criteria without any exception. The new four-point rating scale is being applied for the first time this year. The characteristics of each level are shown in the chart below:

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Four Point Scale

Rating	Description
Full Achievement or Conformance	All related requirements were satisfied.
General Achievement or Conformance	One or more discrepancies, or gaps in conforming to the standards was found, but the intent of the standard or principle was met and the audit function is making a good faith effort to conform.
Partial Achievement or Conformance	One or more discrepancies have been noted, and the intent of the standard or principle was not met, but the extent of the necessary corrective action is relatively minor in the assessors' judgment, and the audit function is making a good faith effort to conform.
Nonachievement or Nonconformance	One or more discrepancies have been noted, the intent of the standard or principle was not met, and the extent of the necessary corrective action is relatively significant in the assessors' judgment and there is what could be considered a willful effort to not conform.

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Objectives, Scope, and Methodology

The objective of this review was to determine IA's conformance with the new IIA Global Standards, related principles and the Purpose of Internal Auditing.

Our fieldwork took place during September 2025 – January 2026. The review covered a sample of engagement projects performed by IA since the new Standards became effective in January 2025. We used the *Quality Assessment Manual* (2024 edition) published by the Internal Audit Foundation, as the basis for our review. The assessment manual facilitated our evaluation of conformance with the 15 principles and 52 Standards organized into the five following domains:

- *Domain I – Purpose of Internal Audit*
- *Domain II – Ethics & Professionalism*
- *Domain III – Governing the Internal Audit Function*
- *Domain IV – Managing the Internal Audit Function*
- *Domain V – Performing Internal Audit Services*

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Successful Practices

Internal Audit demonstrates a strong commitment to continuous improvement, professionalism, and innovation. During our review, the IA team identified the following practices that reflect the Internal Audit's high standards and forward-thinking approach. These include:

- A comprehensive Internal Audit Charter that clearly defines the Internal Audit's purpose, authority, and responsibility.
- A chief audit executive (CAE) deeply committed to continuous improvement and professional development.
- A highly credentialed team with deep industry expertise.
- Annual independence attestation confirmations to ensure continued objectivity and independence by the IA team.
- The CAE and IA team have no responsibilities beyond Internal Audit and have safeguards to protect independence.
- Strong stakeholders trust and confidence.
- A culture of innovation and value creation driven by data analytics.

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Detailed Audit Observations

Observation 1: IA must finalize revisions to the existing Quality Assurance and Improvement Program (QAIP).

Domain III – *Governing the Internal Audit Function*
Principle 8 Overseen by the Board

Standard 8.3 requires the chief audit executive (CAE) to establish and maintain a Quality Assurance and Improvement Program (QAIP) that covers all aspects of the internal audit function. The Internal Audit department is currently updating its existing QAIP. Once finalized, the QAIP should be presented to and reviewed with the Board at least annually.

Management Response: The QAIP will be reviewed and discussed with the Audit Committee in the April 2026 committee meeting. To allow time for committee members review, required QAIP approval items will be brought back for approval in May 2026 Board of Trustees meetings.

Expected Completion Date: May 20, 2026

Individuals Responsible: Executive Director, Internal Audit

Observation 2: The CAE must meet with the Board to discuss the process for selecting an external assessor for the external assessment.

Domain III – *Governing the Internal Audit Function*
Principle 8 Overseen by the Board

Standard 8.4 requires the CAE to develop a plan for an external quality assessment and review that plan with the Board. The CAE has notified the Audit Committee of the external quality assessment due by the end of 2026; however, a formal discussion with the Board is still needed to outline the process for selecting the external assessor to conduct the review.

Management Response: The plan for the external quality assessment to be performed in September 2026 is on the Audit Committee agenda for April 2026 for review and discussion. A formal discussion of the process for selecting the recommended external assessor is included. To allow time for committee members review, required approval of the selection process and the recommended assessor will be brought back for approval in May 2026 Board of Trustees meetings.

Expected Completion Date: May 20, 2026

Individuals Responsible: Executive Director, Internal Audit

Observation 3: CAE must review internal audit performance objectives with the Board.

Domain IV – *Managing the Internal Audit Function*
Principle 12 Enhance Quality

Standard 12.2 requires the CAE to establish performance objectives for evaluating the internal audit function and to incorporate input from the Board and senior management. While Internal Audit's performance objectives are included in its Strategic Plan, the CAE

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should formally review performance monitoring, assessments, and results with the Audit Committee and senior management at least annually to seek their input.

Management Response: IA's performance measurement methodology is included in the agenda items for review and discussion with the Audit Committee in the April 2026 meeting. To allow time for committee members review, they will be brought back for approval in May 2026 Board of Trustees meetings.

Expected Completion Date: May 20, 2026

Individuals Responsible: Executive Director, Internal Audit

Observation 4: IA should update the Internal Audit Policy and Procedures Manual to better align with the new Standards.

Domain IV – *Managing the Internal Audit Function*
Principle 9 Plan Strategically

Standard 9.3 requires that the CAE establish and periodically update methodologies to guide the internal audit function in a systematic and disciplined manner to implement the internal audit strategy, develop the internal audit plan, and conform to the Standards. Although the department's current methodologies are effective and no areas of nonconformance were identified, IA should update the Internal Audit Policy and Procedures Manual to include more detailed instructions and criteria. This will better support auditors in applying the Standards and delivering high-quality services.

Management Response: IA will continue reviewing and updating the IA Policy and Procedures Manual to ensure that it provides more details for handling matters related to the internal audit function under the new Standards.

Expected Completion Date: August 17, 2026

Individuals Responsible: Executive Director, Internal Audit

Observation 5: IA staff should use available TeamMate audit software features to improve workpaper preparation.

Domain V – *Performing Internal Audit Services*
Principle 14 Conduct Engagement Work

Standard 14.6 requires internal auditors to document information and evidence sufficient to support engagement results, enabling an informed and competent auditor to replicate the work and reach the same conclusions. While the evidence collected by IA adequately supports the audit report, IA should make fuller use of TeamMate's available features to enhance workpaper preparation.

Management Response: All IA staff will complete refresher training to ensure continued proficiency with the TeamMate audit software.

Expected Completion Date: April 10, 2026

Individuals Responsible: Executive Director, Internal Audit

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Appendix A: Detailed Results

Domain I: Purpose of Internal Auditing	The purpose statement is intended to assist internal auditors and internal audit stakeholders in understanding and articulating the value of internal auditing. The *Purpose of Internal Auditing* is included in the Internal Audit Charter which was updated in April 2025. Based on surveys, Internal Audit stakeholders understand the value of internal auditing. **Internal Audit conforms to Domain I.**

Domain II: Ethics and Professionalism	The principles and standards in this domain outline the behavioral expectations for professional internal auditors; including CAEs, other individuals, and any entities that provide internal audit services. Conformance with these principles and standards instills trust in the profession of internal auditing, creates an ethical culture within the internal audit function, and provides the basis for reliance on internal auditors' work and judgment. **Internal Audit conforms to Domain II.**
Principle 1: Demonstrate Integrity	• The Internal Audit Charter includes the principle of integrity to promote ethical conduct. • Internal Audit staff complete annual ethics training. • Survey results indicate that internal audit staff demonstrate honesty and courage.
Principle 2: Maintain Objectivity	• Objectivity of the internal audit staff is formally addressed in the Internal Audit Charter. • Internal Audit staff complete training on objectivity and sign an annual Statement of Independence and Objectivity. • Objectivity is safeguarded and disclosures are required if objectivity is impaired in fact or in appearance. • Internal Audit staff demonstrate their commitment to maintaining an impartial and unbiased attitude when performing internal audit services and making decisions.
Principle 3: Demonstrate Competency	• Internal Audit staff individually, and collectively, possess the knowledge, skills and abilities to fulfill their roles and responsibilities successfully. • The Internal Audit department utilizes a Competency Framework and Self-Assessment Rating Tool to guide professional development. • Internal audit staff complete at least 40 hours of continuing professional education annually, create individual training and development plans, and ensure certifications remain current. • Internal auditors are required to complete six hours of data analytics, artificial intelligence (AI), and communications training annually.

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Principle 4: Exercise Due Professional Care	• Internal Audit staff are committed to conforming with the professional Standards. • Internal Audit staff apply due professional care in planning and performing internal audit services. • Audit protocols established in TeamMate audit software serve as guidelines to ensure consistency and compliance.
Principle 5: Maintain Confidentiality	• Internal Audit staff complete mandatory annual HCC training and adhere to Board Policy. • Internal Audit staff adhere to HCC retention policies. • Access to workpapers is restricted on the department's shared drive and in TeamMate. • Only internal audit staff perform audit engagements.

Domain III: Governing the Audit Function	Appropriate governance arrangements are essential to enable the internal audit function to be effective. This domain outlines the requirements for chief audit executives to work closely with the board to establish the internal audit function, position it independently, and oversee its performance. This domain also outlines senior management's responsibilities that support the board's responsibilities and promote strong governance of the internal audit function. **Internal Audit conforms to Domain III.**
Principle 6: Authorized by the Board	• The Board establishes, approves, and supports the mandate of the internal audit function as evidenced by the Internal Audit Charter. • The Internal Audit Charter includes the *Purpose of Internal Auditing*, and describes the Internal Audit Mandate, organizational structure, reporting relationships and commitment to conform to the Standards.
Principle 7: Positioned Independently	• Independence is firmly established through the Internal Audit Charter. • The Internal Audit Charter helps ensure continued independence by specifying that Internal Audit staff must remain free of operational and management responsibilities that could impair their ability to make independent reviews of all areas of HCC operations. • The CAE reports functionally to the Board and administratively to the Chancellor. • The CAE and internal audit staff have no responsibilities outside internal auditing that impair independence.

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Principle 8: Overseen by the Board	• The CAE maintains consistent and open communication with the Board. • Regular Internal Audit status reports presented by the CAE provide information to the Board and senior management for effective oversight of the internal audit function. • The CAE clearly communicates Internal Audit activities, the adequacy of resources to complete the Audit Plan, and the results of internal and external quality assessments, both in writing and verbally. • The CAE meets regularly with the Audit Committee Chair. **See Observations 1 and 2.**

Domain IV: Managing the Internal Audit Function	The chief audit executive is responsible for managing the internal audit function in accordance with the internal audit charter and the Standards. This responsibility includes strategic planning, obtaining and deploying resources, building relationships, communicating with stakeholders, and enhancing the performance of the function. **Internal Audit conforms to Domain IV.**
Principle 9: Plan Strategically	• Internal Audit's strategy and Annual Audit Plan demonstrate the CAE's strong understanding of the organization's governance, risk management, and control environment. • The CAE participates in council meetings and other governance and risk management meetings. • The CAE provides regular audit status reports to the Board and ensures Internal Audit activities remain aligned with organizational priorities. • The CAE has established methodologies to guide the internal audit function in a systematic and disciplined manner. **See Observation 4.**
Principle 10: Manage Resources	• The CAE effectively manages financial, human, and technological resources to fulfill the internal audit plan and mandate. • Audit staff have appropriate certifications, relevant experience, and academic qualifications. • The department's technology resources are efficient and effective for the internal audit function.
Principle 11: Communicate Effectively	• Department processes support effective communication and promote stakeholder trust and confidence. • The department conducts "meet and greet" sessions with new executive managers. • The CAE regularly presents audit results to the Audit Committee and senior management.

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Principle 12: Enhance Quality	• The CAE has implemented measures to continuously seek improvement in the internal audit function. • Results from internal and external quality assessments are reported to the Board timely. • Procedures include on-going guidance and reviews to ensure that workpapers support all findings, conclusions, and recommendations. • Department has performance measures that evaluate performance and continuously improve operations. **See Observation 3.**

Domain V: Performing Internal Audit Services	Performing internal audit services requires internal auditors to effectively plan engagements, conduct the engagement work to develop findings and conclusions, collaborate with management to identify recommendations and/or actions plans that address the findings, and communicate with management and the employees responsible for the activity under review throughout the engagement and after it closes. **Internal Audit conforms to Domain V.**
Principle 13: Plan Engagements Effectively	• Internal Audit staff plan each engagement adhering to the audit protocols in TeamMate. • All audit engagements are included in the Annual Audit Plan approved by the Board. • Engagement-level risks assessments are completed as part of the planning process. • Financial, human, and technological resources are appropriate and sufficient to support and achieve the engagement objectives.
Principle 14: Conduct Engagement Work	• Work programs are created during planning to ensure that sufficient evidence is gathered for the audit engagements. • The processes for gathering and analyzing information are documented, and the information obtained during the engagement is relevant, reliable, and sufficient to support the auditors' conclusions. • Workpapers are reviewed to ensure sufficiency and compliance with the Standards. **See Observation 5.**
Principle 15: Communicate Engagement Results and Monitor Action Plans	• Audit results are communicated in a timely manner through audit reports that include the audit's objectives, scope, methodology, observations, recommendations, and management's responses and action plan(s). • Potential findings are communicated throughout the audits, providing management with the opportunity to provide additional information and/or to start taking corrective action. • Management's progress on implementing action plans is actively monitored and tracked until all actions are fully completed.

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ACTION ITEM

Meeting Date: October 28, 2026

Consent Agenda

ITEM #	ITEM TITLE	PRESENTER
3.	**Proposed Legislative Initiatives – 90th Legislative Session, As Amended**	**Dr. Margaret Ford Fisher** **Remmele Young, J.D.**

RECOMMENDATION

Approve proposed legislative initiatives for the 90th Texas legislative session.

COMPELLING REASON AND BACKGROUND

The Texas Legislature biennially convenes (in odd years) for a legislative session to consider policy matters that impact the state of Texas. The session provides the forum to deliver legislative initiatives that impact various sectors, including the higher education sector, which comprises Houston City College (HCC).

In light of the aforementioned observation, it is imperative for HCC to identify and adopt legislative initiatives deemed important to the institution and share the same with policymakers, allowing them an opportunity to make informed decisions during the course of their policy-making deliberations. Accordingly, the HCC administration offers for the governing board's consideration proposed legislative initiatives for the 90th legislative session intended to guide our work with policymakers.

As HCC prepares for the 90th Texas Legislative Session, the administration has evaluated state policy developments, stakeholder priorities, and emerging workforce and higher education trends to develop proposed legislative priorities for consideration by the Board of Trustees. This process is informed by insights emerging from legislative interim charges and hearings. It also includes input from subject matter experts.

The goal: to position the institution to advance policies that strengthen student success and workforce development that help Build a Talent Strong Texas.

FISCAL IMPACT

Presently unknown.

STRATEGIC ALIGNMENT

1. Student Success

ATTACHMENTS:

Description	Upload Date	Type
ERC_Oct 07_26 Proposed Policy Agenda, As Amended	10/20/2026	Presentation
ERC_Oct 07_26 Proposed Policy Agenda	9/23/2026	Presentation

This item is applicable to the following:

Central, Coleman, Northeast, Northwest, Southeast, Southwest, District, Online

External Relations Committee

HCC Proposed Policy Priorities 90th Legislative Session

HOUSTON CITY COLLEGE

Margaret Ford Fisher, Ed.D., Chancellor

Remmele J. Young, J.D., Vice Chancellor

October 28, 2026

Amended Policy Priorities

Introduction

Executive Summary

As HCC prepares for the 90th Texas Legislative Session, the administration has evaluated state policy developments, stakeholder priorities, and emerging workforce and higher education trends to develop proposed legislative priorities for consideration by the Board of Trustees.

This process is informed by insights emerging from legislative interim charges and hearings. It also includes input from subject matter experts.

The goal: to position the institution to advance policies that strengthen student success and workforce development that help *Build a Talent Strong Texas*..

Relevant Key Dates

- **Mid-Term Elections:** November 3, 2026
- **Bill pre-filing:** November 9, 2026
- **Opening Day of 90th Legislative Session:** January 12, 2027
- **Revenue Estimate Published:** January 2027*
- **Community College Day:** January 28, 2027

*Sets amount the 90th Legislature can spend.

Proposed Policy Priorities – TIER 1

Formula Funding: Support full funding of a ~~Adopt a robust~~ biennial appropriation for FY 2028 and FY 2029 ~~that factors the THECB's updated forecast of performance by community colleges~~ and ~~favorably address~~ mitigate any associated adverse impact ~~to educating~~ on economically and disadvantaged students.

Supplemental Appropriations: Support ~~full funding in the of~~ a supplemental appropriation of approximately $400M to fully close the gap between earned outcomes and actual state reimbursements, ~~bill~~ inclusive of withheld dynamic outcomes payments and pro-rated decreases for FY 2026 and 2027.

Predictability: Support ~~structural~~ improvements to the formula that promote ~~its~~ predictability and sustainability, allowing colleges to effectively plan, expand workforce training opportunities, balance budgets and serve the public interest.

~~Seek Advance appropriations that~~ Support funding, including but not limited to startup and training costs, to advance **HB 20 (89R)** *relating to establishing the Applied Sciences Pathways Program*.

Proposed Policy Priorities – Tier 1, Cont.

Baccalaureate Degrees: Support expanding the current cap of five community college baccalaureate degrees ~~alternatively,~~ by exempting nursing and teacher education from the cap, ~~to enable~~ allowing colleges to respond more effectively to critical workforce shortages in high-demand fields.

Grants: Support the continuation and coordination of funds ($17 million presently identified) for the state's **workforce education grant programs** (*e.g.,* TRUE, JET, and Skills Development Funds).

HCC Name Change: Make **statutory name change** from "Houston Community College System District" to "**Houston City College District**."

Local Authority: Maintain the authority of locally elected community college **governing boards to determine tuition and revenue policies** responsive to regional economic and educational priorities.

Proposed Policy Priorities – TIER 2

Align College, Career, and Military Readiness, dual credit, CTE, Credentials of Value, and community college funding to ensure high school credentials provide meaningful pathways to college completion and workforce success.

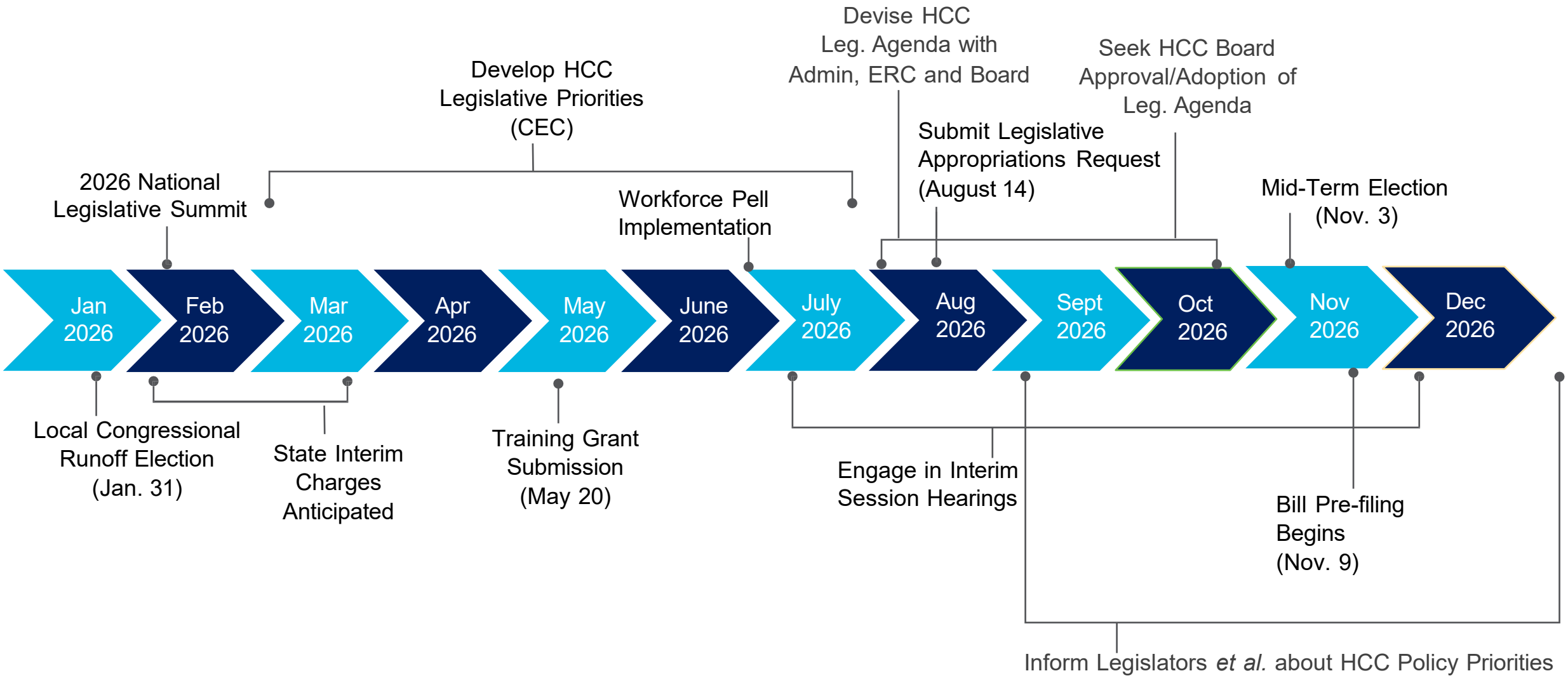
Support timely, detailed wage and occupational data for community colleges to inform workforce program development, strengthen accountability, and advance successful Workforce Pell implementation for students pursuing high-demand careers.

Improve access to nursing clinical rotation slots.

Proposed Policy Priorities – TIER 3

Allow community colleges to serve as licensure exam sites and freeze the cost of certification or licensure exams.

HCC Legislative Timeline 2026



Revised August 20, 2026

Thank You

HOUSTON CITY COLLEGE

External Relations Committee

HCC Proposed Policy Priorities 90th Legislative Session

Margaret Ford Fisher, Ed.D., Chancellor

Remmele J. Young, J.D., Vice Chancellor

October 7, 2026

Introduction

Executive Summary

As HCC prepares for the 90th Texas Legislative Session, the administration has evaluated state policy developments, stakeholder priorities, and emerging workforce and higher education trends to develop proposed legislative priorities for consideration by the Board of Trustees.

This process is informed by insights emerging from legislative interim charges and hearings. It also includes input from subject matter experts.

The goal: to position the institution to advance policies that strengthen student success and workforce development that help *Build a Talent Strong Texas*..

Relevant Key Dates

- **General Election:** November 3, 2026
- **Bill pre-filing:** November 9, 2026
- **Opening Day of 90th Legislative Session:** January 12, 2027
- **Revenue Estimate Published:** January 2027*
- **Community College Day:** January 28, 2027

*Sets what the 90th Legislature can spend.

Proposed Policy Priorities – TIER 1

Adopt a **robust biennial appropriation** for FY 2028 and FY 2029 that factors the THECB's updated forecast of performance by community colleges and favorably considers economically and disadvantaged students.

Support full funding in the **supplemental appropriations bill**, inclusive of withheld dynamic outcomes payments and pro-rated decreases for FY 2026 and 2027.

Support **structural improvements to the formula** that promote its predictability and sustainability.

Seek appropriations that support **HB 20 (89R)**, *relating to the Applied Sciences Pathways Program*.

Proposed Policy Priorities – Tier 1, Cont.

Support expanding the current cap of five **community college baccalaureate degrees**; alternatively, exempt nursing and teacher education from the cap, to enable colleges to respond more effectively to critical workforce shortages in high-demand fields.

Support the continuation and coordination of the state's **workforce education grant programs** (*e.g.,* TRUE, JET, and Skills Development Funds).

Make **statutory name change** from "Houston Community College System District" to "**Houston City College District**."

Maintain the authority of locally elected community college **governing boards to determine tuition and revenue policies** responsive to regional economic and educational priorities.

Proposed Policy Priorities – TIER 2

Align College, Career, and Military Readiness, dual credit, CTE, Credentials of Value, and community college funding to ensure high school credentials provide meaningful pathways to college completion and workforce success.

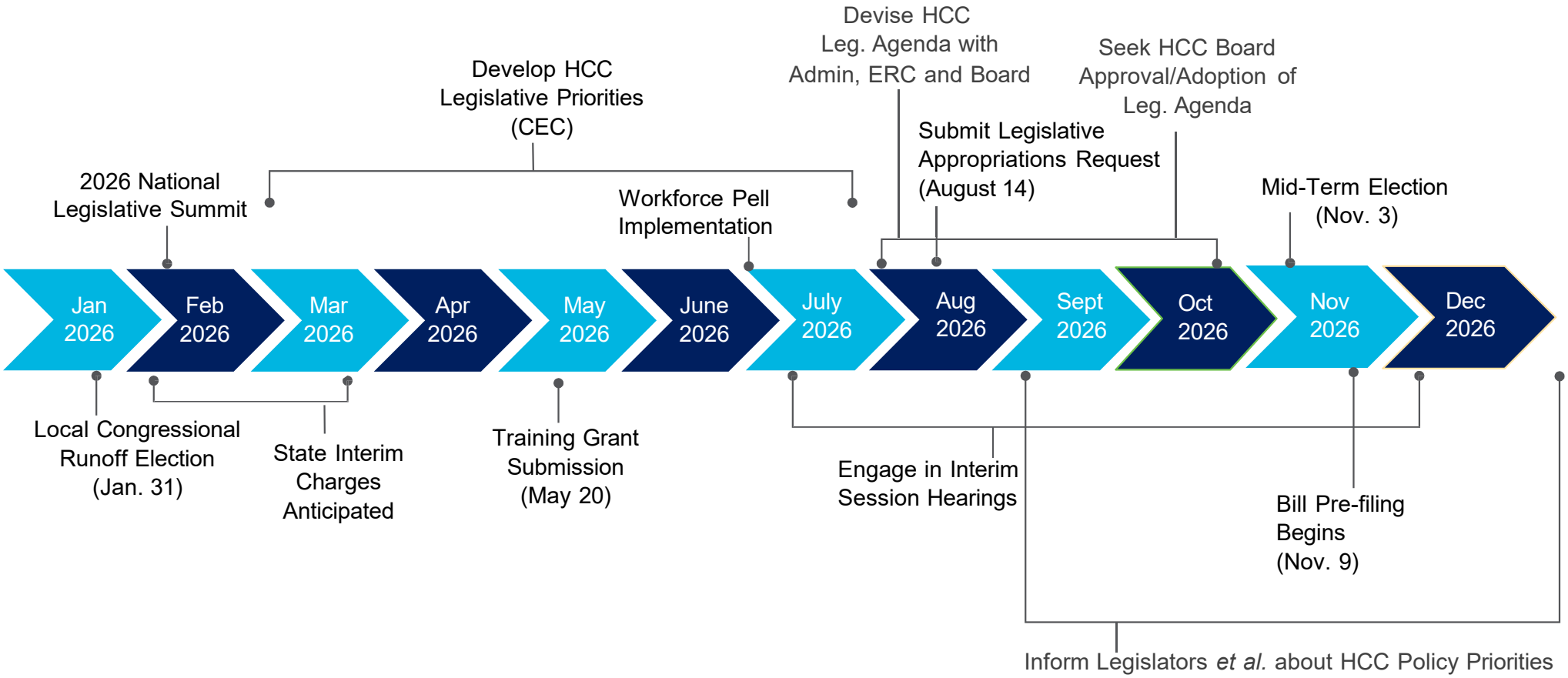
Support timely, detailed wage and occupational data for community colleges to inform workforce program development, strengthen accountability, and advance successful Workforce Pell implementation for students pursuing high-demand careers.

Improve access to nursing and clinical nursing clinical rotation slots.

Proposed Policy Priorities – TIER 3

Allow community colleges to serve as licensure exam sites and freeze the cost of certification or licensure exams.

HCC Legislative Timeline 2026



Revised August 20, 2026


Thank You

ACTION ITEM

Meeting Date: October 28, 2026

Consent Agenda

ITEM #	ITEM TITLE	PRESENTER
4.	**Adopt the General Education Curriculum Review Committee Recommendation**	**Dr. Margaret Ford Fisher** **Dr. Miguel A. Ramos** **Dr. Norma Perez**

RECOMMENDATION

To adopt the recommendation of the General Education Curriculum Review Committee.

COMPELLING REASON AND BACKGROUND

Based on SB 37 Sec. 51.315 General Education Curriculum Review, at least once every five years the governing board of each institution of higher education in the State of Texas must conduct a comprehensive review of the general education curriculum established by the institution.

The review must ensure that courses in the general education curriculum reflect criteria specified in the bill.

A committee was appointed by the HCC governing board to conduct the review and develop a recommendation based on the evaluation.

LEGAL REQUIREMENT

SB 37 Sec. 51.315 General Education Curriculum Review: No later than January 1 of each year a review is conducted under this section, the governing board of each institution of higher education shall certify the governing board's compliance with this section to the Texas Higher Education Coordinating Board.

STRATEGIC ALIGNMENT

1. Student Success, 5. College of Choice

ATTACHMENTS:

Description	Upload Date	Type
Adopt the General Education Curriculum Review Committee Recommendation	9/25/2026	Presentation
General Education Review Summary	9/29/2026	Attachment

This item is applicable to the following: District

General Education Curriculum Review Recommendation

Margaret Ford Fisher, Ed.D.
Chancellor

Norma Perez, Ph.D.
Senior Vice Chancellor, Instruction & Student Services and CAO

Miguel A. Ramos, Ph.D.
Vice Chancellor, Instructional Services

October 7, 2026

Overview

- SB 37 charges the governing board of each Texas public higher education institution with reviewing the general education curriculum established by the institution.
- The HCC Board of Trustees appointed an Advisory Committee to assist the Board in carrying out this charge.
- The Advisory Committee has completed its review and voting members have arrived at a recommendation.

General Education Curriculum Review

SB 37 General Education Curriculum Review Charge

- At least once every five years, the governing board of each institution of higher education shall conduct a comprehensive review of the general education curriculum.
- The governing board of an institution of higher education may appoint an advisory committee to assist in carrying out its duties under this section, including by making recommendations to the governing board.

General Education Curriculum Review Criteria

In reviewing an institution's general education curriculum, the review committee shall ensure courses in the curriculum:

1. are foundational and fundamental to a sound postsecondary education;
2. are necessary to prepare students for civic and professional life;
3. equip students for participation in the workforce and in the betterment of society;
4. ensure a breadth of knowledge in compliance with applicable accreditation standards; and
5. do not impose unnecessary costs on students including for additional tuition, fees, and time a student must spend to complete an undergraduate degree program at the institution.

General Education Review Process

- Evaluation of HCC Core Curriculum Courses against SB 37 criteria using a 5-point rubric
- Courses with receiving total score of 5 from at least 80% of raters are retained in core curriculum automatically
- Courses receiving a total score of 5 from less than 80% of raters are discussed by the advisory group
- After discussion, curriculum council members of the advisory group vote on courses for possible removal from the HCC Core Curriculum

General Education Curriculum Review Recommendation

Recommendation

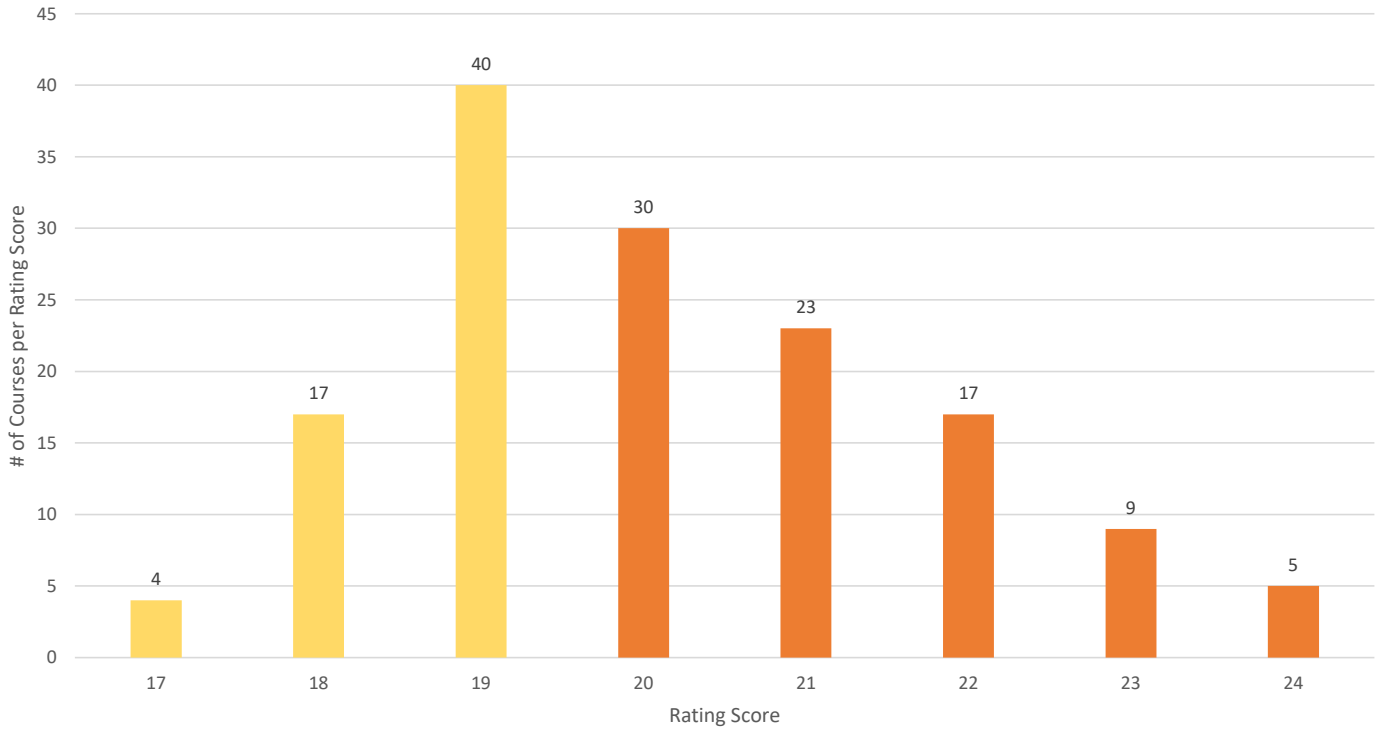
The current inventory of Houston City College core curriculum courses is compliant with general education criteria specified in SB 37 Sec. 51.315 General Education Review.

Context for Recommendation

- While individual rating scores suggested core curriculum cuts ranging from 0% to 86%, aggregate scoring data indicates all current HCC core curriculum courses received a score of 5 from at least 71% of raters. This indicates no single course in the current HCC core curriculum is broadly perceived as inconsistent with the core curriculum criteria outlined in SB 37.
- General Education Curriculum in SB 37 criteria are strongly aligned to existing Texas Core Curriculum objectives, component areas and statement of purpose which have been the basis for inclusion in the current HCC core curriculum.
- Core curriculum courses are derived from the state's Academic Course Guide Manual which defines learning outcomes for each course. Community colleges have limited options to create custom courses that would deviate from established criteria for lower division courses.

Item Rating Score Distribution

- 58% of courses had scores of 20 or better (orange bars). A score of 20 indicates that at least 20 raters out of 24 assigned a maximum score of 5 to a course.
- 42% had scores between 17 and 19 (yellow bars).
- Five courses were unanimously rated as core courses (score of 24).
- Four courses had a rating of 17 which indicates 71% of raters thought these courses should remain in the core.
- No course received a rating below 17.



Texas Core Guidelines and SB 37 Criteria Comparison

Texas Core Curriculum

- Through the Texas Core Curriculum, students will gain a foundation of knowledge of human cultures and the physical and natural world, develop principles of personal and social responsibility for living in a diverse world, and advance intellectual and practical skills that are essential for all learning.*
- Developed on principal that the core should provide students 1) with the foundational knowledge to be well rounded and productive citizens 2) with the skills to be successful for a lifetime of careers.**
- The core curriculum must encompass communication, mathematics, life and physical sciences, language, philosophy and culture, creative arts, American history, government/political science, and social and behavioral sciences.*
- Courses in the core curriculum must address the following core objectives: critical thinking skills, communication skills, empirical and quantitative skills, teamwork, social responsibility, and personal responsibility.*

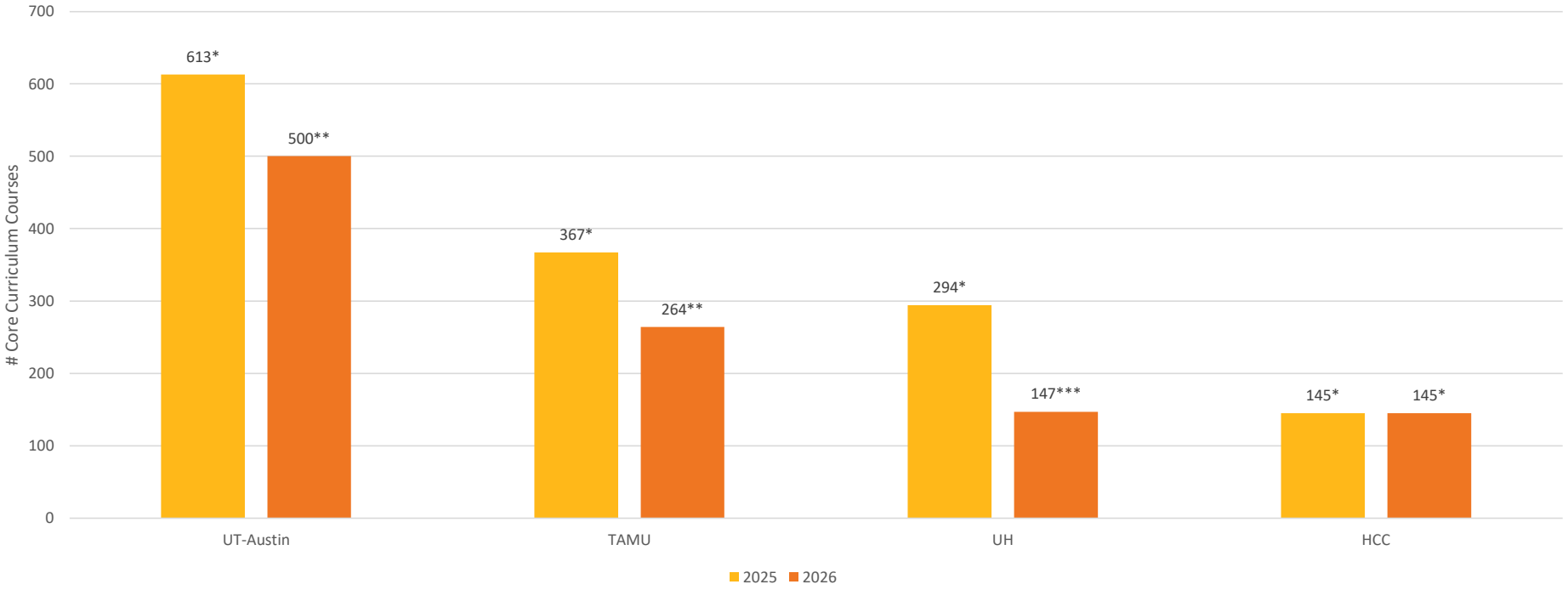
SB 37 General Education Criteria

The Governing Board shall ensure that general education courses

- are foundational and fundamental to a sound postsecondary education;
- are necessary to prepare students for civic and professional life;
- equip students for participation in the workforce and in the betterment of society;
- ensure a breadth of knowledge in compliance with applicable accreditation standards; and
- do not impose unnecessary costs on students including for additional tuition, fees, and time a student must spend to complete an undergraduate degree program at the institution.

* Source: THECB, Texas Core Curriculum, April 2018
** Source: THECB, Texas Core Curriculum Application Guide, November 2015

Core Curriculum Comparison based on Reported Cuts, 2025-2026



* Source: THECB, Texas General Education Core Curriculum Dashboard, 2026
** Source: Calculations based on https://www.texastribune.org/2026/09/03/texas-am-remove-core-courses-lgbtq-race-climate-change/
*** Source: uh.edu

Practical Considerations

- HCC needs to evaluate the transfer options available to our students resulting from core changes at other institutions, but these have not been finalized at most institutions.
- The state is considering options for changing the Core Curriculum Framework. This change will have profound impacts on all degree plans in our portfolio as well the HCC core inventory. However, we currently don't know what the proposed update looks like.

Future Work

- Develop internal criteria that address practical considerations for core inclusion
  - Enrollment
  - Transferability
- Evaluate upcoming proposed state THECB Core Curriculum changes and develop a process for implementing these changes across all HCC degree plans that are impacted by the Core Curriculum.

Conclusion

- HCC Core Curriculum is closely aligned to the SB 37 criteria for ensuring the courses in the curriculum meet the standards described in the legislation.
- The are opportunities to enhance the HCC Core Curriculum review process to include more practical criteria and to anticipate likely changes to the state core curriculum framework.

Thank You

Summary Statistics for General Education Review

Table 1 provides descriptive statistics for general education review scores at the aggregate level and by subgroup (core curriculum council members and community members).

Table 1. Summary Table of Descriptive Statistics for Core Curriculum Course Ratings by Group

	Full Committee (N=24)	Core Curriculum Council Members (N=19)	Community Members (N=5)
Mean (courses to retain)	122	119	132
Mode (courses to retain)	145	145	-
Median (courses to retain)	144	144	129
Range of the number of courses identified for removal by group	0 to 124	0 to 124	0 to 18

Table 2 summarizes the rating scores for each HCC Core Curriculum Course across the full group (all), the core curriculum council members (CCCM), and community members (CM). The final column provides the course enrollment for academic year 2025-2026. The total number of participating raters was 24 with 19 core curriculum council members and 5 community members.

Table 2. General Education Review Committee Ratings of HCC Core Courses by Group

HCC CORE CURRICULUM 2025-2026	# 5 Scores (all)	% 5 Scores (all)	# 5 scores (only CCCM)	% 5 scores (Only CCCM)	# 5 scores (only CM)	% 5 scores (only CM)	AY 25-26 Enrollment
ANTH 2101 - Physical Anthropology (Lab)	21	88%	16	84%	5	100%	39
ANTH 2301 - Physical Anthropology (Lecture)	21	88%	16	84%	5	100%	1,397

ANTH 2302 - Introduction to Archaeology	19	79%	14	74%	5	100%	145
ANTH 2346 - General Anthropology	19	79%	14	74%	5	100%	699
ANTH 2351 - Cultural Anthropology	20	83%	15	79%	5	100%	368
ARAB 1411 - Beginning Arabic I	17	71%	14	74%	3	60%	65
ARAB 1412 - Beginning Arabic II	18	75%	15	79%	3	60%	25
ARTS 1301 - Art Appreciation	22	92%	17	89%	5	100%	5,252
ARTS 1303 - Art History I (Prehistoric to the 14th Century)	21	88%	17	89%	4	80%	1,197
ARTS 1304 - Art History II (14th Century to the Present)	21	88%	17	89%	4	80%	797
ARTS 1311 - Design I (2-Dimensional Design)	17	71%	14	74%	3	60%	288
ARTS 1312 - Design II (3-Dimensional Design)	17	71%	14	74%	3	60%	186
ARTS 1313 - Foundations of Art	19	79%	15	79%	4	80%	48
ARTS 1316 - Drawing I	19	79%	14	74%	5	100%	343
ARTS 2348 - Digital Media	21	88%	16	84%	5	100%	201
ASTR 1103 - Stars and Galaxies Laboratory (lab)	18	75%	15	79%	3	60%	392
ASTR 1104 - Solar System Laboratory (Lab)	18	75%	15	79%	3	60%	209
ASTR 1303 - Stars and Galaxies (Lecture)	19	79%	15	79%	4	80%	2,247
ASTR 1304 - Solar System (lecture)	19	79%	15	79%	4	80%	1,426
BIOL 1106 - Biology for Science Majors I (Lab)	21	88%	17	89%	4	80%	2,005
BIOL 1306 - Biology for Science Majors I (Lecture)	22	92%	17	89%	5	100%	2,951
BIOL 1308 - Biology for Non-Science Majors I (Lecture)	22	92%	17	89%	5	100%	1,816
BIOL 1309 - Biology for Non-Science Majors II (Lecture)	22	92%	17	89%	5	100%	552
BIOL 1322 - Nutrition & Diet Therapy	21	88%	16	84%	5	100%	3,215
BIOL 1407 - Biology for Science Majors II (Lecture & Lab)	21	88%	17	89%	4	80%	976
BIOL 2301 - Anatomy & Physiology I (Lecture)	19	79%	14	74%	5	100%	6,852
BIOL 2302 - Anatomy & Physiology II (Lecture)	19	79%	14	74%	5	100%	3,256
CHEM 1111 - General Chemistry I (Lab)	20	83%	16	84%	4	80%	3,451
CHEM 1305 - Introductory Chemistry I (lecture)	22	92%	17	89%	5	100%	1,762
CHEM 1311 - General Chemistry I (Lecture)	21	88%	16	84%	5	100%	5,045

CHEM 1405 - Introductory Chemistry (Lecture & Lab)	20	83%	16	84%	4	80%	-
CHEM 1412 - General Chemistry II (Lecture & Lab)	19	79%	15	79%	4	80%	1,585
CHIN 1411 - Beginning Chinese I	20	83%	16	84%	4	80%	129
CHIN 1412 - Beginning Chinese II	20	83%	16	84%	4	80%	73
COMM 1307 - Introduction to Mass Communication	23	96%	18	95%	5	100%	452
COMM 2311 - Media Writing	19	79%	14	74%	5	100%	103
COSC 1436 - Programming Fundamentals I	20	83%	15	79%	5	100%	1,910
DANC 1305 - World Dance	17	71%	15	79%	2	40%	21
DANC 2303 - Dance Appreciation	19	79%	15	79%	4	80%	567
DRAM 1310 - Theater Appreciation	20	83%	16	84%	4	80%	509
DRAM 2361 - History of the Theater I	19	79%	14	74%	5	100%	29
DRAM 2366 - Film Appreciation	21	88%	16	84%	5	100%	155
ECON 1301 - Introduction to Economics	23	96%	18	95%	5	100%	288
ECON 2301 - Principles of Macroeconomics	22	92%	17	89%	5	100%	7,309
ECON 2302 - Principles of Microeconomics	21	88%	16	84%	5	100%	2,880
EDUC 1300 - Learning Framework	18	75%	14	74%	4	80%	12,469
ENGL 1301 - Composition I	24	100%	19	100%	5	100%	20,451
ENGL 1302 - Composition II	23	96%	18	95%	5	100%	14,718
ENGL 2311 - Technical & Business Writing	22	92%	17	89%	5	100%	1,426
ENGL 2322 - British Literature I	19	79%	14	74%	5	100%	1,830
ENGL 2323 - British Literature II	19	79%	14	74%	5	100%	1,724
ENGL 2327 - American Literature I	20	83%	15	79%	5	100%	525
ENGL 2328 - American Literature II	20	83%	15	79%	5	100%	245
ENGL 2332 - World Literature I	21	88%	16	84%	5	100%	339
ENGL 2333 - World Literature II	21	88%	16	84%	5	100%	147
ENGL 2341 - Forms of Literature	18	75%	14	74%	4	80%	123
ENGL 2351 - Mexican-American Literature	19	79%	14	74%	5	100%	104
FREN 1411 - Beginning French I	19	79%	16	84%	3	60%	114

FREN 1412 - Beginning French II	19	79%	16	84%	3	60%	43
GEOG 1301 - Physical Geography	23	96%	18	95%	5	100%	567
GEOG 1302 - Human Geography	22	92%	17	89%	5	100%	86
GEOG 1303 - World Regional Geography	22	92%	18	95%	4	80%	108
GEOL 1105 - Environmental Science (lab)	20	83%	16	84%	4	80%	14
GEOL 1301 - Earth Sciences for Non-Science Majors I (Lecture)	22	92%	17	89%	5	100%	433
GEOL 1305 - Environmental Science (Lecture)	22	92%	17	89%	5	100%	896
GEOL 1345 - Oceanography (Lecture)	20	83%	15	79%	5	100%	243
GEOL 1347 - Meteorology (Lecture)	20	83%	15	79%	5	100%	150
GEOL 1403 - Physical Geology (Lecture & Lab)	19	79%	15	79%	4	80%	306
GEOL 1404 - Historical Geology (Lecture & Lab)	19	79%	15	79%	4	80%	7
GERM 1411 - Beginning German I	20	83%	16	84%	4	80%	24
GERM 1412 - Beginning German II	20	83%	16	84%	4	80%	-
GOVT 2305 - Federal Government	24	100%	19	100%	5	100%	13,758
GOVT 2306 - Texas Government	23	96%	18	95%	5	100%	10,160
HIST 1301 - United States History I	24	100%	19	100%	5	100%	14,644
HIST 1302 - United States History II	23	96%	18	95%	5	100%	11,595
HIST 2301 - Texas History	21	88%	16	84%	5	100%	431
HIST 2311 - Western Civilization I	19	79%	14	74%	5	100%	286
HIST 2312 - Western Civilization II	19	79%	14	74%	5	100%	60
HIST 2321 - World Civilizations I	21	88%	16	84%	5	100%	133
HIST 2322 - World Civilizations II	21	88%	16	84%	5	100%	49
HIST 2327 - Mexican-American History I	19	79%	15	79%	4	80%	168
HIST 2328 - Mexican-American History II	19	79%	15	79%	4	80%	52
HIST 2381 - African-American History	20	83%	15	79%	5	100%	372
HIST 2382 - African American History II	20	83%	15	79%	5	100%	111
HUMA 1301 - Introduction to Humanities I	22	92%	17	89%	5	100%	2,333
HUMA 1305 - Introduction to Mexican American Studies	20	83%	15	79%	5	100%	446

HUMA 1311 - Mexican American Fine Arts Appreciation	20	83%	15	79%	5	100%	144
HUMA 2319 - American Minority Studies	20	83%	16	84%	4	80%	147
HUMA 2323 - World Cultures	21	88%	16	84%	5	100%	251
JAPN 1411 - Beginning Japanese I	19	79%	16	84%	3	60%	30
JAPN 1412 - Beginning Japanese II	18	75%	15	79%	3	60%	-
KINE 1304 - Personal/Community Health	21	88%	16	84%	5	100%	1,387
KINE 1306 - First Aid	19	79%	14	74%	5	100%	113
KORE 1411 - Beginning Korean I	19	79%	16	84%	3	60%	47
KORE 1412 - Beginning Korean II	19	79%	16	84%	3	60%	-
MATH 1314 - College Algebra	23	96%	18	95%	5	100%	8,656
MATH 1316 - Plane Trigonometry	19	79%	14	74%	5	100%	2,470
MATH 1324 - Math for Business & Social Sciences	22	92%	17	89%	5	100%	4,125
MATH 1325 - Calculus for Business & Social Sciences	20	83%	15	79%	5	100%	780
MATH 1332 - Contemporary Mathematics	20	83%	16	84%	4	80%	2,080
MATH 1342 - Elementary Statistical Methods	21	88%	16	84%	5	100%	2,863
MATH 1350 - Mathematics for Teachers I	19	79%	14	74%	5	100%	383
MATH 1351 - Mathematics for Teachers II	19	79%	14	74%	5	100%	282
MATH 2318 - Linear Algebra	18	75%	13	68%	5	100%	301
MATH 2320 - Differential Equations	18	75%	13	68%	5	100%	526
MATH 2412 - Pre-Calculus Math	20	83%	15	79%	5	100%	2,020
MATH 2413 - Calculus I	21	88%	16	84%	5	100%	2,408
MATH 2414 - Calculus II	19	79%	14	74%	5	100%	1,722
MATH 2415 - Calculus III	18	75%	13	68%	5	100%	866
MUSI 1303 - Fundamentals of Music	18	75%	15	79%	3	60%	325
MUSI 1306 - Music Appreciation	21	88%	16	84%	5	100%	834
MUSI 1307 - Music Literature	20	83%	15	79%	5	100%	75
MUSI 1310 - American Music	19	79%	14	74%	5	100%	386
PHIL 1301 - Introduction to Philosophy	23	96%	18	95%	5	100%	4,458

PHIL 1304 - Introduction to World Religions	22	92%	17	89%	5	100%	187
PHIL 2303 - Introduction to Formal Logic	22	92%	17	89%	5	100%	126
PHIL 2306 - Introduction to Ethics	22	92%	17	89%	5	100%	3,728
PHIL 2307 - Introduction to Social and Political Philosophy	20	83%	15	79%	5	100%	53
PHIL 2316 - Classical Philosophy	19	79%	14	74%	5	100%	67
PHYS 1305 - Elementary Physics I (Lecture)	20	83%	15	79%	5	100%	726
PHYS 1401 - College Physics I (Lecture & Lab)	19	79%	15	79%	4	80%	947
PHYS 1402 - College Physics II (Lecture & Lab)	19	79%	15	79%	4	80%	536
PHYS 2125 - University Physics I (Lab)	18	75%	14	74%	4	80%	925
PHYS 2126 - University Physics II (Lab)	18	75%	14	74%	4	80%	696
PHYS 2325 - University Physics I (Lecture)	19	79%	14	74%	5	100%	1,401
PHYS 2326 - University Physics II (Lecture)	19	79%	14	74%	5	100%	1,228
PSYC 2301 - General Psychology	24	100%	19	100%	5	100%	9,923
PSYC 2314 - Lifespan Growth & Development	20	83%	15	79%	5	100%	3,212
PSYC 2316 - Psychology of Personality	18	75%	14	74%	4	80%	300
PSYC 2317 - Statistical Methods in Psychology	18	75%	13	68%	5	100%	1,134
PSYC 2319 - Social Psychology	20	83%	15	79%	5	100%	669
PSYC 2320 - Abnormal Psychology	18	75%	13	68%	5	100%	698
PSYC 2330 - Biological Psychology	19	79%	14	74%	5	100%	610
SOCI 1301 - Introduction to Sociology	24	100%	19	100%	5	100%	4,866
SOCI 1306 - Social Problems	22	92%	17	89%	5	100%	353
SOCI 2301 - Marriage & the Family	20	83%	15	79%	5	100%	210
SOCI 2326 - Social Psychology	19	79%	14	74%	5	100%	59
SOCI 2336 - Criminology	19	79%	14	74%	5	100%	335
SPAN 1411 - Beginning Spanish I	20	83%	16	84%	4	80%	1,243
SPAN 1412 - Beginning Spanish II	21	88%	17	89%	4	80%	733
SPCH 1311 - Introduction to Speech Communication	21	88%	16	84%	5	100%	1,651
SPCH 1315 - Public Speaking	23	96%	18	95%	5	100%	2,525

SPCH 1318 - Interpersonal Communication	20	83%	15	79%	5	100%	592
SPCH 1321 - Business and Professional Communication	18	75%	14	74%	4	80%	534
TECA 1354 - Child Growth and Development	18	75%	13	68%	5	100%	303

ACTION ITEM

Meeting Date: October 28, 2026

Consent Agenda

ITEM #	ITEM TITLE	PRESENTER
5.	**Quarterly and Monthly Investment Reports, Financial Statement and Budget Review for August 2026**	**Dr. Margaret Ford Fisher** **Robert McCracken**

RECOMMENDATION

Accept the Quarterly Investment Report, Monthly Investment Report, Financial Statement and Budget Review for Quarter 4 and August 2026.

COMPELLING REASON AND BACKGROUND

- The monthly investment report provides the Board with a status of the investment portfolio, including book and market values, and complies with the relevant statute. This report includes the unexpended proceeds of various bond issues.

    - The portfolio is liquid and secure with 44% of the assets invested in local government pools, money market funds and interest-bearing checking accounts.
    - All pools and money market funds are rated "AAA" by Standard & Poor's, which is the highest level. All bank deposits are secured with U.S. Treasuries/Agencies. The balance of the portfolio is invested in U.S. Treasuries and government-sponsored entities/agencies with "AAA" credit ratings.

- The monthly financial statement and budget review provides the Board with a status analysis of the college and information related to the various funds of the college, including fund balances, comparison to previous year and comparison to budget.

- Awareness and review of financial information throughout the year helps to inform decision making, and allows for mid-year adjustments, if needed.

FISCAL IMPACT

For August, the interest income earned for the month and fiscal year to date totaled $1,938,479 and $23,139,529, respectively. The weighted average interest rate (WAR) on August 31, 2026, was 3.74% compared to 3.74% last month and 4.19% a year ago.

Interest expense on outstanding debt was $1,330,266 for the month of August 2026.

LEGAL REQUIREMENT

The investment report is required by the Public Funds Investment Act (Texas Government Code §2256.023) to be submitted to the governing body of Houston City College no less than quarterly.

STRATEGIC ALIGNMENT

1. Student Success, 5. College of Choice

ATTACHMENTS:

Description	Upload Date	Type
Financial Report Presentation	9/30/2026	Presentation
Quarterly Investment Report - August 2026	9/30/2026	Attachment
Monthly Investment Report - August 2026	9/30/2026	Attachment
Monthly Financial Statement - August 2026	9/30/2026	Attachment

This item is applicable to the following: District

HOUSTON CITY COLLEGE

FY 2026
Summary of August 2026 Monthly Financial Statements and Budget Review (Unaudited)

Dr. Margaret Ford Fisher, Chancellor

Robert McCracken, Vice Chancellor, Administration & Operations

Dawn Stephens, Interim Associate Vice Chancellor, Finance & Accounting

October 7, 2026

Fund 1: Unrestricted Revenues

	Budget Comparison				Previous Fiscal Year Comparison			
	FY 2026 Adjusted Budget	Year-to-Date Actuals Thru August 31, 2026	Actuals as a % of Budget		Year-to-Date Actuals Thru August 31, 2026	Year-to-Date Actuals Thru August 31, 2025	Increase (Decrease) FY 2026 Compared to FY 2025	% Increase (Decrease)
REVENUES								
State Appropriations	$ 72,938,399	$ 80,119,183	109.8%	**A**	$ 80,119,183	$ 74,615,396	$ 5,503,787	7.4%
Ad Valorem Taxes	242,337,151	237,906,909	98.2%		237,906,909	223,625,501	14,281,408	6.4%
Tuition & Fees, Net	139,322,887	138,696,062	99.6%		138,696,062	129,345,448	9,350,614	7.2%
Other Local Income	19,406,390	20,589,203	106.1%		20,589,203	23,866,299	(3,277,096)	-13.7%
Tuition & Fees, Net -- Extended Learning	9,099,718	9,057,158	99.5%		9,057,158	8,435,499	621,659	7.4%
Grant Revenue - Indirect Cost	650,000	743,988	114.5%	**B**	743,988	779,640	(35,651)	-4.6%
Total Revenues	483,754,545	487,112,504	100.7%		487,112,504	460,667,783	26,444,721	5.7%
Fund Balance Transfers In & Rolled POs	22,269,376	22,269,376	100.0%		22,269,376	17,809,983	4,459,393	25.0%
Total Revenues and Fund Balance Transfers	$ 506,023,921	$ 509,381,880	100.7%		$ 509,381,880	$ 478,477,766	$ 30,904,114	6.5%

Fund 1: Unrestricted Expenses

	Budget Comparison				Previous Fiscal Year Comparison			
	FY 2026 Adjusted Budget	Year-to-Date Actuals Thru August 31, 2026	Actuals as a % of Budget		Year-to-Date Actuals Thru August 31, 2026	Year-to-Date Actuals Thru August 31, 2025	Increase (Decrease) FY 2026 Compared to FY 2025	% Increase (Decrease)
EXPENSES								
Salaries	261,651,089	259,259,291	99.1%		259,259,291	247,705,676	11,553,615	4.7%
Employee Benefits	42,833,492	32,625,300	76.2%	**C**	32,625,300	31,382,377	1,242,923	4.0%
Supplies & General Expense	7,333,953	6,735,145	91.8%		6,735,145	5,890,605	844,541	14.3%
Travel	1,203,816	977,850	81.2%	**D**	977,850	859,758	118,092	13.7%
Marketing Costs	3,490,659	3,185,689	91.3%		3,185,689	3,613,863	(428,174)	-11.8%
Rentals & Leases	393,373	221,407	56.3%	**E**	221,407	319,757	(98,350)	-30.8%
Insurance/Risk Mgmt.	8,279,235	8,207,673	99.1%		8,207,673	8,224,127	(16,454)	-0.2%
Contracted Services	38,284,996	35,637,680	93.1%		35,637,680	36,004,591	(366,911)	-1.0%
Utilities	11,267,271	10,147,015	90.1%		10,147,015	11,111,099	(964,084)	-8.7%
Other Departmental Expenses	4,473,523	4,020,776	89.9%	**F**	4,020,776	3,237,073	783,703	24.2%
Instructional & Other Materials	9,721,434	8,464,501	87.1%	**G**	8,464,501	8,467,468	(2,967)	0.0%
Maintenance & Repair	3,310,818	3,012,212	91.0%		3,012,212	2,253,803	758,410	33.7%
Transfers\Debt	90,507,534	90,735,513	100.3%		90,735,513	60,955,963	29,779,550	48.9%
Contingency/Initiatives	204,027	-	0.0%		-	-	-	0.0%
Capital Outlay	12,670,155	11,122,871	87.8%	**H**	11,122,871	15,580,250	(4,457,379)	-28.6%
Scholarship Distribution	10,398,547	11,597,007	111.5%	I	11,597,007	428,862	11,168,145	2604.1%
Total Expenses	$ 506,023,921	$ 492,706,957	97.4%		$ 492,706,957	$ 442,470,441	$ 50,236,516	11.4%
NET REVENUE/(EXPENSES)	-	$ 16,674,923			$ 16,674,923	$ 36,007,325	$ (19,332,402)	

Explanation of Variance Amounts

Variance Code	Notes
A	State appropriations are higher due to increases in COV awards and Dual Credit FAST funding.
B	Grant Revenue - It is contingent on activity for the year.
C	Employee Benefits – GASB 68 (Pension) and GASB 75 (OPEB) has not been received, creating a delay in reporting.
D	Travel expenses are down due to controlled spending.
E	Rental expenses occur based on events during the year and vary from year-to-year.
F	Other Departmental expenditures are below budget due to reduced and efficient spending.
G	Instructional & Other Material expenses are down due to efficient spending.
H	Capital Outlays occur at irregular intervals based on construction schedules and needs.
I	Scholarships are are distributed based on needs. The criteria are continuously reviewed to ensure maximum distribution.

Thank You

HOUSTON CITY COLLEGE
4th Quarter Investment Report (Including Deposits) by State Auditor's Office
June 1, 2026 through August 31, 2026

Investment or Deposit Type		**AUGUST 31, 2026 Market Value**
Publicly Traded Equity and Similar Investments		
Common Stock (U.S. and foreign stocks held in separately managed accounts or internally managed by institution investment staff; exclude mutual or commingled funds)		
Equity/Stock Mutual Funds		
Balanced Mutual Funds (where target allocation is > 50% equities)		
"Common fund" Equity Commingled Funds		
Other Equity Commingled Funds (if primarily invested in publicly traded equities)		
Preferred Stock		
Other - list by type		
	Total Publicly Traded Equity and Similar Investments	**$ -**
"Other" Investments - Other than Publicly Traded Equity and Debt Investments		
Real Estate (include direct ownership & investments in real estate limited partnerships, private REITs, or similar vehicles; include a portfolio of publicly traded REITs if managed as a separate asset allocation category rather than comprising part of a broadly diversified stock portfolio)		
Other Real Asset Investments (e.g. investments in infrastructure funds)		
Private Equity		
Hedge Funds		
"Common fund" Alternative Asset Commingled Funds (Real Estate, Private Equity, Hedge Funds, Commodities, etc.)		
Annuities		
Commodities		
Collectibles		
Other - list by type		
	Total "Other" Investments - Other than Publicly Traded Equity & Debt Investments	**$ -**
Publicly Traded Debt & Similar Investments>1 year maturity		
U.S. Government Securities ("Treasuries")	$	217,551,006
U.S. Government Agency Securities ("Agencies")		64,375,146
Mortgage Pass-throughs - "Agency"		12,746
Mortgage Pass-throughs - "Private Label"		
Certificates of Deposit (CD) - Nonnegotiable		50,000,000
Certificates of Deposit (CD) - Negotiable		
Asset-Backed Securities (ABS) (other than mortgage-backed securities)		
Sovereign Debt (non-U.S.)		
Municipal Obligations		
Collateralized Mortgage Obligations (CMOs) - list below by category		
Interest Only Strips (IOs)		
Principal Only Strips (POs)		
Inverse Floaters		
Stated Final Maturity longer than 10 years		
Other CMOs - "Agency"		
Other CMOs - "Private Label"		
Corporate Obligations (U.S. or foreign companies) - list below by rating		
Highly Rated (AAA/AA or equivalent)		
Other Investment Grade (A/BBB or equivalent)		
High Yield Bonds (<BBB or equivalent)		
Not Rated (NR)		
Fixed Income/Bond Mutual Funds (longer term; registered with the SEC)		
Balanced Mutual Funds (where target allocation is > 50% bonds or other debt securities)		
"Common fund" Fixed Income/Bond Commingled Funds		
Other Fixed Income/Bond Commingled Funds (primarily invested in publicly traded debt securities; not registered with the SEC)		
GICs (Guaranteed Investment Contracts)		
Other - list by type		
	Total Publicly Traded Debt & Similar Investments >1 year	**$ 331,938,898**
Short-Term Investments & Deposits		
U.S. Government Securities ("Treasuries")	$	-
U.S. Government Agency Securities ("Agencies")		-
Bankers' Acceptances		
Commercial Paper - A1/P1 (or equivalent)		
Other Commercial Paper - lower rated		
Repurchase Agreements (Repos)		
Money Market Mutual Funds (registered with the SEC)		
Short-Term Mutual Funds Other than Money Market Mutual Funds (registered with the SEC)		
Public Funds Investment Pool Created to Function as a Money Market Mutual Fund (not registered		
TexPool (and TexPool Prime)		68,821,824
Other Public Funds Investment Pools Functioning as Money Market Mutual Funds		46,070,646
Other Investment Pools - Short-Term (not created to function as a money market mutual fund) - Lone Star		55,854,342
Certificates of Deposit (CD) - Nonnegotiable		
Certificates of Deposit (CD) - Negotiable		
Bank Deposits (Savings Accounts)		
Cash at Bank		21,382,447
Cash Held at State Treasury		
Securities Lending Collateral Reinvestments (direct investments or share of pooled collateral)		
Other - list by type		
	Total Short-Term Investments & Deposits	**$ 192,129,259**
	TOTAL INVESTMENTS and DEPOSITS	**$ 524,068,156**

1.Does the institution employ outside investment advisors or managers and, if so, who are they (provide individual or firm name and address)? Do the outside investment advisors or managers have the authority to make investment decisions without obtaining prior approval?	**NO**
2. Does the institution use soft dollar, directed brokerage or directed commission, commission recapture, or similar arrangements (these arrangements typically involve using brokerage commissions as a means of paying for other related investment services through credits of a portion of brokerage commissions paid rather than through direct payments, or using selected brokers who will rebate a portion of commissions they receive on trades for the investor)? If the answer to this question is yes, the institution must summarize briefly the guidelines that govern the use of such arrangements.	**NO**
3. Is the institution associated with an independent endowment or foundation? If the answer to this question is yes, the institution must provide contact information (name and address) for the individual(s) who manage the independent endowment or foundation. The institution must also provide, if available, the market value of the endowment's or foundation's investments.	**YES**

HOUSTON CITY COLLEGE FOUNDATION
3100 Main (12th Floor), Houston, Texas 77002
Karen Schmidt, Executive Director and President, E-mail: karen.schmidt2@hccs.edu, Telephone: 713-718-8495
Malinda Wooten, Manager, Accounting & Financial Reporting, E-mail: malinda.wooten@hccs.edu, Telephone 713-718-6202

Investments at Market Value as of August 31, 2025	**$ 22,354,407**

HOUSTON CITY COLLEGE

MONTHLY INVESTMENT REPORT

For the Month of August 2026

Prepared by
Finance and Administration Division

The investment portfolio of the Houston City College is in compliance with the Public Funds Investment Act and the College's Investment Policy and Strategies.

/s/ Robert McCracken

Robert McCracken
Vice Chancellor, Administration & Operations

/s/ Dawn Stephens

Dawn Stephens
Interim Associate Vice Chancellor, Finance & Accounting

/s/ *Victor Onwumere*

Victor Onwumere
Executive Director, Finance & Treasury

HOUSTON CITY COLLEGE
INVESTMENT PORTFOLIO COMPOSITION
August 31, 2026

Beginning Book Value (August 1, 2026)	$	539,984,076
Beginning Market Value (August 1, 2026)	$	538,494,004
Additions/Subtractions (Book Value - Net)	$	(35,187,460)
Change in Market Value	$	98,911
Ending Book Value (August 31, 2026)	$	504,796,616
Ending Market Value (August 31, 2026)	$	503,275,482
Unrealized Gain/(Loss)	$	(1,521,134)
WAM (44% of Portfolio's Weighted Average Maturity)		1 day
WAM (56% of Portfolio's Weighted Average Maturity - Securities Held To Maturity)		408

* Net amount provided/(for) operations	$	(35,143,797)
* Net amount provided/(for) CIP/others		(43,663)
	$	(35,187,460)

EXECUTIVE SUMMARY
INVENTORY HOLDINGS REPORT
August 31, 2026

	Ending Book Value	Ending Market Value	Unrealized Gain (Loss)
US Treasuries	$ 218,465,064	$ 217,551,006	$ (914,058)
US Agencies	64,994,967	64,387,892	(607,076)
Local Government Pools	124,676,166	124,676,166	-
Money Market Funds	46,070,646	46,070,646	-
Certificate of Deposit	50,000,000	50,000,000	-
Interest Bearing Checking	589,772	589,772	-
Total	$ 504,796,616	$ 503,275,482	$ (1,521,134)
WAR (Weighted Average Interest Rate)		3.74%	

INVESTMENTS

INVENTORY HOLDINGS REPORT (OPERATING AND OTHERS)

August 31, 2026

Description	Held At	Coupon Rate	Yield Rate	Purchase Date	Maturity Date	Par	Discount AMT	Beginning Mkt. Value	Beginning Book Value	Net Change	Ending Book Value	Ending Mkt. Value	Change in Mkt. Value	Unrealized Gain/(Loss)
Fannie Mae ARM Pool 708686	Bank of America	4.0690%	0.0000%	02/22/05	05/01/33	4,737	$ (1,459)	$ 4,859	$ 6,197	$ (46)	$ 6,151	$ 4,814	$ (45)	$ (1,336)
Fannie Mae ARM Pool 805454	Bank of America	4.6720%	0.0000%	12/23/04	12/01/34	7,737	(5,920)	7,990	13,657	(59)	13,598	7,932	(58)	(5,666)
Federal Farm Credit Bank US Domestic Unsecured	Bank of America	4.2500%	4.3200%	02/12/25	01/28/28	10,000,000	19,430	9,993,049	9,980,570	-	9,980,570	9,985,250	(7,798)	4,680
Federal Farm Credit Bank US Domestic Unsecured	Bank of America	3.7500%	3.7872%	04/10/26	04/09/29	15,000,000	15,679	14,766,654.15	14,984,320.80	-	14,984,321	14,757,822	(8,832)	(226,499)
Federal Farm Credit Bank US Domestic Unsecured	Bank of America	3.7500%	3.7950%	04/10/26	04/09/29	15,000,000	18,932	14,766,654.15	14,981,067.90	-	14,981,068	14,757,822	(8,832)	(223,246)
U.S. Treasury Note US Govt Treasury	Bank of America	3.3800%	3.4940%	09/16/24	09/15/27	10,000,000	33,594	9,910,156	9,966,406	-	9,966,406	9,914,219	4,062	(52,188)
U.S. Treasury Note US Govt Treasury	Bank of America	2.7500%	4.0060%	10/25/24	07/31/27	15,000,000	489,150	14,790,938	14,510,850	-	14,510,850	14,802,686	11,748	291,836
U.S. Treasury Note US Govt Treasury	Bank of America	3.8800%	3.8800%	10/15/24	10/15/27	10,000,000	3,516	9,959,375	9,996,484	-	9,996,484	9,956,641	(2,734)	(39,844)
FARMER MAC DOMESTIC MTN UNSECURED	Bank of America	3.6300%	3.5600%	09/13/24	09/13/27	15,000,000	(27,510)	14,908,781	15,027,510	-	15,027,510	14,905,223	(3,558)	(122,287)
FARMER MAC DOMESTIC MTN UNSECURED	Bank of America	4.3500%	4.3430%	02/12/25	01/28/28	10,000,000	(1,750)	9,975,957	10,001,750	-	10,001,750	9,969,029	(6,929)	(32,721)
U.S. Treasury Note US Govt Treasury	Bank of America	3.7500%	4.1240%	12/5/2024	8/31/2026	10,000,000	62,500	9,999,219	9,937,500	(9,937,500)	0	0	-	-
U.S. Treasury Note US Govt Treasury	Bank of America	3.7500%	4.1640%	12/5/2024	8/31/2026	10,000,000	69,141	9,999,219	9,930,859	(9,930,859)	0	0	-	-
U.S. Treasury Note US Govt Treasury	Bank of America	3.5000%	4.0790%	2/26/2025	1/31/2028	30,000,000	475,781	29,667,188	29,524,219	-	29,524,219	29,666,016	(1,172)	141,797
U.S. Treasury Note US Govt Treasury	Bank of America	2.7500%	4.0810%	2/26/2025	2/15/2028	10,000,000	368,750	9,775,000	9,631,250	-	9,631,250	9,780,469	5,469	149,219
U.S. Treasury Note US Govt Treasury	Bank of America	3.8800%	4.0150%	3/19/2025	3/15/2028	10,000,000	39,063	9,937,891	9,960,938	-	9,960,938	9,934,766	(3,125)	(26,172)
U.S. Treasury Note US Govt Treasury	Bank of America	3.5000%	3.6574%	1/22/2026	3/16/2028	10,000,000	42,188	9,813,671.90	9,957,812.50	-	9,957,813	9,810,156	(3,516)	(147,656)
U.S. Treasury Note US Govt Treasury	Bank of America	1.7500%	3.6656%	1/22/2026	3/17/2028	10,000,000	543,750	9,392,187.50	9,456,250.00	-	9,456,250	9,400,781	8,594	(55,469)
U.S. Treasury Note US Govt Treasury	Bank of America	1.7500%	3.6700%	1/22/2026	3/18/2028	20,000,000	1,087,160	18,784,375.00	18,912,840.00	-	18,912,840	18,801,563	17,188	(111,277)
U.S. Treasury Note US Govt Treasury	Bank of America	1.7500%	3.6700%	1/22/2026	3/19/2028	20,000,000	1,084,600	18,784,375.00	18,915,400.00	-	18,915,400	18,801,563	17,188	(113,837)
U.S. Treasury Note US Govt Treasury	Bank of America	0.6250%	3.4790%	2/20/2026	3/31/2027	20,000,000	614,804	19,561,041.60	19,385,196.00	-	19,385,196	19,614,180	53,138	228,984
U.S. Treasury Note US Govt Treasury	Bank of America	2.3750%	3.4603%	2/20/2026	3/31/2029	30,000,000	951,900	28,519,921.80	29,048,100.00	-	29,048,100	28,533,984	14,063	(514,116)
U.S. Treasury Note US Govt Treasury	Bank of America	2.3800%	3.6950%	3/19/2026	3/31/2029	15,000,000	396,945	14,259,960.90	14,603,055.49	-	14,603,055	14,266,992	7,031	(336,063)
U.S. Treasury Note US Govt Treasury	Bank of America	2.3800%	3.7110%	3/19/2026	3/31/2029	15,000,000	403,737	14,259,960.90	14,596,263.30	-	14,596,263	14,266,992	7,031	(329,271)
Debt Service 2001A Bond Interest Checking	Bank of America		1.8000%				-	0.39	0.39	-	0	0	-	-
HCCS Merchant Service	Bank of America		0.6600%				-	0.00	0.00	62	62	62	-	-
LTD 2013 Tax Bond General Checking	Bank of America		1.7900%				-	170.14	170.14	169	339	339	-	-
Merrill Lynch (Morgan Stanley Govt/Goldman Sachs	Bank of America		3.5500%				-	3,281.40	3,281.40	10	3,291	3,291	-	-
Money Market 2006 Jr. Lien Debt Reserve	Bank of America		3.5500%				-	3,244,361	3,244,361	9,855	3,254,217	3,254,217	-	-
LTD 2013 Tax Bond General Checking	JP Morgan Chase		3.6000%				-	495,090.13	495,090.13	(122,435.34)	372,654.79	372,654.79	-	-
Merrill Lynch (Morgan Stanley Govt/Goldman Sachs	JP Morgan Chase		0.0000%				-	58,637,977.86	58,637,977.86	(15,824,839.73)	42,813,138.13	42,813,138.13	-	-
Money Market 2006 Jr. Lien Debt Reserve	JP Morgan Chase		1.7900%				-	-	-	-	-	-	-	-
Chase Certificate of Deposit	JP Morgan Chase		3.4200%					50,000,000.00	50,000,000.00	-	50,000,000.00	50,000,000.00	-	-
Chase Operating Interest Checking	JP Morgan Chase		2.2000%				-	0	0	216,716.21	216,716	216,716	-	-
Lone Star (Corporate Overnight Fund)	State Street Bank		3.7770%				-	55,673,867.96	55,673,867.96	180,474.30	55,854,342.26	55,854,342.26	-	-
TexPool - General Funds	State Street Bank		3.6492%				-	14,323,835.13	14,323,835.13	44,738.40	14,368,573.53	14,368,573.53	-	-
TexPool - Prime	State Street Bank		3.7958%				-	54,276,995.98	54,276,995.98	176,254.14	54,453,250.12	54,453,250.12		
TOTAL								**$ 538,494,004**	**$ 539,984,076**	**$ (35,187,460)**	**$ 504,796,616**	**$ 503,275,482**	**$ 98,911**	**$ (1,521,134)**



Summary Operating Statements

For the Period
September 1, 2025 - August 31, 2026
Unaudited
For the Meeting of the Board of Trustees - October 7, 2026

for

Houston City College

Table of Contents

For the Period September 1, 2025 - August 31, 2026

Houston City College

Summary	Summary of Financial Statements	1
Revenues, Expenses & Fund Balances	Statement of Revenues, Expenses and Fund Balances - All Funds	3
Operating Summary	Unrestricted Revenues and Expenses	4
Auxiliary Summary	Auxiliary Revenues and Expenses by Fund	5
Budgets & Actuals Summary	Unrestricted Adjusted Budgets and Actuals by Division - Summary Comparison	7
Balance Sheet	Balance Sheet by Fund	8
Exemptions & Waivers	Exemptions and Waivers Detail	9

Summary of Financial Statements
As of August 31, 2026

On June 18, 2025, the Board of Trustees approved the FY 2026 operating budget totaling $475 million. The FY 2026 budget included conservative revenue and expense estimates. Included in the FY 2026 budget are fund balance transfers totaling $17.6 million; $7.6 million to continue addressing deferred maintenance, and $9 million for Houston Reconnect scholarships. At the August Board meeting the Board approved an additional $1 million for Connect 2 workforce scholarships. Also, in April 2026 a budget adjustment of $4.7 million was completed for a previously approved legal obligation bringing the total adjusted budget to $479.6 million.

On June 17, 2026, the Board approved an amendment to the FY2026 budget, allocating an additional $26.4 million to address strategic priorities across the institution which included classroom and laboratory enhancements, instructional equipment upgrades and facility enhancements. It also addressed critical infrastructure needs and an allocation to fund the implementation of a modern Enterprise Resource Planning (ERP) system. The budget amendment of $26.4 million increased the total FY2026 budget to $506 million.

The Board approved the FY 2026 Auxiliary budget, Restricted Funds budget, and the Capital and Technology Plan budget. The approved FY 2026 Auxiliary Services budget totals $9.8 million. Overall, this is a 14% increase compared to the prior year, primarily due to annual salary increases, and overhead cost increases for non-payroll expenses. The Restricted budget totals $151 million for grant activities, financial aid, and payments for employee benefits. Finally, the approved Capital and Technology Plan budget totals $7.5 million, which is earmarked for the continuation of asset upgrades and replacement of information and instructional technology equipment.

The Unrestricted Fund as of August 31, 2026, total revenues and fund balance transfer-ins are $509.4 million. This represents 100.7% of the budgeted total of $506 million. Expenses total $492.7 million to date, which is 97.4% of the total expense budget of $506 million. Compared with the same period last year, revenues and transfers are higher by 6.5% and expenses are higher by 11.4%. Actual net revenue is $16.7 million to date. However, that number will change due to anticipated expenses such as legal invoices, utilities, pension expense (GASB No. 65) and other post-employment benefits (GASB No. 75).

Ad Valorem tax revenue collections are 6.4% higher when compared to last year, mainly due to increases in property valuations. This year, tax revenue is slightly under budget at year end.

State appropriations are 7.4% higher when compared to prior year, primarily due to an increase in FAST funding via the increases in Dual Credit enrollment.

Tuition and fees, net, which include revenues for semester credit hour (SCH) courses, are 7.2% higher than last year at this time. Gross tuition and fee revenues are up 10.5% compared to last year due to increased enrollments and increased program offerings in high demand fields (see page 9). Total waivers and exemptions increased by 29.6% primarily due to Dual Credit waivers.

Continuing Education/Non-credit tuition and fees, net are 7.4% higher than last year at this time. Gross tuition and fees revenues are up by 7.4%.

Actual salaries for FY 2026 are 4.7% higher compared to FY 2025; this is due primarily to a Board approved salary increase of 2% for faculty and full-time employees. Part-time hourly staff received a 1.5% increase. An increase in PT faculty, due to enrollment growth, also contributed to the increase. Employee benefits are higher by 4% for FY 2026 compared to FY 2025. However, we are expecting additional expenses related to pension expense (GASB No. 65) and other post-employment benefits (GASB No. 75) that will change these amounts.

Transfers/Debt remain high due to continuing the budgeted transfers for Deferred Maintenance and technology fees.

Overall, expenses through August 31 are 2.6% under budget and provide some availability to absorb any outstanding or unrecorded expenses.

Debt interest expense for the month totaled $1,330,266 compared to this time in FY 2025 of $1,550,824.

HOUSTON CITY COLLEGE
Statement of Revenues, Expenses and Fund Balances - All Funds
As of August 31, 2026

	Unrestricted	Restricted	Auxiliary	Loans	Scholarship	Unexpended Plant	Capital and Technology	Retirement of Debt	Investment in Plant	Total
Revenues	$ 487,112,504	$ 33,856,931	$ 8,671,822	$ 68,119,964	$ 149,168,318	$ (34,008,244)	$ 35,687,500	$ 42,795,438	$ 349,130	$ 791,753,362
Expenses										
Salaries	259,259,291	5,807,366	1,095,840	-	3,006,514	-	59,289	-	-	269,228,300
Employee Benefits	32,625,300	21,860,531	210,483	-	-	-	-	-	-	54,696,314
Supplies & General Expense	6,735,145	672,970	1,239,560	-	-	36,940	372,829	-	410,396	9,467,840
Travel	977,850	160,436	77,100	-	-	-	-	-	-	1,215,386
Marketing Costs	3,185,689	66,598	16,328	-	-	-	-	-	-	3,268,614
Rentals & Leases	221,407	32	18,531	-	-	1,230	-	-	-	241,200
Insurance/Risk Mgmt.	8,207,673	3,353	1,785	-	-	-	-	-	-	8,212,811
Contracted Services	35,637,680	1,516,873	1,996,120	-	-	431,106	500,022	358,428	-	40,440,228
Utilities	10,147,015	-	525,676	-	-	-	-	-	-	10,672,692
Other Departmental Expenses	4,020,776	709,750	452,729	-	222,475	-	-	-	-	5,405,729
Instructional & Other Materials	8,464,501	823,525	3,065	-	-	483,206	838,886	-	-	10,613,182
Maintenance & Repair	3,012,212	144,300	21,853	-	-	87,574	12,160	-	-	3,278,100
Transfers (In)/Out[1]	85,001,311	-	-	-	(2,573,774)	(70,801,110)	970,216	(6,502,505)	(6,094,138)	-
Debt	5,734,202	-	-	-	-	-	-	48,156,853	(1,221,602)	52,669,453
Capital Outlay	11,122,871	2,091,197	1,407,595	-	-	7,228,379	17,785,911	-	-	39,635,953
Scholarship Distribution	11,597,007	-	1,690,430	68,119,964	149,411,286	-	-	-	-	230,818,688
Total Expenses	492,706,957	33,856,931	8,757,095	68,119,964	150,066,501	(62,532,675)	20,539,313	42,012,775	26,942,731	780,469,592
Net Revenues/(Expenses)	(5,594,453)	-	(85,273)	-	(898,183)	28,524,431	15,148,187	782,662	(26,593,601)	11,283,769
Other Adjustments and Transfers										
Debt Principal Payments[2]	-	-	-	-	-	-	-	-	727,417	727,417
Debt Refinancing	-	-	-	-	-	-	-	-	-	-
Capitalization of Assets & CIP[2]	9,312,998	981,210	376,908	-	-	3,698,512	463,740	-	39,346,805	54,180,173
Transfers of Completed Projects/Assets	(2,859,126)	(981,210)	(376,908)	-	-	(4,838,296)	(622,232)	-	9,677,772	-
Transfers of Balances between Funds	-	-	-	-	-	-	-	-	-	-
Total Other Adjustments and Transfers	6,453,872	-	-	-	-	(1,139,784)	(158,492)	-	49,751,994	54,907,590
Beginning Fund Balances, Audited	42,783,470	897,080	23,605,096	238,698	4,017,685	126,030,418	-	20,049,079	590,834,013	808,455,539
Ending Fund Balances	**$ 43,642,888**	**$ 897,080**	**$ 23,519,823**	**$ 238,698**	**3,119,502**	**$ 153,415,065**	**$ 14,989,695**	**$ 20,831,741**	**$ 613,992,406**	**$ 874,646,898**

[1]Transfers include student revenue bond payment funds, scholarship matching funds, and transfers to Unexpended Plant and Capital and Technology Funds.

[2]Per government accounting practices, items included in the expenses category above are subsequently deducted from YTD expenses shown above and reclassified as increases or decreases to appropriate asset and liability line items on the balance sheet (page 8). Also, includes GASB 96 SBITA.

HOUSTON CITY COLLEGE
Unrestricted Revenues and Expenses
Comparison to Budget and Previous Fiscal Year
As of August 31, 2026
100% of Year

	Budget Comparison			Previous Fiscal Year Comparison			
	FY 2026 Adjusted Budget	Year-to-Date Actuals Thru August 31, 2026	Actuals as a % of Budget	Year-to-Date Actuals Thru August 31, 2026	Year-to-Date Actuals Thru August 31, 2025	Increase (Decrease) FY 2026 Compared to FY 2025	% Increase (Decrease)
REVENUES							
State Appropriations	$ 72,938,399	$ 80,119,183	109.8%	$ 80,119,183	$ 74,615,396	$ 5,503,787	7.4%
Ad Valorem Taxes	242,337,151	237,906,909	98.2%	237,906,909	223,625,501	14,281,408	6.4%
Tuition & Fees, Net	139,322,887	138,696,062	99.6%	138,696,062	129,345,448	9,350,614	7.2%
Other Local Income	19,406,390	20,589,203	106.1%	20,589,203	23,866,299	(3,277,096)	-13.7%
Tuition & Fees, Net -- Extended Learning	9,099,718	9,057,158	99.5%	9,057,158	8,435,499	621,659	7.4%
Grant Revenue - Indirect Cost	650,000	743,988	114.5%	743,988	779,640	(35,652)	-4.6%
Total Revenues	483,754,545	487,112,504	100.7%	487,112,504	460,667,783	26,444,720	5.7%
Fund Balance Transfers-In	22,269,376	22,269,376	100.0%	22,269,376	17,809,983	4,459,393	25.0%
Total Revenues and Fund Balance Transfers	$ 506,023,921	$ 509,381,880	100.7%	$ 509,381,880	$ 478,477,766	$ 30,904,114	6.5%
EXPENSES							
Salaries	261,651,089	259,259,291	99.1%	259,259,291	247,705,676	11,553,615	4.7%
Employee Benefits	42,833,492	32,625,300	76.2%	32,625,300	31,382,377	1,242,923	4.0%
Supplies & General Expense	7,333,953	6,735,145	91.8%	6,735,145	5,890,605	844,541	14.3%
Travel	1,203,816	977,850	81.2%	977,850	859,758	118,092	13.7%
Marketing Costs	3,490,659	3,185,689	91.3%	3,185,689	3,613,863	(428,174)	-11.8%
Rentals & Leases	393,373	221,407	56.3%	221,407	319,757	(98,350)	-30.8%
Insurance/Risk Mgmt.	8,279,235	8,207,673	99.1%	8,207,673	8,224,127	(16,454)	-0.2%
Contracted Services	38,284,996	35,637,680	93.1%	35,637,680	36,004,591	(366,911)	-1.0%
Utilities	11,267,271	10,147,015	90.1%	10,147,015	11,111,099	(964,084)	-8.7%
Other Departmental Expenses	4,473,523	4,020,776	89.9%	4,020,776	3,237,073	783,703	24.2%
Instructional & Other Materials	9,721,434	8,464,501	87.1%	8,464,501	8,467,468	(2,967)	-0.04%
Maintenance & Repair	3,310,818	3,012,212	91.0%	3,012,212	2,253,803	758,410	33.7%
Transfers\Debt	90,507,534	90,735,513	100.3%	90,735,513	60,955,963	29,779,550	48.9%
Contingency/Initiatives	204,027	-	-	-	-	-	-
Capital Outlay	12,670,155	11,122,871	87.8%	11,122,871	15,580,250	(4,457,379)	-28.6%
Scholarship Distribution	10,398,547	11,597,007	111.5%	11,597,007	428,862	11,168,145	2604.1%
Total Expenses	$ 506,023,921	$ 492,706,957	97.4%	$ 492,706,957	$ 442,470,441	$ 50,236,516	11.4%
NET REVENUE/(EXPENSES)	-	$ 16,674,923		$ 16,674,923	$ 36,007,325	$ (19,332,402)	

HOUSTON CITY COLLEGE

Auxiliary Revenues and Expenses by Fund

As of August 31, 2026

Auxiliary Funds - Uncommitted Portion

	Main Leasing	Misc. Auxiliary*	Bookstore Commission	International Student Services	Cafe Club NEO 3100 Main	Scholarships	**Subtotal Uncommitted**
Revenues	$ 5,273,225	$ 303,596	$ 1,095,910	$ -	$ -	$ -	$ 6,672,731
Expenses							
Salaries	364,657	126,056	-		-	102,299	593,013
Employee Benefits	85,860	14,140	-		-	1,057	101,056
Supplies & General Expense	261,211	132,211	-		-		393,421
Travel			-		-		-
Marketing Costs			-		-		-
Rentals & Leases			-		-		-
Insurance/Risk Mgmt.			-		-		-
Contracted Services	2,592,574	64,147	-		-		2,656,721
Utilities			-		-		-
Other Departmental Expenses	1,117,764	346,992	-		-		1,464,756
Instructional & Other Materials			-		-		-
Maintenance & Repair			-		-		-
Transfers/Debt			-		-		-
Capital Outlay			-		-		-
Scholarship Distribution			-		-	1,645,639	1,645,639
Total Expenses	4,422,065	683,545	-	-	-	1,748,995	6,854,605
Contribution to Fund Balance	**$ 851,160**	**$ (379,949)**	**$ 1,095,910**	**$ -**	**$ -**	**$ (1,748,995)**	**(181,874)**
Beginning Fund Balance, Audited							**19,421,438**
Ending Fund Balance							**$ 19,239,565**

* *Expenditures in this category include Government Relations, Mobile Go, etc.*

HOUSTON CITY COLLEGE

Auxiliary Revenues and Expenses By Fund

As of August 31, 2026

Auxiliary Funds - International and Committed Portions

	International		Committed				Total
	Other International Initiatives	**Subtotal International**	Student Vending Commission	Student Activity Fee	Student Athletic Fee	**Subtotal Committed**	**Total Auxiliary**
Revenues	$ -	$ -	$ -	$ 1,097,106	$ 901,985	$ 1,999,091	$ 8,671,822
Expenses							
Salaries	-	-	-	120,599	426,629	547,228	1,140,240
Employee Benefits	-	-	-	6,262	103,164	109,427	210,483
Supplies & General Expense	76,473	76,473	-	688,597	199,806	888,403	1,358,297
Travel		-	-	-	-	-	-
Marketing Costs		-	-	-	-	-	-
Rentals & Leases		-	-	-	-	-	-
Insurance/Risk Mgmt.		-	-	-	-	-	-
Contracted Services		-	-	48,094	70,025	118,119	2,774,840
Utilities		-	-			-	-
Other Departmental Expenses	4,989	4,989	-	99,249.10	58,602	157,851	1,627,596
Instructional & Other Materials	-	-	-	-	-	-	-
Maintenance & Repair	-	-	-	-	-	-	-
Transfers/Debt	-	-	-	-	-	-	-
Capital Outlay	-	-	-	-	-	-	-
Scholarship Distribution	-	-	-	-	-	-	1,645,639
Total Expenses	81,462	81,462	-	962,801	858,226	1,821,028	8,757,095
Contribution to Fund Balance	**(81,462)**	**(81,462)**	**-**	**134,305**	**43,758**	**178,063**	**(85,273)**
Beginning Fund Balance, Audited		**1,399,422**	**(1,284,080)**	**2,083,297**	**1,985,018**	**2,784,235**	**23,605,096**
Ending Fund Balance		**$ 1,317,960**	**$ (1,284,080)**	**$ 2,217,602**	**$ 2,028,776**	**$ 2,962,298**	**$ 23,519,823**

HOUSTON CITY COLLEGE
Unrestricted Adjusted Budgets and Actuals by Division - Summary Comparison
As of August 31, 2026
100% of Year

Division	FY 2026 Adjusted Budget	Actuals as of August 31, 2026	% Spent	FY 2025 Adjusted Budget	Actuals as of August 31, 2025	% Spent
Central College	$ 18,034,996	$ 17,723,558	98.3%	$ 15,880,870	15,766,221	99.3%
Northwest College	20,377,226	20,435,710	100.3%	18,649,421	18,459,157	99.0%
Northeast College	21,373,923	21,121,665	98.8%	17,746,675	18,333,949	103.3%
Southwest College	21,794,639	20,641,725	94.7%	17,337,974	18,313,315	105.6%
Southeast College	20,706,274	20,354,747	98.3%	18,185,776	17,815,867	98.0%
Coleman College	23,473,519	22,593,046	96.2%	22,565,384	22,210,756	98.4%
Academic Instruction	88,163,516	87,494,078	99.2%	83,842,488	83,527,385	99.6%
Office of the Chancellor	38,637,641	44,705,981	115.7%	11,236,827	46,893,435	417.3%
Instructional Services	26,305,246	26,620,317	101.2%	11,671,207	17,448,178	149.5%
Online College	3,515,125	3,482,559	99.1%	3,138,493	3,066,656	97.7%
Student Services	10,375,958	9,704,422	93.5%	11,533,568	8,571,145	74.3%
Strategy, Planning & Institutional Effectiveness	4,809,066	4,386,222	91.2%	4,921,786	4,309,307	87.6%
External & Governmental Relations, Transfers and Alumni Relations	1,935,714	1,811,307	93.6%	2,122,372	1,780,469	83.9%
Legal & Compliance	20,017,407	19,398,421	96.9%	16,882,250	15,229,573	90.2%
Finance & Accounting	41,701,030	40,806,296	97.9%	77,614,290	40,464,368	52.1%
System	137,590,583	124,588,810	90.6%	125,137,536	104,145,756	83.2%
Grand Total	**$ 506,023,921**	**$ 492,706,957**	**97.4%**	**$ 465,139,254**	**$ 442,470,441**	**95.1%**

HOUSTON CITY COLLEGE

Balance Sheet by Fund

As of August 31, 2026

	CURRENT & LOAN FUNDS[1]	PLANT & BOND FUNDS[2]	TOTAL ALL FUNDS	PRIOR YEAR TOTAL FUNDS 8-31-2025
ASSETS				
Current Assets:				
Cash & cash equivalents	$ 64,283,694	$ 153,531,304	$ 217,814,998	$ 222,525,282
Accounts receivable (net)	31,859,996	3,274,467	35,134,463	33,361,251
Deferred charges	14,559,396	-	14,559,396	12,374,580
Prepaids	9,012,379	-	9,012,379	9,098,114
Total Current Assets	119,715,465	156,805,771	276,521,236	277,359,227
Non-current Assets:				
Restricted cash & cash equivalents	-	24,537,075	24,537,075	34,810,115
Long-term investments	281,924,810	12,746	281,937,556	219,554,291
Long-term lease receivable	18,734,515	-	18,734,515	18,241,761
Capital assets, net	6,070,075	1,101,400,314	1,107,470,389	1,134,300,351
Total Non-current Assets	306,729,400	1,125,950,135	1,432,679,535	1,406,906,518
Total Assets	$ 426,444,865	$ 1,282,755,906	$ 1,709,200,771	$ 1,684,265,745
Deferred Outflows of Resources:				
OPEB	12,647,768	-	12,647,768	12,647,768
Pension	19,860,348	-	19,860,348	19,860,348
Advance Funding Valuation	-	1,037,649	1,037,649	1,300,727
Total Deferred Outflows of Resources	$ 32,508,116	$ 1,037,649	$ 33,545,765	$ 33,808,843
Total Assets and Deferred Outflows of Resources	$ 458,952,981	$ 1,283,793,555	$ 1,742,746,536	$ 1,718,074,588
LIABILITIES				
Current Liabilities:				
Accounts payable	25,001,554	10,653	25,012,207	17,734,123
Accrued Interest- SBITA	599,715	-	599,715	466,208
Accrued liabilities	5,989,892	2,101,232	8,091,124	8,552,333
Compensated absences	15,972,276	-	15,972,276	15,972,276
Funds held for others	655,404	189,209	844,613	841,776
Deferred revenue	33,404,154	2,596,996	36,001,150	33,120,650
SBITA- Current portion	3,738,754	-	3,738,754	5,435,692
Net OPEB liability-current portion	4,009,122	-	4,009,122	4,009,122
Notes payable-current portion	-	735,957	735,957	728,033
Bonds payable-current portion	-	35,335,000	35,335,000	37,570,000
Total Current Liabilities	89,370,871	40,969,047	130,339,918	124,430,213
Non-current Liabilities:				
SBITA Liability	2,353,242	-	2,353,242	3,120,956
Net OPEB liability	137,226,159	-	137,226,159	137,226,159
Net pension liability	91,994,941	-	91,994,941	91,994,941
Notes payable	-	307,196	307,196	1,042,536
Bonds payable	-	432,416,948	432,416,948	473,846,086
Total Non-current Liabilities	231,574,342	432,724,144	664,298,486	707,230,678
Total Liabilities	$ 320,945,213	$ 473,693,191	$ 794,638,404	$ 831,660,891
Deferred Inflows of Resources:				
Leases	18,216,031	-	18,216,031	21,228,275
OPEB	41,352,953	-	41,352,953	41,352,953
Pension	7,020,792	-	7,020,792	7,020,792
Advance Funding Valuation	-	6,871,457	6,871,457	8,356,137
Total Deferred Inflows of Resources	$ 66,589,776	$ 6,871,457	$ 73,461,233	$ 77,958,157
Total Liabilities and Deferred Inflows of Resources	$ 387,534,989	$ 480,564,648	$ 868,099,637	$ 909,619,048
Beginning Fund Balances, Audited	71,542,029	736,913,510	808,455,539	734,321,025
Fund Balance Adjustment	-	-	-	
Net Revenue/(Expenses)				
Unrestricted	774,145	-	774,145	(24,597,750)
Restricted	(898,183)	-	(898,183)	674,395
Net Investment in Plant	-	66,315,397	66,315,397	98,057,870
Ending Fund Balances	$ 71,417,991	$ 803,228,907	$ 874,646,898	$ 808,455,539
Total Liabilities & Fund Balances	$ 458,952,981	$ 1,283,793,555	$ 1,742,746,536	$ 1,718,074,588

[1] *Includes Unrestricted, Restricted, Loan & Endowment, Scholarship, Agency and Auxiliary Funds.*

[2] *Includes Unexpended Plant, Retirement of Debt and Investment in Plant Funds.*

HOUSTON CITY COLLEGE

Exemptions and Waivers Detail

As of August 31, 2026

	FY 2025		FY 2026	
	Prior Year Activity thru 8/31/2025	Year-to-Date Activity thru 08/31/2025	Year-to-Date Activity thru 08/31/2026	Actuals % Increase/ (Decrease)YTD vs. Prior YTD
Tuition & Fees				
Budget:				
Adjusted Budget, Annual*	$ 126,537,802	$ 130,634,969	$ 139,322,887	6.7%
Revenues:				
Gross Tuition & Fees	151,515,167	151,515,167	167,433,495	10.5%
Waivers & Exemptions:				
Dual Credit & Early College HS	(19,222,225)	(19,222,225)	(25,039,357)	30.3%
Total Other Exemptions	(2,947,494)	(2,947,494)	(3,698,076)	25.5%
Grand Total Waivers & Exemptions	(22,169,719)	(22,169,719)	(28,737,433)	29.6%
Total Tuition & Fees Revenue, Net	**$ 129,345,448**	**$ 129,345,448**	**$ 138,696,062**	**7.2%**
Tuition & Fees - Extended Learning (EL)				
Budget:				
Adjusted Budget, Annual*	$ 7,885,993	$ 8,390,995	$ 9,099,718	8.4%
Revenues:				
Gross Tuition & Fees	8,435,498	8,435,498	9,057,158	7.4%
Waivers & Exemptions:				
Department of Corrections	-	-	-	-
Total EL Tuition & Fees Revenue, Net	**$ 8,435,498**	**$ 8,435,498**	**$ 9,057,158**	**7.4%**

	FY 2025		FY 2026	
Exemptions & Waivers	Prior Year Activity thru 8/31/2025	Year-to-Date Activity thru 08/31/2025	Year-to-Date Activity thru 08/31/2026	Actuals % Increase/ (Decrease)YTD vs. PriorYTD
Dual Credit & Early College HS Waiver	19,222,225	19,222,225	25,039,357	30.3%
Other Exemptions:				
Employee Fee Exemptions	46,164	46,164	54,713	18.5%
Firemen	43,929	43,929	26,382	-39.9%
Hazelwood	1,265,115	1,265,115	1,421,576	12.4%
Deaf & Blind	141,103	141,103	153,612	8.9%
High Ranking High School Grad	1,364	1,364	-	-100.0%
Good Neighbor Program	104,266	104,266	30,998	-70.3%
Child of Disabled Vet	2,817	2,817	3,501	24.3%
Employee of State College & University	4,703	4,703	1,283	-72.7%
Non-resident Teach/Research Assistant	10,602	10,602	16,993	60.3%
Non-resident Competitive Scholarships	6,555	6,555	14,663	123.7%
Senior Citizens	445,900	445,900	608,582	36.5%
Concurrent Enrollment	222	222	-	-100.0%
Foster Children-Resident	301,126	301,126	351,024	16.6%
TX Tomorrow Waiver	279	279	-	-100.0%
Surviving Spouse/Children	-	-	1,146	100.0%
Peace Officer Exemption	16,211	16,211	22,325	37.7%
Adopted Student Waiver	357,878	357,878	380,885	6.4%
FAST Book & OD Fees	199,262	199,262	610,393	206.3%
Total Other Exemptions	2,947,494	2,947,494	3,698,076	25.5%
Grand Total Exemptions & Waivers	**$ 22,169,719**	**$ 22,169,719**	**$ 28,737,433**	**29.6%**

*Amount net of exemptions & waivers.

ACTION ITEM

Meeting Date: October 28, 2026

Topics for Discussion and/or Action

ITEM #	ITEM TITLE	PRESENTER
A.	**Executive Search and Recruitment Services (Project No. RFP 26-14)**	**Dr. Margaret Ford Fisher Robert McCracken Rodney Nathan**

RECOMMENDATION

Authorize the Chancellor to execute contracts with Recruiting Source International, Academic Career & Executive Search, and The Reserves Network to provide executive search and recruitment services, in accordance with RFP 26-14.

COMPELLING REASON AND BACKGROUND

- Houston City College solicited proposals from qualified firms to establish a pool of prequalified search firms to provide Executive Search and Recruitment Services to assist the College in conducting searches and sourcing of executive level candidates. The Executive Search and Recruitment Firm(s) shall assist the College in attracting and interviewing qualified candidates for C-Suite positions or related services as needed. This will vary upon position, need, and situation.

- Recommended Awarded Contractor(s) Responsibilities:
  - Selected search firms will generate a pool of applicants and pre-screen them before presenting them to Talent Engagement, eliminating those applicants who do not meet the required qualifications for the position.
  - Search firms will check all references and ensure the candidates are of the highest quality as part of the qualification process.
  - Work collaboratively with the Talent Engagement Team to develop advertisements and determine the ideal qualities for candidates.
  - Advertise, source, screen, and bring forth a qualified pool of candidates to Talent Engagement for review by the Selection Advisory Committee.
  - The Talent Engagement Officer and the Chancellor's Office will work directly with the candidates for final interviews with the Chief Talent Engagement Officer as the lead.

FISCAL IMPACT

Fee schedules have been negotiated by the Procurement Department in cooperation with the Talent Engagement Department prior to contract award. The funding source shall be the Talent Engagement Departmental Operating Budget.

LEGAL REQUIREMENT

The recommendation to the Board of Trustees is being made for the highest-ranked firm(s) offering the best value in accordance with Chapter 44.031(a) of the Texas Education Code and pursuant to the published RFP 26-14.

STRATEGIC ALIGNMENT

1. Student Success, 5. College of Choice

ATTACHMENTS:

Description	Upload Date	Type
Summary of Procurement - RFP 26-14	10/20/2026	Attachment
Summary of Composite Scores - RFP 26-14	10/20/2026	Attachment

This item is applicable to the following: District

SUMMARY OF PROCUREMENT
BOARD ACTION ITEM

PROJECT TITLE: RFP 26-14 Executive Search and Recruitment Services

PROCUREMENT METHOD: Request for Proposal (Overall Best Value)

PROJECT DEPARTMENT: Talent Engagement

NAME OF BUYER: Nikole Cruz, Buyer of Record

PURPOSE: The College solicited proposals from qualified firms to establish a pool of prequalified providers of Executive Search and Recruitment Services. These firms will support the College in identifying, attracting, and evaluating qualified candidates for executive-level (C-Suite) and related positions, as needed based on the specific requirements of each search.

Recommended Awarded Contractor(s) Responsibilities:

The awarded search firm(s) will develop a qualified candidate pool and conduct comprehensive screening, including vetting, reference checks, and appropriate background research. Only candidates meeting all required qualifications and demonstrating strong alignment with institutional needs will be presented to the College.

The search firm(s) will support all phases of the search process, including candidate sourcing, screening, interview coordination, and may provide assistance during finalist selection and contract negotiations, as appropriate.

The search firm(s) will provide candidate briefings to the Screening Committee, Executive Director, and Chief Talent Engagement Officer prior to the release of candidate information for committee review.

The search firm(s) will serve as the primary point of contact for candidates throughout the process, ensuring consistent communication and a positive candidate experience. The firm(s) will coordinate with the College's designated representatives to facilitate candidate progression through each stage. Finalist interviews will be conducted by the College, with selected candidates advancing to the Chancellor for consideration.

RECOMMENDED VENDORS:

1. Recruiting Source International has over twenty-two (22) years of executive search and recruitment services.
2. Academic Career & Executive Search has over fifteen (15) years of executive search and recruitment services.
3. The Reserves Network has over forty-two (42) years of executive search and recruitment service.

PRIOR VENDOR:	Allen Austin Lowe & Power, Inc.
PROPOSED SUBCONTRACTOR:	Perfection Staffing LLC will provide executive search and recruitment services, subcontracting with Recruiting Source International.
LEGAL REQUIREMENTS:	Pursuant to the published RFP 26-14 and in accordance with Chapter 44.031(a) of the Texas Education Code, this recommendation to the Board of Trustees is made to the highest-ranked proposal offering the best value.
LOCATION INFORMATION:	In performing the work under RFP 26-14, the recommended firms, 1. Recruiting Source International will be working from their Katy, TX office. 2. Academic Career & Executive Search will be working from their West Hartford, Connecticut office. 3. The Reserves Network will be working from their Houston, TX office.
PROJECTED VALUE:	Fee schedules have been negotiated by the Procurement Department in collaboration with the Talent Engagement Department prior to contract award. The funding source shall be the Talent Engagement Departmental Operating Budget.
CONTRACT TERM:	It is anticipated that the contract term resulting from this solicitation, if any, will be one (1) year with the option to renew it for four (4) additional one-year terms.
PROCUREMENT ADVERTISEMENT & NOTICE:	This procurement was advertised, and a notice of procurement was distributed as follows: • HCC Procurement Operations Website on February 5, 2026 • Texas State Procurement Website on February 5, 2026 • The Daily Court Review on February 10, 2026, and February 17, 2026 • Notice to HCC Board of Trustees on February 9, 2026
SOLICITATION INFORMATION:	RFP 26-14 was issued on February 5, 2026, and the solicitation document was distributed electronically in addition to being published in the local newspaper. Notice of advertisement was provided, and the solicitation was duly posted on the Electronic State Business Daily (ESBD) website. A pre-proposal meeting was held on February 25, 2026, and a question-and-answer period was allowed through March 4, 2026. Twenty-six (26) proposals were received by the solicitation due date of March 18, 2026, at 2:00 p.m. Twenty-six (26) proposals were evaluated in accordance with RFP 26-14.
COMPETITIVE: PROPOSAL	Yes

EVALUATION: Responses were evaluated by the Evaluation Committee, which consisted of HCC representatives with relevant subject matter understanding who evaluated and scored proposals in accordance with the published evaluation criteria noted below.

Evaluation Criteria	Available Points
Firm's qualifications, experience, and demonstrated qualifications of personnel and team	20
Proposed Approach and Methodology	20
Past Performance & References	10
Price Proposal	35
Small Business Practices	15
Total	**100**

EVALUATION COMMITTEE QUALIFICATIONS:

Evaluator 1 – Represents the Talent Engagement Department; is business co-owner who will manage the work effort following contract award and has in-depth understanding of the commodity and service requirements.

Evaluator 2 – Represents the Office of the Chancellor, Department of Outreach and Strategic Partnership, and has in-depth understanding of the commodity and service requirements.

Evaluator 3 – Represents the Office of the Ombudsman and has in-depth understanding of the commodity and service requirements.

Evaluator 4 – Represents the Office of the Vice President of Coleman College and has in-depth understanding of the commodity and service requirements.

PRIOR HCC EXPERIENCE:

Recruiting Source International – No
Academic Career & Executive Search – No
The Reserves Network – Yes

REFERENCES: Evaluated and found to be favorable.

EDUCATIONAL AND GOVERNMENT EXPERIENCE:

The recommended firm has executive search and recruitment services experience with the following institutions:

1. Recruiting Source International
   - Texas Tech University
   - Texas State University
   - Lone Star College

- The Awty International School, Houston, TX
- Dallas Independent School District

2. Academic Career & Executive Search
   - Central New Mexico Community College
   - Richard Bland College, South Prince George, VA
   - Dallas College (formerly Dallas County Community College District)
   - Washtenaw Community College, Ann Arbor, MI

3. The Reserves Network
   - Choice Partners / Harris County Dept. of Education (HCDE)
   - City of Houston - Houston Airport System
   - Harris County Public Health
   - Harris County Pct 2 Commissioner
   - City of Pearland, TX

SMALL BUSINESS GOAL:

In accordance with the Houston City College - Small Business Development Program, for this solicitation, HCC advertised a 25% Small Business Participation Goal.

Under the resulting contracts, the recommended firms have responded as stated below:

1. Recruiting Source International is a certified SBE with the City of Houston and will be self-performing seventy-five percent (75%) of all work. In addition, will be subcontracting twenty-five percent (25%) of all work to a certified SBE, Perfection Staffing, LLC, certified COH.

2. Academic Career & Executive Search is not certified and will be self-performing one hundred percent (100%) of all work.

3. The Reserves Network is not certified and will be self-performing one hundred percent (100%) of all work.

RFP 26-14 Executive Search and Recruitment Services

Summary Composite Score Sheet

Evaluation	Evaluation Criteria					Total
	Firm's Qualification and Experience & Demonstrated Qualifications of Personnel and Team	Proposed Approach and Methodology	Past Performance & References	Price Proposal	Small Business Practices	
Available Points	***20***	***20***	***10***	***35***	***15***	***100***
Recruiting Source International	16.00	16.50	8.25	26.05	15.00	81.80
Academic Career & Executive Search	17.00	17.00	9.00	35.00	0.00	78.00
The Reserves Network	17.00	18.00	8.00	33.28	0.00	76.28
ChaseSource, LP	14.00	15.50	6.50	29.95	10.00	75.95
Bickham Services Unlimited, LLC	14.00	14.00	6.25	26.05	15.00	75.30
The Spearhead Group	15.00	15.00	7.25	27.23	10.00	74.48
HJ Staffing	12.50	14.00	5.75	27.23	15.00	74.48
Openwork, LLC	16.00	16.50	7.75	33.28	0.00	73.53
Talantage, LLC	14.00	15.00	6.25	23.96	10.00	69.21
Octagon Staffing, LLC	13.50	15.00	6.25	23.96	10.00	68.71
Ready Set Exec Inc.	13.50	14.50	6.25	33.28	0.00	67.53
Technology Recruiting Solutions, Inc.	14.50	15.00	7.00	29.95	0.00	66.45
RH Perry and Associates	19.00	19.00	10.00	18.15	0.00	66.15
Academic Search Inc.	19.00	17.00	9.50	19.97	0.00	65.47
MGT of America, LLC	15.50	14.50	6.50	27.23	0.00	63.73
Motus Recruiting & Staffing, Inc.	16.50	17.50	8.25	19.97	0.00	62.22
DSG Storbeck	17.50	17.00	9.00	18.15	0.00	61.65
Own UR Time LLC	13.50	14.00	5.75	27.23	0.00	60.48
The Theodoros Group, LLC	13.50	13.50	6.00	27.23	0.00	60.23
LHH Recruitment Solutions, Inc.	16.00	16.50	5.50	19.97	0.00	57.97
Pearson Partners Internation	15.00	14.50	7.25	20.66	0.00	57.41
Cizek Associates Inc.	15.50	15.50	8.25	17.99	0.00	57.24
Allen Austin	15.50	14.00	7.50	19.97	0.00	56.97
Merrimac International LLC	12.50	14.00	4.25	23.96	0.00	54.71
Kynder Konsulting LLC	10.50	11.50	4.50	23.96	0.00	50.46
Wells Onyx	12.00	11.00	5.50	18.15	0.00	46.65

ACTION ITEM

Meeting Date: October 28, 2026

Topics for Discussion and/or Action

ITEM #	ITEM TITLE	PRESENTER
B.	**Personnel Agenda - Faculty**	**Dr. Margaret Ford Fisher** **Rodney Nathan**

RECOMMENDATION

Approval of the renewal of the Full-Time Faculty Contracts for Academic Year 2027-28.

COMPELLING REASON AND BACKGROUND

Full-Time contracted faculty are employed under academic year term employment contracts on an annual basis as outlined under DCA (LEGAL): Employment Practices Term Contracts.

Each academic year full-time contracted faculty receive a new employment contract for the upcoming academic year. Contract types consist of 9-month, 10.5-month and 12-month term lengths.

FISCAL IMPACT

Funds for these faculty positions are provided for in the FY 2027 Unrestricted Budget.

STRATEGIC ALIGNMENT

1. Student Success, 2. Personalized Learning , 3. Academic Rigor , 4. Community Investment , 5. College of Choice

ATTACHMENTS:

Description	Upload Date	Type
October 2026 Faculty Personnel Agenda_Final	9/30/2026	Cover Memo

This item is applicable to the following:

Central, Coleman, Northeast, Northwest, Southeast, Southwest, District, Online

APPENDIX

(Board Action Required)

Personnel Agenda - Faculty

Board Meeting

October 7, 2026

INFORMATION ITEMS - BOARD ACTION REQUIRED
FACULTY (REGULAR)

Name	Previous Organization or HCCS Job Title	Proposed New Job Title	Contract Type/Grade	Employment Action Reason	Annual Salary	Effective Date
Johnson, Nekeisha	Health Trust Solutions	Sterile Processing Instructor	12 Month Grade: 8	New Hire	75,246	10/1/2026
Marcel, Rhonda	P/T Radiography Technician Instructor	F/T Radiologic Technology Instructor	12 Month Grade: 9	Part/Time to Full/Time	83,047	9/8/2026
Naeini, Arash	Humber College	F/T English Language Skills (CE)	10.5 Month Grade:10	New Hire	62,265	9/21/2026
Serrano, Olesya	Netflix	F/T Translation & Interpretation Instructor	10.5 Month Grade: 11	New Hire	62,244	10/1/2026
Weaver, Donald	P/T Welding Instructor	F/T Construction Engineering Technology Instructor	10.5 Month Grade: 8	Part/Time to Full/Time	61,977	9/16/2026
Williams, Barbara	P/T Nursing Tutor	F/T Nursing- Associates Degree	12 Month Grade: 10	Part/Time to Full/Time	84,682	9/16/2026

ACTION ITEM

Meeting Date: October 28, 2026

Topics for Discussion and/or Action

ITEM #	ITEM TITLE	PRESENTER
C.	**Letter of Nomination Supporting Appointment to Association of Community College Trustees (ACCT) 2027 Appointed Committees**	**Trustee Eva Loredo Trustee Laolu Davies-Yemitan Dr. Cynthia Lenton-Gary**

RECOMMENDATION

Approve the submission of a letter of nomination for Trustees Laolu Davies-Yemitan and Cynthia Lenton-Gary to serve on the 2027 Association of Community College Trustees (ACCT) Appointed Committee for a one-year term.

COMPELLING REASON AND BACKGROUND

The Association for Community College Trustees (ACCT) Committees appointments for 2027 will be announced by December 1, 2026. Trustees are asked to indicate their interest in serving as an appointed committee member for a one-year term to meet the application deadline of November 1, 2026. Each submission must have a letter of nomination from the institution's board supporting the appointment.

ACCT Committees seeking volunteer members for appointment to the following committees:

- Impact and Success Committee
- Finance and Audit Committee
- Governance and Bylaws Committee
- Member Communications and Education Committee
- Public Policy and Advocacy Committee

ACCT Board Policy states that the ACCT Chair will appoint committees. In making appointments, the chair will consider regional representation and other factors. Unless otherwise noted, membership on committees shall be for one-year terms. Each committee chair shall be a member of the Board of Directors.

Members may be appointed to a committee under the following conditions:

1. They shall be selected from voting members.
2. They may serve three consecutive one-year terms per committee.
3. No more than one associate member from a college shall serve on any one board committee.
4. All related expenses are the responsibility of their college.
5. They have full voting rights.

6. They shall have a letter of nomination from their board supporting the appointment to an ACCT committee

ACCT Committees meet in person twice each year at the Community College National Legislative Summit and the Annual Leadership Congress. Committee work may also be done electronically as needed.

FISCAL IMPACT

Expenses associated with attendance to ACCT conferences and committee meetings are integrated in the operating budget.

STRATEGIC ALIGNMENT

1. Student Success, 4. Community Investment

ATTACHMENTS:

Description	Upload Date	Type
ACCT Board Committee Nominations Criteria	10/20/2026	Attachment

This item is applicable to the following: District

ACCT Board Committees Seek Associates for 2027

Inviting member trustees to serve on ACCT Board Committees expands membership participation in the governance of the Association, while bringing new ideas and expertise to committee deliberations.

Committees for 2027 will be formed before the first of the year. Member trustees are asked to indicate their interest in serving as associate committee members for a one-year term by **November 1, 2026**. Those interested in serving should submit the 2027 Associate Committee Interest Form indicating committee preferences *(if only one choice is listed and you are not selected to serve on the committee of your choice, you **may not** be placed on another committee unless second and third choices are indicated)*. If you wish to include comments relating to your committee choices and areas of expertise, please include them in the "Comments" section of the form. Each request **must** have a letter of nomination from the individual's board supporting the appointment to an ACCT Committee.

ACCT Board Committees seeking volunteer members are:

- **Impact and Success** – The Impact and Success Committee provides the expertise to ensure that the membership has access to best practices leading to effective policy-making for student success.
- **Finance and Audit** – The Finance and Audit Committee is responsible for monitoring executive compliance with fiscally related Policies and Bylaws, reviewing the annual budget, the financial audit, establishing procedures for the periodic audit of Association programs and services, and reporting to the Board of Directors.
- **Governance and Bylaws** – The Governance and Bylaws Committee is responsible for reviewing resolutions related to the governance of the Association, amendments to the ACCT Bylaws, and Board Policies. In fulfilling this charge, the Committee helps ensure that the Board of Directors is fulfilling its role to represent member boards in determining and demanding appropriate organizational performance through its written governing policies.
- **Member Communications and Education** – The Member Communications and Education Committee is responsible for evaluating and making recommendations to strengthen the Board's links with the membership; identifying issues that require member input; and recommending strategies to gather input. Additionally, committee members evaluate and make recommendations to strengthen current ACCT education programs and recommend additional programs that promote effective board governance through advocacy and education.
- **Public Policy and Advocacy** – The Public Policy and Advocacy Committee is charged with reviewing public policy issues and recommending positions to the Board of Directors.

ACCT Board Policy states that the ACCT Chair will appoint committees. In making appointments, the chair will consider regional representation and other factors. Each committee chair shall be a member of the Board of Directors.

Associate members may be appointed to a committee under the following conditions:

1. They shall be selected from voting members.
2. They may serve three consecutive one-year terms per committee.
3. No more than one associate member from a college shall serve on any one board committee.
4. All related expenses are the responsibility of their college.
5. They have full voting rights.
6. They shall have a letter of nomination from their board supporting the appointment to an ACCT committee.

Please Note: Associate Committee Members currently serving in 2026 MUST re-apply if they are interested in serving in 2027. Colleges may submit a letter of support covering two years of service, but the Committee Interest Form must be filled out each year.

ACCT committees will meet in 2027 just prior to the Community College National Legislative Summit, scheduled February 7-10, 2027 at the Marriott Marquis in Washington, D.C., and a day or two before the Annual ACCT Leadership Congress in Philadelphia, Pennsylvania on October 13-16, 2027. Committee work may also be done through e-mail and postal mail.

If you are interested in serving and **your board will send a letter of nomination and financially support your attendance**, please submit the following:

1. 2027 Associate Committee Interest Form
2. A letter of nomination from your board supporting your appointment to an ACCT committee.

These documents must be received at ACCT by November 1, 2026. Send to the ACCT Chair, via https://www.acct.org/membership/benefits/acct-board-committees/board-committee-interest-form.

ACTION ITEM

Meeting Date: October 28, 2026

Topics for Discussion and/or Action

ITEM #	ITEM TITLE	PRESENTER
D.	**Ratify Resolution Honoring Dr. Pretta VanDible Stallworth, HCC Trustee, District IX and ACCT Board Chair for 2026-2027**	**Trustee Eva Loredo HCC Board of Trustees**

RECOMMENDATION

Approve the resolution acknowledging Dr. Pretta VanDible Stallworth, HCC Trustee for District IX as the Board Chair for Association of Community College Trustees (ACCT) for 2026-2027.

COMPELLING REASON AND BACKGROUND

Dr. Pretta VanDible Stallworth was elected to the Board of Association of Community College Trustees (ACCT) Board of Directors in 2021 and has served on its Executive Committee and in the positions of chair-elect, vice chair, and secretary/treasurer, providing distinguished leadership in support of community colleges and their students nationwide.

Dr. Pretta VanDible Stallworth will serve as the ACCT Board Chair for 2026-2027, providing leadership and service to Board. She was also chair of Finance and Audit, Member Communications & Education, State Coordinators, and Governance and Bylaws committees for ACCT. She also served on the Legislative Committee, Commission on Community College Finance, and Engagement Committee of the Community College Association of Texas Trustees (CCATT).

The ACCT is a non-profit educational organization of governing boards, representing more than 6,500 elected and appointed trustees who serve on over 500 governing boards of community, technical, and junior colleges in the United States and beyond.

The ACCT Board of Directors represents community college trustees throughout the United States and several outlying territories. ACCT's membership territory is divided into five regions (Central, Northeast, Pacific, Southern, and Western). The 26-member ACCT Board of Directors consists of 15 directors elected regionally, nine directors-at-large elected by the Senate, and two directors appointed by the Chair.

The ACCT Board of Directors, elected by member boards to represent the nation’s community college governing boards, believes that citizen governance is an appropriate and democratic means by which to achieve the educational and economic goals of the nation.

FISCAL IMPACT

Expenses associated with attendance to ACCT board meetings, conferences and committee meetings

are integrated in the operating budget.

LEGAL REQUIREMENT

N/A

STRATEGIC ALIGNMENT

4. Community Investment

ATTACHMENTS:

Description	Upload Date	Type
Resolution - Honoring Dr. Pretta VanDible Stallworth	10/20/2026	Attachment

This item is applicable to the following: District

DRAFT

HOUSTON CITY COLLEGE
BOARD OF TRUSTEES

Resolution

HONORING
ASSOCIATION OF COMMUNITY COLLEGE TRUSTEES
BOARD CHAIR
DR. PRETTA VANDIBLE STALLWORTH

Whereas, The Board of Trustees of Houston City College (HCC) proudly recognizes Dr. Pretta VanDible Stallworth, District IX, on her election to the Association of Community College Trustees (ACCT) Board and elevation as ACCT Board Chair for 2026-2027; and

Whereas, Dr. VanDible Stallworth has served on the ACCT Board of Directors since 2021 and on its Executive Committee, including as vice chair and secretary/treasurer, providing distinguished leadership in support of community colleges and their students nationwide; and

Whereas, She has also advanced community college advocacy in Texas through service on the Legislative Committee, Commission on Community College Finance and Engagement Committee of the Community College Association of Texas Trustees; and

Whereas, Dr. VanDible Stallworth made history in 1984 as the first African American to earn a graduate degree in engineering from Rice University, building a distinguished career that included computer programming for Air Force solid rocket booster research; and

Whereas, Dr. VanDible Stallworth was the first HCC District IX Board member, serving from 1989-1993, and she returned to serve on the Board after being elected in December 2017, she currently serve as Chair of the Audit Committee a position she has held for four consecutive terms; and

Whereas, Her professional contributions extend to public health through consulting on the Texas Pulse Oximetry Project Model, a national screening model for the early detection of critical congenital heart defects in newborns, and the Honey Child Prenatal Education Program, which supported healthy pregnancy and birth outcomes among African American women; and

Whereas, Her leadership and community service have earned recognition from Members of Congress, the Texas Senate and the City of Houston, as well as civic, professional and community organizations; and

Whereas, The Board recognizes that Dr. VanDible Stallworth's forthcoming elevation to ACCT chair reflects years of dedicated service, professional achievement and commitment to education, bringing distinction to HCC and advancing the mission of community colleges nationally;

Now, therefore, be it resolved, that the Board of Trustees congratulates Dr. Pretta VanDible Stallworth on becoming Board Chair of the Association of Community College Trustees at the ACCT 2026 Leadership Congress in Chicago, Oct. 21-24 and commends her distinguished leadership, achievements and commitment to education and community service.

Be it further resolved, that this resolution be entered into the official minutes of the HCC Board of Trustees and presented to Dr. VanDible Stallworth as an expression of the Board's congratulations and esteem.

ADOPTED, this 23rd day of October 2026.

Eva L. Loredo
Chair, HCC Board of Trustees

HOUSTON CITY COLLEGE HCC 1971

Cynthia Lenton-Gary, Ph.D.
Secretary, HCC Board of Trustees

Meeting Date: October 28, 2026

Adjournment

ITEM #	ITEM TITLE	PRESENTER
XIV.	**Appendix - No Action Required**	

STRATEGIC ALIGNMENT

ATTACHMENTS:

Description	Upload Date	Type
October 2026 Staff Personnel Agenda_Final	9/30/2026	Cover Memo

This item is applicable to the following:

APPENDIX

(No Board Action Required)

Personnel Agenda - Staff

Board Meeting
October 7, 2026

INFORMATION ITEMS - NO BOARD ACTION REQUIRED
ADMINISTRATOR/ADMINISTRATIVE/CLERICAL/PROFESSIONAL TECHNICAL - STAFF (REGULAR)

INTERNAL HIRES

Name	Previous HCCS Job Title	New Job Title	College	FLSA/Grade	Annual Salary	Effective Date
Choboderazi, Somayeh	P/T Office Assistant	F/T Administrative Assistant	Central	Non-Exempt Grade: 3	43,300	10/1/2026
Jones, Jeremiah	P/T Lab Assistant	F/T Specialist, Instructional Support	Southwest	Non-Exempt Grade: 3	41,500	9/16/2026
Umanzor, Josue	P/T Campus Service Technician	F/T Associate, Enrollment Services	Southeast	Exempt Grade: 4	45,000	9/16/2026

INFORMATION ITEMS - NO BOARD ACTION REQUIRED
ADMINISTRATOR/ADMINISTRATIVE/CLERICAL/PROFESSIONAL TECHNICAL - STAFF (REGULAR)

INTERNAL HIRES

Name	Previous HCCS Job Title	New Job Title	College	FLSA/Grade	Annual Salary	Effective Date
Crawford, Lisa	F/T Director, Educational Policy	F/T Director, Strategic Initiatives	System	Exempt Grade: 12	122,130	10/1/2026
Levy, Conrad	F/T Peace Officer	F/T Sergeant	System	Non-Exempt Grade: LE4	79,788	9/1/2026
Mathis, Justin	F/T Advisor, Pathways Advising	F/T Manager, Pathways Advising	Northeast	Exempt Grade: 9	80,000	9/16/2026
Sanchez, Melissa	F/T Administrative Assistant	F/T Assistant, Executive	System	Non-Exempt Grade: 6	54,000	10/1/2026
Scherer, Elizabeth	F/T Director, Institutional & Market-Base Research Support	F/T Sr. Director, Reporting & Institutional Effectiveness	System	Exempt Grade: 11	124,200	9/16/2026
Schroeder, Zachary	F/T Specialist, Faculty Credential	F/T Manager, External Partnerships	System	Exempt Grade: 9	81,200	9/16/2026
Sedberry, Tanisha	F/T Specialist, Faculty Workload	F/T Manager, Faculty Credentialing	System	Exempt Grade: 9	88,000	9/16/2026

INFORMATION ITEMS - NO BOARD ACTION REQUIRED
ADMINISTRATOR/ADMINISTRATIVE/CLERICAL/PROFESSIONAL TECHNICAL - STAFF (REGULAR)

EXTERNAL HIRES

Name	Previous Organization	New Job Title	College	FLSA/Grade	Annual Salary	Effective Date
Alsamara, Omar	Stafford Police Department	Peace Officer	System	Non-Exempt Grade: LE2	67,928	10/1/2026
Brown, Tatiyana	Keller Williams Memorial	Assistant, Student Services	Southwest	Non-Exempt Grade: 2	37,922	10/1/2026
Everett, Michael	University of Houston Downtown	Program Coordinator-Instructional Services	Southeast	Exempt Grade: 7	67,000	10/1/2026
Fletcher, LaDawn	Fletcher Communications	Director, Development	System	Exempt Grade: 12	134,270	10/1/2026
Gilliam, Monica	Alief Independent School District	Program Manager-Continuing Education Architectural & Construction	Northwest	Exempt Grade: 6	62,000	10/16/2026
Gregory, William	Perry Homes	Project Manager, Facilities	System	Exempt Grade: 10	91,000	10/1/2026
McQueen, Thomas	Spring Independent School District	Peace Officer	System	Non-Exempt Grade: LE 2	81,181	9/16/2026
Terrell, Dylan	Texas A & M University	Student Recruiter	Northwest	Exempt Grade: 5	50,000	10/1/2026

INFORMATION ITEMS - NO BOARD ACTION REQUIRED
ADMINISTRATOR/ADMINISTRATIVE/CLERICAL/PROFESSIONAL TECHNICAL - STAFF (REGULAR)

SEPARATIONS OF EMPLOYMENT

Name	Effective Date	Position Title
Allen, Dwight	9/1/2026	Fire Protection Tech
Andrews, Christian	9/16/2026	Student Recruiter
Bell, Jennifer	9/1/2026	CE-Industrial Maintenance
Benavidez, George	9/1/2026	Law Enforcement Training
Chami, Isaaf	9/1/2026	Biology
Chavez, Emily	9/26/2026	Instructional Designer
Cherfa, Tena	9/16/2026	Specialist, Student Records
Dushain, Sylvia	9/5/2026	Associate, Financial Aid
Emadi, Nina	9/1/2026	Counselor
Evans, Shannon	9/19/2026	Lead Counselor
Flores, Jaime	9/23/2026	Advisor, Pathways & Case Mgmt.
Fuentes, Geovanni	9/9/2026	Advisor, Pathways & Case Mgmt.
Galvez, Gabriela	9/26/2026	Assistant, Enrollment Services
Gomez Rodriguez, Cesar	9/12/2026	Welding
Hawkins, Stacee	9/1/2026	Content Creator
Izaguirre, Manuela	9/10/2026	Advisor, Dual Credit Pathways
Johnson, Sarah	9/1/2026	Advisor, Pathways & Case Mgmt.
Marka, Vinoothna	9/9/2026	Specialist, Digital Accessibility
Moreno, Andreia	9/5/2026	Specialist, Donor Database
Reece, Danyelle	9/16/2026	Coord, Intake & Retention
Reyes, Maria	9/9/2026	Specialist, Student Records
Rideout, Latrice	9/1/2026	Pgm Dir, Community Programming
Rios, Francisca	9/9/2026	Director, Development
Rivera, Lucille	9/1/2026	Advisor, Pathways & Case Mgmt.