This checklist is intended to enhance communication between the Office of University Policy (OUP) and the policy owner. As you formulate your draft policy, the checklist is designed to prompt: articulation of the University's requirement for the policy, the policy's alignment with the University's mission and strategic objectives, demonstration that the associated risk or value justifies allocation of resources essential for policy development and administration, and evidence that establishing a new or revised policy is the most effective means to achieve the intended purpose and objective**.**

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| **Identify the Policy Type** (e.g. Regulation, BOT or FAMU Policy, SOP/IOP, Handbook, Manual, Guide, other) |  |
| **Policy No.:** | **Policy Title:** |
| **Initial Adoption Date:** | **Revision Date(s):** |
| **Responsible Unit:** | **Responsible Executive:** |

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| **Criteria** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
| **STRATEGIC PRIORITIES & MISSION** |  |  |  |  |
| *Identify how the policy relates to the FAMU’s mission, strategic priorities, etc.* |  |  |  |  |
| 1. Does the policy align with FAMU’s mission and values? If yes, how? |  |  |  |  |
| 1. Is the policy central to FAMU’s strategic priorities? If yes, list priority no.? |  |  |  |  |
| **RISK MANAGEMENT, COMPLIANCE, AUDIT, LEGAL** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
| *Identify all the relevant risk factors.* |  |  |  |  |
| 1. Identify potential harm (fiscal, legal, reputational, operational, health and safety) without policy. |  |  |  |  |
| 1. Does the policy address known risk, compliance, or audit findings and recommendations? If yes, identify them and list all relevant audits/reports. |  |  |  |  |
| **CROSS FUNCTIONALITY** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
| 1. Does the policy impact other FAMU units? If yes, how? List impacted units. |  |  |  |  |
| 1. Does this policy stand alone? If not, list the other related policy(ies). Are the policies duplicative? Can the policies be combined? |  |  |  |  |
| 1. Does the policy content conflict with or contradict an existing policy? Specify. |  |  |  |  |
| **INFRASTRUCTURE & FISCAL RESOURCES** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
| 1. Is the infrastructure in place to support this policy? |  |  |  |  |
| 1. What, if any, financial or other resources are needed (e.g. technology, cost savings, training, human resources, operational resources, etc.)? |  |  |  |  |
| **APPLICABILITY** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
| *Identifies primary stakeholders or principal users of the document.* |  |  |  |  |
| 1. Is the intended audience identified? |  |  |  |  |
| 1. Does the policy provide sufficient guidance/information to assist the intended audience to comply with the relevant laws, regulations, and statutes? If yes, how? |  |  |  |  |
| 1. How will the policy impact University constituencies (e.g. students, faculty, staff, alumni, visitors, vendors, etc.)? |  |  |  |  |

| **Criteria** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
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| **AUTHORITY** |  |  |  |  |
| *Provides the pertinent statute, regulation, policy, or other document that governs the function(s) addressed by the policy.* |  |  |  |  |
| 1. Are all known relevant citations included for this policy? |  |  |  |  |
| 1. Are the citations current and properly cited? |  |  |  |  |
| 1. If this is a revised policy, have all new authorities been added? |  |  |  |  |
| 1. Does the policy comply with the requirements of the cited authority? If yes, how? |  |  |  |  |
| **POLICY STATEMENT & PURPOSE** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
| *Explains the reason for the policy and clarifies the goals, objectives and intended outcomes. Outlines principles governing behaviors and decision-making and sets specific directives for the intended audience.* |  |  |  |  |
| 1. Are the intent and need of the policy clearly identified? If yes, list sections. |  |  |  |  |
| 1. Are the objectives clearly stated? If yes, identify sections. |  |  |  |  |
| 1. Will the stated objectives be accomplished if the directives in the policy are followed? If yes, how? |  |  |  |  |
| 1. Does the purpose exclude unnecessary language, i.e., confusing or ambiguous language? |  |  |  |  |
| **DEFINITIONS** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
| *Defines all pertinent words, terms, or acronyms. Explains meaning of pertinent words, phrases, concepts in a clear and precise manner; prevents ambiguity.* |  |  |  |  |
| 1. Are all essential definitions included? |  |  |  |  |
| 1. Are definitions concise and absent of instructional details? (Instructional information encompasses any descriptions of how to implement the policy or adhere to the process.) |  |  |  |  |

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| **Criteria** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
| **POLICY/PROCEDURES** |  |  |  |  |
| 1. Review policies against changes to Florida Board of Governors’ regulations to determine impacts or necessary changes to current policies. Each policy owner and representative must register with the Board of Governors to receive email updates of all regulation changes. [Sign Up for Notifications - State University System of Florida (flbog.edu)](https://www.flbog.edu/regulations/sign-up-for-notifications/). Date Registered? |  |  |  |  |
| 1. Review policies against changes made to Florida Statutes during the legislative session. Each policy owner and representative should work with the Office of University Policy and Office of Government Relations following the close of each legislative session to determine the impact of legislative changes on current FAMU policies. |  |  |  |  |
| 1. Assess changes made to divisional/departmental business processes and procedures that impact policy. Divisional/departmental procedures should be updated to include all significant policy guidance. List updates with dates. |  |  |  |  |
| 1. Have best practices in this area among the SUS and comparable higher education institutions been reviewed and incorporated into this policy? How? |  |  |  |  |
| 1. Is the policy complete? Have all necessary directives and other temporary instructions (such as memorandums, forms, etc.) been appropriately incorporated into the procedure under review? This question can be answered by in-depth research. Consult with the contact person in the Responsible Office? |  |  |  |  |
| 1. Does a valid need still exist for the policy? If not, what would be the impact on meeting existing requirements if this policy were deleted? |  |  |  |  |
| 1. Are all required time frames included? (i.e., specify calendar or work days) |  |  |  |  |
| 1. Is accountability for carrying out the policy clearly assigned to the appropriate party? |  |  |  |  |
| 1. Do internal controls seem appropriate for the policy being reviewed? If not, are there too many or are there too few? Identify internal controls. |  |  |  |  |
| 1. Have new or existing mechanisms/processes that measure and facilitate compliance been identified? |  |  |  |  |
| 1. Has the need for consequences for noncompliance been identified and addressed? |  |  |  |  |

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| **TRAINING** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
| *Specifies any mandatory training. If no training is mandatory, explicitly state "None required." Training courses may be identified by their number and title.* |  |  |  |  |
| 1. Does the policy clearly identify training as either required or optional? If no training is required, does the policy state “none required”? |  |  |  |  |
| 1. What communication strategies and training initiatives will be necessary to promote understanding and ensure successful implementation of the policy? |  |  |  |  |
| **FORMS** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
| *Lists forms referenced or required within the policy by title, number, dates, and link.* |  |  |  |  |
| 1. Is each form necessary and relevant? Where are forms housed? |  |  |  |  |
| 1. Are all forms current? If not, which forms need revision? |  |  |  |  |
| 1. Do referenced forms include title, number, effective date, and link? Fillable form? |  |  |  |  |
| 1. Are all referenced forms standalone documents? If not, which ones should be consolidated with others? |  |  |  |  |

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| **RELATED RESOURCES** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
| *Identifies additional documents pertinent to or referenced in the policy; however, it is important to note that these identified documents should not be regarded as regulatory authority for the policy. References may encompass departmental procedures, policies, manuals, handbooks, and other governmental documents.* |  |  |  |  |
| 1. List all related resources. (e.g. related state and federal law, BOG or FAMU policies, SOP/IOP, etc.) |  |  |  |  |
| 2. Have all known policies/procedures related to the subject been referenced? If yes, list. |  |  |  |  |
| 3. Are referenced documents current? |  |  |  |  |
| 4. Are the referenced documents identified by title, number, and date, as required? |  |  |  |  |

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| **LOGISTICS/OPERATIONAL DETAILS** | **Yes** | **No** | **N/A** | **Status/Notes/Comments** |
| *Update all included contact information.* |  |  |  |  |
| 1. Division, office, position title, and address in policy have all been updated. |  |  |  |  |
| 1. By what date must the policy be implemented and why? |  |  |  |  |

**Authorized Signatories**

Policy Owner Date President/Vice President Date

Division of Legal Affairs Attorney Date Office of University Policy Representative Date