

New York State Energy Research and Development Authority (NYSERDA)

FY 24-25 Internal Control Assessment

This report summarizes NYSERDA's assessment of its internal control structure and procedures, as required by Section 2800(a) of the Public Authorities Law, and its compliance with requirements of the New York State Internal Control Act.

This statement certifies that NYSERDA followed a process that assessed and documented the adequacy of its internal control structure and policies for the year ending March 31, 2025. To the extent that deficiencies were identified, NYSERDA has developed corrective action plans to reduce any corresponding risk.

A. Establish and maintain guidelines for a system of internal controls for the authority.

Internal control guidelines communicate an organization's management and programmatic objectives to its employees and provide the methods and procedures used to assess the effectiveness of its internal controls in supporting those objectives. Internal control guidelines should:

1. State the agency head's support of internal controls to provide staff with an understanding of the benefits of effective controls;
2. Identify the agency's primary responsibilities and the objectives;
3. Explain how internal controls are organized and managed;
4. Define responsibilities of agency management and supervisors and agency staff;
5. Acknowledge that internal controls adhere to accepted standards; and,
6. Describe the organization's process for evaluating internal controls.

For this requirement, NYSERDA is:

☒ **Fully Compliant**

☐ **Partially Compliant**

☐ **Not Compliant**

Following is a summary of some of the specific actions NYSERDA has taken to comply with this requirement.

The Authority maintains an Internal Control Manual, provided to all staff and available on its public website (<https://www.nysERDA.ny.gov/About/Board-Governance>) and intranet site, which summarizes internal control policies and procedures, including those for internal control review. The Manual was last modified and approved by the Board in October 2024. In addition, other Board-approved policies are also provided to staff and available through its public website including: Conflict of Interest Policy for NYSERDA Board Members, Conflict of Interest Policy for NYSERDA Employees, Code of Conduct for NYSERDA Contractors, Guidelines for Property Disposal, Whistleblower Policy, Investment Guidelines, and Procurement & Program Contract Guidelines. In October of 2024, NYSERDA issued its Artificial Intelligence (AI) Policy, intended to make all NYSERDA employees understand how they can begin to use AI with full understanding of its strengths and risks within parameters set by NYSERDA and NYS ITS AI policies. An AI oversight body has been established with various internal experts to receive, evaluate, and determine which AI tools will be allowable for use, under which circumstances. NYSERDA has also established a federal grants compliance task force, now working to ensure that all teams awarded federal grants are aware of and complying with federal standards for grant management and terms compliance. *As controls policies are updated they are provided to all NYSERDA employees, reviewed in regular all-staff meetings, and addressed in additional training sessions to foster understanding and adherence.*

In addition to these Board-approved policies, more detailed policy and procedure manuals are provided to staff and available through its intranet site including: Personnel Handbook, Operations and Procedures Manual, Accounting Policies and Procedures Manual, and Continuity of Operations Plan.

The President and CEO reinforces the importance of the internal control program by sending a written communication to all staff stating: the purpose and importance of the Authority's internal control program; the expectation for each employee's understanding, participation and compliance with the program; and the expectation that employee's remain alert for possible violations of law, policy or public trust within NYSERDA and to promptly report such violations to appropriate internal management personnel or to the Authority's independently operated and confidential Fraud and Abuse Hotline.

The importance of internal control activities is also communicated to management and staff throughout the year in many formal and informal manners. The Board regularly comments in its public meetings its appreciation for staff's efforts and accomplishments in this regard, and reiterates the importance of its programs, operating controls, and the need to continue to provide a high degree of accountability and transparency. These same themes permeate through formal and informal meetings that management have with staff on a regular basis.

B. Establish and maintain a system of internal controls and a program of internal control review for the agency or authority.

The system of internal control should be developed using the COSO (Committee of Sponsoring Organizations of the Treadway Commission) conceptual framework adopted in the *Standards for Internal Controls in New York State Government*, and should incorporate COSO's five basic components of internal control: control environment, risk assessment, control activities, information and communication and monitoring.

The program of internal control review shall be a structured, continuing and well documented system designed to identify internal control weaknesses, identify actions that are needed to correct these weaknesses, monitor the implementation of necessary corrective actions and periodically assess the adequacy of the agency's or authority's internal controls.

Organizations can adopt a system of internal control review tailored to their needs, size and degree of centralization. The procedures for evaluating the adequacy of that system also vary, but at a minimum should:

1. Identify and clearly document the primary operating responsibilities (functions) of the agency or authority;
2. Define the objectives of these functions so they are easily understood by staff accountable for carrying out the functions;
3. Identify/document the policies and procedures used to execute functions;
4. Identify the major functions of each of the agency's assessable units;
5. Develop a process or cycle to assess risk and test controls for major functions;
6. Assess the risks and consequences associated with controls failing to promote the objectives of major functions;
7. Test controls to ensure they are working as intended (see the "Manager's Testing Guide" which can be downloaded from BPRM Item B-350);
8. Institute a centrally monitored process to document, monitor and report deficiencies and corrective actions.

For this requirement, NYSERDA is:

☒ Fully Compliant

☐ Partially Compliant

☐ Not Compliant

Following is a summary of some of the specific actions NYSERDA has taken to comply with this requirement.

NYSERDA regularly reviews its internal control system and its policies and procedures. These reviews occur through an ongoing process of reviewing existing policies and procedures to ensure that the Authority's programs and support functions operate as efficiently as possible, while still maintaining appropriate safeguards. These reviews also occur as a result of reviewing new programs and initiatives.

Through a planned and deliberate process, Executive Management complemented these regular reviews with an Authority-wide Risk and Controls Self-Assessment (RCSA) during the fiscal year (22-23). The RCSA was intended to identify current controls and processes and to ensure they are aligned to provide reasonable assurance to safeguard NYSERDA assets while positioning the Authority to achieve its mission outcomes both prudently and efficiently. The outcomes of this review have been shared with executive management, and any related action items have been assigned and are monitored for follow up. Insights gleaned through this review have been used as input to Internal Controls Manual improvements and expanded staff training. In the coming year, the Risk and Controls Working Group, led by the Authority's Internal Control Officer, anticipates updating the NYSERDA-wide risk assessment last conducted in fiscal year 22-23. This will provide a robust inventory of the risks identified throughout the Authority. Upon completion, Management can prioritize and address high level risks. In addition, the Internal Audit department will utilize the results in developing and adjusting its annual audit planning process. NYSERDA plans to conduct RCSA's on a regular schedule approximately every three-to-four years.

Consistent with its internal control requirements, NYSERDA conducts periodic compliance testing to determine the extent to which staff follows prescribed policies and procedures. In conjunction with the Internal Control Officer, the testing program is planned and implemented, with heavy engagement from NYSERDA's Internal Audit team which prioritizes testing areas of focus as it develops its annual audit plan. Transactions to be tested are identified, and key controls which support the controls, key controls and the testing method are identified. Any deficiencies are noted to determine the cause and effect of any noncompliance, and appropriate changes are recommended and implemented.

Exceptions, if identified, to the system of internal controls are disclosed to the Internal Control Officer who works with a representative from Counsel's Office, involved program or administrative staff to review the exception or deficiency, determine its cause, consider what changes in control systems are necessary for preventing future exceptions (or improving such deficiency), and then documents the analysis in writing, a copy of which is retained by the Internal Control Officer. Recommendations for changes to policies are also reviewed with the Director of Internal Audit. No significant deficiencies were identified during the year which required corrective action.

NYSERDA keeps its manuals on-line in its internally accessible intranet site. The manuals are protected to enable staff to read and print materials as needed, but to prevent inadvertent changes or deletions. The manuals are reviewed and updated on a regular rolling basis with additional updates made as needed to reflect regulatory or statutory updates.

NYSERDA employees are required to participate in mandatory annual training on various controls-related topics including cyber security.

The following is a list of mandatory training related to risks and controls that staff are required to participate in:

- Information and Cyber Security Awareness
- Internal Controls

- NYS Right to Know
- Prevention of Workplace Violence
- Workplace safety

NYSERDA provides its Internal Control Manual and Code of Conduct, which summarize the Authority system of internal controls and establish expectations for employee conduct, to all new employees and Board Members as part of their orientation training. E-mail communications are sent to staff and Board Members periodically reminding employees of the system of internal controls, their obligations to adhere to the Code of Conduct, and advising them that they must report any suspected fraud or abuse of policies to the Authority's independently-operated fraud and abuse hotline service. All changes to NYSERDA's policy and procedure manuals are communicated to staff.

Evaluation and monitoring is an activity which receives considerable attention at the Authority, particularly for the Authority's clean energy, energy efficiency, renewable energy, and research and development activities, which comprise the majority of the Authority's operations. The Authority uses a comprehensive program evaluation process which includes independent evaluation contractors who review programs to ensure they are appropriately designed and monitor reported achievements, and also perform project verification on a statistical sampling basis to review project reported benefits. The results of these evaluation and monitoring efforts are reported to stakeholders and the public.

In December of 2024, NYSERDA updated its Mission, Vision, and Promise to better align with the Authority's core mission. Strategic planning activities are conducted annually as part of the Authority's program planning efforts, which are annually presented to and approved by the Board and its Program Planning Committee through a multi-year strategic program plan as memorialized in NYSERDA's publicly posted Strategic Outlook. These efforts also address requirements under the Public Authorities Law for public authority missions and outcomes reporting. The updated Mission, Vision, and Promise have been incorporated in the most recent Strategic Outlook publication.

This past fall the Officers developed new organization-wide goals in conjunction with the Executive team. The organization-wide goals layout NYSERDA's leadership's priorities for the organization over the next three years. These overarching goals are then used by individual team units when establishing their yearly goals through the Objectives and Key Results (OKR) annual goal setting process.

The Authority's internal audit activities continue to play an important role in the Authority's internal control program. The Director of Internal Audit works with executive management and the Audit and Finance Committee to establish an annual audit plan. Audit results are then reported quarterly to the Audit and Finance Committee and senior management.

NYSERDA uses a variety of communication activities to support its internal controls, including but not limited to:

- NYSERDA-wide meetings (generally at least quarterly) to discuss cross-cutting issues and initiatives, quarterly meetings of all line managers to ensure they are aware of key developments and practice updates they need to relay to their employees, and weekly meetings of the Authority's Officers as well as its full Executive team.
- Departmental staff meetings and supervisor-staff meetings where department managers review activities and monitor status.
- Regular meetings with stakeholders and regulators to review status of NYSERDA activities.
- Program evaluation reporting provided to stakeholders and the public which summarizes

program achievements and progress.

- Authority-wide release notifications are communicated with staff each month informing and identifying any changes made to process, policy and procedures.
- Periodic updates to process, policy and procedures are also communicated through the NYSERDA newsletter.
- Ad-hoc email communications which discuss initiatives and activities and allow communication, both between internal staff and outside stakeholders, among involved participants.

- C. Make available to each officer and employee of the agency or authority a clear and concise statement of the generally applicable management policies and standards with which the officer or employee of such agency or authority shall be expected to comply along with detailed policies and procedures the employees are expected to adhere to in completing their work.** The statement should set the tone at the top. It should be issued periodically and emphasize the importance of effective internal controls to the agency or authority and the responsibility of each officer and employee for effective internal controls.

Managerial policies and procedures for the performance of specific functions are articulated in administrative manuals, employee handbooks, job descriptions and applicable policy and procedure manuals. While it is not necessary for all employees to possess all manuals, employees should be provided with, or have access to, applicable policies and procedures for their position.

Furthermore, NYSERDA has defined a core competency for all employees that focuses on understanding and abiding by policies and procedures, which has been added to the standard job description for all staff positions.

For this requirement, NYSERDA is:



Fully Compliant



Partially Compliant



Not Compliant

Following is a summary of some of the specific actions NYSERDA has taken to comply with this requirement.

As previously described, all of the Authority policy and procedure manuals, guides and handbooks are posted on an intranet site available to all staff. All staff, including new hires, are required to complete annual mandatory State internal control training.

- D. Designate an Internal Control Officer (ICO), who shall report to the head of the agency or authority or to their designee within the executive office, to implement and review the internal control responsibilities established pursuant to this item. The designation of the ICO should be communicated to all employees.**

The ICO works with appropriate personnel within the agency or authority to coordinate the internal control activities and to help ensure that the internal control program meets applicable

requirements. Although the ICO evaluates the adequacy of the internal control reviews performed by agency or authority staff, program and line managers are primarily responsible for conducting reviews to assure adherence to controls and analyzing and improving control systems. The ICO should be an individual with sufficient authority to act on behalf of the agency head in implementing and reviewing the agency's internal control program. This individual should have a broad knowledge of agency operations, personnel and policy objectives.

For this requirement, NYSERDA is:

☒ **Fully Compliant** ☐ **Partially Compliant** ☐ **Not Compliant**

Following is a summary of some of the specific actions NYSERDA has taken to comply with this requirement.

The Board appointed Pam Poisson as Internal Control Officer in October 2021. Pam also serves as the Chief Financial Officer, providing sufficient authority to appropriately implement internal control responsibilities within the organizations. The ICO regularly reports to the Audit & Finance Committee of the Board on the status of entity risks and controls, and kicks off annual controls training with a reminder of various controls-oriented employee positions and their roles including that of ICO.

- E. Implement education and training efforts to ensure that officers and employees have achieved adequate awareness and understanding of internal control standards and, as appropriate, evaluation techniques.** Authorities should identify staff requiring internal control training and the depth and content of that training. Such education and training should be on-going with specific courses directed at line staff, middle managers and executive management. For organizations that have established internal audit functions, training and education should be offered on the appropriate role of the internal auditor within the organization's internal control system.

For this requirement, NYSERDA is:

☒ **Fully Compliant** ☐ **Partially Compliant** ☐ **Not Compliant**

Following is a summary of some of the specific actions NYSERDA has taken to comply with this requirement.

All Authority staff are provided the Authority's Internal Control Manual (which includes the State Internal Control Standards as an Appendix), Code of Conduct, and Conflict of Interest Guidelines, as well as providing access to all other policy and procedure manuals. These policy manuals provide a foundation for all employees to ensure that they are familiar with internal control concepts and the Authority's internal control-related programs, policies and procedures.

The State on-line internal control training program is required for all staff to complete annually. A list of training is noted above in Section B.

F. Periodically evaluate the need for an internal audit (IA) function. If an IA function exists, it should be maintained in compliance with generally accepted professional auditing standards. Agencies on the Division of the Budget's list of agencies required to establish IA functions – and those choosing to have an IA function – are required to comply with The Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing* (see BPRM Item B-350 Section III "IA Responsibilities"). An internal audit unit should comply with The Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing*. Therefore, IA units should comply with the guidance outlined below regarding organizational placement, independence and reporting.

1. Directors of Internal Audit (DIA) should report functionally to the agency head or audit committee and may report administratively to the designated executive deputy (or equivalent position). If the executive deputy has line or staff duties, the DIA should report directly to the agency head.
2. A current organizational chart should be available that identifies the placement of the IA unit, the individual that has responsibility for overseeing the internal audit activity and other organizations/activities under its purview.
3. The IA function should be independent of the ICO, but should work closely with the ICO. Limitations should be established on IC activities where those duties overlap. Agencies should identify impairments to the independence of the DIA that may be created where the DIA is performing the ICO function. Furthermore, IA units should not assume operating responsibilities, perform management functions, make management decisions or assume other monitoring roles (e.g., Information Security Officer).
4. Internal audit staff should complete an annual independence statement identifying actual/potential impairments to independence, if they exist, and notifying the DIA whenever a new actual/potential impairment arises.
5. At a minimum, DIAs should hold quarterly meetings with agency executive management and the audit committee, where applicable, to report on audit results. Final reports should be distributed to the agency head, executive deputy, auditee, ICO and the audit committee.
6. The DIA should assure that agency audit staff have the skills, knowledge and ability to perform the audit work required and that the size of the audit staff is appropriate given the size and complexity of the organization.
7. The DIA should take steps to ensure sufficient audit resources are available given the size and complexity of the organization. This can be accomplished by exploring in-sourcing, outsourcing and sharing audit services.

For this requirement, NYSERDA is:

☒ **Fully Compliant** ☐ **Partially Compliant** ☐ **Not Compliant**

Following is a summary of some of the specific actions NYSERDA has taken to comply with this requirement:

Background:

In January 2004, NYSERDA's Board approved a recommendation from management to establish an internal audit function. The purpose of the Internal Audit Function is outlined in Appendix A of the Internal Control Manual.

In December 2024, the then current Director of Internal Audit resigned her position. In the interim, The President and CEO has designated Dorraine Teitsch-Gilligan as the Acting Director of Internal Audit. Dorraine has been an internal auditor with NYSERDA since July 20, 2015 and has over 30 years of financial and audit work experience. She is a Certified Internal Controls Auditor, Internal Audit Practitioner, and successfully completed the requirements for the COSO Internal Control Certificate Program. Management has established a search committed for a new Director of Internal Audit and expects to fill the role within 90 days of the date of issuance of this report.

In this past fiscal year, in response to growing work scope for NYSERDA, the Internal Audit team added a new position, now moving up to a team of three to help ensure resources for this important function are appropriately scaled to organizational size and complexity.

The Authority last completed a quality assurance review of Internal Audit activities by an external reviewer during fiscal year FY 2021-22, consistent with requirements in internal auditing standards to be performed at least once every five years. The overall evaluation was Generally Conforms, which is the highest rating that can be achieved.

Following is a summary of the audits and other services completed and in process during FY 24-25, consistent with the Audit Plan approved by the Audit and Finance Committee of the Board:

<i>Completed Report Dates</i>	<i>Name of Audit/Consulting Activity</i>	<i>Results Summary</i>
July 2024	LSR 2022 & 2023 RES and OREC outsourced reviews	This was a consulting activity at the request of the Authority's leadership for both 2022 and 2023 RES and OREC evaluation and awards processes. Reports from the third-party firm were sent to the Members of the AFC in July 2024. Relevant evaluation and award processes and criteria, scoring committee guidance, and other documentation were appropriately followed, and the selection process was appropriate based on the scores and ranking.
November 2024	NY Green Bank Audit – follow up	This was a follow up of the recommendations identified in the original audit conducted in 2023. All recommendations have been implemented satisfactorily.
January 2025	IT Equipment Audit	The audit report was provided to the Members in March 2025. While no evidence of wrongdoing was found, recommendations for improvement were noted to further strengthen controls and accountability beyond the corrections implemented during the audit.
November 2024 / March 2025	NY Green Bank Anti-Money Laundering Audit (AML) – Follow up	This was a follow up of the recommendations identified in the original audit conducted in 2024. NYGB recently determined that a formal AML program is not required. As such, they will be updating their policies and procedures to reflect the

		change, keeping many of the tenets of the AML program as best practice. 17 of the 18 recommendations have been addressed. The final pertains to training which requires customization to meet NYGB's needs and is expected to be completed in the summer of 2025.
March 2025	2025 Internal Control over the Payment Process annual certification to OSC	The testing for the annual certification review was completed, and the memo was sent to the VP of Finance for his review. The final report will be provided by the ICO for the President's review and signature prior to April 30, 2025
Quarterly	Continuous Monitoring Activity -Invoice Review/Approval	Consulting Activity. All payments were found to be appropriate, as were the corresponding Purchase Orders.
<i>Reports in process</i>	<i>Name of Audit</i>	<i>Results Summary</i>
	Consulting Services to assist with the Evaluation of the 2022 and 2023 Offshore Wind Renewable Credit and 2022 and 2023 Renewable Energy Standard Request for Proposals.	Services are currently in process

For each of the above completed audits, the Director or Acting Director of Internal Audit provided a report to the Audit and Finance Committee summarizing the results of the audit. Completed audits result in a written audit report, which includes a written response from management addressing any recommendations identified in the audit report.

Recommendations contained in audits during FY 24-25 have been implemented, or are in the process of being implemented. Management has agreed to implement all recommendations contained in the completed audit reports issued.