

NEW BUILDING UPDATE



Agenda

- 1) Board Motion – November 29, 2018
- 2) Project Costing
- 3) Status of GMP Contract
- 4) Funding
- 5) Contract Process
- 6) Project Status Update
- 7) Initial Stage – Portable Moves
- 8) Financial Summery YTD

BoG Motion – November 29, 2018

1. *Authorizing the university to proceed negotiating and finalizing a GMP agreement for the new building construction with Eastern up to a maximum of \$41M dollars and the total cost of construction and fit out not to exceed \$48M*

2. *Directing the university to provide an update on the final negotiated guaranteed maximum price agreement at the April 24, 2019 Board meeting; and*

3. *Authorizing and directing the President and/or Chief Financial Officer for and in the name of the Corporation to execute and deliver (under the corporate seal or otherwise) all such other documents and do all such other acts as may be necessary or desirable to give effect to this resolution.*

DRAFT BUDGET

Budgetary Cost to A&F	Nov 18 BoG	Feb 19 Current	Final
Building Contract (inc 6 floor & contingency)	\$ 39.5	\$ 41.2	\$ 40
Soft costs (consultants, permits, etc)	\$ 2.1	\$ 1.9	\$ 1.9
Furnishing, fit-out, equipment	\$ 3.0	\$ 3.5	\$ 3.25
New Parking/ Portable Relocation	\$ 2.4	\$ 3.3	\$ 2.1
Contingencies	\$ 1.0	\$.85	\$.75
Total Project Amount	\$ 48.0	\$ 50.75	\$ 48.0

GMP Status

- Various value engineering opportunities explored and incorporated in the GMP
- Tender Assist Package was completed and optimized cost was included in the revised GMP proposal
- Revised GMP proposal amounting to \$40M submitted
- Design-build team currently preparing the GMP package for submission this weekend
- GMP discussion scheduled on 15 April 2019
- Forecast to have GMP contract executed by end April

Funding Options

Source of Funds	(\$M)	Comments
Building Reserve FY18	\$13.2	
Planned Reserve to FY22	\$11.9	Includes annual planned building reserves of \$3.5M (3.4 years x \$3.5M = \$11.9M)
USU Portion	\$5.0	USU has reserve of ~\$1M in FY18 and will secure a loan
Total Funding	\$30.1	
Shortfall	\$17.9	Shortfall to be funded through operating funds, fundraising and/or additional funds from FedDev
Total Project Cost	\$48.0	

Satisfying Board Diligence – Contracting Process

- A hybrid Design-Build contract based on CCDC14 is used in this project where the Design-Builder provides the Design Services and performs the Work under one agreement. CCD14 was modified to include Guaranteed Maximum Price plus cost savings.
- Engaged experienced construction counsel (Weir Foulds) to assist in tailoring the contract to support UOIT's particular needs and risks through a set of supplementary conditions
- CFO and GC both involved in negotiation and approval of final conditions.

Progress Update

GASB Building

- Pre-Construction documentations in progress
- Application for Site Plan Approval submitted to the city
- Design Assist Tender submitted, GMP value engineering completed
- Audio-visual detailed design and coordination on going
- Furniture design, selection and coordination with end users in progress

Portable Relocation

- 5 Bidders submit Proposal. Only 2 were technically qualified
- Contract Awarded to BDA Inc.
- U5/U6 Occupants move will commence by 16 April

F5 Parking Lot Extension

- Construction documentations for additional 130 parking slots completed
- RFP issued with plan bid submission by 29 April 2019

Forecast Schedule (Next Step)

- GASB Coordination of construction drawings
- Submission of GMP full package, review and execute GMP contract
- Portable complex site planning and preparation
- U5 Occupants move to swing spaces at ERC, UL, SIRC and DTA
- Parking lot RFP process, submission and evaluation of bids

Site Safety:

- Nothing to report – no incident on site this period

Change Orders:

- Nothing to report – no change order this period

Procurement Summary:

- Design Tender for electrical, mechanical, formwork, curtain wall and precast evaluated and additional VE savings of 686K\$ achieved
- \$1.565M cost reduction achieved during GMP cost optimization exercise

Financial Summary:

- Approved project budget \$48M
- GMP target amount \$40M achieved
- Project budgetary estimate next slide

Initial Stage – Portable Moves

April 16 to May 5 : U5+U6 Occupants move è ERC, SIRC, UL and DTA

May 5 to 7 : U5+U6 Furniture move è Storage

May 7 to June 7 : U5 and U6 Portable move è F2 parking lot west location

August 2 : New Portable complex restoration substantial completion

2nd week of August : Occupancy and move back to New Portable complex

Summary Financial Report as of 4 April 2019

GENERAL ACADEMIC AND STUDENT BUILDING			PROJECT FINANCIAL SUMMARY REPORT FOR MONTH ENDING					March 2019					
Sources of Funds													
Description	Budget March 2019	Actual March 2019	Budget YTD	Actual YTD	Variance	Source of Funds Comments			Total Funding Budget	Total Actual YTD	Forecasted Funding Required	Funding at Completion	Variance
			X	Y	X - Y				A	B	C	D = B + C	A - D
UOIT					\$ -							\$ -	\$ -
SIF					\$ -							\$ -	\$ -
Advancement					\$ -							\$ -	\$ -
Totals	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	\$ -	\$ -	\$ -	\$ -
Uses of Funds													
Description	Budget March 2019	Actual March 2019	Budget YTD	Actual YTD	Variance	YTD Variance Explanation	Milestone	Status	Total Budgetary Estimate	Total Actual YTD	Estimate to Complete	Estimate at Completion	Variance
			X	Y	X - Y				A	B	C	D = B + C	A - D
GMP Contract	\$ -	\$ -	\$ -	\$ -	\$ -		30-Apr-19	GMP stage	\$ 40,000,000	\$ -	\$ 40,000,000	\$ 40,000,000	\$ -
FF&E	\$ -	\$ -	\$ -	\$ -	\$ -		24-Jun-21	Design stage	\$ 3,246,505	\$ -	\$ 3,246,505	\$ 3,246,505	\$ -
Soft Cost	\$ 69,241	\$ 69,241	\$ 341,854	\$ 341,854	\$ -		24-Jun-21	In progress	\$ 1,894,790	\$ 341,854	\$ 1,552,936	\$ 1,894,790	\$ -
Portable Relocation	\$ -	\$ -	\$ 221,081	\$ 221,081	\$ -		30-Aug-21	Construction	\$ 1,584,313	\$ 221,081	\$ 1,363,231	\$ 1,584,313	\$ -
New Parking	\$ 2,420	\$ 2,420	\$ 2,420	\$ 2,420	\$ -		30-Aug-19	Design stage	\$ 524,392	\$ 2,420	\$ 521,972	\$ 524,392	\$ -
Contingencies	\$ -	\$ -	\$ -	\$ -	\$ -		24-Jun-21	Nil	\$ 750,000	\$ -	\$ 750,000	\$ 750,000	\$ -
												\$ -	\$ -
Totals	\$ 71,661	\$ 71,661	\$ 565,355	\$ 565,355	\$ -				\$ 48,000,000	\$ 565,355	\$ 47,434,645	\$ 48,000,000	\$ -

APPENDIX



Project Goals

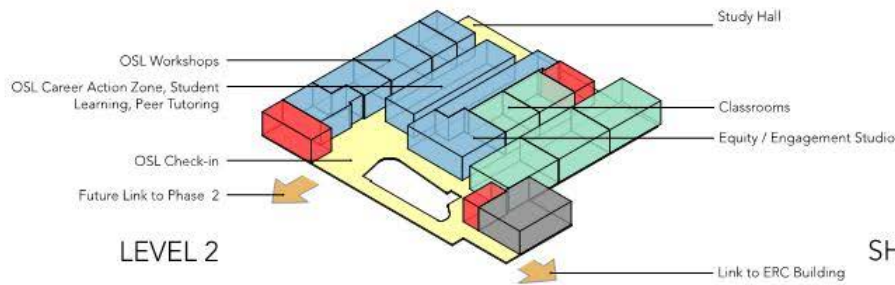
- Enhance the quality of learning and research space for the present population of students, faculty and staff;
- Provide new space for our Student Union;
- Grow the amount of space to provide more opportunities for learning and research (increase NASMs/FTE)
- Ensure flexibility for future changes

BUILDING SIZE AND COSTS

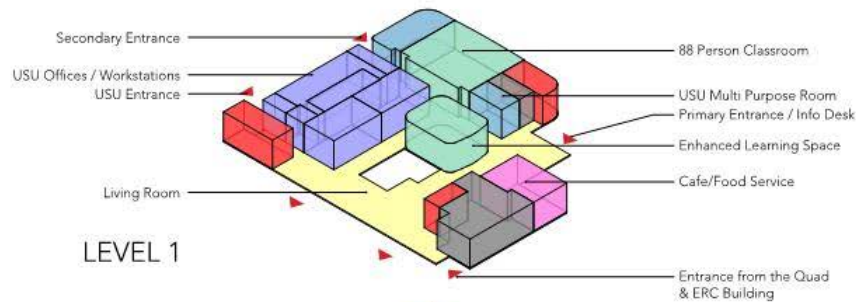
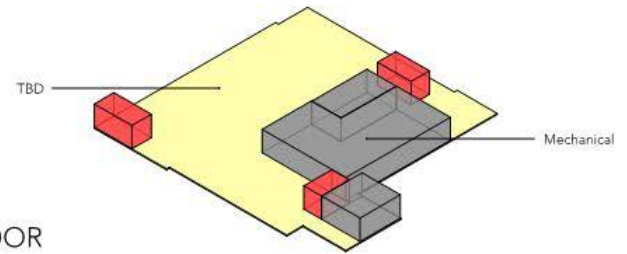


SIZE

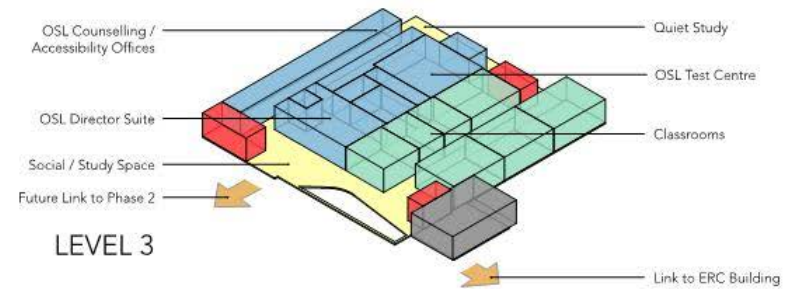
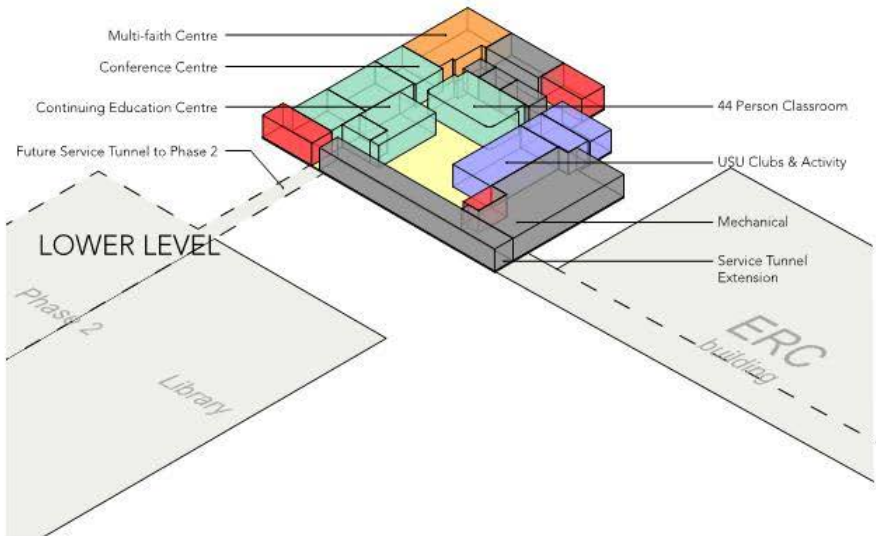
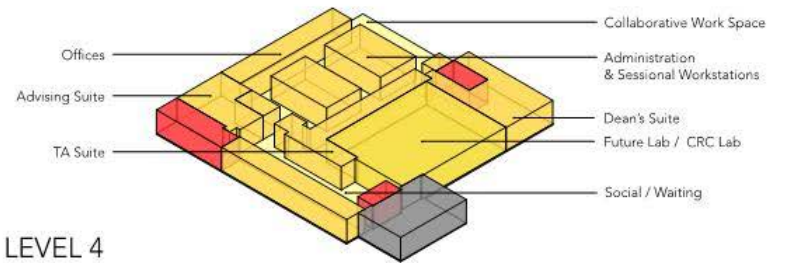
	Before VE	After VE	Difference
Floor 1 – Lower Level (LL)	1677	1607	-70
Floor 2 – Level 1 (L1)	1617	1634	17
Floor 3 – Level 2 (L2)	1797	1785	-12
Floor 4 – Level 3 (L3)	1797	1785	-12
Floor 5 – Level 4 (L4)	1797	1785	-12
Floor 6 – Level 5 (Penthouse)	1797	1727	-70
Total (M2)	10,482	10,323	-159
<i>Total (SF)</i>	112,828	111,116	-1,712

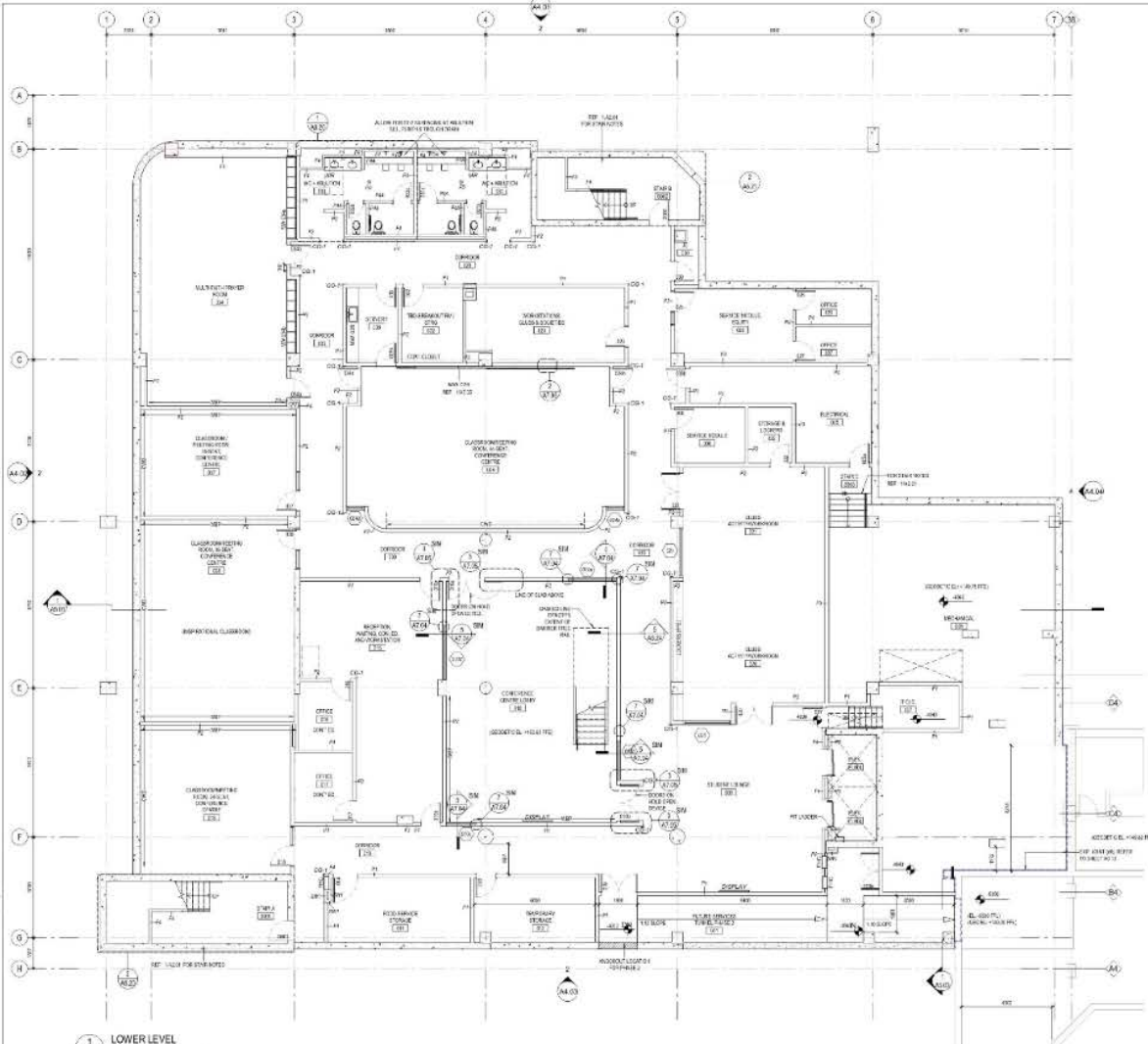


SHELL FLOOR



LEVEL 4





1 LOWER LEVEL
1. REV.

LOWER LEVEL - DOOR SCHEDULE

DOOR NUMBER	TYPE	DOOR			FRAME	MATERIAL	SCHEDULE WITH	COMMENTS
		FINISH	HEIGHT	THICKNESS				
101	1	102	210	18	101	102	101	
102	1	102	210	18	101	102	101	
103	1	102	210	18	101	102	101	
104	1	102	210	18	101	102	101	
105	1	102	210	18	101	102	101	
106	1	102	210	18	101	102	101	
107	1	102	210	18	101	102	101	
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156	1	102	210	18	101	102	101	
157	1	102	210	18	101	102	101	
158	1	102	210	18	101	102	101	
159	1	102	210	18	101	102	101	
160	1	102	210	18	101	102	101	

LOWER LEVEL - ROOM FINISH SCHEDULE

RM #	ROOM NAME	FLOOR	CEILING	WALL	COMMENTS
101	Maintenance Room	101	101	101	
102	Maintenance Room	101	101	101	
103	Maintenance Room	101	101	101	
104	Maintenance Room	101	101	101	
105	Maintenance Room	101	101	101	
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155	Maintenance Room	101	101	101	
156	Maintenance Room	101	101	101	
157	Maintenance Room	101	101	101	
158	Maintenance Room	101	101	101	
159	Maintenance Room	101	101	101	
160	Maintenance Room	101	101	101	

EASTERN CONSTRUCTION EST. 1961

Montgomery Sisam Architects Inc.
17 Dundas Street, Toronto, Ontario M5G 1S6 montgomerysisam.ca
Tel: 416-593-7177 Fax: 416-593-7197

MontgomerySisam

Architecture Counsel Inc.
11 Dundas Street, Toronto, Ontario M5G 1S6 montgomerysisam.ca
Tel: 416-593-7177 Fax: 416-593-7197

ARCHITECTURE COUNSEL

True North
Project North

1. 19-02-1 ISLAND FOR (RELOCATE)
2. 19-02-2 ISLAND FOR (RELOCATE)
3. 19-02-3 ISLAND FOR (RELOCATE)
4. 19-02-4 ISLAND FOR (RELOCATE)
5. 19-02-5 ISLAND FOR (RELOCATE)
6. 19-02-6 ISLAND FOR (RELOCATE)
7. 19-02-7 ISLAND FOR (RELOCATE)
8. 19-02-8 ISLAND FOR (RELOCATE)
9. 19-02-9 ISLAND FOR (RELOCATE)
10. 19-02-10 ISLAND FOR (RELOCATE)
11. 19-02-11 ISLAND FOR (RELOCATE)
12. 19-02-12 ISLAND FOR (RELOCATE)
13. 19-02-13 ISLAND FOR (RELOCATE)
14. 19-02-14 ISLAND FOR (RELOCATE)
15. 19-02-15 ISLAND FOR (RELOCATE)

UNIVERSITY OF ONTARIO INSTITUTE OF TECHNOLOGY
1280 ST. GEORGE STREET
TORONTO, ONT. M5S 1A5

SITE PLAN APPLICATION No. X00000

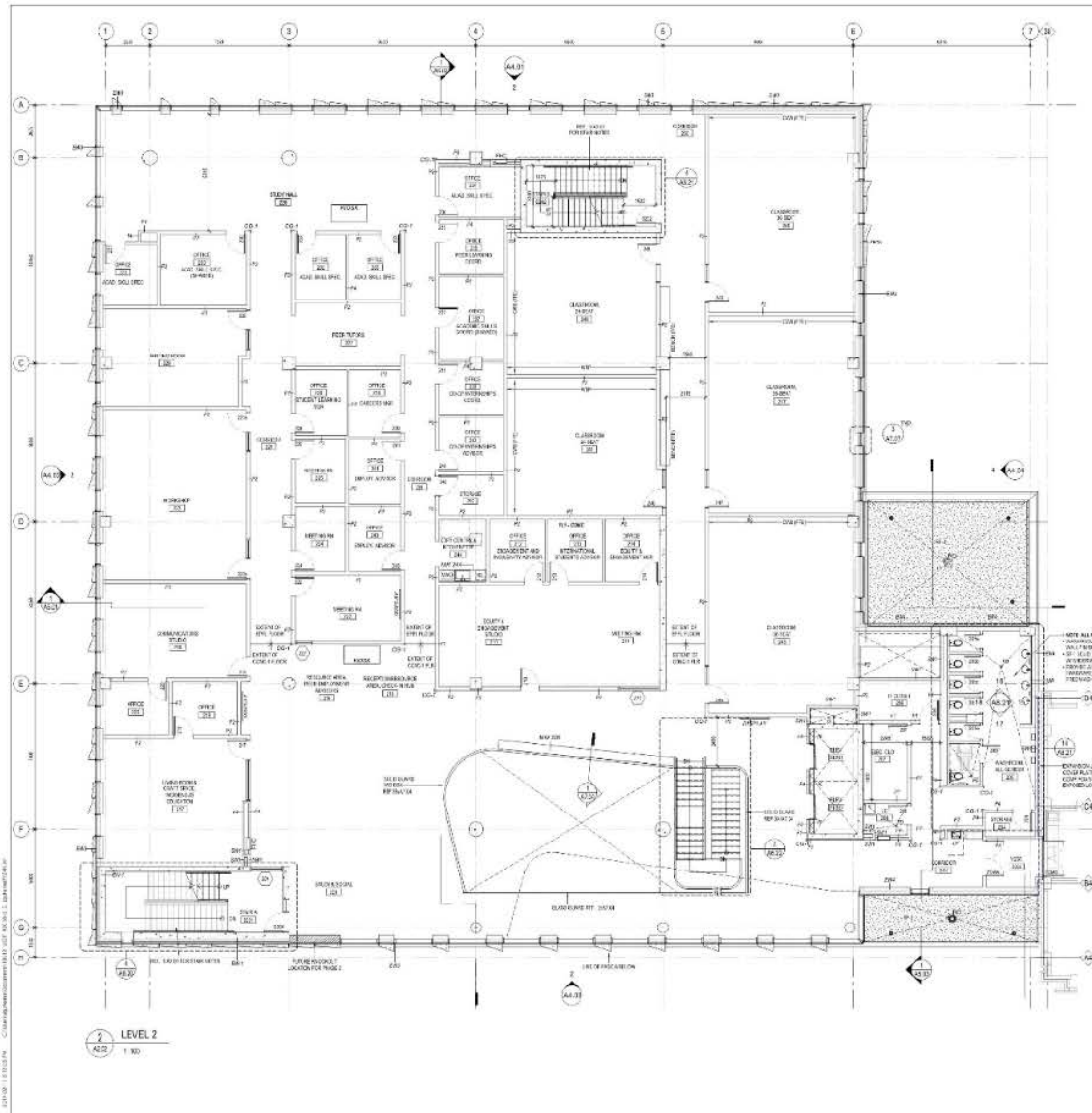
LOWER LEVEL

Legend:

- 00
- - - - 01
- 02
- 03
- 04

Scale: 1:100

A2.00



LEVEL 2 - DOOR SCHEDULE

DOOR NUMBER	TYPE	WIDTH	HEIGHT	FINISH	MATERIAL	TYPE	FINISH	DOOR LEAF WIDTH	Comments
101	P	1100	2100	2	2	2	2	1100	010
102	P	900	2100	2	2	2	2	900	010
103	P	1100	2100	2	2	2	2	1100	010
104	P	1100	2100	2	2	2	2	1100	010
105	P	1100	2100	2	2	2	2	1100	010
106	P	1100	2100	2	2	2	2	1100	010
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121	P	1100	2100	2	2	2	2	1100	010
122	P	1100	2100	2	2	2	2	1100	010
123	P	1100	2100	2	2	2	2	1100	010
124	P	1100	2100	2	2	2	2	1100	010
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127	P	1100	2100	2	2	2	2	1100	010
128	P	1100	2100	2	2	2	2	1100	010
129	P	1100	2100	2	2	2	2	1100	010
130	P	1100	2100	2	2	2	2	1100	010

LEVEL 2 - ROOM FINISH SCHEDULE

RM #	ROOM NAME	WALL	FLOOR	CEILING	FURN.	COMMENTS
101	LOBBY	101	101	101		SEE 2-DP DRAWING
102	RECEPTION	102	102	102		SEE 2-DP DRAWING
103	OFFICE	103	103	103		
104	CONFERENCE	104	104	104		
105	OFFICE	105	105	105		
106	OFFICE	106	106	106		
107	OFFICE	107	107	107		
108	OFFICE	108	108	108		
109	OFFICE	109	109	109		
110	OFFICE	110	110	110		
111	OFFICE	111	111	111		
112	OFFICE	112	112	112		
113	OFFICE	113	113	113		
114	OFFICE	114	114	114		
115	OFFICE	115	115	115		
116	OFFICE	116	116	116		
117	OFFICE	117	117	117		
118	OFFICE	118	118	118		
119	OFFICE	119	119	119		
120	OFFICE	120	120	120		
121	OFFICE	121	121	121		
122	OFFICE	122	122	122		
123	OFFICE	123	123	123		
124	OFFICE	124	124	124		
125	OFFICE	125	125	125		
126	OFFICE	126	126	126		
127	OFFICE	127	127	127		
128	OFFICE	128	128	128		
129	OFFICE	129	129	129		
130	OFFICE	130	130	130		

EASTERN
CONSTRUCTION EST. 1981

Montgomery Sisam Architects Inc.

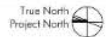
107 South Avenue, Toronto, Ontario M5C 1A5
Tel: 416-961-1171 Fax: 416-961-1172

MontgomerySisam

Architecture Counsel Inc.

17 Dundas Street, West, Toronto, Ontario M5G 1R1
Tel: 416-593-1171 Fax: 416-593-1603

ARCHITECTURE COUNSEL

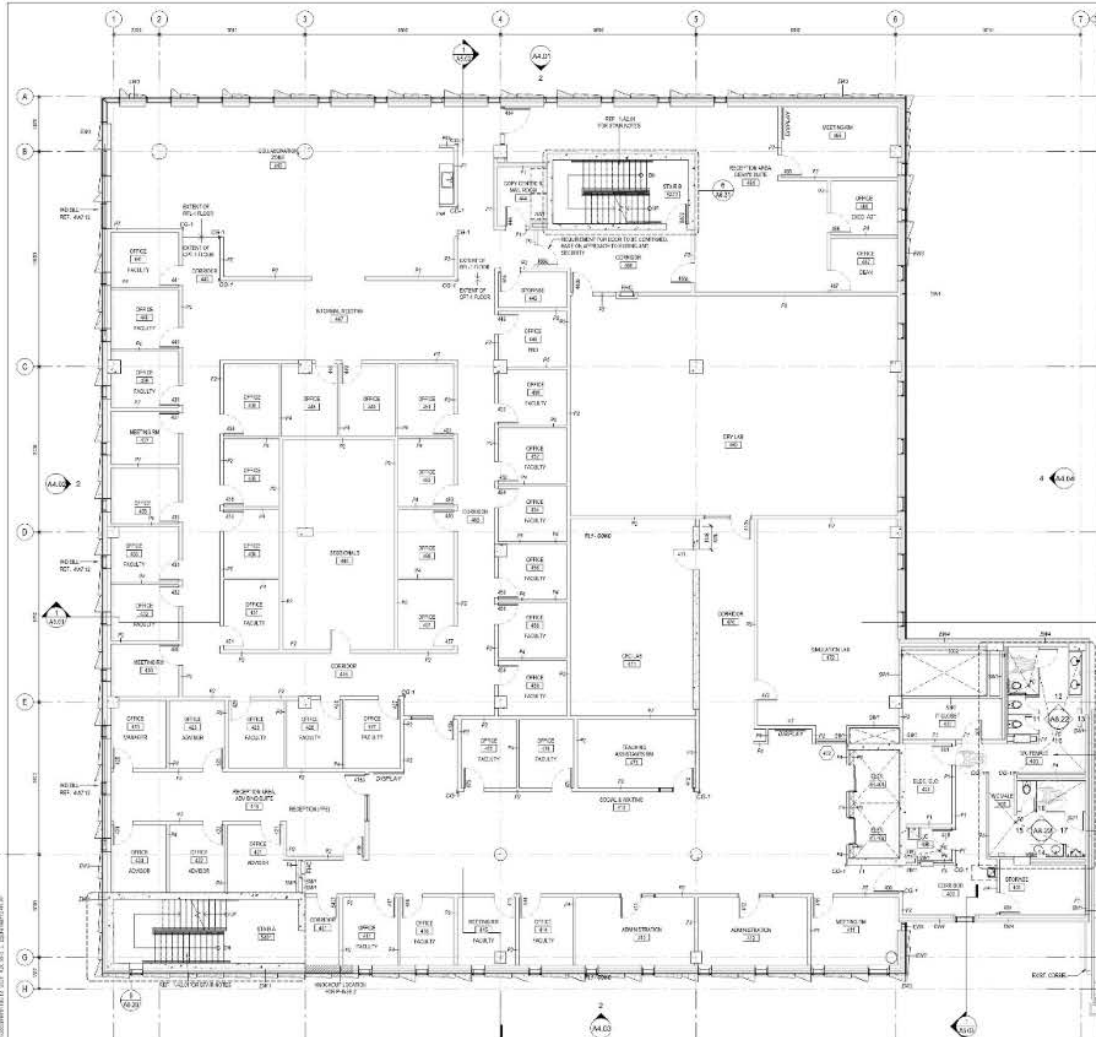


- 101 LOBBY
- 102 RECEPTION
- 103 OFFICE
- 104 CONFERENCE
- 105 OFFICE
- 106 OFFICE
- 107 OFFICE
- 108 OFFICE
- 109 OFFICE
- 110 OFFICE
- 111 OFFICE
- 112 OFFICE
- 113 OFFICE
- 114 OFFICE
- 115 OFFICE
- 116 OFFICE
- 117 OFFICE
- 118 OFFICE
- 119 OFFICE
- 120 OFFICE
- 121 OFFICE
- 122 OFFICE
- 123 OFFICE
- 124 OFFICE
- 125 OFFICE
- 126 OFFICE
- 127 OFFICE
- 128 OFFICE
- 129 OFFICE
- 130 OFFICE

LEVEL 2

Scale: 1/4" = 1'-0"
Author: ASJ
Checked: TSM
Drawn: TSM
Date: 10/28/09

A2.02



LEVEL 4
1-NO. 1-NO. 1-NO.
1-NO. 1-NO. 1-NO.

LEVEL 4 - ROOM FINISH SCHEDULE

ROOM NO.	ROOM NAME	FLOOR FINISH	CEILING FINISH	WALL FINISH	COMMENTS
001	RECEPTION	CONC	MSJ	P-01	MSJ 10/22/07
002	OFFICE	CONC	MSJ	P-01	
003	CONFERENCE	CONC	MSJ	P-01	
004	OFFICE	CONC	MSJ	P-01	
005	OFFICE	CONC	MSJ	P-01	
006	OFFICE	CONC	MSJ	P-01	
007	OFFICE	CONC	MSJ	P-01	
008	OFFICE	CONC	MSJ	P-01	
009	OFFICE	CONC	MSJ	P-01	
010	OFFICE	CONC	MSJ	P-01	
011	OFFICE	CONC	MSJ	P-01	
012	OFFICE	CONC	MSJ	P-01	
013	OFFICE	CONC	MSJ	P-01	
014	OFFICE	CONC	MSJ	P-01	
015	OFFICE	CONC	MSJ	P-01	
016	OFFICE	CONC	MSJ	P-01	
017	OFFICE	CONC	MSJ	P-01	
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020	OFFICE	CONC	MSJ	P-01	
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022	OFFICE	CONC	MSJ	P-01	
023	OFFICE	CONC	MSJ	P-01	
024	OFFICE	CONC	MSJ	P-01	
025	OFFICE	CONC	MSJ	P-01	
026	OFFICE	CONC	MSJ	P-01	
027	OFFICE	CONC	MSJ	P-01	
028	OFFICE	CONC	MSJ	P-01	
029	OFFICE	CONC	MSJ	P-01	
030	OFFICE	CONC	MSJ	P-01	
031	OFFICE	CONC	MSJ	P-01	
032	OFFICE	CONC	MSJ	P-01	
033	OFFICE	CONC	MSJ	P-01	
034	OFFICE	CONC	MSJ	P-01	
035	OFFICE	CONC	MSJ	P-01	
036	OFFICE	CONC	MSJ	P-01	
037	OFFICE	CONC	MSJ	P-01	
038	OFFICE	CONC	MSJ	P-01	
039	OFFICE	CONC	MSJ	P-01	
040	OFFICE	CONC	MSJ	P-01	
041	OFFICE	CONC	MSJ	P-01	
042	OFFICE	CONC	MSJ	P-01	
043	OFFICE	CONC	MSJ	P-01	
044	OFFICE	CONC	MSJ	P-01	
045	OFFICE	CONC	MSJ	P-01	
046	OFFICE	CONC	MSJ	P-01	
047	OFFICE	CONC	MSJ	P-01	
048	OFFICE	CONC	MSJ	P-01	
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052	OFFICE	CONC	MSJ	P-01	
053	OFFICE	CONC	MSJ	P-01	
054	OFFICE	CONC	MSJ	P-01	
055	OFFICE	CONC	MSJ	P-01	
056	OFFICE	CONC	MSJ	P-01	
057	OFFICE	CONC	MSJ	P-01	
058	OFFICE	CONC	MSJ	P-01	
059	OFFICE	CONC	MSJ	P-01	
060	OFFICE	CONC	MSJ	P-01	

LEVEL 4 - DOOR SCHEDULE

DOOR NO.	DOOR TYPE	DOOR WEIGHT	DOOR THICKNESS	DOOR MATERIAL	FRAME	DOOR SCHEDULE	COMMENTS
101	SWING	20	1 3/8	ALUM	ALUM	SDS-1	
102	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
103	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
104	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
105	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
106	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
107	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
108	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
109	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
110	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
111	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
112	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
113	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
114	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
115	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
116	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
117	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
118	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
119	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
120	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
121	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
122	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
123	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
124	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
125	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
126	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
127	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
128	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
129	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
130	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
131	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
132	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
133	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
134	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
135	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
136	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
137	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
138	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
139	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
140	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
141	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
142	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
143	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
144	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
145	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
146	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
147	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
148	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
149	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	
150	GLASS	20	1 3/8	GLASS	ALUM	SDS-2	

EASTERN CONSTRUCTION
EST. 1981

MontgomerySisam Architects Inc.
1000...
MontgomerySisam
Architecture Counsel Inc.
1000...
ARCHITECTURE COUNSEL
True North
Project North

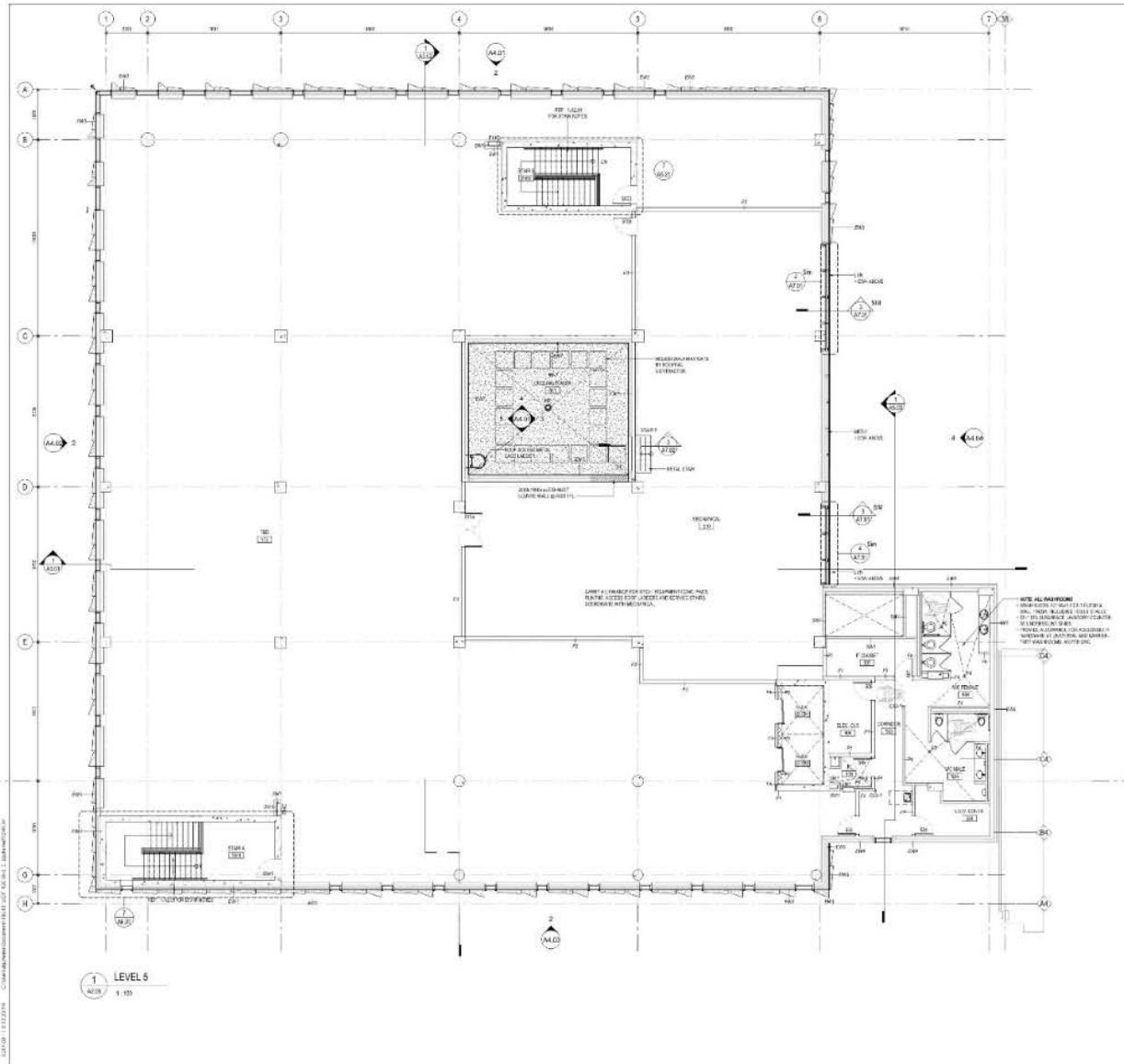
- 10 10-201 INCLUSIVE DESIGN LAYOUT
- 10 10-202 INCLUSIVE DESIGN LAYOUT
- 10 10-203 INCLUSIVE DESIGN LAYOUT
- 10 10-204 INCLUSIVE DESIGN LAYOUT
- 10 10-205 INCLUSIVE DESIGN LAYOUT
- 10 10-206 INCLUSIVE DESIGN LAYOUT
- 10 10-207 INCLUSIVE DESIGN LAYOUT
- 10 10-208 INCLUSIVE DESIGN LAYOUT
- 10 10-209 INCLUSIVE DESIGN LAYOUT
- 10 10-210 INCLUSIVE DESIGN LAYOUT

UNIVERSITY OF ONTARIO INSTITUTE OF TECHNOLOGY

LEVEL 4

Author	WB
Designer	WB
Checker	WB
Reviewer	WB
Date	04/16/2018

A2.04



LEVEL 5 - DOOR SCHEDULE

DOOR NO.	DOOR TYPE	WIDTH	HEIGHT	THICKNESS	DOOR MATERIAL		FINISH	SCHEDULE WIDTH
					TYPE	MATERIAL		
101	SW	36"	84"	1 1/2"	ALUMINUM	GLASS	001	36"
102	SW	36"	84"	1 1/2"	ALUMINUM	GLASS	001	36"
103	SW	36"	84"	1 1/2"	ALUMINUM	GLASS	001	36"
104	SW	36"	84"	1 1/2"	ALUMINUM	GLASS	001	36"
105	SW	36"	84"	1 1/2"	ALUMINUM	GLASS	001	36"
106	SW	36"	84"	1 1/2"	ALUMINUM	GLASS	001	36"
107	SW	36"	84"	1 1/2"	ALUMINUM	GLASS	001	36"
108	SW	36"	84"	1 1/2"	ALUMINUM	GLASS	001	36"
109	SW	36"	84"	1 1/2"	ALUMINUM	GLASS	001	36"
110	SW	36"	84"	1 1/2"	ALUMINUM	GLASS	001	36"

LEVEL 5 - ROOM FINISH SCHEDULE

FIN #	ROOM NAME	FLOOR	BASE	WALL	COMMENTS
101	RECEPTION	001	001	001	SEE SPECIFICATIONS
102	STAIRS	001	001	001	SEE SPECIFICATIONS
103	STAIRS	001	001	001	SEE SPECIFICATIONS
104	STAIRS	001	001	001	SEE SPECIFICATIONS
105	STAIRS	001	001	001	SEE SPECIFICATIONS
106	STAIRS	001	001	001	SEE SPECIFICATIONS
107	STAIRS	001	001	001	SEE SPECIFICATIONS
108	STAIRS	001	001	001	SEE SPECIFICATIONS
109	STAIRS	001	001	001	SEE SPECIFICATIONS
110	STAIRS	001	001	001	SEE SPECIFICATIONS

EASTERN CONSTRUCTION EST. 1981

Montgomery Sisam Architects Inc.
 107 Dundas Street, Toronto, Ontario M5G 1R7
 Tel: 416-593-1111 Fax: 416-593-1112

MontgomerySisam

Architecture Counsel Inc.
 10 Dundas Street, Toronto, Ontario M5G 1R7
 Tel: 416-593-1111 Fax: 416-593-1112

ARCHITECTURE COUNSEL

True North
 Project North

- 1. 101-110 ISLTD FOR RECEPTION
- 2. 101-110 ISLTD FOR STAIRS
- 3. 101-110 ISLTD FOR STAIRS
- 4. 101-110 ISLTD FOR STAIRS
- 5. 101-110 ISLTD FOR STAIRS
- 6. 101-110 ISLTD FOR STAIRS
- 7. 101-110 ISLTD FOR STAIRS
- 8. 101-110 ISLTD FOR STAIRS
- 9. 101-110 ISLTD FOR STAIRS
- 10. 101-110 ISLTD FOR STAIRS

LEVEL 5

DATE: 08/14/2019
 DRAWN BY: [Name]
 CHECKED BY: [Name]
 PROJECT NO: [Number]
 SHEET NO: A2.05

ACE Enhancement Project Update

Audit & Finance Committee – April 17, 2019



Progress Update :

ACE Building Modification

- Basement wall at south, west & east side completed
- Basement big door delivered to site
- Basement Waterproofing on going
- First level Steel Structure installation on going
- 1st floor hollow core slab installation started



Moving Ground Plane Integration into CWT

- Software control engineering for Moving Ground Plane on going
- Honeycomb flow straightener engineering completed and procurement process started
- Material selection for Acoustic treatment in progress
- Precision Measurement bid response comes higher than expected and currently re-scoping the bid package to re-issue bid mid April
- Air compressor budgetary quotes obtained from potential supplier. RFP is currently progressing

Site Safety:

- Nothing to report – no incident on site this period
- Zero YTD incidents

Change Orders:

- No change order request and approval at this period
- Change orders to date total \$45K

Procurement Summary:

- Honeycomb flow straightener procurement started
- MGP Precision Measurement tender to re-issue
- Air compressor procurement documentations on going

Financial Summary:

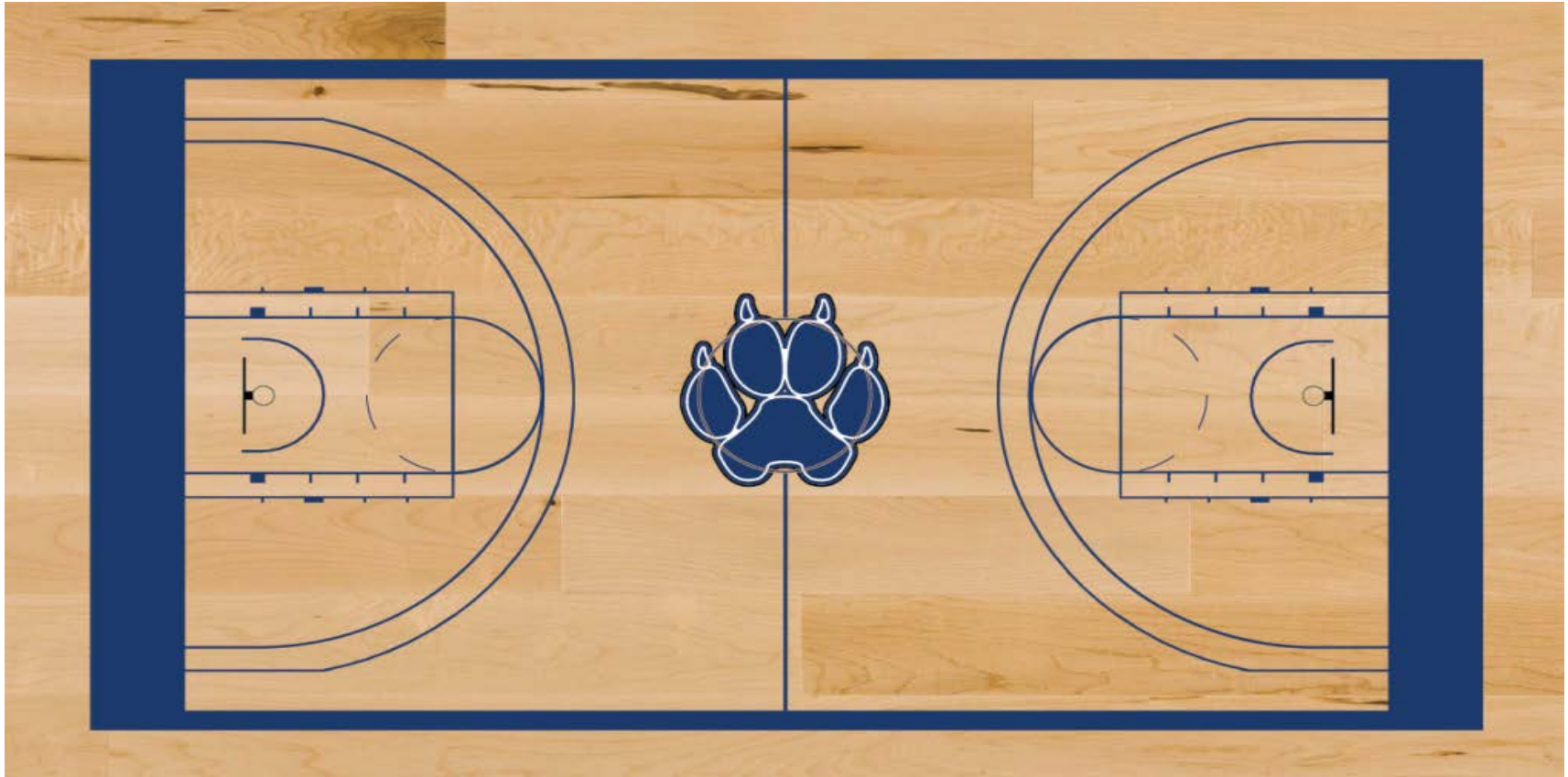
- To date Federal funding received \$1.27M
- To date Provincial Funding received \$1.35M
- \$25K donation received from The GREENBRIAR Foundation
- Forecast project cost at completion \$14.86M
- Breakdown of Sources and Uses of funds next slide.

Summary Financial Report as of Mar 31, 2019

ACE ENHANCEMENT PROJECT			PROJECT FINANCIAL SUMMARY REPORT FOR MONTH ENDING MARCH 2019										
Sources of Funds - Cash Flow													
Description	Budget March 2019	Actual March 2019	Budget YTD	Actual YTD	Variance	Source of Funds Comments	Total Funding Budget	Total Actual YTD	Forecasted Funding Required	Funding at Completion	Variance		
			X	Y	X - Y		A	B	C	D = B + C	A - D		
FEDDEV	\$ 1,209,681	\$ 1,209,681	\$ 1,268,892	\$ 1,268,892	\$ -		\$ 9,465,000	\$ 1,268,892	\$ 8,196,108	\$ 9,465,000	\$ -		
PROVINCIAL	\$ -	\$ -	\$ 1,350,000	\$ 1,350,000	\$ -		\$ 1,500,000	\$ 1,350,000	\$ 150,000	\$ 1,500,000	\$ -		
MAGNA	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 1,000,000	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -		
THE GREENBRIAR FOUNDATION	\$ -	\$ 25,000	\$ -	\$ 25,000	\$ (25,000)	Donations through Advancement. Committed 100K\$	\$ -	\$ 25,000	\$ -	\$ 25,000	\$ (25,000)		
UOIT	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 500,000	\$ -	\$ 500,000	\$ 500,000	\$ -		
Totals	\$ 1,209,681	\$ 1,234,681	\$ 2,618,892	\$ 2,643,892	\$ (25,000)		\$12,465,000	\$ 2,643,892	\$ 9,846,108	\$12,490,000	\$ (25,000)		
Uses of Funds - Cash Flow													
Description	Budget March 2019	Actual March 2019	Budget YTD	Actual YTD	Variance	YTD Variance Explanation	Milestone	Status	Total Budget	Total Actual YTD	Estimate to Complete	Estimate at Completion	Variance
			X	Y	X - Y				A	B	C	D = B + C	A - D
Moving Ground Plane Integration into CWT	\$ -	\$ -	\$ 4,690	\$ 4,690	\$ -		Sep 2020	Engineering	\$ 3,350,000	\$ 4,690	\$ 3,345,310	\$ 3,350,000	\$ -
Aerodynamic Enhancements Required for M	\$ -	\$ -	\$ -	\$ -	\$ -		May 2020	Engineering	\$ 2,540,000	\$ -	\$ 2,540,000	\$ 2,540,000	\$ -
Acoustics	\$ -	\$ -	\$ -	\$ -	\$ -		Dec 2019	Engineering	\$ 845,000	\$ -	\$ 845,000	\$ 845,000	\$ -
Precision Measurement Capability	\$ -	\$ -	\$ -	\$ -	\$ -		Jun 2020	Procurement	\$ 1,850,000	\$ -	\$ 1,850,000	\$ 1,850,000	\$ -
Chamber Modifications	\$ 39,756	\$ 39,756	\$ 39,756	\$ 39,756	\$ -		Dec 2019	Procurement	\$ 630,000	\$ 39,756	\$ 590,244	\$ 630,000	\$ -
Base Building Modifications	\$ 210,070	\$ 210,070	\$ 553,197	\$ 553,197	\$ -		Jul 2019	Construction	\$ 3,645,000	\$ 553,197	\$ 3,057,803	\$ 3,611,000	\$ 34,000
CO#1 Unforeseen Site Condition	\$ 34,000	\$ 34,000	\$ 34,000	\$ 34,000	\$ -		Feb 2019	Construction	\$ -	\$ 34,000	\$ -	\$ 34,000	\$ (34,000)
Engineering and Project Management	\$ -	\$ -	\$ 307,038	\$ 307,038	\$ -		Sep 2020	On-going	\$ 2,000,000	\$ 307,038	\$ 1,692,962	\$ 2,000,000	\$ -
Totals	\$ 283,826	\$ 283,826	\$ 938,681	\$ 938,681	\$ -				\$14,860,000	\$ 938,681	\$13,921,319	\$14,860,000	\$ -

CRWC – Varsity Change Room Update

Audit & Finance Committee – April 17, 2019



Progress Update

Varsity Change Room

- Preliminary schematic design completed
- Risk assessment completed which highlighted concerns to schedule, cost, disruption to adjacent campus facilities
- Alternative locations explored
- All stakeholders approved new location attached to the south elevation of G-Wing
- Initial schematic design of new location completed, reviewed and commented
- Detailed design is 95% completed

Forecast Schedule

- Complete detailed building design for review and approval of all stakeholders
- Tender RFP for construction April 10 2019
- Construction to begin May 8 2019
- Substantial Completion of the project Aug 23 2019
- Occupancy September 15, 2019

Site Safety:

- Nothing to report – no incident on site this period

Change Orders:

- Nothing to report – no change order this period

Procurement Summary:

- Building and site services design awarded to BBA
- Tender for construction to be developed after design is finalized

Financial Summary:

- To date Design cost \$5,562
- To date Design commitment \$137,535

Summary Financial Report as of April 9 2019

CRWC VARSITY CHANGE ROOM EXPANSION			PROJECT FINANCIAL SUMMARY REPORT FOR MONTH ENDING March 2019										
Sources of Funds													
Description	Forecast YTD March 2019	Actual YTD March 2019	Budget YTD	Actual YTD	Variance	Source of Funds Comments	Total Funding Budget	Total Actual YTD	Forecasted Funding Required	Funding at Completion	Variance		
			X	Y	X - Y		A	B	C	D = B + C	A - D		
UOIT					\$ -					\$ -	\$ -		
CRWC Reserve fund	\$ 5,562	\$ 5,562	\$ 5,562	\$ 5,562	\$ (0)		\$ 2,000,000	\$ 5,562	\$ 1,918,242	\$ 1,923,804	\$ 76,196		
					\$ -					\$ -	\$ -		
Totals	\$ 5,562	\$ 5,562	\$ 5,562	\$ 5,562	\$ (0)		\$ 2,000,000	\$ 5,562	\$ 1,918,242	\$ 1,923,804	\$ 76,196		
Uses of Funds													
Description	Forecast YTD March 2019	Actual YTD March 2019	Budget YTD	Actual YTD	Variance	YTD Variance Explanation	Milestone	Status	Total Budget	Total Actual YTD	Estimate to Complete	Estimate at Completion	Variance
			X	Y	X - Y				A	B	C	D = B + C	A - D
Construction	\$0	\$0	\$0	\$0	\$0				\$1,110,242	\$0	\$1,110,242	\$1,110,242	\$0
Design	\$5,377	\$5,562	\$5,562	\$5,562	\$0				\$140,000	\$5,562	\$134,438	\$140,000	\$0
Permits	\$0	\$0	\$0	\$0	\$0				\$35,000	\$0	\$35,000	\$35,000	\$0
Site Services	\$0	\$0	\$0	\$0	\$0				\$240,000	\$0	\$240,000	\$240,000	\$0
FFE	\$0	\$0	\$0	\$0	\$0				\$150,000	\$0	\$150,000	\$150,000	\$0
Contingencies	\$0	\$0	\$0	\$0	\$0				\$243,000	\$0	\$243,000	\$243,000	\$0
					\$0								
Totals	\$5,377	\$5,562	\$5,562	\$5,562	\$0				\$1,918,242	\$5,562	\$1,912,680	\$1,918,242	\$0

Durham Region

Eastern Ontario's Technology Development Site for the Autonomous Vehicle Innovation Network



New AVIN Capabilities

- EV Charging/ Microgrid Test Bed Launched Dec 2018
- Simulated Automotive Wireless Environment March 2019
- Software Validation and Certification Launched Jan 2 2019
- Data Storage, Real Time Analysis and Visualization Launched Sept 2018
- Fabrication Space Open Sept 2018



New CNC Milling Machine



EV Charging Test Bed

Outreach

- Town of Whitby
- Durham Regional Transit
- Town of Cobourg-Venture 13
- Markham-Venture Labs



+ multiple companies across
Durham/Northumberland
and Ontario

Status

- 2018 Spending to plan
- A half dozen new projects involving Ontario Tech faculty and their students under discussion
- Continue to apply for AVIN Project Funding with partner companies
 - 3 awarded to date
 - 2 new projects under discussion
- New capabilities now largely in place, moving toward increased out reach to generate new technology commercialization projects





COMMITTEE REPORT

SESSION:

Public
 Non-Public

ACTION REQUESTED:

Decision
 Discussion/Direction
 Information

Financial Impact Yes No

Included in Budget Yes No

TO: Audit & Finance Committee (A&F)

DATE: April 17, 2019

PRESENTED BY: Olivia Petrie, Assistant Vice-President, Student Life

SLT LEAD: Robert Bailey, Provost and Vice President Academic

SUBJECT: Student Sexual Violence Policy and Procedure

COMMITTEE MANDATE:

Under the UOIT Act, section 9 (1), the Board has the power: “to establish academic, research, service and institutional policies and plans and to control the manner in which they are implemented”. The UOIT Policy Framework is a key institutional policy that delegates the Board’s power, establishing categories of policy instruments with distinct approval pathways.

Under the Policy Framework, the Board is the approval authority for this policy. We are submitting this report and draft amendments to A&F to request your recommendation of the Student Sexual Violence Policy and Procedure as the deliberative body under the Policy Framework.

BACKGROUND/CONTEXT & RATIONALE:

Bill 132 and the MTCU Act (2016) requires universities to have a policy that addresses student sexual violence that:

- Details how the University will respond to and address incidents and complaints
- Provides information on supports and accommodates for students affected by sexual violence
- Involves students in the development and review of the policy

In compliance with this requirement, the university developed a Policy on Sexual Violence for Students and Procedures for Responding to Incidents of Sexual Violence that was approved by the Board of Governors on December 7, 2016. At the time of approval, the Board committed to reviewing the policy at its spring 2017 meeting in order to allow the community additional time to provide comments. An amended policy was subsequently approved by the Board at its June 2017 meeting, and in doing so, the Board acknowledged comments and concerns that had been expressed by students and included the policy as part of its work plan for 2017-18.

In May 2018, the Provost and Vice-President Academic, Dr. Robert Bailey, informed the Board that an Advisory Committee on Student Sexual Violence Prevention and Support was established in December 2017. Its mandate is to ensure that the University's policies on sexual violence, and the support services, programming and training that sustain these policies, are reviewed on a regular basis and continuously improved upon. The Committee was comprised of five students, two faculty and three staff members, one senior staff member and is supported by two additional staff members. Three additional students were added to the Committee in April 2017 through a student-led selection process.

The initial work of the Advisory Committee was to review the policy and provide an opportunity to hear from students about their expectations of the policy and the ways in which it was and was not working. These consultations, held during the spring term and led primarily by the student members of the Committee, were in the form of townhalls, roundtables and online feedback. Based on these consultations, the Committee determined, with the Provost's agreement, that a more fulsome review of the policy should be undertaken, and continued its work over the summer and fall of 2018. In December 2018, the Committee put forward a report to the Provost, which included a series of recommendations to improve the effectiveness of the policy, such as:

- Clarifying definitions
- Explaining key roles
- Including an appeals process
- Ensuring the decision-maker has appropriate training
- Simplifying support and resolution processes
- Providing specific timelines for resolution and review processes
- Considering provisions for confidential* disclosures
- Clarifying interim measures, use of alcohol/drugs, confidentiality
- Limiting the scope of policy to students
- Re-organizing the policy to conform to the university's Policy Template

Following receipt of the Committee's report, the Provost asked the AVP Student Life to re-develop the policy to address the recommendations that were put forward. The policy was re-drafted and reviewed by the Committee in early 2019 and was put forward for community consultation through the month of March.

ALIGNMENT WITH MISSION, VISION, VALUES & STRATEGIC PLAN:

The data and strategies outlined in the report are aimed at advancing UOIT's commitment to maintaining a healthy and safe environment for work and study.

CONSULTATION:

The Advisory Committee on Student Sexual Violence Prevention and Support undertook a program of consultation through 2018 that informed its report to the Provost in December 2018 and recommendations on the ways in which the policy may be improved. These consultations included:

1. **Student Feedback** – The student members of the Advisory Committee held a series of roundtables and forums in April 2018 and again in November 2018 to elicit feedback and suggestions on the policy, services and supports. In April 2018, the focus of the roundtables and forums was on the SSVPP itself. In November 2018, the focus turned to supports and services available, as well as the broader campus culture surrounding consent and sexual violence.
2. **Stakeholder Feedback** – The Advisory Committee met with staff from several offices through the summer and early fall to better understand existing processes and supports and to determine where improvements may be recommended. The consultations included:
 - Office of Campus Safety regarding investigation processes
 - Office of the University Counsel regarding the alternate resolution, decision-making and appeals processes
 - Student Mental Health Services regarding the role of the Support Worker
 - Human Resources and Student Engagement and Equity regarding training programs for students, faculty and staff at the university
3. **Community Feedback** – Through its website, the Advisory Committee initially received feedback and suggestions from students and other members of the community, including We Believe Survivors, a coalition of students, alumni, faculty members and community members, as well as a detailed assessment of the policy by OurTurn, a national student-led organization of student organizations working to end campus sexual violence.

Following the Advisory Committee’s report and recommendations, a re-developed policy was drafted in January 2019, and reviewed and endorsed by the Committee in March 2019. Through the month of March, the policy has been subject to review as follows:

- Administrative Leadership Team, March 12, 2019
- Academic Council, March 26, 2019
- Policy Advisory Committee, April 3, 2019
- Online Consultation, March 22-April 3, 2019

Comments Received and Response:

Through the review process, comments and feedback were put forward by several members of the community. Substantive feedback that has been addressed in the policy include:

Feedback	Reference in Policy
Remove ambiguities and tighten up language that may be vague or open to interpretation: <ul style="list-style-type: none"> • Removed any uncertainty that a Respondent would not have the right to have representation at any step of the process 	S.2 Admin Fairness

<ul style="list-style-type: none"> Replaced the term “implicated” with “accused” as a more precise term Removed course rescheduling as an Interim Measure Clarified decision making process between investigator and Provost delegate. 	<p>S.2 Respondent, &S.5 S.2 Interim Measure</p> <p>S. 23.2, 23.9, 24.2</p>
<p>Include the requirement for additional diversity for the membership of the Advisory Committee specifically related to sexuality and gender</p> <ul style="list-style-type: none"> Membership composition revised accordingly 	Appendix A
<p>Consider removing first four sentences in Section 9 – not policy per se</p> <ul style="list-style-type: none"> This consideration will be referred to the Advisory Committee for 2019-20 	S. 9
<p>Consider including list of internal and external supports as part of the policy rather than a hyperlink</p> <ul style="list-style-type: none"> List of internal and external resources added as Appendix B 	New Appendix B
<p>Review internal numbering for to ensure they correspond to the correct reference</p> <ul style="list-style-type: none"> Numbering references have been corrected 	S. 20-25
<p>Review for compliance with Ontario Regulation 131/16</p> <ul style="list-style-type: none"> Referred to external counsel 	

COMPLIANCE WITH POLICY/LEGISLATION:

Bill 132 and the MTCU Act (2016) requires universities to have a policy that addresses student sexual violence that details how the University will respond to and address incidents and complaints, and provides information on supports and accommodates for students affected by sexual violence. Ontario Regulation 131/16 sets out further requirements related to the policy, relating to the inclusion of specific content in the policy, the process for developing and approving the policy, its publication and process for further input, and training requirements. The policy has been sent for review by external counsel to ensure its compliance with these Regulations.

Further, given the extent of the revisions that are being put forward, the Advisory Committee has recommended that the policy be reviewed over the next year to provide an opportunity to reflect on the changes and address any updates that may be required. This requirement has been included in the policy at Section 30.

NEXT STEPS:

A re-developed Policy on Student Sexual Violence is being put forward for the Board's consideration.

In doing so, authorization is requested so that the Provost may update, as required, information contained in the policy relating to:

1. The supports and services that are available at the university or in the community; and
2. The identity of the officials, offices and departments at the university who provide supports and services and provides accommodations, those who receive reports of sexual violence, and those involved the investigation and decision making processes.

MOTION:

That the Audit and Finance Committee hereby recommends the amended Student Sexual Violence Policy and Procedures for approval by the Board of Governors, as presented.

SUPPORTING REFERENCE MATERIALS:

- Policy on Sexual Violence for Students and Procedures for Responding to Incidents of Sexual Violence (December 2016) <https://usgc.uoit.ca/policy/policy-library/policies/legal,-compliance-and-governance/policy-on-sexual-violence-for-students-and-procedures-for-responding-to-incidents-of-sexual-violence.php>



Classification	LCG 1138
Framework Category	Legal, Compliance and Governance
Approving Authority	Board of Governors
Policy Owner	Provost and Vice-President, Academic
Approval Date	DRAFT AMENDMENT FOR REVIEW
Review Date	
Supersedes	SSV Policy Dec 7, 2016

STUDENT SEXUAL VIOLENCE POLICY AND PROCEDURES

PURPOSE

1. This Policy affirms the University's commitment to preventing and addressing incidents of sexual violence, provides information about available supports and services for students affected by sexual violence, and sets out the procedures for responding to and addressing incidents of sexual violence involving students.

DEFINITIONS

2. For the purposes of this Policy the following definitions apply:

“Accommodations” means temporary arrangements that are made for a Student who has experienced Sexual Violence to assist in their recovery. Examples of Accommodations include safety planning, emergency bursaries, change in residence room, housing assistance, class or schedule changes, or other appropriate arrangements.

“Administrative Fairness” means that the procedures used in the investigation and decision making processes adhere to the following elements, in accordance with the University's [Fair Processes Policy](#):

- a) The Respondent knows what the issue is and receives enough information to provide a response;
- b) The Parties receive adequate notice;
- c) The decision making processes run in a timely fashion
- d) The decision making processes are managed in accordance with this Policy;
- e) The Respondent is supported or has a right to representation; and
- f) The Respondent understands the reasons for a Decision.

“Balance of Probabilities” means a standard that must be met to determine whether a violation of the policy has occurred based on a finding that “it was more likely than not” that the offence at issue was committed by the student. This is a lower standard than beyond a reasonable doubt, but more than mere suspicion.

“Case Manager” means a university official assigned responsibility for coordinating all aspects of the Reporting, Investigation and Decision Making procedures under this Policy. The Case Manager will have training and expertise in the areas of Sexual Violence, trauma-informed approaches, and the impact of identities on an individual's experience of sexual violence.

“Consent” means the active, ongoing, informed and voluntary agreement to engage in physical contact or sexual activity. Consent cannot be given by someone who is incapacitated (such as by drugs or alcohol), unconscious, or otherwise unable to understand and voluntarily give consent.

“Complainant” means a student or other individual who brings a Report of Sexual Violence for formal or informal resolution.

“Disclosure” means providing information to a friend, peer leader or trusted faculty or staff member about an incident involving Sexual Violence and being referred to a Support Worker or other services for support and assistance. A Disclosure is separate from Reporting and students are not required to formally report an incident in order to obtain supports and services.

“Interim Measures” means temporary measures imposed on the Respondent designed to protect the safety of the Complainant and/or other individuals that are instituted at any point following the Reporting of an incident of Sexual Violence and prior to a determination being made under this Policy. Interim Measures are arranged by the Case Manager and takes into consideration the severity of the allegations and the Complainant’s desire to restrict access to disclosed information. Examples of Interim Measures include, without limitation, a communications or contact prohibition order, trespass or restricted access order, suspension, exclusion from athletic or other extra-curricular, limiting access to services or facilities, or other safety measure.

“Investigator” means an individual assigned responsibility for conducting an investigation into a Report of Sexual Violence. The Investigator may be internal or external to the University, and must have training and experience in investigating Sexual Violence cases to serve as the Investigator.

“Respondent” means a student who is accused of perpetuating Sexual Violence in a Report of Sexual Violence.

“Sexual Assault” means a form of sexual violence that involves any kind of sexual contact with another person without their Consent or by force. It can include unwanted kissing, fondling, oral or anal sex, intercourse, or other forms of penetration, or any other unwanted act of a sexual nature.

“Sexual Harassment” means a form of sexual violence that involves course of vexatious comment, conduct or communication based on sex, sexual orientation, gender, gender identity or gender expression, or orientation, that is known or should have been known to be unwelcome.

“Sexual Violence” means any sexual act or act targeting a person’s sexuality, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person’s Consent, and includes Sexual Assault, Sexual Harassment, stalking, indecent exposure, voyeurism and sexual exploitation. (Further information on these and other forms of Sexual Violence can be found [online](#).)

“Sexual Violence Response Team” means a group of university officials who work with the Support Worker or the Case Manager to ensure that appropriate supports and Accommodations are provided to a Student who has experienced Sexual Violence. The team is comprised of the Support Worker and Case Manager, along with personnel from Student Mental Health Services, Office of Campus Safety, Student Accessibility Services, Campus Living Centres, Campus Health Centre, Financial Aid and Awards Office, Academic Advising and other university offices as appropriate to the case.

“Student” means an individual who is currently registered in any course or program of study or at the University, or who was registered as a Student at the time of the alleged incident of Sexual Violence. Once an investigation process is commenced against a Student, the process will continue to a Decision even if the Student withdraws from the University.

“Support Worker” means a trained and registered Mental Health Counsellor in Student Mental Health Services assigned responsibility for providing support and Accommodations for students who have experienced Sexual Violence or for students accused of Sexual Violence. Support Workers are trained in trauma-informed practice and have experience in working with students affected by sexual violence.

SCOPE AND AUTHORITY

3. This Policy applies to all alleged incidents of Sexual Violence involving Students.
4. The Policy covers:
 - 4.1. Students who have experienced Sexual Violence while registered at the University or who have previously experienced Sexual Violence.
 - 4.2. Students who are accused of Sexual Violence with respect to incidents that have occurred on or off campus (e.g., parking garages, residences, gatherings of Students), including:
 - Through any conduct in the course of work, co-op, practicum, research, or study arising out of or related to the University’s interests; and
 - Through any media (e.g., in-person, written, recorded, online).
5. Reports of Sexual Violence involving individuals who are not University Students will be dealt with as follows:
 - 5.1. Reports of Sexual Violence brought forward by a University employee or other individual involving a University Student who is accused of Sexual Violence will proceed under this Policy in collaboration with Human Resources.
 - 5.2. Reports brought forward by a University Student involving a Respondent who is accused of Sexual Violence and is a University employee or other University member, including a Respondent who is both a Student and an employee (e.g., Teaching Assistants), will proceed under the relevant collective agreement or policy.
 - 5.3. Reports brought forward by an individual from Durham College or Trent University Durham involving a University Student who is accused of Sexual Violence will proceed under this Policy in collaboration with the relevant institution.
 - 5.4. Reports brought forward by a University Student involving a Respondent who is accused of Sexual Violence from Durham College or Trent University Durham will proceed under the responding institution’s Policy in collaboration with the University.
6. In cases where it is unclear which process should be used to deal with a complaint of Sexual Violence, the Provost will make a determination taking into consideration the circumstances of the case and in the interest of avoiding duplication of processes.
7. The Provost and Vice President Academic, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of this Policy.

POLICY

- 8.** The University of Ontario Institute of Technology is committed to maintaining healthy and safe learning, living, social, recreational and working environments. Acts that perpetuate Sexual Violence, including Sexual Harassment, are against the University's values and will not be tolerated. Thus, the University will:
- 8.1.** Condemn all acts that perpetuate or reinforce Sexual Violence and hold individuals who perpetrate such acts accountable;
 - 8.2.** Help those who have experienced Sexual Violence by providing supports and services, regardless of whether or not a Report is filed;
 - 8.3.** Help the University community to oppose Sexual Violence through proactive educational programming; and
 - 8.4.** Continually improve how the University addresses Sexual Violence by examining the efficacy of programming choices, how support is provided, and how students use services and resources.
- 9.** There are many myths and misconceptions about Sexual Violence (e.g., rape myths) that downplay the seriousness of Sexual Violence and confuse an individual's understanding of Consent. These ways of thinking contribute to a social context where individuals who experience Sexual Violence may blame themselves for what happened and worry that they will not be believed, which may dissuade them from seeking help. These misconceptions contribute to victim-blaming responses that excuse perpetrators for their actions. The University strongly opposes this kind of thinking. This policy was developed to support those who have experienced Sexual Violence and to ensure they are treated with dignity and respect.
- 10.** The University recognizes that each individual is free to label their experiences using whatever terminology they choose. The label "survivor" may work for some individuals, and may not for others. To that end, this policy refers to individuals based on their interaction with the policy.
- 11.** The University prides itself on the diversity of its student population. The broad range of student identities, backgrounds and cultures will be considered when accommodating the needs of students.
- 12. Support for Students**
- 12.1.** For any Student who has experienced Sexual Violence, or any Student who is accused of perpetuating Sexual Violence, this Policy and related procedures detail how the University will:
- a)** Empower Students to make separate choices on whether to:
 - Disclose within a safe space and receive information about available supports and Accommodations,
 - Access support and assistance from the University, and
 - Officially report an incident of Sexual Violence to the University in order to pursue an informal or formal resolution.
 - b)** Accommodate the needs of Students affected by Sexual Violence;

- c) Implement Interim Measures to protect Students affected by Sexual Violence, where appropriate; and
- d) Respond to and address incidents of Sexual Violence involving Students.

13. Prevention, Education and Training

- 13.1.** The University stands against Sexual Violence through a preventative approach that empowers the University community to oppose sexual violence and to minimize behaviours that contribute to the perpetuation of Sexual Violence.
- 13.2.** To this end, the University will provide educational programming and training for students on this Policy through its new student orientation program and on a regular basis throughout the academic year. Key topics to be addressed include, but are not limited to:
- Abuses of power dynamics and victim blaming;
 - Alcohol and substance consumption;
 - Cultural competency and sources of discrimination;
 - Consent culture;
 - How sexism, ableism, ageism, racism, sexual orientation and gender identity intersect with Sexual Violence;
 - Rape culture;
 - Understanding aggression and standing up to aggression; and
 - Understanding online harassment through social media.
- 13.3.** The University will also provide training on this Policy to all members of the governing board, senior administrators, faculty, staff, other employees and contractors, on a regular basis detailing the processes for responding to and addressing incidents of Sexual Violence involving Students, including elements involved in reporting, investigating and deciding upon incidents of Sexual Violence. This training shall be provided by experts on healthy sexuality and sexual violence and focus on the complexity of sexual violence experiences and patterns, myths about sexual violence survivors and perpetrators, and takes an intersectional approach to addressing issues related to race, Indigeneity, disability and class, in addition to gender and sexuality.

14. Advisory Committee

- 14.1.** The University seeks to continually improve how it addresses Sexual Violence by examining the efficacy of supports and programming choices, how support is provided, and how Students use University services in accordance with this Policy. To this end, it has established an Advisory Committee on Sexual Violence Prevention and Support, comprised of students, faculty and staff from across the University, to elicit broad input from the community on the University's efforts to oppose sexual violence among students, and support continuous improvement. The Advisory Committee will prepare an annual report to the Provost on the implementation and effectiveness of this Policy along with data relating to the use of sexual violence supports and services, disclosures and complaints reported, and the initiatives and programs underway to promote awareness of these services. (See Appendix A for Terms of Reference for the Advisory Committee.)

PROCEDURES

15. Disclosing, Accessing Support and Reporting

15.1. This Policy distinguishes between Disclosing, Accessing Support and Reporting:

- a) Disclosing means telling someone about what has happened and being referred to a Support Worker or other services to provide support and assistance.
- b) Accessing Support means telling a Support Worker who can provide support and Accommodations from a confidential space.
- c) Reporting means filing a Report of Sexual Violence with a Case Manager to pursue a resolution through Formal or Informal processes.

15.2. Students who share their experience of Sexual Violence through Disclosing, Accessing Support, and/or Reporting have the right to:

- a) Be treated respectfully;
- b) Choose whether to initiate, continue or discontinue telling their story, and to participate or not participate in any aspect of processes that result from pursuing a resolution;
- c) Choose whether to access support and accommodations, regardless of whether a Report is brought forward;
- d) Choose not to request an investigation, and have the right not to participate in any investigation that may occur;
- e) Be protected from irrelevant questions such as those relating to past sexual history or sexual expression;
- f) Be protected from having their use of drug or alcohol while being underage held against them at the time the Sexual Violence occurred;
- g) Have the information they disclose be kept in confidence, shared only on a need-to-know basis, or where legally required. All information will be handled in accordance with the [Freedom of Information and Protection of Privacy Act](#); and
- h) Choose whether to pursue recourse through external processes, such as an application to the Human Rights Tribunal of Ontario, filing a police report or other processes of criminal or civil justice.

16. Disclosing

16.1. The University recognizes that Students who have experienced Sexual Violence may initially disclose to a friend, peer leader, or trusted faculty or staff member. The individual receiving a disclosure should act in a caring and supportive way and maintain confidentiality, except where the individual making the disclosure consents to further information sharing in order to access support.

16.2. Any individual who receives a disclosure from a Student should:

- a) Inform the Student about this Policy and about the supports and assistance that are available to them. Help for those who have received a disclosure is posted [online](#);

- b) Help the Student access a Support Worker as needed to explore pathways to wellness and healing;
 - c) Help the Student access the Case Manager as needed to explore reporting options; and
 - d) Email disclosure@uoit.ca sharing only the time of the disclosure and confirming that the disclosing Student has been provided information about available supports and assistance and/or directed toward the [website](#). Available supports and assistance are also listed at Appendix B.
- 16.3.** If the information received from the disclosing Student suggests either of the following circumstances, those receiving the disclosure must promptly share that information with the Office of Campus Safety, and in doing so, must inform the Student of this action:
- a) Where there is a perceived threat or risk of harm, including self-harm, to the Student or other individual; and
 - b) Where the actions constitute harassment and/or result in an individual feeling as though their personal safety is at risk, whether in person or online.
- 16.4.** If the information received from the disclosing Student suggests that an incident has occurred involving Workplace Violence or Workplace Harassment under the *Occupational Health and Safety Act*, those receiving the disclosure must promptly share that information with Human Resources, and in doing so, must inform the student of this action.
- 16.5.** Those requiring advice about whether, and to what extent, the information must be shared may consult with the Director, Campus Safety. The Office of Campus Safety will use and share the information provided to the extent that is required by law.

17. Accessing Support

- 17.1.** In an emergency where there is a clear risk of harm, including self-harm, call for help.
- At the North campus location, call Security at 905.721.3211 (x2400) to help EMS more easily locate the incident.
 - At the downtown campus location or off campus, call 911.
- 17.2.** Where it is not an emergency, Students who have experienced Sexual Violence can access support for their wellness and healing by making an appointment with a Support Worker (call 905.721.3392 or email studentlifeline@uoit.ca). Appointments may be held by phone or in person at a different campus location at the request of the Student. Support Workers offer support and Accommodations regardless of whether or not the Student chooses to proceed with a Report. Students may also access community supports and services listed [online](#) and at Appendix B.
- 17.3.** Support Workers provide Students who have experienced Sexual Violence with the opportunity to tell their own story on their own terms, and support Students by:
- a) Helping Students to explore pathways for wellness and healing;
 - b) Communicating with other members of Sexual Violence Response Team involved in providing support and Accommodations, with the Student's consent;

- c) Providing referrals to supports and services through external community partners; and
- d) Offering other assistance as required.

18. Anonymous Disclosures

18.1. A Student may anonymously disclose Sexual Violence in accordance with the University's [Safe Disclosure Policy](#). Students may choose not to provide their name or other personal information in the anonymous disclosure. Students who make anonymous disclosures will be provided with information about the supports and assistance that they may choose to access. Information about the number of anonymous disclosures received by the university will be used for statistical purposes only.

19. Confidentiality

- 19.1.** Accessing support from a Support Worker or a Case Manager occurs in a protected space and information will be kept confidential, except under the following circumstances:
- a) The Student seeks Accommodations and consents to sharing information with relevant members of the Sexual Violence Response Team on a need-to-know basis in order to make the appropriate arrangements;
 - b) The Student chooses to proceed with Reporting an incident of Sexual Violence, in which case information will be shared only to the extent necessary to achieve Administrative Fairness, and as otherwise required by law;
 - c) Information is received suggesting there is a clear risk of harm, including self-harm, to the Student or other individuals;
 - d) The Student has experienced Sexual Violence by someone employed by the University (e.g. faculty or staff member, or teaching assistant), in which case a confidential investigation will be conducted under the Policy against Violence, Harassment and Discrimination in the Workplace and information will be disclosed only to the extent necessary to achieve Administrative Fairness;
 - e) Reporting is required by law (e.g., the suspected abuse or neglect of someone under 16 years of age, which will be reported to the Children's Aid Society, or sexually inappropriate behaviour by another health professional is disclosed and their name is provided, which would be reported to their regulatory body.); and
 - f) Information is required for a police investigation, or for litigation purposes.

20. Reporting

- 20.1.** Where a Student or other individual affected by Sexual Violence is considering bringing forward a Report of Sexual Violence, they may meet with the Case Manager to review the Procedures described in Sections 19-25. The Complainant may arrange the meeting with the Case Manager directly or with the help of the Support Worker.
- 20.2.** If the Complainant wishes to pursue a resolution under this Policy, the Case Manager will conduct a preliminary assessment by obtaining brief details from the Complainant to assess in a sensitive and tactful manner the nature of the Sexual Violence being reported and determine whether:

- a) The described incident is covered by this Policy;
 - b) Interim Measures are necessary to protect the safety of the Complainant or other Students and arrange for their implementation within five (5) Working Days.
 - c) Accommodations are needed if the Student has not accessed support through a Support Worker. Accommodations can be arranged regardless of whether or not the Student chooses to proceed with an Investigation and will be implemented on a confidential basis in accordance with Section 19.
- 20.3.** If the Case Manager determines that the incident is covered by this Policy, they will make a final and binding decision to commence an Investigation pursuant to Section 23.1. This determination will normally be made within five (5) Working Days of Receipt of the Report.
- 20.4.** If the Case Manager determines that the Report does not warrant further investigation (e.g., the allegations brought forward are not covered by this Policy or are covered by another policy), they will advise the Complainant in writing of the determination to not proceed with an investigation. In instances where a Respondent may have been alerted or notified of the fact that a Report has been received, the Case Manager may advise the Respondent in writing of the determination to not proceed with an investigation.
- 20.5.** If at any stage following the receipt of a Report there is evident behaviour or actions of retaliation, or expressed or implied threat of reprisal against a Complainant, the Case Manager may arrange additional Interim Measures to protect the Complainant and the reprisal may itself be the subject of a further Report.

21. Informal Resolution

- 21.1.** A Complainant may choose to pursue an Informal Resolution at any time. The Case Manager will work with the Complainant to consider an Informal Resolution option that can help them to meaningfully address the incident of Sexual Violence and where participation does not place the Complainant at risk. Examples of Informal Resolution processes include: delivering an impact statement, communicating to a Respondent that the behaviour is unwelcome and must stop, meeting with a university official to discuss the ways in which future occurrences of the disclosed incident can be prevented, training or education for individuals and groups, or other alternate resolution process.
- 21.2.** The Case Manager will work with other university officials or other support groups, where appropriate, to undertake the Informal Resolution process selected by the Complainant.
- 21.3.** If the Complainant is satisfied by the actions taken through the Informal Resolution process, the Case Manager and the Complainant will prepare and sign a written summary of the resolution, and the Report will be deemed resolved.
- 21.4.** If no satisfactory resolution is achieved, the Complainant may consider pursuing a Formal Resolution.

22. Formal Resolution

- 22.1.** If the Complainant chooses to pursue a Formal Resolution, the Case Manager will oversee the process to ensure that the parties are treated fairly, the file proceeds as

expeditiously as possible, and the safety of the Complainant is considered at all steps of the process. In doing so, the Case Manager will ensure that all elements of Administrative Fairness are applied to the Investigation and Decision Making processes. An Informal Resolution does not have to be considered or achieved for a Formal Report to take place.

23. Investigation

- 23.1.** Pursuant to Section 20.3, where it is determined that a Report of Sexual Violence will be investigated, the Case Manager will:
- a)** Appoint an Investigator.
 - b)** Advise the Complainant in writing that the Report will be investigated, and that the Complainant will be contacted by the Investigator for a meeting in due course.
 - c)** Advise the Respondent in writing that a Report has been received and that they are the subject of an investigation of a Report of Sexual Violence. This notice will, at minimum, be delivered to a uoit.net or uoit.ca email account, as applicable. The notice will advise that an investigation is being initiated, contain a brief summary of the allegations, and indicate they will be contacted by the Investigator for a meeting in due course. The notice will also provide contact information for Support Services, and will indicate that the Respondent has the right to be supported and accompanied by legal counsel and/or other support. This notice will be provided within five (5) Working Days of receipt of the Report.
- 23.2.** The purpose of an investigation is to: gather evidence and witness statements, weigh the evidence; make findings of fact based on the evidence, and produce an Investigative Report. In an investigation under this procedure, the Investigator must make a determination having weighed the evidence on a Balance of Probabilities that either: (1) Sexual Violence did occur; or (2) Sexual Violence did not occur.
- 23.3.** The Investigator will keep all information obtained during an investigation confidential, and all relevant documents, including electronic documents, will be kept in a secure location.
- 23.4.** At any point during the investigation, the Investigator may set meetings with any individual to obtain further information, ensuring that all elements of Administrative Fairness are upheld. At a minimum, the Investigator will make reasonable attempts to meet with the Complainant and provide them with the opportunity to submit written or other documentary evidence relevant to the case. The Investigator may also choose to seek information from other witnesses taking care to ensure that they are given a reasonable opportunity to understand the allegations and provide relevant information. Individuals have the right to be accompanied by legal counsel, a union representative, or other person at any point during this procedure or related processes.
- 23.5.** During the course of the investigation, the Investigator will keep the Complainant and the Respondent apprised of the status of the investigation and the expected time to completion. Unless there are extenuating circumstances, it is expected that process will be completed within ten (10) Working Days.

- 23.6.** Once the Investigator has compiled a complete summary of the allegations and supporting document(s), the Investigator will notify the Respondent and provide them with a copy of the draft investigative report. The report may be redacted where appropriate to protect confidentiality (e.g., witness names). This draft report will contain all information that is required for the Respondent to fully understand the allegations and provide a complete response.
- 23.7.** The Respondent will be given a reasonable opportunity to meet with the Investigator to discuss the draft investigative report and respond to the allegations. Unless there are extenuating circumstances, the Respondent will be given five (5) Working Days to provide a response. If no response is provided or the Respondent chooses not to participate, the Investigator may proceed without input from the Respondent.
- 23.8.** If more time is required for the investigation and/or response due to extenuating circumstances, the Investigator will notify the Complainant and Respondent accordingly. Extenuating circumstances may include having multiple witnesses, difficulty in scheduling interviews, availability of resource persons or materials, time of year, or other circumstances that may arise through the course of the investigation.
- 23.9.** Based on all available evidence, including the Respondent's response, the Investigator will determine whether there has been a violation of the Policy, weighing the evidence on a Balance of Probabilities. The Investigator's determination will be reported in a final Investigative Report containing a summary of the information gathered during the investigation and the Investigator's determination pursuant to Section 23.2 of this Policy.

24. Decision Making

- 24.1.** The Investigator will forward the final Investigative Report to the Office of the Provost for a Decision. The Provost will appoint an individual to serve as the Provost's Delegate. The Provost's Delegate must have appropriate training and experience in trauma-informed approaches to investigations and decision making involving Sexual Violence and must not have any known or perceived conflict of interest. This role will normally be filled by the Associate Provost; however, where the role of Associate Provost is vacant or where the individual in this position does not have sufficient training, the Provost will appoint an internal or external delegate to fill this role.
- 24.2.** The Provost's Delegate will review the Investigative Report and will either accept the Report, or seek further clarification from the Investigator about the Report. In cases where the Provost's Delegate accepts the Investigative Report, they will determine the appropriate Disciplinary Penalties pursuant to Section 25 of this Policy, and prepare a written Decision that will be forwarded to the Respondent and the Case Manager. It is expected that the Decision will be forwarded within ten (10) Working Days following receipt of the final Investigative Report by the Provost's Office.
- 24.3.** The Case Manager will share the Decision in writing with the Complainant as appropriate to maintain obligations under privacy laws, uphold Administrative Fairness and protect the ongoing health and safety of the Complainant or other involved parties.

25. Disciplinary Penalties

25.1. If a Respondent is found to have engaged in Sexual Violence, the Provost's Delegate may determine that one or more of the following Disciplinary Penalties be imposed:

- a) Written warning;
- b) Conduct contract;
- c) Formal apology;
- d) Community service;
- e) Alternative forms of restitution;
- f) Restrictions from specific campus activities or course enrolments;
- g) Suspension or eviction from one or more facilities at the University; and/or
- h) Expulsion.

25.2. The Office of the Provost shall be responsible for ensuring the implementation and enforcement of any Disciplinary Penalties. Students who fail to fulfill the terms of the penalties will be subject to further disciplinary proceedings under the Student Conduct Policy.

26. Review of Investigation Procedures

26.1. In accordance with the University's Fair Processes Policy, the Respondent or the Complainant can request a review of the investigation, decision making process, or the Decision where there is reason to believe that a lack of Administrative Fairness resulted from the following elements:

- a) Parties did not receive adequate notice;
- b) Processes did not run in a timely fashion; and/or
- c) Processes were not managed in accordance with University Policy Instruments and had fundamental flaws.

26.2. A request for review must be submitted in writing and must set out a description of the grounds of the request consistent with Section 27.1. A request must be submitted to the Office of the Provost within ten (10) Working Days of the date of the Decision.

26.3. A Review Officer external to the University with the appropriate skills, training and experience to work with Sexual Violence cases will be appointed by the Provost to determine the outcome of the review.

26.4. The Review Officer will receive a copy of the request for review, the Decision letter, the Investigative Report and all materials gathered during the investigation.

26.5. The Review Officer will issue a decision within ten (10) Working Days of their appointment. The decision will include an assessment of the investigation process and any steps to be taken to remediate flaws in the process up to and including conducting a hearing. Such a hearing will be held in accordance with the process set out in these Procedures for an appeal hearing or an oral hearing, as applicable.

27. Appeal

27.1. The Respondent has a right to appeal the decision and/or disciplinary penalties imposed by the Provost's Delegate under one or both of the following grounds:

- a) New evidence exists that was not available to the Respondent at the time of the original decision (through no fault of their own) that, if considered would likely have altered the outcome of the Decision; or
 - b) There was a fundamental flaw in the investigation or decision making procedures that led to the Decision, resulting in a lack of Administrative Fairness.
- 27.2.** A notice of Appeal must be submitted in writing, and must set out the specific grounds on which the appeal is being made and provide a summary of evidence in support of these grounds to the Office of the Provost within ten (10) Working Days of the date of the Decision.
- 27.3.** An Appeal Officer external to the University with the appropriate skills, training and experience to work with Sexual Violence cases will be appointed by the Provost to conduct and decide the Appeal.
- 27.4.** The Office of the Provost will provide to the Appeal Officer a copy of the notice of Appeal, supporting evidence, the Decision letter, the Investigative Report and all materials gathered during the investigation.
- 27.5.** If, after considering the written submissions, the Appeal Officer finds that the case does not meet the grounds for appeal set out in Section 27.1, the Appeal Officer will dismiss the Appeal or Review within five (5) Working Days of receipt of the Appeal. Otherwise an appeal hearing will be conducted.

28. Appeal Hearing procedure

- 28.1.** Appeal hearings will normally be conducted in writing as follows:
- a) The Appeal Officer will provide a copy of the notice of appeal and any new supporting evidence to the Provost's delegate.
 - b) The Provost's Delegate will have ten (10) Working Days to provide the Appeal Officer with a written response to the Appeal. A copy of the written response will be provided to the Appellant.
 - c) The Appellant will have ten (10) Working Days to provide the Appeal Officer with a final written response. A copy of this response will be provided to the Provost's Delegate.
 - d) The Appeal Officer will normally issue a written decision to the Appellant and the Provost's Delegate within ten (10) Working Days of their receipt of the Appellant's final written response. The decision will provide the reasons in support of the decision.
- 28.2.** The time limits specified under these procedures may be extended by the Appeal Officer or Review Officer at the request of the Appellant or the Provost's Delegate, if reasonable grounds are shown for the extension.

29. Oral Hearing

- 29.1.** At the Appeal Officer's discretion, an appeal may proceed as an oral hearing, or at the Review Officer's discretion, a review may result in an oral hearing, to be conducted in accordance with the University's procedures for conducting oral hearings.

- 29.2.** In such cases, the Complainant may be required to participate. If so, arrangements will be made to minimize the potential for traumatization of any party through direct contact with the Respondent or having to re-tell their story. Alternate methods of hearing testimony and asking questions may be used including: providing separate rooms before the meeting; alternate means of participation such as telephone, video, pre-recorded answers and statements; prepared written responses; and/or the opportunity to have access to a Support Worker at the time of the hearing.

MONITORING AND REVIEW

- 30.** This Policy will be reviewed within one year of the first effective date and at least every three years after that. The Advisory Committee on Sexual Violence Prevention and Support, or successor thereof, is responsible for monitoring and reviewing this Policy. Any amendments to this Policy must be approved by the University's Board of Governors.

RELEVANT LEGISLATION

[Ministry of Training, Colleges and Universities Act](#)

[Ontario Human Rights Code](#)

RELATED POLICIES, PROCEDURES & DOCUMENTS

[Student Conduct Policy](#)

[Fair Processes Policy](#)

[Safe Disclosure Policy](#)

[Policy against Violence, Harassment and Discrimination in the Workplace](#)

APPENDIX A - ADVISORY COMMITTEE ON SEXUAL VIOLENCE PREVENTION AND SUPPORT

TERMS OF REFERENCE

The University Advisory Committee on Student Sexual Violence Prevention and Support provides advice and guidance to the Provost on the University's efforts to oppose sexual violence among students on campus. The mandate of the Committee includes:

- (a) Reviewing and recommending revisions to university policies on student sexual violence as needed;
- (b) Advising on training programs for development and delivery to staff, faculty, students, senior administrators, and the University Board of Governors. This training will include the University's process for responding to and addressing disclosures and complaints;
- (c) Identifying updates to supports, services and online content;
- (d) Evaluating the efficacy of programming, activities, and processes related to help-seeking behaviours and advising on changes, where necessary;
- (e) Overseeing the implementation of a survey of students or other University members, as required, relating to the effectiveness of university policies on sexual violence;
- (f) Drafting an annual report highlighting data related to measures listed above in this section and making recommendations to the Provost or delegate; and
- (g) Preparing a written annual review to the Office of the Provost and Vice-President Academic detailing recommended changes to the Student Sexual Violence Policy and related procedures.

MEMBERSHIP

The Committee membership is comprised of the following:

- Two University Faculty Members appointed by the Provost (one to serve as the Chair)
- President, UOIT Student Union or delegate
- Six University students appointed through a student-led selection process involving a call for applications and interview process
- An academic advisor
- Two representatives from Student Life
- Assistant Vice-President, Student Life or delegate

Every effort will be made to ensure that the membership draws on the University's expertise in the area of sexual violence, and that it also reflects a broad diversity of representation among sexual orientation and gender identity and across the academic programs.

Members serve on a voluntary basis for a two-year term for staff and one-year term for students with the possibility of renewal for an additional term.

The Committee will be supported by the Manager, Student Engagement and Equity and the Executive Assistant, Student Life.

MEETINGS

The Committee will meet at least three times per academic year; however, additional meetings may be required.

APPENDIX B – SUPPPORTS AND ASSISTANCE

Services and Assistance on Campus

Student Mental Health Services : Provides professional, short term individual counselling and therapy, referrals for students who require long-term counselling or therapy, wellness activities and initiatives, support groups and mental health consultations for students, staff and faculty.
905.721.3392; studentlifeline@uoit.ca

Campus Health Centre : To support a healthy lifestyle, the Campus Health Centre provides confidential health care services, which include a medical clinic, a pharmacy, and alternative health care services.
905.721.3037; healthcare@uoit.ca

Campus Security : Campus Security is responsible for the safety and security of all students, university employees and campus property. This service is provided 24 hours per day, 365 days per year by security professionals trained in first aid and CPR. Contact Campus Security and a security officer will respond immediately and contact emergency services if required.
905.721.8668 ext. 2400; For immediate assistance: 905.721.3211 (24 hours); security@dc-uoit.ca

Equity and Inclusivity : a confidential service that acts as the first point of contact for students that have experienced discrimination and/or harassment to provide information, referrals, and support. They will listen to your concerns and help review the options to have your concerns addressed.
905.721.8668 ext. 2324; equity@uoit.ca

Indigenous Student Services : The UOIT Baagwating Indigenous Student Centre (UBISC) provides counselling services and promotes indigenous ways of healing.
905.721.8668 ext. 6795; irc@uoit.ca

UOIT Student Union - Student Rights and Advocacy : All UOIT students have guaranteed rights and the UOIT Student Union wants to ensure all students are aware of them. The Student Rights and Advocacy Coordinator provides free, confidential advice and offer assistance with petitions, hearings, and complaints.
905.721.1609 ext. 3986; advocacy.uoitsu@uoit.ca

Services and Assistance in the Community

For 24/7 support, [Good2Talk](http://Good2Talk.ca) (1.866.925.5454) is a free confidential helpline for post-secondary students in Ontario which provides professional counselling, information, and referrals on a range of matters, including sexual violence.

Services for all genders...

Distress Centre Durham: Provides a 24/7 crisis line for anyone to access and operates other services including Prideline Durham which provides emotional support, crisis intervention and community referral information specific to the concerns and issues faced by the LGBTQ community.
1.800.452.0688

Durham Regional Police: If you are in immediate danger, call 911. For all other safety issues please use the number below.

1.888.579.1520 (non-emergency)

Durham Region Sexual Health Clinics: Provides a wide variety of sexual health services including, but not limited to, condoms, PAP tests, low cost birth control, pregnancy testing, HIV testing/counselling, free STI treatment and sexual orientation, gender identity and relationship counselling and referrals. Note: No Ontario health card is required to access services. Various locations including Oshawa, Pickering and Port Perry. Visit their web page to find contact information for the location closest to you.

Lakeridge Health Oshawa – Durham Region Domestic Violence/ Sexual Assault Care Centre: 24/7 emergency medical services for adult victims of sexual assault up to one week post-assault and for children under 16 years of age up to three days post assault. Also provides counselling for victims over 12 years of age who have been assaulted within the past year as well as safety planning, support and referrals for victims of domestic violence.

905.576.8711 ext. 3286

Office of the Attorney General – Victim/Witness Assistance Program: Provides crisis intervention, emotional support, court preparation and orientation information, referrals to community agencies and more to the most vulnerable victims and witnesses of violent crime including, but not limited to, sexual violence. Services begin once police have laid charges and continue until the court case is over.

416.212.1310

Ontario Coalition of Rape Crisis Centres: 24-hour phone lines offer someone immediate to talk to, crisis counselling, support and information for support allies (i.e. parents, partners or friends of survivors), safety planning, information on victim police reporting and medical options, and strategies for coping with flashbacks, memories and feelings. Visit their web page to find the phone number specific to your location.

Paths of Courage Residential Healing Centre: One-of-a-kind program, pioneered by the Sexual Assault Centre for Quinte & District. This one-week program is free of cost and provides assault survivors with opportunities to heal, transform and become empowered, while surrounded by nature.

613.476.7000

The John Howard Society: Operates the “Sex Trade Housing Support” program that assists male, female, and transgender sex trade workers in the Durham Region who are homeless or at imminent risk of homelessness. It is inclusive of youth, adults, persons with disabilities, persons with addictions, mental health issues, and persons involved with the criminal justice system and victims of domestic violence. An individual who occasionally trades sex for cash, shelter, etc. may not view themselves as “a sex trade worker”; this person is still eligible for the program.

905.244.2602

If you self-identify as a woman...

Assaulted Women’s Helpline: Free, anonymous and confidential counselling, safety planning, emotional support, information, and referrals as well as a helpline available 24/7 in over 200 languages.

416.863.0511; 416.364.8762 (TTY)

Barbara Schlifer Clinic: Provides counselling, legal information, interpreters, and referral for women who have been physically or sexually abused.
416.323.9149

Bethesda House: Provides temporary safe shelter, woman-centred advocacy, outreach, and other services to women, youth and children, supporting them to live free from domestic abuse.
905.623.6050

Driven: Supports women experiencing abuse and/or any form of gender-based violence at one location in North Oshawa by providing coordinated access to a range of specialized services.
905.432.7233

Durham Rape Crisis Centre: Provides a 24/7 crisis line, as well as support and counselling for women, 16 years and older, who have experienced sexual assault or abuse recently or in the past. They offer individual and group counselling, police, legal, and medical accompaniment and more.
905.668.9200

Family Service Toronto: Provides professional, short-term, individual, couple and family counselling for people who identify as lesbian, gay, bisexual, trans*, queer (LGBTQ+).
416.595.9618

Fem'Aide: Offers French-speaking women facing gender-based violence, support, information and referrals to services in their community 24/7. They will also address inquiries from relatives of women victims of violence.
1.877.336.2433

Herizon House: Provides free, confidential services 24/7 including temporary shelter, support and advocacy for abused women and their children located in Durham and Clarington Regions.
1.866.437.4066

Luke's Place: Devoted to improving the safety and experience of abused women and their children as they proceed through the family law process by offering individual and group support, free Summary Legal Advice Clinics, virtual legal aid clinic for women in remote communities and more.
1.866.516.3116

Muslim Welfare Centre: A transitional shelter for Muslim women and their children that provides counselling as well as medical, legal, employment and housing referrals. Also provides three meals per day.
905.665.0424

The Denise House: Provides a safe house for women and their children who are fleeing violence. In addition to temporary shelter, they provide counselling, information, referrals, and transitional support. Transportation to Denise House is available when needed from rural areas in the Durham Region.
905.728.7311

The John Howard Society: Operates the "Women's Drop-In" program which provides women involved in sex work in the Durham Region nutritious meals, hygiene products, laundry, shower, counselling and

support, safety planning and harm reduction supplies.
905.244.2602

If you self-identify as a man...

One in Six: Offers outreach, education and services in person and over the web to men who have experienced sexual violence and their support systems. Some services over the web include 24/7 online support and anonymous online support groups.

Support Services for Male Survivors of Sexual Abuse: Provides help for male survivors of sexual abuse, both recent and historical. The program is the first of its kind in Canada and is delivered by agencies across the province. Survivors also have access to a 24-hour, multilingual, toll-free phone line for immediate crisis and referral services.
1.866.887.0015

If you identify as non-binary...

Barbara Schlifer Clinic: Provides counselling, legal information, interpreters, and referral for individuals who have been physically or sexually abused.
416.323.9149

Toronto Rape Crisis Centre: offers support for anyone who identifies as a survivor of violence, including trans people, non-binary folks, cisgender men and women, and youth. They offer a 24/7 crisis line, individual and group counselling, court support, support groups, advocacy, and more.
416.597.8808 (24 hour crisis line)

If you are under the age of 18 or have children who have been abused...

Durham Children's Aid Society: provides services to children under 16 years of age and their families located in Durham Region. Available 24/7 to report any concerns about a child who may be at risk.
905.433.1551

Sick Kids' Suspected Child Abuse and Neglect (SCAN) Program: Care, support and assessment to children and teenagers who may have been maltreated, and their families. The SCAN Program provides a link between SickKids and community doctors and hospitals, Children's Aid Societies, police, schools and other community agencies.
416.813.6275

The Gatehouse: The Gatehouse offers support groups for adult survivors of childhood sexual abuse as well as partners.
416.255.5900



COMMITTEE REPORT

SESSION:

Public
Non-Public

ACTION REQUESTED:

Decision
Discussion/Direction
Information

Financial Impact Yes No

Included in Budget Yes No

TO: Audit and Finance Committee

DATE: April 10, 2019

PRESENTED BY: Cheryl Foy, University Secretary and General Counsel

SUBJECT: Risk Management Policy Initiatives Update

COMMITTEE/BOARD MANDATE:

- Section 5 of the university’s Risk Management Policy (“Policy”) provides that the responsibility to oversee the University’s Risk Management (“URM”) program resides with the Board of Governors (“Board”).
- The Policy also states the Audit & Finance Committee (“A&F”) is delegated to carry out this oversight responsibility on the part of the Board and to report annually to the Board on the status of the risk management program.
- The responsibility for overseeing risk management at the University is also included in the Committee’s Terms of Reference.
- In support of the Committee’s mandate, we are providing an update on the progress being made on the 2018/2019 Risk Management objectives outlined in the Annual Risk Management Board report.

BACKGROUND/CONTEXT & RATIONALE:

- The need for the design and implementation of additional processes and tools to support Risk Owners was identified, reported, and accepted by the Board in the third University Risk Management Report in June, 2018.
- The Office of Risk Management has developed, in consultation, three risk management approval directives to support the integration of risk while planning activities taking place on and off campus. These directives will formalize a consistent approach to identifying, assessing, and communicating risk to members of the University to inform on decision-making and strategy.

RESOURCES REQUIRED:

- Time and resources of Risk Management, and other stakeholders within the University for the purpose of consultation.

IMPLICATIONS:

- N/A

ALIGNMENT WITH MISSION, VISION, VALUES & STRATEGIC PLAN:

- The development of these directives promotes the ongoing commitment to the integration of risk management into the University culture.

CONSULTATION:

University-Hosted Event Risk Management and Approval Directive

- Student Life – January 17, 2019
- Campus Conference Services – January 21, 2019
- Communications – January 21, 2019
- Office of Campus Safety – January 22, 2019
- Durham College, Risk Management – January 25, 2019
- Policy Advisory Group – January 30, 2019
- Risk Management Committee – February 4, 2019
- Office of Campus Infrastructure and Sustainability – April 10, 2019
- Academic Council – February 26, 2019
- Administrative Leadership Team, proposed date: June 11, 2019

University Field Trip Directive

- Student Life – January 17, 2019
- Campus Conference Services – January 21, 2019
- Office of Campus Safety – January 22, 2019
- Risk Management Committee – February 4, 2019
- Office of Campus Infrastructure and Sustainability – April 10, 2019
- Academic Council – February 26, 2019
- Administrative Leadership Team, proposed date: June 11, 2019

Air Vehicle Approval Directive – Proposed consultation dates:

- Academic Council, written consultation –April 23, 2019
- Policy Advisory Committee – May 30, 2019
- Administrative Leadership Team – June 11, 2019

COMPLIANCE WITH POLICY/LEGISLATION:

- The development and implementation of a these directives promotes compliance with the University’s Risk Management Policy.

SUPPORTING REFERENCE MATERIALS:

- University-Hosted Event Risk Management and Approval Directive
- University Field Trip Directive
- Air Vehicle Approval Directive

Classification Number	LCG 1116.XX
Parent Policy	Risk Management Policy
Framework Category	Legal, Compliance and Governance
Approving Authority	President
Policy Owner	University Secretary and General Counsel
Approval Date	DRAFT FOR REVIEW
Review Date	
Supersedes	

AIR VEHICLE APPROVAL DIRECTIVE

PURPOSE

1. The purpose of these Directives is to provide an appropriate use and approval process for the piloting of Air Vehicles on University premises.

DEFINITIONS

2. For the purposes of these Directives the following definitions apply:

“Applicant” means an individual or organization seeking to use Space.

“Control Zone” is air space controlled by NAV CANADA, which requires an approved Special Flight Operations Certificate.

“Event” means any short-term organized activity, meeting, display, or form of public address by a User within or on a University Space.

“Piloted Air Vehicle” means an aircraft with a pilot on board.

“NAV CANADA” is the company that owns and operates Canada’s civil air navigation services which include air traffic control, airport advisory and flight information, and aeronautical information.

“NOTAM” is “A Notice to Airmen” filed with NAV CANADA, issued for special flight operations.

“Oshawa Aerodrome” means an area in which airport flight operations take place.

“Space” means any location owned, leased, rented or otherwise occupied by the University and made available for temporary use.

“Special Flight Operations Certificate (SFOC)” is a certificate issued by Transport Canada that is necessary to obtain in order to fly a remotely, or autonomous piloted aircraft. The certificate outlines how and where an Applicant may fly their air vehicle.

“Unpiloted Air Vehicle (UAV)” means a power-driven aircraft that is designed to fly without a pilot on board.

SCOPE AND AUTHORITY

3. These Directives apply to all Applicants seeking to pilot all air vehicles in University Space.
4. The piloting or landing of all air vehicles, falls under the Restricted Space category of the Booking and Use of University Space Procedure.
5. The University Secretary and General Counsel, or successor thereof, is the policy owner and responsible for overseeing the implementation, administration and interpretation of these Directives.

DIRECTIVE

6. APPROVAL REQUIREMENTS FOR UAV INTERNAL APPLICANTS IN EXTERIOR SPACE

- 6.1. The Applicant must read and understand all legal requirements and related rules to flying drones as set out by Transport Canada.
- 6.2. The Applicant must complete the mandatory training required by Transport Canada.
- 6.3. The Applicant may consult with the Director of Risk Management prior to completing the SFOC and/or Appendix B applications to ensure they have the necessary documents for filing, such as but not limited to:
 - i. A Certificate of Insurance;
 - ii. Permitted exterior location coordinates;
 - iii. Proof of Corporation;
 - iv. Emergency plan to address safety risks;
- 6.4. The Applicant will complete the SFOC application;
- 6.5. The Applicant will read and understand all legislation, rules and regulations that apply to the approved SFOC;
- 6.6. The Applicant will complete Appendix B;
- 6.7. Once the Applicant receives the approved SFOC and Appendix B, they must send the completed package including supporting documents of the SFOC to the Director of Risk Management fourteen (14) days in advance of the first proposed start date.
- 6.8. The Director of Risk Management will collect the appropriate signatures and notify the Applicant of the approval at least five (5) days prior to the first proposed start date.
- 6.9. The Applicant must keep with them at all times while piloting the aircraft:
 - i. A copy of the SFOC, including the emergency and security plans;
 - ii. The Certificate of Insurance;
 - iii. The pilot's name, address, and telephone number;

- iv. A copy of the UAV system operating specifications and limitations;
 - v. Some form of communication device (e.g.; cellphone) to report any incidents.
- 6.10.** The Applicant is required to file a NOTAM with NAV Canada in advance of every proposed flight operation.
- 6.11.** Upon approval from NAV Canada, the Applicant is required to confirm approval of the proposed flight with Risk Management, and the Office of Campus Infrastructure and Sustainability.
- 6.12.** The Applicant is required to contact security 24 hours in advance to access the restricted space on campus.
- 6.13.** The Applicant is responsible for immediately reporting any situations that arise during flight operations where the UAV has come into contact with any property or person, to the Director of Risk Management and Security as soon as reasonably possible.
- 6.14.** The Applicant is responsible for immediately reporting any situations and/or incidents including flyaway that arise to Transport Canada as outlined in the SFOC standards and Appendix B.

7. APPROVAL REQUIREMENTS FOR UAV EXTERNAL APPLICANTS IN EXTERIOR SPACE

- 7.1.** The Property owner's permission for the use of Space will be permitted at the discretion of the Director of Risk Management and in consultation with other University stakeholders.
- 7.2.** The Applicant must complete Appendix A and show proof of the following:
- i. Approved SFOC, including the emergency and security plans;
 - ii. A copy of the Emergency and Security Plans;
 - iii. A Certificate of Insurance naming the University and Durham College as additional insured's for 5 million dollars;
 - iv. A copy of the system operating specifications and limitations;
 - v. Proposed UAV Pilot Flight Log;
- 7.3.** The Applicant must send the approved Appendix, SFOC, and supporting documents to the Director of Risk Management twenty (20) days in advance of the first proposed start date.
- 7.4.** The Director of Risk Management will notify the Applicant of the approval at least five (5) days prior to the first proposed start date.
- 7.5.** The Applicant must keep with them at all times while piloting the aircraft:
- i. A copy of the SFOC, including the Emergency and Security Plans;

- ii. The Certificate of Insurance;
 - iii. The pilot's name, address, and telephone number;
 - iv. A copy of the UAV system operating specifications and limitations.
 - v. Some form of communication device (e.g.; cellphone) to report any incidents.
- 7.6. The Applicant is required to file a NOTAM with NAV Canada in advance of every proposed flight operation.
 - 7.7. Upon approval from NAV Canada, the Applicant is required to confirm approval of the proposed flight with Risk Management, and the Office of Campus Infrastructure and Sustainability.
 - 7.8. The Applicant is required to contact security 24 hours in advance to access the restricted space on campus.
 - 7.9. The Applicant is responsible for immediately reporting any situations that arise during flight operations where the UAV has come into contact with any property or person, to the Director of Risk Management and Security as soon as reasonably possible.
 - 7.10. The Applicant is responsible for immediately reporting any situations and/or incidents including flyaway that arise to Transport Canada as outlined in the SFOC standards and Appendix A.

8. APPROVAL REQUIREMENT FOR MANNED AIR VEHICLES AND FLIGHTS IN INTERIOR UNIVERSITY SPACE

- 8.1. Consult with the Director of Risk Management for flights involving Piloted Air Vehicles and/or flights in interior University Space.
- 8.2. The Director of Risk Management will determine if an Applicant is permitted to conduct the proposed flight operation in University Space considering all evidence from the Applicant and in consultation with other stakeholders both internal and external to the University.

MONITORING AND REVIEW

- 9. These Directives will be reviewed as necessary and at least every three years. The Risk Management Committee or successor thereof, is responsible to monitor and review this Directive.

RELEVANT LEGISLATION

- 10. Occupational Health and Safety Act, R.S.O. 1990, Chapter O.1

Human Rights Code, R.S.O. 1990, Chapter H.19

Canadian Aviation Regulations

Civil Aviation, Standards: General Safety Practices – Model Aircraft and Unmanned Air Vehicles

Interim Order Respecting the Use of Model Aircraft

Transport Canada Aeronautical Information Manual

Criminal Code of Canada

Privacy Act

Trespass Act

Transportation of Dangerous Goods Act

Canadian Transport Accident Investigations and Safety Board Act

RELATED POLICIES, PROCEDURES & DOCUMENTS

- 11.** Booking and Use of University Space Policy
- Booking and Use of University Space Procedures
- Risk Management Framework Policy
- University-Hosted Event Risk Management and Approval Directive
- Appendix A – Air Vehicle Application for External Users
- Appendix B - Air Vehicle Application for Internal Users



Classification Number	LCG1116.XX
Parent Policy	University Risk Management Policy
Framework Category	Legal, Governance, Compliance
Approving Authority	President
Policy Owner	University Secretary and General Counsel
Approval Date	
Review Date	
Supersedes	

UNIVERSITY FIELD TRIP RISK MANAGEMENT AND APPROVAL DIRECTIVE

PURPOSE

1. The purpose of these Directives is to provide a Risk management and approval process for an Applicant planning a University Field Trip.

DEFINITIONS

2. For the purposes of these Directives the following definitions apply:

“Applicant” means a course instructor planning a University Field Trip.

“Certificate of Insurance” means a standard document issued by an insurance company or broker which evidences an insurance policy exists for a particular External Service Provider.

“Event” means any short-term organized activity, meeting, display, or form of public address by a User within or on a University Space.

“External Organization or User” means a person or organization that is not considered a University Member.

“External Service Provider” means any organization providing any form of goods and/or services. Goods and services include but are not limited to guest or key note speaker, catering, equipment and rental, photography, animal therapy, décor, and transportation.

“Space” means any location owned, leased, rented or otherwise occupied by the University and made available for temporary use.

“Mandatory University Field Trip” means any short-term educational/instructional experience outside of regular laboratory and classroom activities for students led and planned by a University staff or faculty member, and has the following characteristics:

- Part of the student academic curriculum;
- Expand student learning, knowledge, or understanding of a subject; and/or
- Provides active hands on experience.

“University Hosted Event” means an Event hosted, sponsored, or organized by the University, where the Applicant is a faculty or staff member, the Event benefits the University, and is held in University Space.

“Voluntary University Field Trip”: mean a field trip that carries all of the same characteristics of a Mandatory University Field Trip, with the exception that it is not required for academic credit.

SCOPE AND AUTHORITY

3. These Directives apply to all staff and faculty.
4. These Directives do not apply to Events.
5. These Directives do not apply to Student Organized Events as defined in the Booking and Use of Space Policy.
6. External organizations or users are not within the scope of these Directives.
7. The Chief Risk Officer, or successor thereof, is responsible for overseeing the implementation, administration and interpretation of these Directives.
8. Classroom activity that is held off-campus as a regularly occurring, integral, formal, and scheduled component of an academic course (e.g.; engineering courses), and identified as such in the course outline, are not considered to be University Field Trips.

DIRECTIVE

9. Process Approval

- 9.1. University Field Trips require approval under these Directives.
 - a) The Applicant makes the appropriate pre-travel arrangements using the University Field Trip Risk Awareness Guide.
 - b) The Applicant must adhere to the International Student Travel Policy and High Risk International Travel Policy as applicable.
 - c) The Applicant completes the relevant University Field Trip form for approval in advance of the University Field Trip;
 - d) Following Dean, or delegate approval the Applicant submits the form a minimum of ten (10) in advance of the University Field Trip to Risk Management, Security and any applicable course instructor(s) whose classes may be affected.
 - e) Risk Management will:
 - Request additional information from the Applicant for the purposes of Risk mitigation;
 - Identify and/or collaborate on Risk mitigation strategies for the University Field Trip;
 - Provide the Applicant relevant approvals and advise on necessary insurance documents;

- f) The Applicant arranges the necessary services with External Service Provider(s), and secures the appropriate contract agreement and/or Certificate(s) of Insurance.
- g) The Applicant collects a signed informed consent from all participating students in a Mandatory University Field Trip, or a waiver from all students participating in a Voluntary Field Trip and retains in accordance with the Records Management Policy.

MONITORING AND REVIEW

- 10. These Directives will be reviewed as necessary and at least every three years. The Risk Management Committee or successor thereof, is responsible to monitor and review this Directive.

RELEVANT LEGISLATION

- 11. Human Rights Code, R.S.O. 1990, Chapter H.19
Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11
Occupational Health and Safety Act, R.S.O. 1990, Chapter O.1

RELATED POLICIES, PROCEDURES & DOCUMENTS

- 12. Alcohol Policy
Accessibility Policy
Risk Management Policy
Records Management Policy
Student International Travel Policy
University Field Trip Awareness Guide

Classification Number	LCG 1116.XX
Parent Policy	Risk Management Policy
Framework Category	Legal, Compliance and Governance
Approving Authority	President
Policy Owner	University Secretary and General Counsel
Approval Date	DRAFT FOR REVIEW
Review Date	
Supersedes	

UNIVERSITY-HOSTED EVENT RISK MANAGEMENT AND APPROVAL DIRECTIVE

PURPOSE

1. The purpose of these Directives is to provide a Risk management and approval process for an Applicant planning an Event hosted, sponsored, or organized by the University, held in University Space.

DEFINITIONS

2. For the purposes of these Directives the following definitions apply:

“Applicant” means an individual or organization seeking to use Space. For the purpose of these Directives, the Applicant is considered a staff or faculty member, and leading the planning and implementation of an Event.

“Campus” means the physical north and south locations.

“Certificate of Insurance” means a standard document issued by an insurance company or broker which evidences an insurance policy exists for a particular External Service Provider.

“Event” means any short-term organized activity, meeting, display, or form of public address by a User within or on a University Space.

“External Organization or User” means a person or organization that is not considered a University Member.

“External Service Provider” means any organization providing any form of goods and/or services. Goods and services include but are not limited to guest or key note speaker, catering, equipment and rental, photography, animal therapy, décor, and transportation.

“Internal Services” means departments which exist within the University, such as but not limited to the Office of Campus Safety, Office of Campus Infrastructure and Sustainability, Media Services, Parking, Facilities and Logistical Management Services.

“Open to the Public” means an Event that permits external individuals to attend without a formal invitation.

“Private Meeting” means a meeting that may involve external parties, but is not Open to the Public and can only be attended by invitation from the unit holding the meeting.

“Pre-Approved Event” means Events which are subject to an established approval process, which include:

- Events undertaken within a clearly established, ongoing planning and risk management framework that have been approved by the Director of Risk Management;
- Events that require the submission of an Appendix A/B application under the Piloting of Unmanned Air Vehicles (UAV's) or Manned Air Vehicles Appropriate Use and Approval Directive.

“Risk” means the uncertainty of outcomes against planned objectives.

“Space” means any location owned, leased, rented or otherwise occupied by the University and made available for temporary use.

“University-Hosted Event” means an Event hosted, sponsored, or organized by the University, to the University's benefit, and has one or more of the following characteristics:

- The individual planning the Event is an Applicant;
- The Event takes place in University Space;
- The Event makes use of Internal Services;
- The Event requires External Service Providers;
- The Event is Open to the Public;
- The Event is communicated through any form of marketing channel such as flyers, posters or online;
- The Event raises risk concerns and/or is inherently risky.

“University Member” means any individual who is:

- Employed by the University;
- Registered as a student, in accordance with the academic regulations of the University;
- Holding an appointment with the University, including paid, unpaid and/or honorific appointments; and/or
- Otherwise subject to University policies by virtue of the requirements of a specific policy (e.g. Booking and Use of University Space) and/or the terms of an agreement or contract.

SCOPE AND AUTHORITY

3. These Directives apply to all University Members and to all facilities the University owns, leases, or operates in at any capacity.
4. These Directives do not apply to Events which occur that are low risk and defined:
 - 4.1. Under normal academic programming;
 - 4.2. Considered regular meetings of governing bodies, standing University committees, or other university bodies taking place on Campus;

- 4.3. Private Meetings to carry out the functions of the University that do not involve significant set up by Internal Services or significant expenses;
- 5. These Directives do not apply to Student Organized Events as defined in the Booking and Use of Space Policy.
- 6. External Organizations or Users are not within the scope of these Directives and should contact Campus Conference Services as defined in the Booking and Use of University Space Policy.
- 7. The University Secretary and General Counsel, or successor thereof, is responsible for overseeing the implementation, administration and interpretation of these Directives.

DIRECTIVE

8. Process Approval

- 8.1. University-Hosted Events require approval under these Directives.
 - a) The Applicant books Space with the appropriate booking authority;
 - b) The Applicant completes the relevant Event form for approval in advance of the Event;
 - c) Following Dean, or delegate or Vice President, or delegate approval, The Applicant submits the form in advance of the Event to the appropriate University Members listed on the form for approval;
 - d) The University Members listed are expected to:
 - Request additional information from the Applicant for the purposes of Risk mitigation;
 - Identify and/or collaborate on Risk mitigation strategies for Event;
 - Provide the Applicant relevant approvals;
 - e) The Applicant arranges the necessary communication or service needs with Internal Departments;
 - f) The Applicant arranges the necessary services with External Service Provider(s), and secures the appropriate contract agreement and/or Certificate(s) of Insurance.

9. Pre-approved Event Process

- 9.1. To establish an ongoing planning and Risk management framework process, consult with the Director of Risk Management for approval.
- 9.2. Pre-Approved Events under an established framework will have all of the following characteristics:
 - a) The Events are part of the Applicant’s regular daily business regime;
 - b) The Events are posted in advance, in a designated and public domain;

- c) The Events have clearly established process documentation;
 - d) Pre-Approved Events approved by the Director of Risk Management are subject to review and audit, from time to time.
- 9.3. The Applicant of a Pre-Approved Event is not required to complete the appropriate Event form on an Event by Event basis.
- 9.4. Pre-Approved Events that require the use of External Service Providers must ensure that there is a valid Certificate of Insurance on file with the Office of Risk Management.
- 9.5. Pre-Approved Events that raises risk concerns and/or is inherently risky must be reported to the Director of Risk Management.

MONITORING AND REVIEW

10. These Directives will be reviewed as necessary and at least every three years. The Risk Management Committee or successor thereof, is responsible to monitor and review this Directive.

RELEVANT LEGISLATION

11. Human Rights Code, R.S.O. 1990, Chapter H.19
Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11
Occupational Health and Safety Act, R.S.O. 1990, Chapter O.1

RELATED POLICIES, PROCEDURES & DOCUMENTS

12. Risk Management Policy
Booking and Use of University Space Policy
Booking and Use of University Space Procedure
Alcohol Policy
Accessibility Policy
Smoke Free Campus Policy



**BOARD OF GOVERNORS
AUDIT & FINANCE COMMITTEE**

**MINUTES OF THE MEETING OF FEBRUARY 20, 2019
PUBLIC SESSION
2:00 p.m. – 3:55 p.m., ERC 3023**

Attendees: Nigel Allen (Chair), Doug Allingham, Stephanie Chow, Dale MacMillan (*via teleconference*), Steven Murphy

Staff: Becky Dinwoodie, Craig Elliott, Cheryl Foy, Doug Holdway, Brad MacIsaac, Sue McGovern, Pamela Onsiong

Regrets: Dietmar Reiner

1. Call to Order

The Chair called the meeting to order at 2:01 p.m.

2. Agenda

Upon a motion duly made by S. Chow and seconded by S. Murphy, the Agenda was approved as amended.

3. Conflict of Interest Declaration

There were no conflict of interest declarations.

4. Chair's Remarks

The Chair welcomed everyone to the first committee meeting of the calendar year. He wished Happy New Year to those whom he had not yet seen.

5. President's Remarks

The President informed the committee that a video had been distributed to the Board and university community that afternoon, in which he discusses the budget process and budget priorities. This is a time of opportunity for the university. Despite being faced with the challenge of budget cuts, the university can become leaner and more focused. The budget is being examined through a strategic lens, which will serve the university well.

6. Finance

6.1 Third Quarter Financial Reports

P. Onsiong provided the committee with an overview of the third quarter financial reports. The balance sheet continues to be stable. There is \$40M in AR (similar amount to the same time last year), which includes winter term tuition fees not collectible until January 2019. The university has collected \$34M since the end of 2018. The university continues to repay its long-term debt. They are currently forecasting an operating surplus of \$4.7M at the end of the fiscal year.

Following the government's announcement of tuition cuts in January, budget holders identified a savings of approximately \$1M in expenses. There is also a forecast net savings of \$2.8M in vacant positions. The forecast will be updated with new assumptions and presented to the committee at the next meeting.

(S. McGovern arrived at 2:17 p.m.)

6.2 2019-2020 Budget

R. Bailey emphasized that budget development continues to be guided by the university's strategic priorities. He reviewed the core values and principles that are reflected in the budget development, including:

- Students - providing an excellent learning environment and student experience;
- Faculty - build an innovation ecosystem that fosters high-impact research;
- Employees - committed to minimizing the impact of budget challenges on people by finding efficiencies and doing things differently;
- Access - committed to maintaining and enhancing a diverse and inclusive campus community; and
- Communication - committed to communicating regularly with our campus community about the budget process as it progresses.

C. Elliott reviewed the changes to the significant budget assumptions made since the budget was initially presented to the committee in November. The university is looking at strategically increasing international tuition. He confirmed that the government is implementing a 10% domestic tuition reduction for 2019-2020 and that the rates will be frozen for 2020-2021. A hard look was taken at contingencies - \$2.5M remains in the plan and \$1M in contingency for unanticipated events throughout the year. Budget holders were asked to submit proposals to reduce expenditures by 5% in year 1 and by an additional 3% in year 2. The university will be implementing strategic cuts as opposed to across the board reductions. C. Elliott reviewed the next steps in the budget process.

6.3 2019-2020 Tuition Fees

B. MacIsaac presented the recommended 2019-2020 tuition fees. He advised that despite the proposed 10% increase for first year international engineering tuition fees, the fees would remain below the Ontario median. For international graduate students, tuition fee increases have less of an impact as funding is often given back through scholarships. There was a discussion regarding the demand for international students and whether demand is affected by tuition fees. The assumption

for domestic and international students is that demand is inelastic. The university is examining how to increase our number of international students where we have room to grow.

Upon a motion duly made by S. Chow and seconded by D. Allingham, the Audit & Finance Committee recommended the 2019-2020 tuition fees, as presented, for approval by the Board of Governors.

6.4 Revised 2019-2020 Ancillary Fees

B. Maclsaac presented the proposed ancillary fees for the committee's consideration. He explained that the 2019-2020 ancillary fees were approved by the Board two years ago in order to determine net tuition fees under the previous tuition framework. After years of no ancillary fee increases, the recommendation is to increase fees by the rate of inflation for 2019-20. B. Maclsaac advised that there remains some uncertainty surrounding how ancillary fees will be categorized as mandatory or optional. It seems that all of the administrative fees will fit the definition of mandatory ancillary fees. There are components within the Student Union (SU) fees that might be considered optional. The goal is that by educating students about the services those fees provide, students will choose not to opt out.

In the context of this uncertainty, the Board is being asked to approve the ancillary fees as a maximum amount. The university will continue to work with the SU on further breaking down the ancillary fees and presenting the break down at the next meeting for information.

B. Maclsaac responded to questions from the committee. He clarified that previously, the only ancillary fees students could opt out of were the health/dental fees (by providing proof of existing coverage). Approximately one-third of students opted out of health/dental fees. Student ambassadors will be educating students about the benefits of paying ancillary fees. B. Maclsaac explained that the reduction in TELE ancillary fees for FEAS and gaming is because they are moving out of the "black box" device program and into "TELE - Bring Your Own Device". There was a suggestion that alumni could also be involved in communicating the value of ancillary fees to incoming students.

Upon a motion duly made by D. Allingham and seconded by S. Chow, the Audit and Finance Committee recommended the 2019-20 ancillary fees, as presented, for approval by the Board of Governors.

Compulsory Ancillary Fees

	2018-2019	2019-2020	% Inc
Fees Paid on Per CH basis Charged to FT & PT			
Student Life USSL	251.55	256.58	2.0%
Health and Wellness UHLW	61.72	62.96	2.0%
Campus Health Centre UHC	35.75	36.47	2.0%
Infrastructure & Service Enhancements UISE	173.49	176.96	2.0%
Campus Access & Safety UCAS	139.97	142.77	2.0%
Flat Fee Paid once per yr. Charged to FT & PT			
Technology-enriched Learning (FT) Gaming ULAF	853.87	478.00	-44.0%
Technology-enriched Learning (FT) FEAS ULAF – first year	729.79	231.00	-68.3%

Technology-enriched Learning (FT) FEAS ULAF – upper year	729.79	766.28	5.0%
Technology-enriched Learning (FT) FESNS ULAF	729.79	221.00	-69.7%
Technology-enriched Learning FSCI (FT) ULSF	180.13	180.13	0.0%
Technology-enriched Learning FHSc (FT) ULSF	156.3	157.86	1.0%
Technology-enriched Learning FBIT (FT) ULSF	146.67	151.07	3.0%
Technology-enriched Learning (FT) FSSH ULSF	126.88	130.69	3.0%
Technology-enriched Learning (FT) FEDU ULSF	189.2	194.88	3.0%
Flat Fees Paid once per yr. (Fall or as admitted). FT only.			
Health & Dental UHTH	213.06	250.32	17.5%
Flat Fees Paid half Fall and half Winter. FT only			
Athletics Complex Membership UACM	36.69	37.35	1.8%
Intramurals UITN	10.36	10.55	1.8%
Campus Recreation and Wellness UEXP	172.23	174.12	1.1%
Student Org. Fees USOF	169.36	172.75	2.0%
Varsity Fee UVAR	119.14	121.52	2.0%
Instructional Resource UTIR	112.96	115.22	2.0%
WUSC Student Sponsorship UWUF	2.70	2.70	
U-Pass UUPS	135.00	139.00	3.0%
Summary (not including TELE or program fees)	1633.98	1668.60	2.1%

7. Project Updates

7.1 New Building

B. MacIsaac delivered the new building presentation. He informed the committee that as Eastern works with sub-trades on project expenses, the estimated costs increased by approximately \$2M. Eastern is now using the design-assist process to see if cost reductions can be found. Changes have also been made to the design of the building in an effort to reduce costs (reduce width of hallways) without compromising AODA compliance. There was a discussion regarding whether the planned contingency amount is sufficient. B. MacIsaac confirmed that the project will be overseen by a project manager again. The funding options presented do not take into account potential government or philanthropic funding.

7.2 Land Exchange

C. Elliott provided a status update on the land exchange with the City of Oshawa. The environmental assessment has been completed and the City has accepted the report. He confirmed that a stage three archeological assessment has been completed and a stage four assessment is not required. The next step is to receive an updated appraisal of the land.

7.3 ACE Enhancement

C. Elliott provided an update on the progress of the ACE enhancement project. He summarized the report that was included in the meeting material. The construction project is approximately 5 days behind because of the weather. He referred the committee to the financial report included in the

meeting material. There was a change order for approximately \$34,000 due to an unanticipated pipe problem. On the integration side of the project, Aolis is managing the project and RFPs are starting to be issued. There is an anticipated shortfall of approximately \$2M due to inflationary effects. The gap will have to be bridged through operating funds, fundraising, or additional funding from FedDev. C. Elliott responded to questions from the committee. The project is so unique that it is difficult to get competing bids. C. Elliott advised that there is \$500,000 contingency built into the project. C. Elliott meets weekly with John Komar, ACE's Director of Engineering & Operations, to ensure the project budget is staying on track.

7.4 Campus Recreation & Wellness Centre (CRWC) Expansion

C. Elliott summarized the key aspects of the report provided on the status of the CRWC expansion. He advised that RFPs were issued in early December and BBA was awarded the contract in January. BBA is finalizing drawings and pricing. Scott Barker, the Director of Athletics, is driving the project, together with L. Brual, the project manager. The Board will be provided with the same financial reporting on the CRWC project as they were given for the SIRC project. C. Elliott clarified that the project is being funded through the reserve built up through student ancillary fees. The financial report will be updated to clarify the source of funds.

7.5 AVIN

D. Holdway delivered a presentation providing an overview of the status of the AVIN project, which was included in the meeting material.

8. Investment Committee Oversight

8.1 Quarterly Report

S. Chow delivered the Investment Committee update. She advised that the portfolio performed 20 basis points behind the benchmark for the last quarter. There was significant volatility in December. The portfolio is still doing well overall for the year. In January, there was a turnaround in the market. At the committee's meeting that morning, they had an educational session on ESG, which is used as a tool to monitor operational risks that will affect a company's performance.

8.2 Endowment Disbursement Report

S. Chow presented the endowment disbursement recommendation. She confirmed that there is \$2.5M available for disbursements. At the current investment level, the university needs to disburse between 3-4% of the principal value to cover our gift requirements. While the Disbursement Committee recommended disbursing up to \$550,000 in 2019-20 for student awards, the Investment Committee is recommending the disbursement of up to \$600,000. When making the recommendation, the Investment Committee considered the recent changes to OSAP funding and the amount available for disbursement.

Upon a motion duly made by S. Chow and seconded by S. Murphy, pursuant to the recommendation of the Investment Committee, the Audit & Finance Committee recommended the disbursement of up to \$600,000 from Endowment Funds for distribution as student awards in 2019-20 for approval by the Board of Governors.

9. Risk, Compliance & Policy

9.1 Policy:

(a) Continuity Policy

C. Foy presented the Continuity Policy framework for recommendation by the committee. The university worked closely with Durham College (DC) on developing the policy and DC's policy will be almost identical. During the initial risk register development, business continuity was identified as having more significance than many other operational risks and, as such, was described as a "foundational" risk. C. Foy answered questions from the committee. She clarified that "university member" includes subcontractors or services provided by DC. She also confirmed that the policy was developed in the spirit of risk management and not as a compliance exercise. There was a discussion regarding the next steps in operationalizing the policy. C. Foy advised that the policy will require the development of procedures, tools and resources for the community, as well as training across the university. This will be a coordinated effort with DC. She will return to the committee with an implementation plan.

Upon a motion duly made by D. Allingham and seconded by S. Chow, the Audit and Finance Committee recommended the University Continuity Management Framework Policy, as presented, for approval by the Board of Governors.

(b) Review of Use of External Auditor for Non-Audit Services Policy

C. Elliott summarized the report, which was included in the meeting material. There were no recommended changes. He confirmed that the university has not used the auditors for any services that are not included on the list of pre-approved non-audit services.

(c) Review of Expendable Funds Policy

C. Elliott summarized the report for the committee and responded to questions. The university has approximately \$2.4M in excess funds, which are currently invested in GICs. There were no recommended changes to the policy.

9.2 Compliance & Risk Management Update

Risk Management Update

C. Foy reviewed the key aspects of the risk management update, which was included in the material. The university is on track with the Risk Management and Insurance work plan. Given the governance work being undertaken by Academic Council (AC), the recommendation was to defer working with AC on risk and rolling it out next year. The annual risk report will be delivered in June.

Compliance – FIPPA Statistical Reporting

C. Foy provided the committee with an update on the status of compliance activities under the Freedom of Information and Protection of Privacy Act (FIPPA). Each year, the University must submit a statistical report documenting all requests for access to general records and records containing personal information. C. Foy noted a correction to the years in the table - they should be 2017 and 2018. She responded to questions from the committee members. Most breaches involve human error, which frequently involve incorrect e-mail addresses. Practices are being changed at the

university to try to minimize this type of breach. Time and hard costs for FIPPA requests are tracked and recovered. The costs of responding to requests are also being reduced by implementing changes such as providing electronic records as opposed to hard copies.

10. Consent Agenda:

Upon a motion duly made by D. Allingham and seconded by S. Murphy, the Audit and Finance Committee approved the following items on the Consent Agenda:

10.1 Statement of Investment Policies Amendments

10.2 Minutes of Public Session of Meeting of November 19, 2018

11. Other Business

12. Adjournment

There being no other business, upon a motion duly made, the public session of the meeting adjourned at 4:01 p.m.

Becky Dinwoodie, Secretary

DRAFT



COMMITTEE REPORT

SESSION:

Public
 Non-Public

ACTION REQUESTED:

Decision
 Discussion/Direction
 Information

TO: Audit and Finance Committee

DATE: April 17, 2019

FROM: Cheryl Foy, University Secretary & General Counsel

PREPARED BY: Niall O’Halloran, Policy & Compliance Advisor

SUBJECT: Policy Activity Report

COMMITTEE MANDATE:

- In accordance with its Terms of Reference, the Audit and Finance Committee (A&F) is responsible for overseeing the internal systems and control functions of the university.
- As part of this responsibility, A&F receives regular reports on policy development and approvals at the University, in accordance with the Policy Framework.

BACKGROUND/CONTEXT & RATIONALE:

- The purpose of this Report is to provide the Committee with an update on the status of Policy from March 1, 2018 to March 1, 2019, which includes the period since the approval of amendments to the Policy Framework on June 27, 2018. Over the past year, 22 new or amended policy instruments have been approved by approval authorities in accordance with the Policy Framework. A complete list is provided as part of supporting documentation.
- The tables below track support of policy instrument development provided by the Compliance and Policy Office over the past four years. We note a significant increase in the past year. A complete list of the ongoing policy projects is provided as part of supporting documentation.

- TABLE 1: Overall Policy Support 2015-16 to 2018-19

Year	Drafting	Recommendations	Consultation
2015-16	17	23	18
2016-17	6	11	5
2017-18	8	28	29
2018-19	23	35	42

- TABLE 2: Policy Support by Unit March 1, 2018 to March 1, 2019

Unit	Drafting	Recommendations	Advice
University Secretary and General Counsel	15		
Student Life	4	5	1
Research Services		13	7
Communications and Marketing	1		2
Centre for Institutional Quality Enhancement		4	2
External Relations		1	
Finance		3	3
Human Resources	2	2	1
IT Services			2
Graduate Studies			8
Registrar's Office		4	14
Teaching and Learning		3	

COMPLIANCE WITH POLICY/LEGISLATION:

- The report considers the University's policy instruments in development under the Policy Framework. The Policy and Compliance Office provides support to key policy work to ensure legislative compliance. The office also advises policy leads on steps to take to ensure compliance with the Policy Framework.

SUPPORTING DOCUMENTATION

- 2018-19 Policy Approvals
- List of Policy Projects in Progress

Policy Instrument Approvals (March 1, 2018 – March 1, 2019)

LEGAL, COMPLIANCE & GOVERNANCE		
Policy Instruments that relate to: broader institutional planning and governance issues, management of institutional risk, accountability and legislative requirements, and academic governance matters outside those authorities explicitly delegated by the Board to Academic Council.		
Title	Approval Date	Approval Authority
Procedures for the Development, Approval and Review of Policy Instruments	May 31, 2018 (A)	Governance, Nominations and Human Resources Committee
UOIT Policy Framework	June 27, 2018 (A)	Board of Governors
Procedure for On-Campus Medical Cannabis use by Students	November 19, 2018	Audit and Finance Committee
Freedom of Expression Policy	November 29, 2018	Board of Governors
Signing Authority Registry and Approval Procedures (Interim)	November 29, 2018 (A)	Board of Governors
Statement of Investment Polices	February 28, 2019 (A)	Board of Governors
University Continuity Management Framework Policy	February 28, 2019	Board of Governors

BOARD		
Policy Instruments that relate to the governance and administration of the Board of Governors.		
Title	Approval Date	Approval Authority
Board of Governors Procedures for the Election of Administrative Staff, Student and Teaching Staff Governors	January 17, 2019 (A)	Board of Governors
Board of Governors Recruitment, Appointment and Leadership Policy	February 28, 2019 (A)	Board of Governors

(A) – amendment

ACADEMIC		
Policy Instruments that relate to academic governance and administration within the delegated authority to Academic Council from the Board.		
Title	Approval Date	Approval Authority
Final Examination Chief Proctor Directives	March 20, 2018	Academic Council
Final Examination Emergency and Disruption Directives	March 20, 2018	Academic Council
Undergraduate Alternate Pathways Policy - Ontario Colleges	May 15, 2018	Academic Council
Course Nomenclature Guidelines	October 23, 2018 (A)	Academic Council
Undergraduate Academic Regulations – Editorial Amendments	January 22, 2019 (A)	Provost
Graduate Academic Regulations – New Regulations	January 22, 2019	Academic Council
Graduate Academic Regulations – Substantive Amendments	January 22, 2019 (A)	Academic Council

ADMINISTRATIVE		
Policy Instruments that relate to the ongoing management and operations of the University and that have application across more than one organizational unit.		
Title	Approval Date	Approval Authority
Provost And Vice-President, Academic Appointment And Renewal Procedures	March 16, 2018	President
Vice-President Responsible for Research Appointment and Renewal Procedures	March 16, 2018	President
Emeritus/Emerita Professorship Policy	April 23, 2018 (A)	Senior Leadership Team
Emeritus/Emerita Professorship Nomination Procedures	April 26, 2018 (A)	Provost and VP Academic
Expense Procedure: Payments to Research Participants	September 11, 2018	University Administrative Council
Interim Smoke Free Campus Policy	October 11, 2018 (A)	President

(A) – amendment

List of Policy Projects in Progress

Date: March 18, 2019

Priority Projects: Office of the University Secretary and General Counsel

Title	Unit	Policy Lead	Type of Project	Category	Status	Mandatory Consultation and Approval Path
Contract Management Policy & Procedures	USGC	Cheryl Foy	Substantive Amendment	LCG	Policy Review	AC/SLT/BC/BOG
Signing Authority Policy & Procedures & Register	Finance	Craig Elliot	Substantive Amendment	LCG	Policy Review	AC/SLT/BC/BOG
Intellectual Property	Research	TBD	Amendment	LCG	With IP Committee	
Code of Ethics and Conduct	USGC	Andre Luzhetskyy	New	LCG	Drafting	

Priority Projects: Office of Student Life

Title	Unit	Policy Lead	Type of Project	Category	Status
Student Conduct & Investigation	OSL	Olivia Petrie	Substantive Amendment New PI	LCG	Draft
Student Judicial Committee	OSL	Olivia Petrie	New	LCG	Draft
Student Sexual Violence	OSL	Olivia Petrie	Amendment	LCG	Consultation
Accommodations related to Sexual Violence	OSL	Heather Leckie	New – Directive under SSV Policy	LCG	TBD

Priority Projects: Research Services

OC – Online Consultation
AC – Academic Council

ALT –Administrative Leadership Team
BC – Board Committee

PAC – Policy Advisory Committee
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Title	Unit	Policy Lead	Type of Project	Category	Next Step	Mandatory Consultation and Approval Path
Animal Care Policy (6 instruments)	Research	Janice Moseley	Substantive Amendment New PI (4 Procedures)	LCG	Online Consultation	ALT/RB/AC/BC/BOG
Research Ethics	Research	Janice Moseley	Substantive Amendment	LCG	PAC Assessment	PAC/OC/RB/AC/ALT/BC/BOG

Other Policy Projects in Development

Title	Unit	Policy Lead	Type of Project	Category	Next Step	Mandatory Consultation and Approval Path
Smoke Free Campus (Cannabis Legalization)	HR	Jamie Bruno	Substantive Amendment/Policy Review	ADM	Interim Policy Approved / Deliberation	ALT/President
Academic Schedule Guidelines	Registrar	Kristen Boujos de Breceda	New	ADM	Online Consultation	VP
Fit for Duty (Cannabis Legalization)	HR	Joanne Evans	New	ADM	Revisions to Draft	PAC/UAC/OC/AC/President
Procedures for Managing Allergies on Campus	OSL	Heather Leckey	New	LCG	PAC Assessment	TBD
Policy Against Violence, Harassment and Discrimination in the Workplace	HR	Jamie Bruno	Policy Review	LCG	Board Committee	Health and Safety
IT Security Policy/ies	UOIT-IT/DC-IT	TBD	New / Substantive Amendments	TBD	Drafting	TBD
PCI Compliance Policy/ies	UOIT-IT/DC-IT	TBD	New	TBD	Drafting	TBD
Radiation Safety	Research	Jennifer Freeman	Amendment – TBD	LCG	Mandatory Consultation	OC/AC/A&F/BOG
Biosafety	Research	Jennifer Freeman	Amendment – TBD	LCG	Mandatory Consultation	OC/AC/A&F/BOG

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Responsible conduct of research	Research	Jennifer Freeman	Amendment – TBD	LCG		
Research entities	Research	Jennifer Freeman	Amendment – TBD	LCG		
Conflict of Interest in Research	Research	Jennifer Freeman	Amendment – TBD	LCG		
Indirect Cost of Research	Research	Jennifer Freeman	Amendment New Procedure	ADM		
Ownership of Research Equipment	Research	Jennifer Freeman	New			
Adjuncts	TBD	TBD				
Canada Research Chair Procedures	Research	Jennifer Freeman	New (5 procedures)	TBD	Mandatory Consultation	TBD
International Travel for Faculty and Staff	TBD	TBD	New	TBD	Initial Consultation	TBD
International Travel Procedures	TBD	TBD	New	TBD	Initial Consultation	TBD
Accessibility Policy	FSSH	Allyson Earner Wesley Crichlow	Substantive Amendment	LCG	Initial Consultation	TBD
University Vehicles	USGC	Jacquelyn Dupuis	New	TBD	Drafting	
UAV/Drone Directive	USGC	Jacquelyn Dupuis	New – Directive (under Risk)	LCG	PAC Assessment	PAC/OC/AC/ALT/President
Field Trip Risk Management and Directive	USGC	Jacquelyn Dupuis	New – Directive (under Risk)	LCG	PAC Assessment	PAC/OC/AC/ALT/President
University Event Risk Management and Approval Guidelines	USGC	Jacquelyn Dupuis	New	LCG	Drafting	OnCon/PAC/AC/VP
Digital Learning Resources	CIQE	Nichole Molinaro	New	ACD	Deliberation	CPRC/GSC/AC
Flag Usage	C&M	Melissa Levy	New	ADM	Online Consultation	AC/ALT/President

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Responding to the Death of a Student	C&M	Melissa Levy	Substantive Amendment	ADM	Online Consultation	OnCon/AC/ALT
Administrative Leave	HR	Krista Secord	New	ADM	PAC Assessment	OnCon/AC/ALT/President
Review of Alleged Breach of Confidentiality	HR	TBD	New	LCG	PAC Assessment	OnCon/AC/ALT/President
Academic Integrity	TLC	Rupinder Brar	Substantive Amendment	LCG	Consultation	PAC/OnCon/CPRC/GSC/AC/ALT/BC/BOG
Convocation Arrangements - Graduand Family Member	RO	Kristen Boujos	New	ADM	Consultation/Drafting	ALT/OnCon/CPRC/GSC/AC
Procedures for Review of Academic Standing	FHSci	Lori Livingston	New	Local ADM	Consultation	Faculty Council/Dean
Committee and Working Group Approval	USGC	Niall O'Halloran	New	LCG	PAC Assessment	OC/ALT/AC/BC/BOG
Policy Review Guidelines	USGC	Niall O'Halloran	New	LCG	Online Consultation	OC/AC/President
Policy Drafting Guidelines	USGC	Niall O'Halloran	New	LCG	Online Consultation	OC/AC/President
Procurement	Finance	Kevin Jones	Amendment	LCG	Drafting	
Course Nomenclature	CIQE	Nichole Molinaro	Amendment	ACD	Drafting	
Program Nomenclature	CIQE	Kimberley McCartney-Young	Amendment	ACD	Drafting	
Quality Assurance Framework	CIQE	Nichole Molinaro	Substantive Amendment	ACD	Drafting	
Board Ethics	USGC	TBD	New	Board	Drafting	
Communications	C&M	John MacMillan	New	ADM	Drafting	
Access to Labs *	FBIT	Andrew Hogue	New	TBD	Initial Consult	
Administrative Unit Review	CIQE	Nichole Molinaro	New	TBD	Initial Consult	
Gender Identification	RO	Joe Stokes	New	LCG	Online Consultation	BC/BOG

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PHIPA Privacy and Health Record Access and Custody Procedure	USGC	Niall O'Halloran	New	LCG	Drafting	PAC/OC/AC/ALT/BC/BOG
Recording of Lectures	OSL	Heather Leckey	New (Procedure under Accessibility Policy)	LCG	Drafting	PAC/OC/AC/ALT/BC/BOG
Guidelines for Memory Aids	OSL	Heather Leckey	New (Guideline under Accessibility Policy)	LCG	Drafting	PAC/OC/AC/ALT/President
Service Animals Procedure	OSL	Heather Leckey	Amendment (Procedure under Accessibility Policy)	LCG	Drafting	PAC/OC/AC/ALT/BC/BOG
Lactation Space Policy	OSL	Akeisha Lari	New	TBD	Drafting	
Volunteer	USGC	Jacqueline Dupuis	New Policy	LCG	Drafting	PAC/OC/AC/ALT/BC/BOG
Admissions Equity Policy	RO	Joe Stokes	New Policy	ACD	Drafting	OC/CPRC/AC
Research Volunteer	TBD	TBD	New	ADM	Consultation	
Visiting Scholar	TBD	TBD	New	TBD	Initial Consult	
UOIT Library Use Policy	Library	TBD	Amendment	TBD	Parking Lot	
Acceptable Use of Technology	ITS	TBD	Substantive Amendment	TBD	Parking Lot	
Emergency Preparedness plan	USGC	TBD	Editorial Amendment	TBD	Parking Lot	
Anti-Violence for Visitors and Volunteers	TBD	TBD	New	TBD	Parking Lot	
Fitness to Study	OSL	TBD	New	TBD	Parking Lot	
Halloween Attire		TBD	New	TBD	Parking Lot	
Medical Notes	RO	TBD	New	TBD	Parking Lot	
Meeting with Students	TBD	TBD	New	TBD	Parking Lot	
Umbrella Policy on Violence, Sexual Violence, Harassment and Discrimination		TBD	New	TBD	Parking Lot	

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Video Surveillance Policy		TBD	New	TBD	Parking Lot	
Workplace Accommodations for Employees with Disabilities	HR	TBD	New	TBD	Parking Lot	
Poster	C&M	TBD	New	ADM	On Hold	PAC/OC/AC/ALT/President

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