



**BOARD OF GOVERNORS
Audit & Finance Committee**

Friday, June 19, 2020

9:00 a.m. to 12:30 p.m.

Videoconference Only

PUBLIC SESSION: +1.888.240.2560 (US Toll Free) Meeting ID: 265 852 187

Members: Nigel Allen (Chair), Doug Allingham, Stephanie Chow, Mitch Frazer, Dale MacMillan, Steven Murphy, Dietmar Reiner

Staff: Becky Dinwoodie, Cheryl Foy, Andrew Gallagher, Lori Livingston, Brad Maclsaac, Susan McGovern, Pamela Onsiong

AGENDA

No.	Topic	Lead	Allocated Time	Suggested Start Time
	PUBLIC SESSION			
1	Call to Order	Chair		
2	Agenda (M)	Chair		
3	Conflict of Interest Declaration	Chair		
4	Chair's Remarks	Chair		
5	Community Reports/Presentations			
5.1	Budget & Budget Process	Mike Eklund	5	9:05 a.m.
6	President's Remarks	Steven Murphy	10	9:10 a.m.
6.1	Pandemic Update			
7	Finance			
7.1	2020-2021 Budget* (M)(P)	Andy Gallagher & Lori Livingston	25	9:20 a.m.
7.2	Fourth Quarter Financial Reports* (U)	Pamela Onsiong	10	9:45 a.m.
8	Investment Committee Oversight			
8.1	Quarterly Report	Stephanie Chow	5	9:55 a.m.
9	Project Updates	Brad Maclsaac	10	10:00 a.m.
9.1	New Building* (U)			
9.2	ACE Enhancement* (U)			
9.3	Advancement Update: Land Exchange & Stone House (U)	Susan McGovern	10	10:10 a.m.

D – Discussion

M – Motion

P – Presentation

U – Update

* Documents attached

No.	Topic	Lead	Allocated Time	Suggested Start Time
10	Compliance & Policy	Cheryl Foy	30	10:20 a.m.
10.1	Policy Framework: Temporary Amendment to Consultation Path* (M)			
10.2	Ethical Conduct Policy Instruments* (M)			
10.3	Annual Risk Management Report* (U)			
10.4	Annual Policy Review & Compliance Update* (U)			
11	Consent Agenda (M):	Chair	5	10:50 a.m.
11.1	Annual Board Report 2019-2020*			
11.2	Minutes of Public Session of Meeting of April 17, 2020*			
12	For Information:	Chair		
12.1	AVIN Update*			
12.2	Annual Insurance Report*			
13	Other Business	Chair		
14	Adjournment (M)	Chair		10:55 a.m.
	BREAK		10	
	NON-PUBLIC SESSION (material not publicly available) – governors to connect with non-public video conference details			
15	Call to Order	Chair		11:05 a.m.
16	Conflict of Interest Declaration	Chair		
17	President's Remarks • Debenture Update	Steven Murphy	5	11:05 a.m.
18	Audit			
18.1	Audit Findings Report* (U)	KPMG	20	11:10 a.m.
18.2	Draft Audited Financial Statements 2019-2020* (M)	KPMG/ Pamela Onsiong	15	11:30 a.m.
18.3	Internally Restricted Funds* (M)	Pamela Onsiong	5	11:45 a.m.
18.4	<i>In Camera</i> session with KPMG (all staff members to leave)	KPMG	15	11:50 a.m.
	KPMG Departs			
19	Annual Risk Management Report* (D) (confidential aspects)	Cheryl Foy	10	12:05 p.m.
20	Consent Agenda (M):	Chair		
20.1	Minutes of Non-Public Session of Meeting of April 17, 2020*			
21	Other Business			
22	<i>In Camera</i> Session (M)			12:15 p.m.
23	Termination (M)			12:30 p.m.

Becky Dinwoodie, Secretary

D – Discussion

M – Motion

P – Presentation

U – Update

* Documents attached

2020-21 Draft Operating Budget:

Audit & Finance Committee Update

June 19, 2020

Andrew Gallagher, Interim Chief Financial Officer

Lori Livingston, Provost and Vice-President, Academic



Budget Approach

- We are approaching all of our recommendations in a principled manner, consistent with the following values:
 - **Students:** We are committed to providing an excellent learning environment and student experience
 - **Faculty and staff:** We are committed to minimizing the impact on people by finding efficiencies
 - **Access:** We are committed to maintaining and enhancing a diverse and inclusive campus community
 - **Communication:** We are committed to communicating regularly with our campus community about the budget process as it progresses
- Through our strategic priorities we have started on a path that will help solidify our university as a remarkable and recognized place of scholarly endeavor, phenomenal student experiences and tight-knit community

Budget Summary

- In April 2020, we reviewed a 2020-21 budget based on a **total revenue projection of \$185.6M** and a then **deficit of \$3.1M**
- Since then, and in light of the global pandemic,
 - our enrolment projection under scenario (A) indicates a **\$6.9M shortfall in tuition fees** (see Enrolment Scenario Planning on next page)
 - In light of the physical closure of the campus, an **additional shortfall in commercial and ancillary fees of \$3.9M**
 - Increased **student support** and **online learning transition costs of \$1.0M**, for
 - A total **net deficit of \$14.9M**, representing **~10% of the University's variable costs**
- Budget holders committed to **strategically reduce unit** operating budget by 10%
- This 10% target was achieved – out of the \$14.9M budget submitted for reduction, **\$12.6M were approved**
- In addition, the University is **utilizing \$1.3M of prior year reserves** to invest in **on-line learning transition costs** and to **support faculties' start-up and professional development costs**
- The budget **deficit is currently at \$2.1M** and we continue to work to bridge this gap.

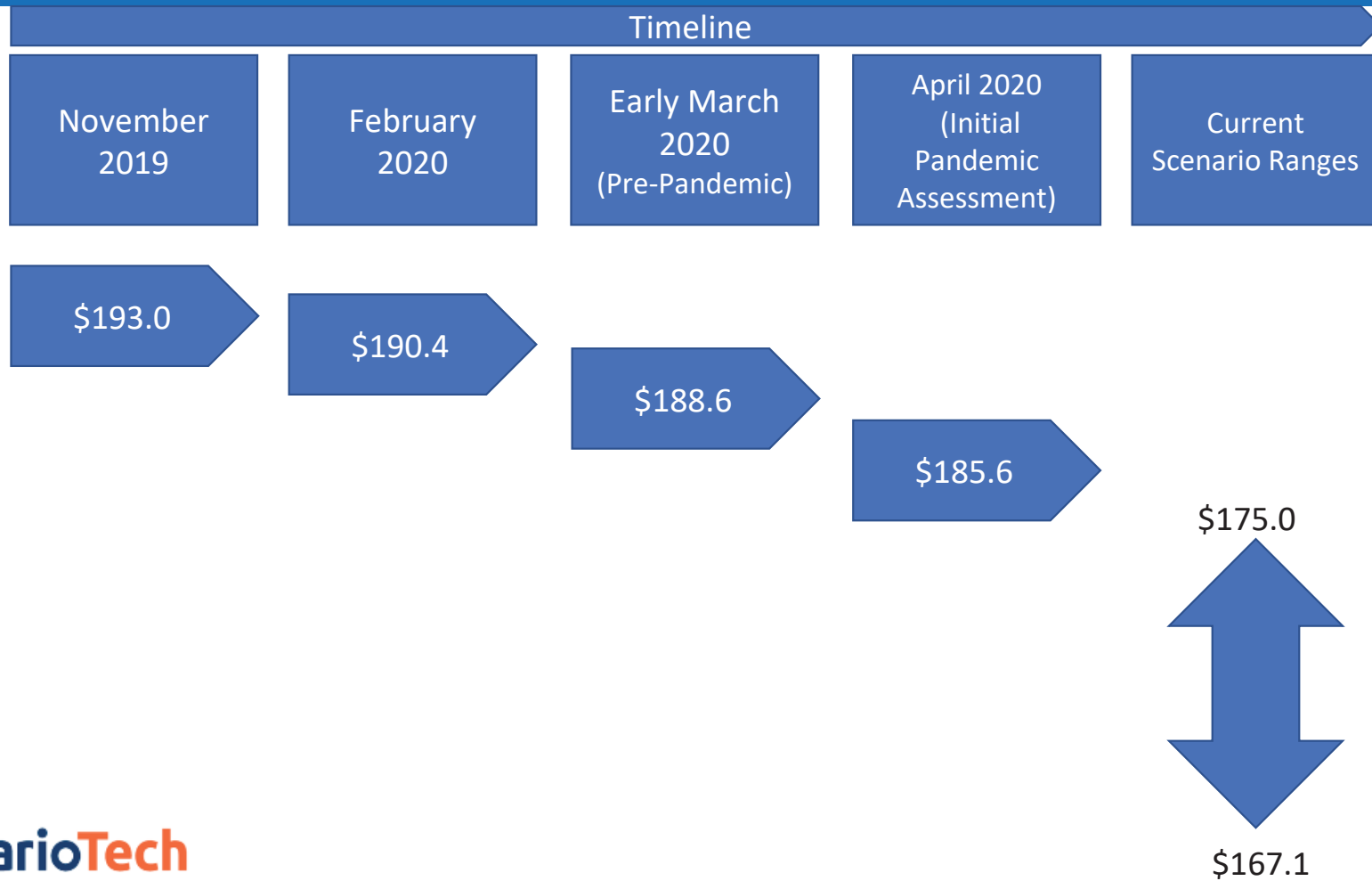
Enrolment Scenario Planning

The budget working group has been doing pandemic scenario planning centered around return to school start dates and the potential impact on tuition revenues under various assumptions. Using these assumptions and applying them to pre-pandemic planned enrolment figures, the impact on planned Tuition Revenue is shown in the table below.

Enrolment Headcount (HC)		Actual *	Actual *	Nov 2019 est. Budget	April 2020 Draft Budget	April Scenario Analysis		
		2018-19	2019-20	2020-21	2020-21	A	B	C
Intake	Domestic - UG	2,462	2,447	2,706	2,506	-10%	-15%	-20%
	International - UG	152	135	240	148	-50%	-75%	-100%
Continuing	Domestic - UG & All GR	7,100	7,050	6,700	6,600	-5%	-10%	-15%
	International - UG & All GR	450	550	600	650	-15%	-25%	-35%
TOTAL HEADCOUNT		10,164	10,182	10,246	9,904			
TOTAL FTEs		8,905	8,975	9,071	8,797	8,162	7,709	7,261
ADDITIONAL TUITION IMPACT (in M's)					\$ (3.0)	\$ (6.9)	\$ (13.1)	\$ (19.3)
TOTAL TUITION IMPACT (in M's)						\$ (9.9)	\$ (16.1)	\$ (22.3)

* Headcount is based on winter estimates and FTE is actual for the budget year

Timeline Revenue Progression



Operational Response – Scenario A Planning

➤ Budget holders were engaged in budget reduction exercise

- **Budget reductions of \$6.9M** (Building Reserves \$2.5M, MGP \$2.1M, Labour, Capital and OPEX \$2.3M) were **presented to the Board in April 2020**. In addition, we are requesting:
 - A 10% reduction of total operating budget for all units, except
 - For units that are funded by student ancillary fees, a budget reduction equal to the decrease in student ancillary fees
 - For commercial units, a budget reduction equal to the anticipated loss in revenues for the first 5 months April – August 2020
- Budget reduction proposals **strategic** in nature with priorities given to key initiatives
- All **replacement positions** subject to senior leadership review and **new hiring requests** limited to strategic initiatives only
- Faculty and staff support functions are under review and programs to **reduce costs** continue to be assessed
- Throughout process, **active communication** from President, Provost, CFO and AVP, Human Resources

Change in Operating Budget Summary

	Original Draft Budget	Budget Reductions to-date	Revised Draft Budget
	\$000s	\$000s	\$000s
Total Revenues	\$ 185,488	\$ (10,880)	\$ 174,608
Expenditures			
FT Labour	(101,069)	3,260	(97,809)
PT Labour	(17,810)	2,482	(15,328)
OPEX	(66,092)	5,704	(60,388)
Capital	(3,712)	1,116	(2,596)
Sub-Total Expenditures	\$ (188,683)	\$ 12,562	\$ (176,121)
Additional COVID- related expenses			
Increased student support & online learning transition costs		(1,000)	(1,000)
Health and Safety costs		(500)	(500)
Decrease in ancillary revenues		(540)	(540)
Total Expenditures	\$ (188,683)	\$ 10,522	\$ (178,161)
Budget Deficit	\$ (3,195)	\$ (358)	\$ (3,553)
Expenses funded by PY restricted reserves	110		1,368
Net Budget Deficit	\$ (3,085)	\$ (358)	\$ (2,185)

Budget reductions to-date

➤ FULL-TIME LABOUR - \$3.2M reduction

2020-21 Headcount	OPSEU	Faculty	Non Union Mgmt Staff	Total
Filled Positions	282	299	146	727
Vacant positions - delayed hires	4	10	7	21
Vacant positions- not hired	5	13	3	21
Total headcount	291	322	156	769
Total impacted by temp layoffs and reduced workload	96	8	71	175

➤ PART-TIME LABOUR - \$2.4M reduction

- \$1.1M in part-time sessionals and teaching assistants – mostly for elective courses and therefore less choice for students
- \$1.0M in contract terminations – delay in projects

Budget Reductions to-date

➤ **OPEX – \$5.7M** reduction

- \$0.9M in delayed IT projects, including process workflows
- \$0.7M in promotional expenses, delaying branding initiatives
- \$0.5M base building cost savings as a result of closure of physical campus
- \$0.5M in educational supplies
- And other reductions ranging from \$0.1M to \$0.3M

➤ **CAPITAL - \$1.1M** reduction

- \$0.7M in campus renovations
- \$0.4M deferral of laptop and other capital equipment purchases

Risk and Risk Mitigation

Strategic Risk	Risk Mitigation
Stakeholder Relations - Students, Employees, External	Continuous communication and engagement via Task Force consultations, community Town Halls, and dedicated, frequently updated website.
Campus Wellbeing	Implementing a stepped-care approach to build students' sense of agency and offer an integrated support network; establishment of Telework Taskforce with Joint Health and Safety Committee cross membership
Brand	Investments made in digital marketing capabilities over the last 12-months will be further leveraged. Evaluating further optimization and integration of Communications and Marketing resources across campus
Campus Experience / Culture	Establishment of an Engagement and Wellbeing Taskforce focusing on how to "virtually" engage.
Innovation	Disruption in resuming on-campus research risks delays in deliverables and the opportunities for HQP. Maximizing what can be done at home.
Physical Infrastructure	Modifying the 10 year deferred maintenance plan to space out yet in the long term address the items not done this year.
Virtual Infrastructure	Focus on enhancing e-learning platforms (i.e., Canvas LMS, Kaltura) and delaying workflow process improvements
Information Governance	Hiring new Security Manager and implementing two factor authentication
Equipment Failure, Requiring Replacement / Repair	Delayed normal upkeep; contingency in place in case failure
Financial Sustainability	Diversifying revenues with a focus on innovation like Mitacs; brilliant solutions, ACE, OTT while continuing to focus on process efficiencies

Strategic Response: Surviving the Short-Term

➤ **Commence capital financing discussions for the new building \$25M**

- Advocate for access to CARIE funds (propose \$7.5M apply to A5)
- Advocate for debenture restructuring (\$3M per year)

➤ **Retain current students**

- Summer courses moved on line
- Send individualized program maps to students and advise on what can be done from afar
- Alter fee due date procedures to enable payment plans
- Ontario Tech Experience Guarantee
- New “Student Success” and “University Prep” programs to start Fall 2020

➤ **Attract new students**

- English for Academic Purposes (EAP) I and II online in fall
- Launch Ontario Tech Talent

Strategic Response: Positioning for the Future

- **Organization and process redesign for course delivery (Learning Re-imagined, Tech with a Conscience)**
 - Leverage our “tech” advantage and nimbleness
 - “Hybrid” format for all degree programs
 - Commit to growing our virtual assets in all that we do
- **Assess our existing “brick and mortar” capital assets (Sticky Campus)**
 - Reduce building lease commitments (e.g., 11 Simcoe, St. Gregory’s)
 - Assess our existing spaces, redefine how we use space
- **Post-pandemic strategy for new programs, research priorities (Partnerships)**
 - Leverage our expertise, public interest in new programs, research priorities
 - Continue to increase international student enrolments, partnerships
 - Move all levels of English for Academic Purposes (EAP) online
 - Expand Ontario Tech Talent

Strategic Response: Positioning for the Future

➤ **Assessing the financial outlook**

- Conduct a longer-term financial review with revised enrolment projections
- Review overall cost structure vs revenue structure
- Review opportunities for additional revenues: OTT, ACE and other commercial operations
- Renegotiate lease and debt structure

Motion to approve Budget

WHEREAS management presented a proposed unbalanced budget in February 2020 based on the forecast at that time;

WHEREAS the COVID-19 pandemic necessitated the effective closure of most of the university's physical operations, with the focus shifting to online program delivery and remote working for substantially all faculty and staff, as of March 13, 2020;

WHEREAS the budget has been prepared based on a forecast using the best information available at this time;

WHEREAS there is additional risk to the budget this year because of the economic uncertainty precipitated by the COVID-19 pandemic;

NOW THEREFORE, pursuant to the recommendation of management, the Audit and Finance Committee hereby recommends:

- that the Board of Governors approves the 2020-2021 budget, as presented; and
- that management meet with the Chair of the Audit and Finance Committee in August and September 2020 to conduct further budget reviews.

Appendix

- 3-Year Forecast
- SMA 3 Metrics
- Trend Analysis - Revenue and Expenses
- Accounting policy & Financial Principles
- Budget process development
- Allocation of human resources

3-Year Forecast

	Year 1: 2020-21	Year 2: 2021-22	Year 3: 2022-23
	\$ 000's	\$ 000's	\$ 000's
REVENUES			
Operating grants	57,504	57,952	58,006
Debtenture and other grants	23,297	22,749	22,749
Student Tuition Fees	67,549	79,926	90,642
Student Ancillary Fees	10,621	12,347	13,201
Other Revenues	15,637	18,995	19,450
Total Operating Revenues	\$ 174,608	\$ 191,969	\$ 204,048
EXPENDITURES			
Base Expenditures			
FT Labour	(97,809)	(109,408)	(113,188)
PT Labour	(15,453)	(17,092)	(18,338)
Operating Expenses	(61,303)	(67,010)	(67,943)
Capital Expenses	(302)	(345)	(345)
Approved Base Expenditures	\$ (174,867)	\$ (193,855)	\$ (199,814)
Budget Surplus/ (Deficit)	\$ (259)	\$ (1,887)	\$ 4,234
Other Items			
Capital - IT, Facilities	(2,294)	(3,550)	(4,311)
Capital and contingency reserves	(1,000)	(1,000)	(1,000)
Loan - principal and interest repayments		(1,810)	(1,810)
Net savings from faculty attrition		1,500	1,500
Net Surplus/ (Deficit)	\$ (3,553)	\$ (6,747)	\$ (1,386)
Expenses funded by PY reserves	1,368		
Cumulative Surplus/ (Deficit)	\$ (2,185)	\$ (8,932)	\$ (10,318)

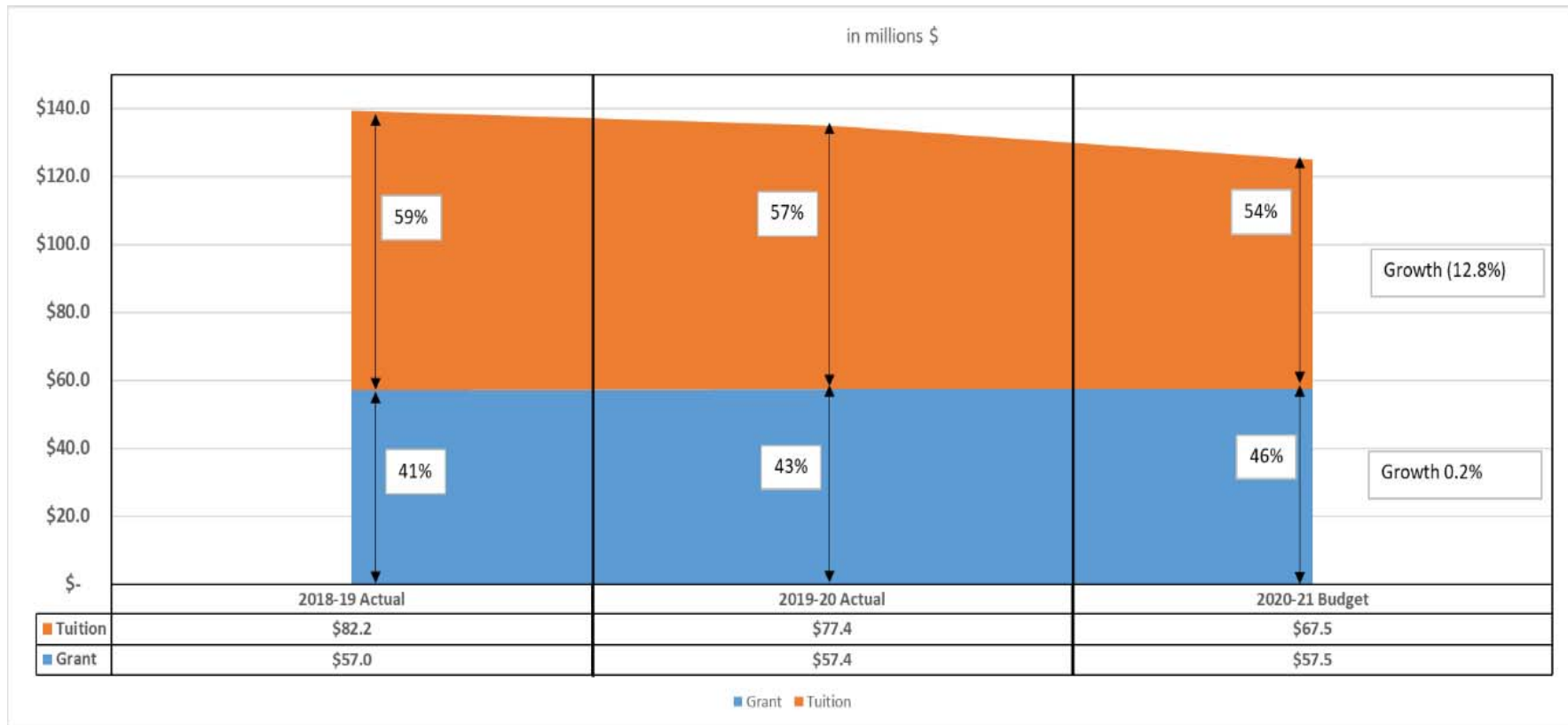
Note: 2020-21 draft budget is based on Scenario A enrolment projection. Years 2 & 3 are forecasts based on the April 2020 enrolment data and will be updated once enrolment numbers are established in the Fall

SMA 3: Outcomes Based Metrics *

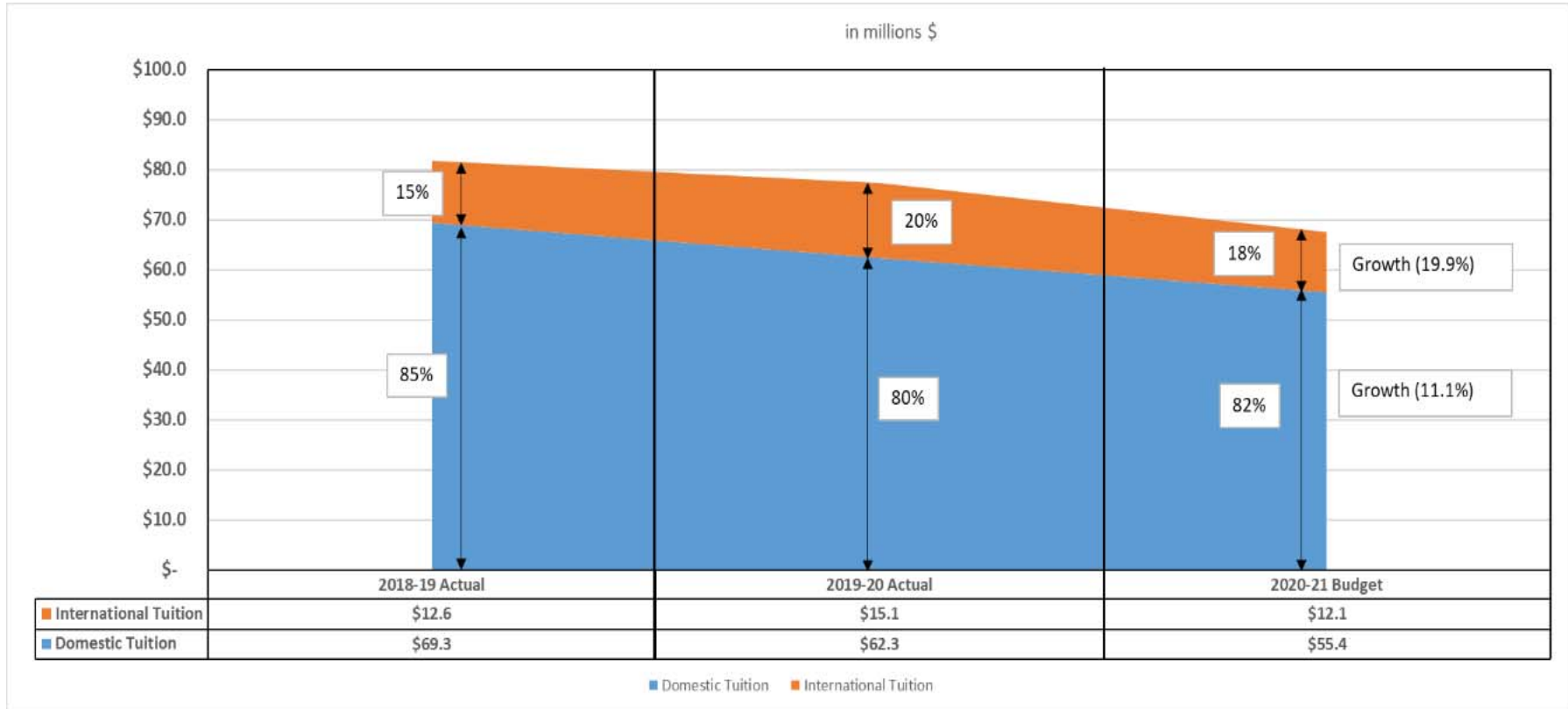
Metric Name	2017-18	2018-19	2019-20	2020-21		
	Actual	Actual	Actual	Target	Band of Tolerance	Allowable Performance Target
Graduate Employment Rate in a Related Field	89.45%	90.39%	85.43%	89.37%	3.28%	86.44%
Institutional Strength/Focus	35.51%	37.67%	37.84%	35.30%	3.00%	34.24%
Graduation Rate	71.66%	67.83%	66.15%	70.24%	3.92%	67.49%
Community/Local Impact	9.53%	9.64%	9.71%	9.70%	1.00%	9.60%
Institution-Specific (Economic Impact)	250	342	485	451	39.31%	274
Research Funding and Capacity: Federal Tri-Agency Funding Secured	0.61%	0.62%	0.61%	0.62%	4.00%	0.59%
Experiential Learning	63.50%	69.50%	67.20%			
Research Revenue from Private Sources	\$871,333	\$814,667	\$1,809,000			
Graduate Employment Earnings	\$44,792	\$44,824	\$45,864			
Skills and Competencies						

* SMA 3 currently on hold

Tuition and Grant Revenue

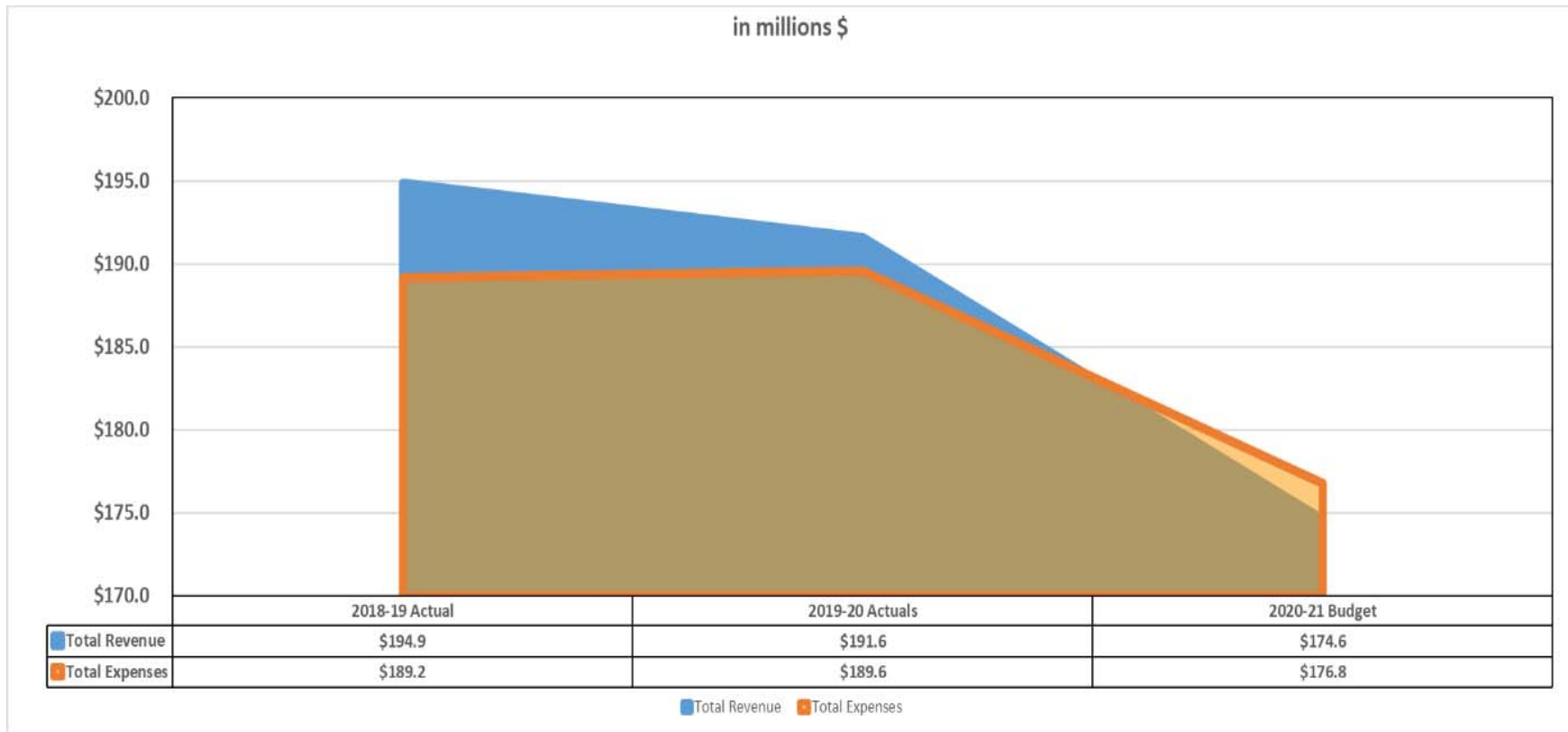


Tuition Domestic and International



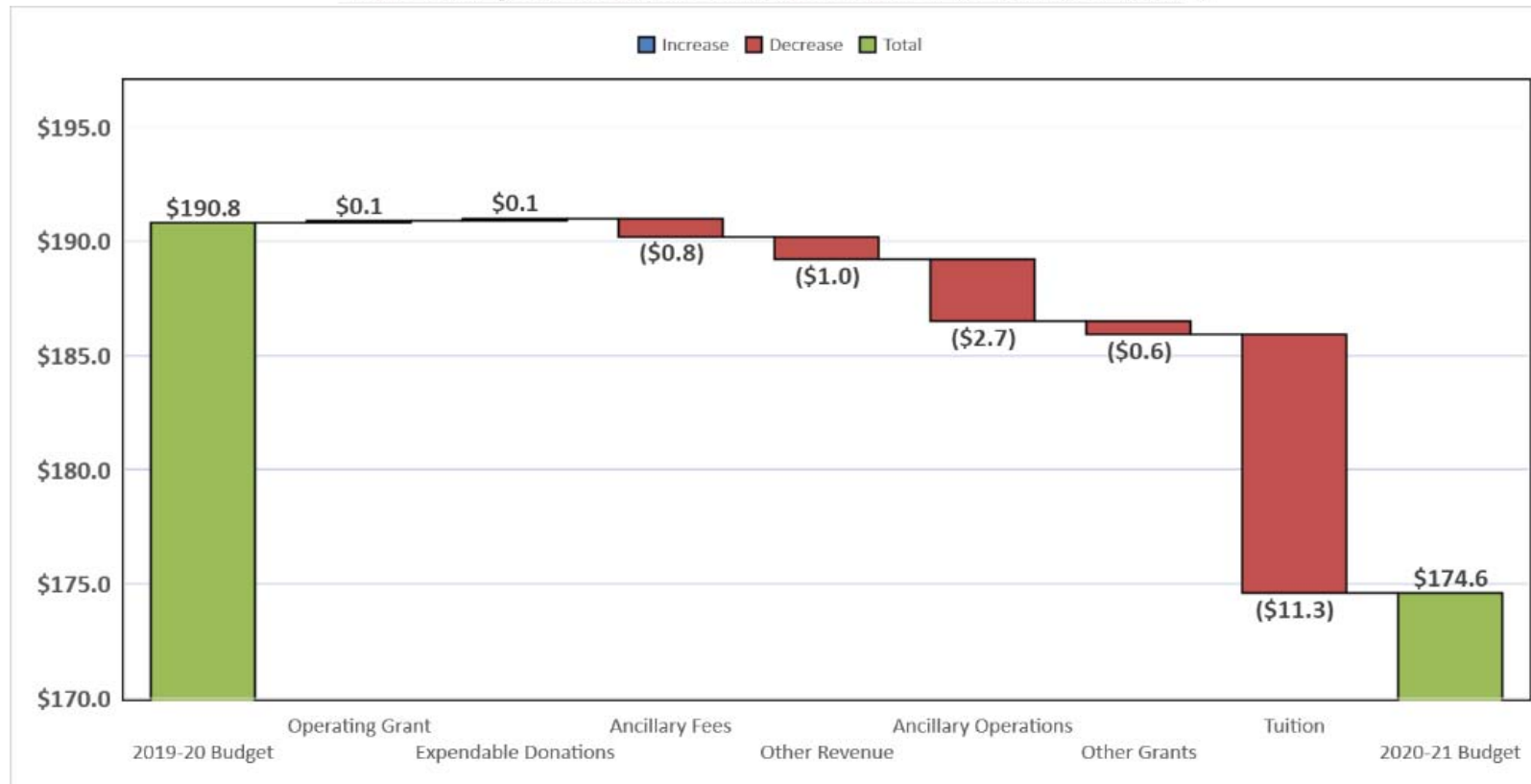
*Compounded Annual Growth Rate

Total Revenue vs Expenses



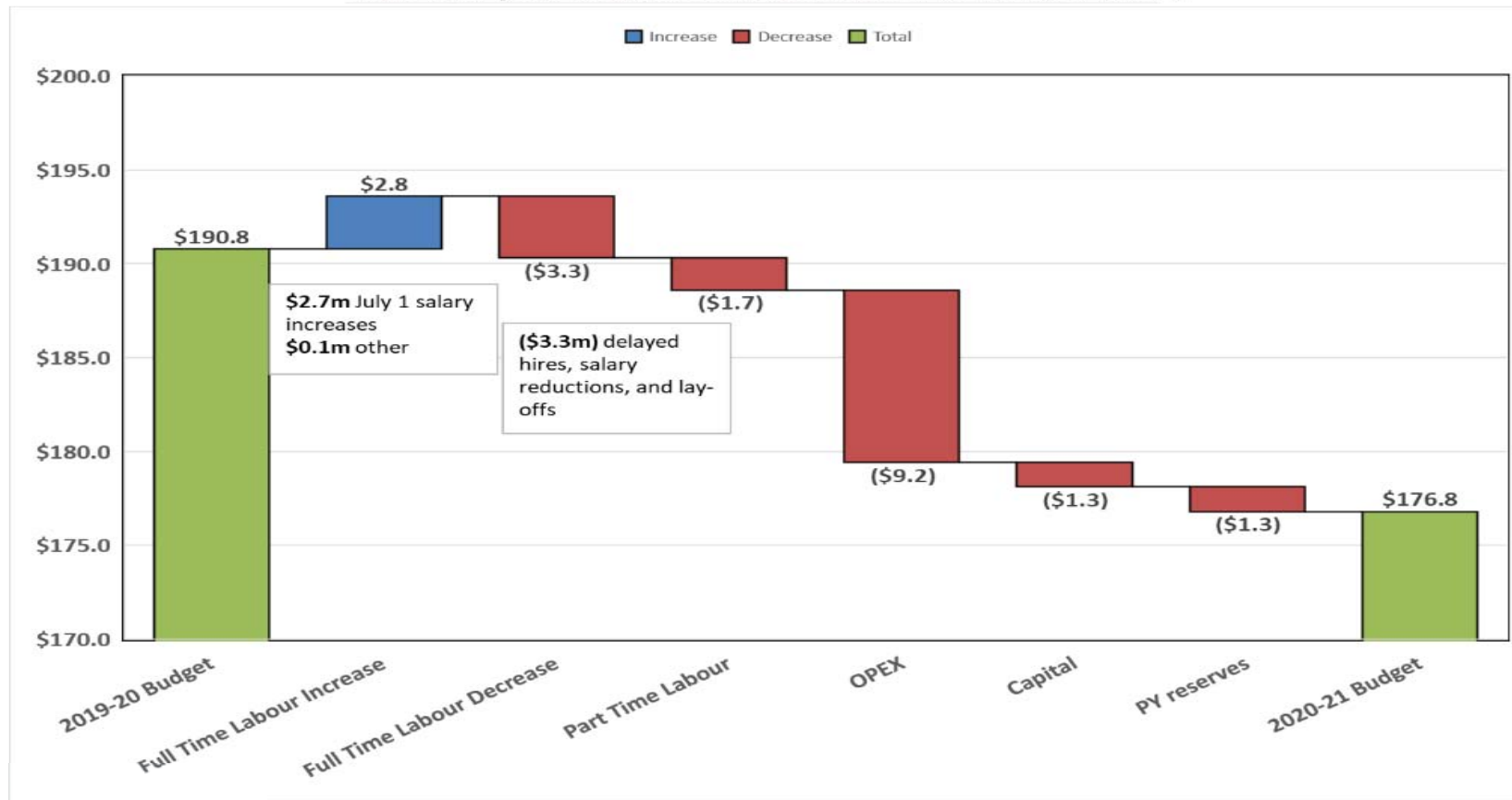
Budget summary - revenue

Year-over-year total revenue decrease of (\$16.2M) or (8.4%)



Budget summary - expense

Year-over-year total revenue decrease of (\$14.0M) or (7.3%)



Capital Budget

	2020/21 \$M's	2019/20 \$M's
<u>Consists of:</u>		
Technology enriched learning environment (TELE)	0.1	0.8
IT Services	0.2	0.5
Purchased Services	0.9	0.9
Office of campus safety and infrastructure (OCS)	1.2	1.6
Other equipment	0.2	0.4
Total	\$ 2.6	\$ 4.2

Academic Operating Expenses

Department	2020-21 Budget	2019-20 Budget	Year-over-year change	
	\$'000's	\$'000's	\$'000's	%
Energy Systems and Nuclear Science	\$4,329	\$4,489	(\$160)	(3.6%)
Business and Information Technology	\$12,225	\$12,517	(\$292)	(2.3%)
Social Sciences and Humanities	\$10,378	\$10,067	\$311	3.1%
Education	\$4,272	\$4,244	\$28	0.7%
Health Sciences	\$12,867	\$13,199	(\$332)	(2.5%)
Engineering	\$13,856	\$14,470	(\$613)	(4.2%)
Science	\$12,441	\$13,048	(\$608)	(4.7%)
Graduate Studies	\$2,952	\$2,888	\$63	2.2%
Outsourced Electives	\$0	\$292	(\$292)	(100.0%)
Life-Long Learning	\$1,150	\$1,513	(\$363)	(24.0%)
Total Academic	\$74,470	\$76,727	(\$2,257)	(2.9%)

Academic Support Operating Expenses

Department	2020-21 Budget	2019-20 Budget	Year-over-year change	
	\$'000's	\$'000's	\$'000's	%
Office of the Provost	\$1,015	\$915	\$101	11.0%
Planning	\$748	\$1,124	(\$375)	(33.4%)
Research, Innovation & International	\$2,461	\$2,536	(\$75)	(3.0%)
Teaching & Learning	\$3,264	\$3,695	(\$431)	(11.7%)
Registrar	\$6,859	\$6,603	\$255	3.9%
Tuition Set Aside	\$6,656	\$7,473	(\$817)	(10.9%)
Student Life	\$6,984	\$7,390	(\$406)	(5.5%)
Library	\$3,891	\$4,400	(\$509)	(11.6%)
IT - TELE	\$2,720	\$3,695	(\$975)	(26.4%)
Total Academic Support	\$34,597	\$37,830	(\$3,233)	(8.5%)

Administrative Operating Expenses

Department	2020-21 Budget	2019-20 Budget	Year-over-year change	
	\$'000's	\$'000's	\$'000's	%
University Secretariat and General Counsel	\$1,627	\$2,084	(\$457)	(21.9%)
President	\$761	\$953	(\$192)	(20.1%)
Finance	\$3,008	\$3,278	(\$269)	(8.2%)
Central Operations	\$1,682	\$5,666	(\$3,984)	(70.3%)
OCIS/ Leased Space	\$12,517	\$12,954	(\$437)	(3.4%)
IT (excluding TELE)	\$3,416	\$3,876	(\$459)	(11.8%)
External Relations	\$4,944	\$4,608	\$336	7.3%
Human Resources	\$2,302	\$2,525	(\$222)	(8.8%)
Purchased Services	\$13,110	\$15,512	(\$2,402)	(9.3%)
Total Administration	43,368	51,455	(\$8,087)	(15.7%)

Commercial and Other Operating Expenses

Department	2020-21 Budget	2019-20 Budget	Year-over-year change	
	\$'000's	\$'000's	\$'000's	%
ACE	\$3,862	\$5,045	(\$1,183)	(23.5%)
Campus Ice / Campus Tennis Centre	\$1,573	\$1,607	(\$34)	(2.1%)
Food/ Bookstore	\$1,105		\$1,105	0.0%
Daycare	\$944	\$1,024	(\$79)	(7.7%)
Regent	\$374	\$621	(\$247)	(39.8%)
Total Ancillary/ Commercial Expenses	7,858	8,296	(\$438)	(5.3%)
Debenture	\$16,501	\$16,501	\$0	0.0%
Total Operating Expenses	\$176,793	\$190,809	(\$14,016)	(7.3%)

Accounting policy

- The University's operating budget is prepared on a "modified-cash" basis, v/s
- The University's GAAP (generally accepted accounting principles) financial statements (FS), are prepared on an "accruals" basis, and include items not in the budget, e.g.
 - amortization on capital assets and grants
 - externally funded research revenues and expenses
- As part of the quarterly reporting to the Audit and Finance Committee, Finance reconciles the operating results to the GAAP FS.

Financial principles

- Provide career-oriented programs that focus on innovation in a cost effective and efficient manner
- Align the allocation of resources with strategic priorities, providing transparency and accountability
- Ensure long-term financial sustainability
- Combine long term planning, budgeting, and forecasting into a comprehensive integrated process
- Manage capital assets to maximize their useful life
- Maintain reserves at appropriate levels
- Demonstrate prudent investment management

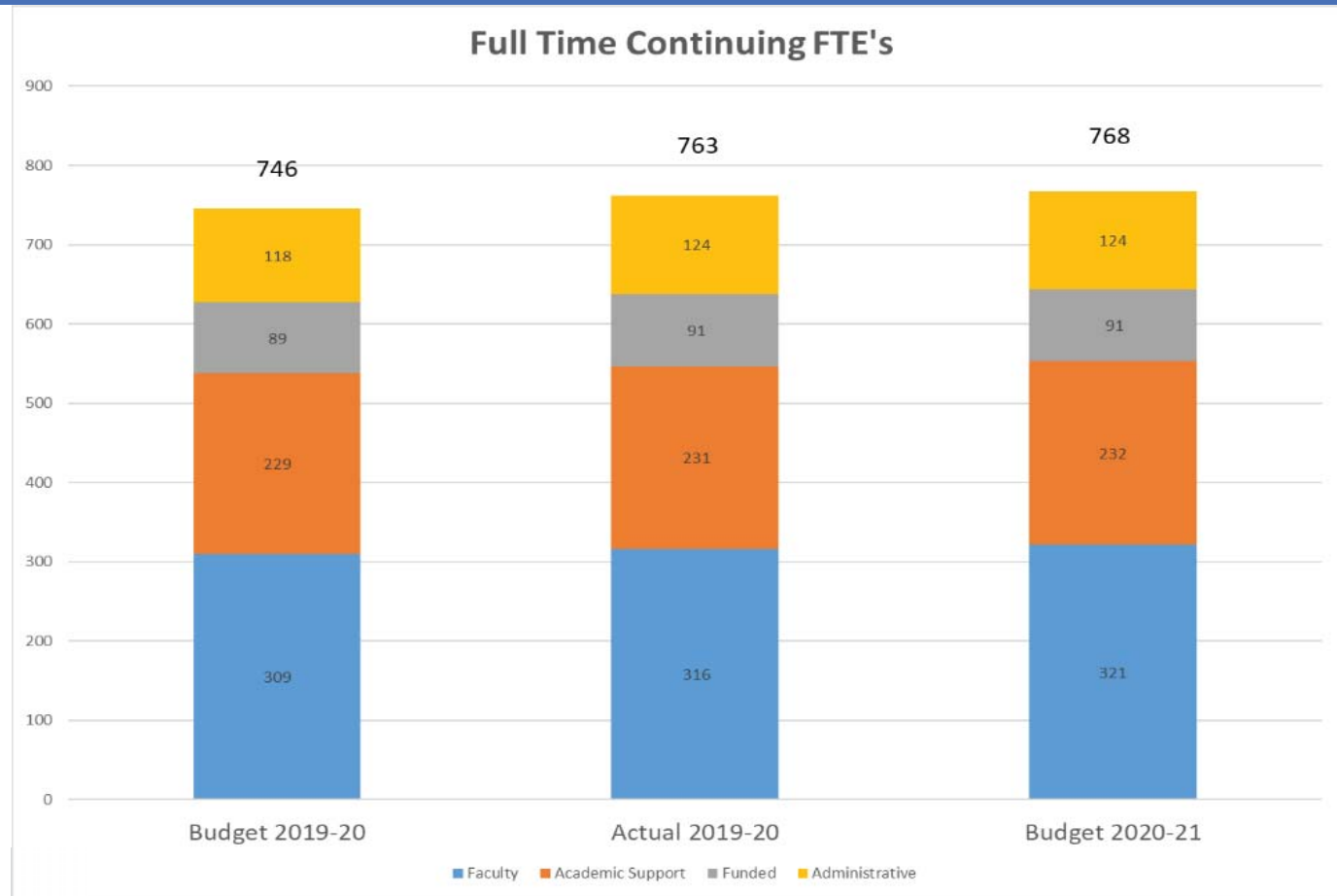
FTE Enrolment Summary

Total FTE (Full Time Equivalent)	2020-21 Budget	2019-20 Budget	2019-20 Actual	Variance to Budget		Variance to Actual	
				#	%	#	%
Faculty of ESNS	237	327	293	(90)	(27%)	(56)	(19%)
Faculty of Business and IT	1,636	1,769	1,787	(132)	(7%)	(151)	(8%)
Fac. of Social Science & Humanities	1,227	1,504	1,460	(276)	(18%)	(233)	(16%)
Faculty of Education	429	417	485	12	3%	(56)	(12%)
Faculty of Health Sciences	1,752	1,893	1,849	(141)	(7%)	(97)	(5%)
Faculty of EAS	1,833	1,985	1,987	(152)	(8%)	(154)	(8%)
Faculty of Science	1,047	1,119	1,113	(72)	(6%)	(66)	(6%)
Total	8,162	9,013	8,975	(851)	(9%)	(813)	(9%)
Under Grad Domestic	2020-21 Budget	2019-20 Budget	2019-20 Actual	Variance to Budget		Variance to Actual	
				#	%	#	%
Faculty of ESNS	172	250	220	(78)	(31%)	(48)	(22%)
Faculty of Business and IT	1,479	1,607	1,635	(128)	(8%)	(156)	(10%)
Fac. of Social Science & Humanities	1,145	1,409	1,369	(264)	(19%)	(224)	(16%)
Faculty of Education	367	353	411	14	4%	(44)	(11%)
Faculty of Health Sciences	1,661	1,793	1,759	(131)	(7%)	(98)	(6%)
Faculty of EAS	1,405	1,528	1,537	(122)	(8%)	(132)	(9%)
Faculty of Science	921	982	970	(61)	(6%)	(49)	(5%)
Total	7,152	7,922	7,901	(770)	(10%)	(749)	(9%)
Under Grad International	2020-21 Budget	2019-20 Budget	2019-20 Actual	Variance to Budget		Variance to Actual	
				#	%	#	%
Faculty of ESNS	5	13	11	(8)	(62%)	(6)	(55%)
Faculty of Business and IT	101	121	119	(20)	(17%)	(18)	(15%)
Fac. of Social Science & Humanities	20	34	30	(14)	(41%)	(10)	(33%)
Faculty of Education	0	-	-	0	0%	0	0%
Faculty of Health Sciences	27	39	24	(12)	(31%)	3	11%
Faculty of EAS	140	202	201	(62)	(31%)	(61)	(30%)
Faculty of Science	72	78	75	(6)	(8%)	(3)	(5%)
Total	365	488	461	(123)	(25%)	(96)	(21%)

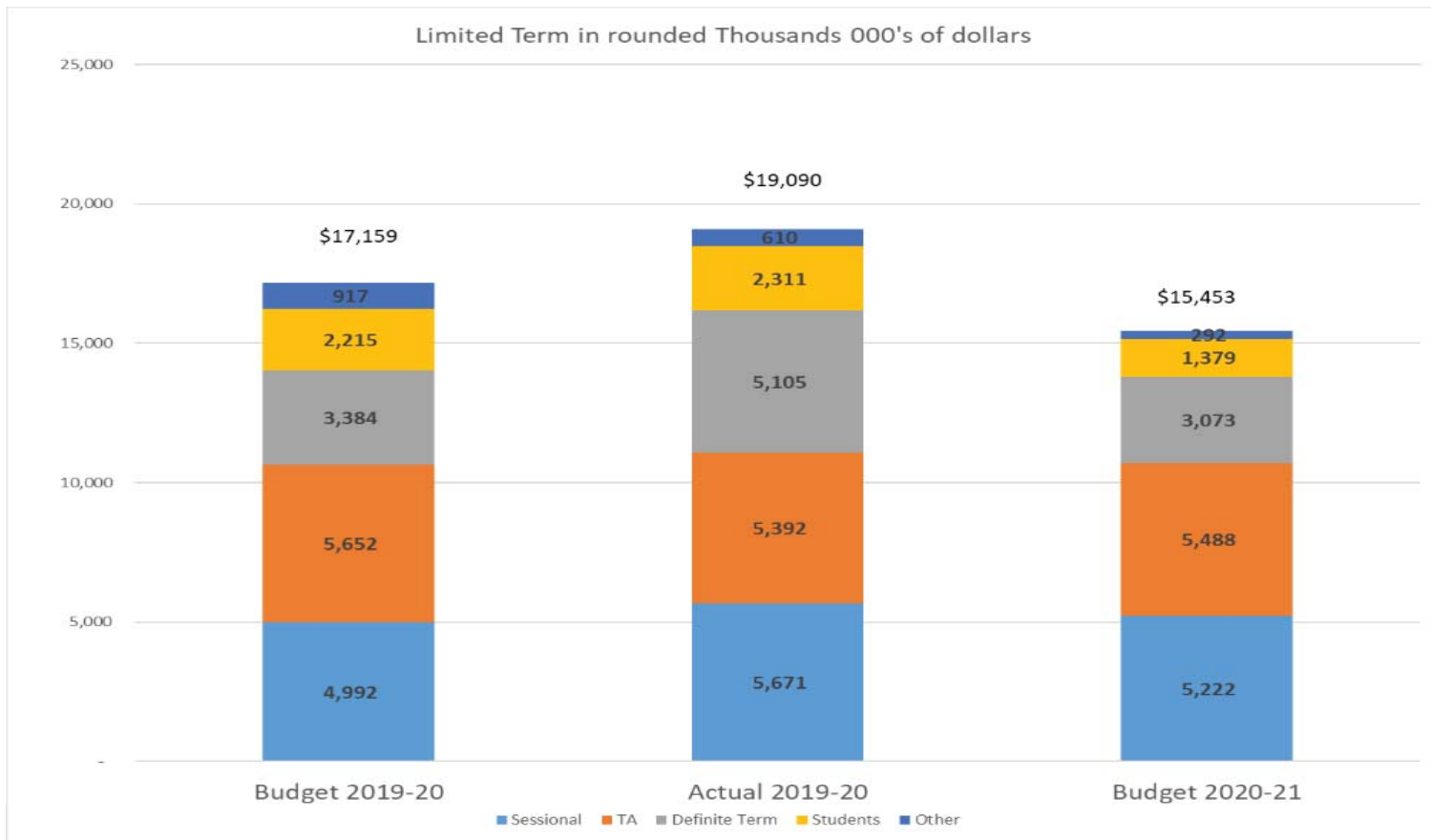
FTE Enrolment Summary

Grad Domestic	2020-21 Budget	2019-20 Budget	2019-20 Actual	Variance to Budget		Variance to Actual	
				#	%	#	%
Faculty of ESNS	46	58	50	(12)	(20%)	(4)	(7%)
Faculty of Business and IT	3	9	14	(6)	(67%)	(11)	(80%)
Fac. of Social Science & Humanities	57	53	55	5	9%	2	4%
Faculty of Education	61	64	73	(3)	(4%)	(12)	(16%)
Faculty of Health Sciences	62	61	64	0	1%	(3)	(4%)
Faculty of EAS	107	119	112	(13)	(11%)	(5)	(5%)
Faculty of Science	47	51	61	(4)	(8%)	(14)	(23%)
Total	382	414	430	(32)	(8%)	(47)	(11%)
Grad International	2020-21 Budget	2019-20 Budget	2019-20 Actual	Variance to Budget		Variance to Actual	
				#	%	#	%
Dept							
Faculty of ESNS	14	6	12	8	138%	2	13%
Faculty of Business and IT	54	32	19	22	70%	35	182%
Fac. of Social Science & Humanities	5	8	6	(3)	(37%)	(1)	(18%)
Faculty of Education	-	-	1	-	0%	(1)	(100%)
Faculty of Health Sciences	2	-	1	2	0%	1	100%
Faculty of EAS	181	136	137	46	34%	44	32%
Faculty of Science	7	8	7	(1)	(12%)	(0)	(1%)
Total	262	189	183	74	39%	79	43%

Allocation of Human Resources



Allocation of Human Resources



Ontario Tech University
2019 - 20 Operating Summary (in '000 s)
For the year ended March 31, 2020

April 1, 2019 - March 31, 2020									
Total Annual Budget	3rd Quarter Y/E Forecast	Actuals	Fav. (Unfav.) Actuals vs. Budget \$ / %		Fav. (Unfav.) Forecast vs. Budget \$ / %		Fav. (Unfav.) Actuals vs. Forecast \$ / %		
Revenue									
Grants	81,084	80,953	81,065	(20)	0%	(131)	0%	112	0%
Tuition	79,944	79,028	79,102	(843)	-1%	(916)	-1%	73	0%
Student Ancillary	11,484	13,738	14,453	2,968	26%	2,254	20%	714	5%
Other	18,297	18,668	17,948	(349)	-2%	371	2%	(720)	-4%
Total Revenue	\$ 190,810	\$ 192,388	\$ 192,567	\$ 1,757	1%	1,578	1%	\$ 179	0%
Expenditures									
Academic/ACRU	76,848	77,095	77,557	(709)	-1%	(246)	0%	(463)	-1%
Academic Support	36,966	37,126	37,101	(136)	0%	(161)	0%	25	0%
Administrative	33,081	29,449	31,087	1,994	6%	3,632	11%	(1,638)	-6%
Sub-total	\$ 146,895	\$ 143,670	\$ 145,745	\$ 1,150	1%	3,225	2%	\$ (2,076)	-1%
Purchased Services	12,109	12,173	12,235	(126)	-1%	(64)	-1%	(62)	-1%
Total Ancillary/Commercial	10,460	9,942	9,338	1,122	11%	519	5%	604	6%
Debt Interest Expense	10,157	10,157	10,157	(0)	0%	-	0%	(0)	0%
Total Operating Expenses	\$ 179,621	\$ 175,941	\$ 177,475	\$ 2,146	1%	\$ 3,680	2%	\$ (1,534)	-1%
Operating Contribution	\$ 11,190	\$ 16,447	\$ 15,092	\$ 3,903	35%	\$ 5,258	47%	\$ (1,355)	-8%

Expenses disclosed on the Balance Sheet

Capital Expenses funded from Operations	\$ 4,201	\$ 6,336	\$ 6,150	\$ (1,949)	-46%	\$ (2,135)	-51%	\$ 186	3%
Principal Repayments - debenture/leases	\$ 6,989	\$ 6,989	\$ 6,989	\$ (0)	0%	\$ -	0%	\$ 0	0%

Net Operating Surplus

	\$ 0	\$ 3,122	\$ 1,953	\$ 1,953	0%	\$ 3,122	N/A	\$ (1,169)	-37%
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Other Disclosure: Funded by prior year reserves

Capital - New Building	\$ 11,493	\$ 11,900	\$ 11,924	\$ (431)	-4%	\$ (407)	-4%	\$ (24)	0%
Capital Campaign	\$ 1,183	\$ 1,166	\$ 1,057	\$ 127	11%	\$ 17	1%	\$ 110	9%

Reconciliation to year-end GAAP FS:

Operating Contribution	\$ 15,092
Items not budgeted:	
Externally funded research donation, grant revenues	11,547
Externally funded research expenses	(11,058)
Non-cash transactions:	
Amortization of capital assets	(23,752)
Amortization of deferred capital contributions	9,559
Unrealized loss on investments	(2,356)
Revenues accounted as DCC on the balance sheet	(1,588)
Excess of expenses over revenues - as per GAAP Financial Statements	\$ (2,556)

2019 - 20 Year-End Operating Summary

The operating surplus, after capital expenses, debenture and lease payments, is \$2.0m against a 2019 - 20 balanced budget and a \$3.1m forecast surplus reported at the end of the 3rd quarter.

The actual surplus shortfall to forecast of \$1.1m is mainly attributable to higher than expected costs for enhanced benefits for faculty and staff coupled with the loss of revenues from the university’s commercial operations (ACE, Campus Childcare, Regent Theater, and Arena) as a result of the global pandemic which required the physical closure of the campus in mid-March.

The operating budget does not include the construction costs for the new building and the capital campaign as these are funded by prior year reserves and hence the costs associated with these projects are disclosed separately.

Below is a summary of the variances of the year-end actuals versus the approved 2019 - 20 budget and forecast reported at the end of the 3rd quarter.

Enrolment Update

FTE's	2019 - 20 Approved Budget	3rd Quarter Forecast *	Actual **	Actual vs. Budget
Undergraduate				
Domestic	7,923	7,882	7,901	(22)
International	488	486	461	(27)
Graduate				
Domestic	414	428	429	15
International	189	183	183	(6)
Total FTE's	9,014	8,979	8,974	(40)

*3rd Quarter Forecast was based on Nov 1, 2019 enrolment count. ** 2019 – 20 Actual is based on Final Feb 1, 2020 official enrolment count to MCU.

Actual enrolment shows a net negative variance of 40 FTE against an original budget of 9,014 FTE, resulting in a total net decrease of \$0.7m in tuition revenue.

Core Operating Grant remains flat as under the new funding formula implemented by the Ministry in 2017-18, the funding for domestic students for the current year remains at the 2016 – 17 level.

2019 - 20 Year-End Operating Summary (continued)

Revenues

Total revenues are favourable \$1.8m to budget. Significant items include:

Tuition is \$0.8m unfavourable to budget, of which \$0.7m decrease is attributable to decrease in tuition revenues due to a shortfall in student enrolment, \$0.4m decrease in English Learning Center (“ELC”) fees due to lower than anticipated number of summer students, offset by an increase of \$0.3m in co-op and continuous learning fees.

Student ancillary fees favourable variance of \$3.0m includes \$2.3m of student ancillary fees recognized in the current year for investment in the athletics facilities, including the new basketball change rooms (see offsetting “**Capital Expenses**” below), and a net \$0.7m increase due to the change in methodology of charging ancillary fees whereby actual is based on headcount vs budget was based on FTE.

Other revenues are unfavourable \$0.4m to budget. This includes \$1.8m decrease in ACE revenues due to lower utilization of the ACE facility by GM US and other third parties, coupled with the loss of revenues resulting from the closure of the facility in mid-March and an additional 4 weeks closed during the year for the ACE MGP project (see offsetting lower expenses in “**Ancillary/Commercial**” Expenses below). This decrease is offset by \$0.8m higher than budgeted donation revenues recognized in the current year, \$0.8m higher than budgeted investment income on the University’s short-term investment balances, and other balances none exceeding \$0.5m.

Operating Expenses

Total operating expenses are favourable \$2.1m to budget versus a favourable forecast of \$3.7m reported at the end of the 3rd quarter.

Academic units are showing an unfavourable variance of \$0.7m which includes \$0.4m higher than budgeted sessionals costs, and other immaterial variances.

Administrative units are favourable \$2.0m to budget. The original budget included \$3.5m of operating contingency and building reserves, of which \$1.5m has now been utilized to cover for the shortfall in tuition revenues, and higher than budgeted academic expenses and enhanced benefit costs for faculty and staff.

Ancillary/Commercial Expenses are favourable \$1.1m to budget and includes \$0.7m operating expense savings directly attributable to lower utilization of the ACE facility (see “**Other Revenues**” above), and \$0.4m of lower expenses associated with bookstore credit notes transferred to Durham College at year-end as the university transitions to its own bookstore model as of April 1, 2020.

Capital Expenses funded from Operations are unfavourable \$1.9m to budget and comprise \$2.3m capital investment in the athletics facility, including the new basketball change rooms (see “**Student Ancillary Fees**” above). This unfavourable variance is offset by \$0.4m favourable variance attributable to ACE MGP project costs being deferred to the following year as a result of the closure of the facility in mid-March.

ONTARIO TECH UNIVERSITY

Financial Update – Report to Audit and Finance Committee – June 19, 2020

For the year ending March 31, 2020

Summary

The operating contribution is \$3.9m favourable to budget, offset by a negative variance of \$1.9m in capital expenses, all of which is funded by current and prior year student ancillary fees, for a net operating surplus of \$2.0m.

In addition, \$12.9m of prior year internally restricted reserves were invested in the new building and the capital campaign in the current year.

The net results on a GAAP (generally accepted accounting principle) basis, after adjusting for non-cash transactions and for items that are not included in the budget, is a deficit of \$2.6m for the year.

IV. 2019 – 20 CASH FLOW POSITION

The University administration uses a cash management forecasting model to manage its operating cash balances and operating short-term investment portfolios.

University cash balances are cyclical in nature with higher operating balances in September – November and January - February due to tuition fee collection from the fall and winter semester registration, and lower balances in December and during spring/summer months.

The University has the following credit facility:

- A revolving operating LOC of up to \$17.0m, bearing interest at prime plus 0.25% with a Canadian chartered bank.

Cash Flow Update

- The University has not utilized its available line of credit as at the end of the year.
- The University currently holds \$25.7m of its operating cash surplus in high interest savings accounts and annual and 30-day cashable guaranteed investment certificates (GIC's).
- **Operating cash balance**, including high interest savings and short-term investments of \$25.7m, is **\$32.9m** at the end of the fiscal year.
- **Externally and internally restricted cash balances** (including Research, Advancement, Campus Childcare, Regent Theatre, and ACE) is **\$16.5m** at the end of the fiscal year.

ONTARIO TECH UNIVERSITY

Cash Flow Summary for the year ended March 31, 2020

	Actual						
	Apr - Jun 2019	Jul - Sep 2019	Oct - Dec 2019	Jan 2020	Feb 2020	Mar 2020	Total Cash and STI
	\$ 000 s	\$ 000 s	\$ 000 s	\$ 000 s	\$ 000 s	\$ 000 s	\$ 000 s
Operating Beginning Cash Balance	24,778	11,578	23,283	1,976	21,142	13,050	24,778
Total Operating Inflows	37,889	66,080	32,497	35,969	8,621	10,833	191,889
Total Operating Outflows	(49,752)	(50,305)	(52,108)	(15,351)	(15,567)	(15,247)	(198,330)
Net Operating Cash Flows	(11,863)	15,775	(19,611)	20,618	(6,946)	(4,414)	(6,441)
Total Operating Cash Available	12,915	27,353	3,672	22,594	14,196	8,636	18,337
New Building Outflows	(1,337)	(4,070)	(1,696)	(1,452)	(1,146)	(1,409)	(11,110)
Operating Ending Balance after New Building	11,578	23,283	1,976	21,142	13,050	7,227	7,227
Short-Term Investments (STI)	24,624	24,924	25,508	25,508	25,508	25,658	25,658
Internally and Externally Restricted Cash	14,957	14,450	14,380	17,024	16,249	16,460	16,460
Total Consolidated Cash and Short-Term Investment	\$ 51,159	\$ 62,657	\$ 41,864	\$ 63,674	\$ 54,807	\$ 49,345	\$ 49,345

New Building Project



Monthly Project Update MAY 2020

New Building Update

This Period Achievements (1 June 2020)

- Lower level wall waterproofing completed
- Backfilling works completed
- 1st floor columns completed with stair walls on going
- 2nd floor forming works on going
- 3rd floor form assembly on going at F2 parking lot
- Precast production 50% completed
- Mechanical & Electrical rough-in works on-going at lower lever
- Electrical conduit install on-going at the tunnel
- Sub trades procurement on-going
- Project Submittals and RFI on going
- Demolition and interface to existing under review

New Building Update

Photo taken 1 June 2020
Northeast elevation



New Building Update

Photo taken 1 June 2020 West Elevation



Formwork Assembly Yard at F2 parking

Forecast Schedule

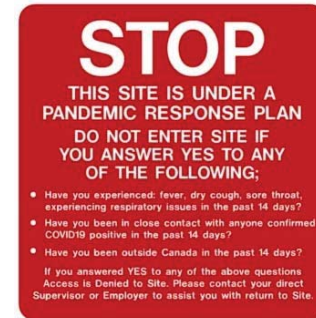
New Building (Next period)

- 1st floor west stair walls completion
- 2nd floor slab completion
- Commence 2nd floor columns and wall
- Continue 3rd floor form assembly and install
- Continue Precast production
- Continue Submittals review and approvals
- Continue RFI responses
- Continue Sub-trades and suppliers procurement

Construction site was re-open on 4 May 2020. Project occupancy is anticipated to be end August 2021. Schedule will be re-assessed after 3 months to ascertain the impact of construction productivity and supply chain effect with regards to the new norms.

COVID-19: Site New Norm

- No meetings inside site trailer
 - COVID-19 warning sign provided at the entrance gate
 - Visitors to site are not allowed under any condition
 - Pandemic questionnaire before working on site
 - 6 feet distancing being practiced
 - Wear mask while working closer than 6 feet
 - Washrooms are being cleaned 3 times daily
 - Hand sanitizer in every office trailer & washroom
 - Trades are given open area in basement level to have minimum 6' distancing for break and lunch.
 - Material deliveries are being received from the gate
 - Site inspection protocol either alone or after trades working hours
- **Construction productivity affected**



COVID-19: Schedule Forecast - Structural



Dismantle Crane: 11 Dec 2020

Building Envelope: 5 Aug 2021

Roof: 18 Dec 2020

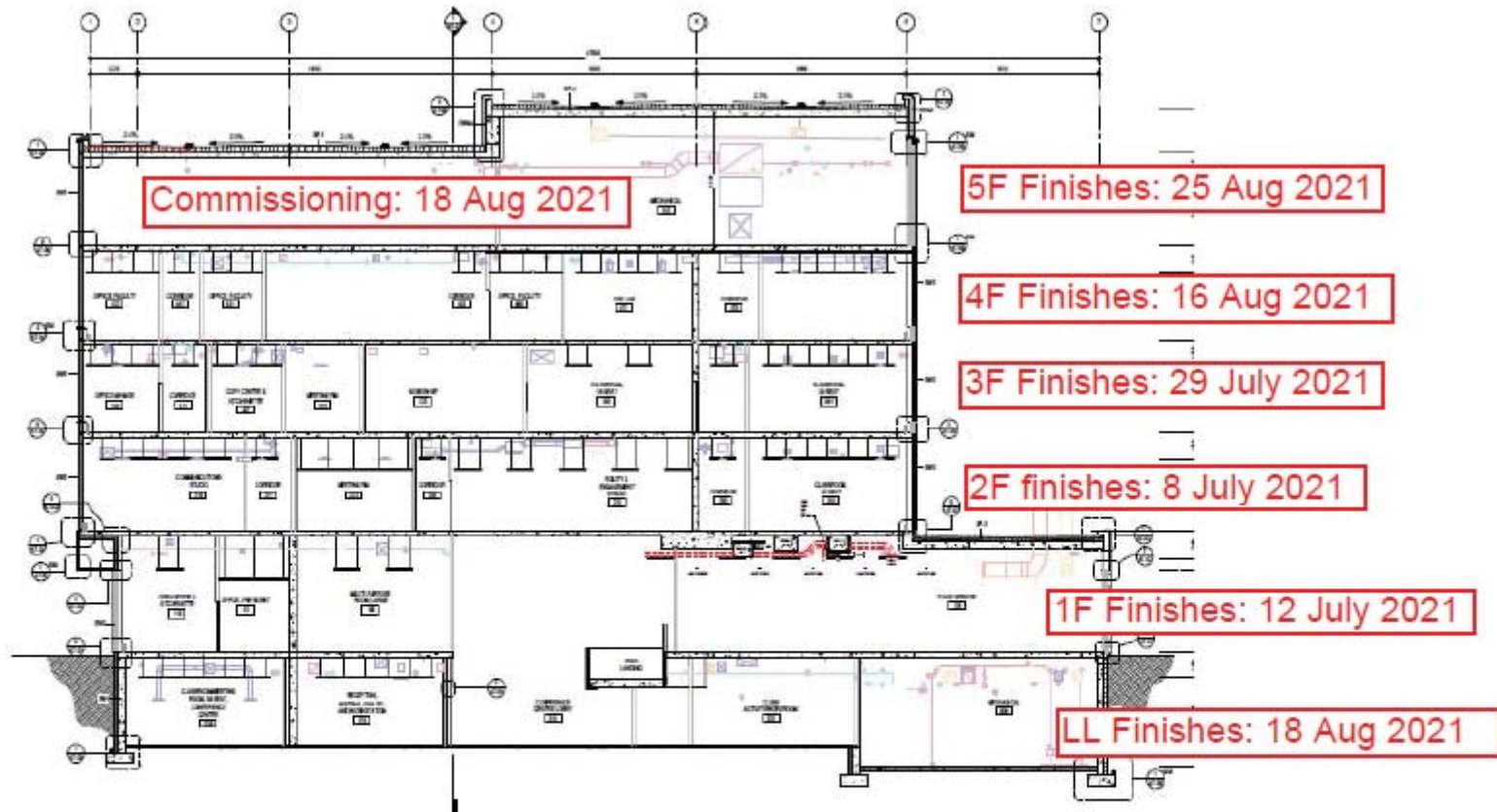
L5 Slab + Verticals: 28 Sept 2020

L4 Slab + Verticals: 1 Sept 2020

L3 Slab + Verticals: 6 Aug 2020

L2 Slab + Verticals: 8 July 2020

COVID-19: Schedule Forecast - Finishing



ELEVATOR HANDOVER – 2021 AUGUST 3

HARDSCAPE & SOFTSCAPE – 2021 SEPTEMBER 16

OCCUPANCY PERMIT – 2021 AUGUST 31

PROJECT CLOSEOUT – 2021 OCTOBER 28

Site Safety:

- Refer COVID-19 slide

Change Orders:

- Nothing to report this period

Procurement Summary:

- Washroom accessories under evaluation
- 29 out of 38 sub-trades work packages awarded
- \$581K GMP underbudget to date

Financial Summary:

- Total committed amount to date \$44.3M
- Total project cash outflow to date \$12.75M
- Breakdown of Sources and Uses of funds next slide

A&F Roll up Financial Summary as of 4 June 2020

PROJECT FINANCIAL SUMMARY REPORT FOR MONTH ENDING				MAY 2020		
Sources of Funds - Cash flow						
Description	Total Funding	Committed Todate	Actual YTD May 2020	May 2020	Required Funding till Completion	See Notes
Ontario Tech	\$ 48,000,000	\$ 47,964,560	\$ 12,722,837	\$ 1,165,370	\$ 47,964,560	
SIF			\$ -	\$ -	\$ -	
Advancement/Donations		\$ 35,440	\$ 35,300	\$ -	\$ 35,440	1
Totals	\$ 48,000,000	\$ 48,000,000	\$ 12,758,137	\$ 1,165,370	\$ 48,000,000	
Uses of Funds - Cash flow						
Description	Total Budget	Committed Todate	Actual YTD May 2020	May 2020	Estimate at Completion	
GMP Contract	\$ 39,996,403	\$ 40,151,518	\$ 9,723,700	\$ 1,031,049	\$ 40,151,518	
FF&E	\$ 3,246,505	\$ -	\$ -	\$ -	\$ 3,246,505	
Soft Cost	\$ 1,940,732	\$ 1,582,075	\$ 996,565	\$ 6,205	\$ 1,879,688	
Portable Relocation	\$ 1,738,512	\$ 1,932,758	\$ 1,721,058	\$ -	\$ 2,326,758	
New Parking (50% sharing)	\$ 327,848	\$ 327,848	\$ 316,815	\$ -	\$ 316,815	
Contingencies	\$ 750,000	\$ 353,313.19	\$ 353,313	\$ -	\$ 78,717.54	
Totals	\$ 48,000,000	\$ 44,347,512	\$ 12,758,137	\$ 1,165,370	\$ 48,000,000	
Notes:						
1. Donation campaign during FY 2019/20						

ACE Enhancement Project



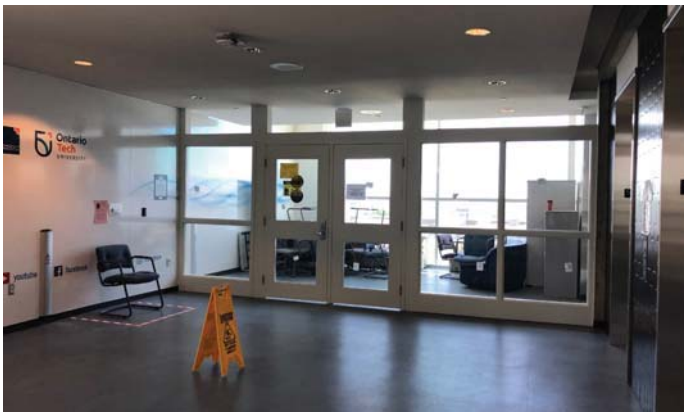
Monthly Project Update
MAY 2020

COVID-19 : New Norm at ACE

- April 3, the government ordered all businesses not covered by the updated Emergency Order to close.
- May 1, announcement that institutional construction is permitted to start on May 4 with compliance to safety & health guidelines

- ❑ Week of May 4 ACE team prepared the Facility for the new Norm
- ❑ 11 May 2020 ACE facility was opened to resume the project
 - All contractors were notified for the new procedures in the facility
 - Pandemic questionnaire before working on site
 - Daily attendance and sign sheets
 - COVID-19 notices and room max. occupancy provided
 - Wear mask while working closer than 6 feet
 - Washrooms are being cleaned 3 times daily
 - Hand sanitizer were provided
 - Passage/route arrow signs along corridors, entry & exit signs provided
 - Material deliveries are being received from the gate

- **Productivity and material supply affected by covid-19**



Progress Update (1 June 2020) :

Moving Ground Plane (MGP) Integration into CWT

- MGP controls fabrication on going
- MGP New belt received on May 15 2020
- Turntable design completed
- Resonator work package on going
- Adjustable collector received on May 22 2020
- Boundary layer steel & duct fabrication on going
- CWT Acoustic wall treatment material hold in Germany and will ship to Canada by 9 June 2020
- Ride height control and drag links currently on design with Multimatic
- Cooling tower fabrication on going
- Electrical & process piping for cooling system bid package awarded
- 5th floor client office renovation completed with deficiencies to rectify
- Mezzanine office and 1st floor board room in progress

Forecast Schedule

Moving Ground Plane (MGP) Integration into CWT

- Resonator fabrication completion
- Adjustable collector completion
- Continue Ride height control and drag links design
- Shipment of acoustic treatment material from Germany
- Cooling tower delivery and installation
- Boundary layer steel & duct works modification completion
- Commence electrical & process piping works for cooling system
- Continue minor works at CWT
- 5th floor client office renovation works completion
- Mezzanine office and 1st floor boardroom completion

Forecast:

Essential works may complete by 30 September 2020

Full integration is planned for January rather than October.

Site Safety:

- Nothing to report – no incident this period

Change Orders:

- Nothing to report this period

Procurement Summary:

- Cooling system electrical & process piping package: 3 bids received, contract awarded to RossClair Contracting at the amount of \$658,570

Financial Summary:

- Total FedDev funding received to date \$8.5M
- Total Funding received to date \$11.58M
- Total Actual Cash Flow to date \$11.58M
- Committed Funding to date \$12.79M
- Forecast project cost at completion \$14.86M
- Cash flow Breakdown of Sources and Uses of funds next slide.

A&F Roll up Financial Report as of 4 June 2020

ACE ENHANCEMENT PROJECT		MAY 2020			
Sources of Funds - Cash Flow					
Description	Total Funding	Actual Total ToDate	May 2020	Estimate at Completion	See Notes
FEDDEV	\$ 9,465,000	\$ 8,518,500	\$ -	\$ 9,465,000	
PROVINCIAL	\$ 1,500,000	\$ 1,350,000	\$ -	\$ 1,500,000	
MAGNA	\$ 1,000,000	\$ 500,000	\$ -	\$ 1,000,000	
THE GREENBRIAR FOUNDATION	\$ 100,000	\$ 50,000	\$ -	\$ 100,000	
GA HAYBALL FOUNDATION	\$ 225,000	\$ 225,000	\$ -	\$ 225,000	
ONTARIO TECH	\$ 500,000	\$ 937,967	\$ 937,967	\$ 2,570,000	
			\$ -		
Totals	\$ 12,790,000	\$11,581,467	\$ 937,967	\$ 14,860,000	
Uses of Funds - Cash Flow					
Description	Total Budget	Actual Total ToDate	May 2020	Estimate at Completion	See Notes
Moving Ground Plane Integration into CWT	\$ 3,350,000	\$ 3,365,871	\$ 1,077,309	\$ 4,794,589	
Aerodynamic Enhancements Required for MGP	\$ 2,540,000	\$ 1,281,252	\$ 183,852	\$ 2,142,138	
Acoustics	\$ 845,000	\$ 634,552	\$ 31,333	\$ 827,341	
Precision Measurement Capability	\$ 1,850,000	\$ 1,033,809	\$ 39,160	\$ 1,038,010	
Chamber Modifications	\$ 630,000	\$ 655,943	\$ 55,477	\$ 605,118	
Base Building Modifications	\$ 3,645,000	\$ 3,312,807	\$ 45,781	\$ 3,520,001	
Engineering and Project Management	\$ 2,000,000	\$ 1,297,232	\$ 75,882	\$ 1,932,803	
				\$ -	
Totals	\$ 14,860,000	\$11,581,467	\$ 1,508,795	\$ 14,860,000	

Nov 2019 BoG approved \$15,075,000. Due to covid delays and increasing costs we are working to manage to this number.

COMMITTEE REPORT

SESSION:

Public
 Non-Public

ACTION REQUESTED:

Decision
 Discussion/Direction
 Information

TO: Audit & Finance Committee (A&F)
DATE: June 19, 2020
PRESENTED BY: Cheryl Foy, University Secretary & General Counsel
SUBJECT: Temporary Amendment to Consultation Path in Policy Framework

COMMITTEE MANDATE:

- Under the university’s 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 Policy Framework is a key institutional policy that delegates the Board’s power, establishing categories of policy instruments with distinct consultation and approval pathways.
- Under the Policy Framework, A&F is a deliberative body, responsible for discussion and consideration of policy instruments before they are submitted for approval.
- We ask for your consideration of and recommendation for approval of the proposal to temporarily abbreviate the consultation pathways set out in the Policy Framework in order to allow for a more expedited process to establish temporary policies or procedures or make temporary amendments to policy instruments to account for changes to the university’s operations due to the effects of the COVID-19 pandemic response.
- *Motion: That the Audit & Finance Committee recommends the approval of the Interim Policy Framework by the Board of Governors, as presented.*

BACKGROUND/CONTEXT & RATIONALE:

- The Policy Framework sets out a mandatory consultation and approval pathway, which requires a number of consultations to take place before an amendment to

a policy instrument can be presented for approval by the designated approval authority.

- In accordance with the university's Act and By-laws, the Board has a duty to consult with Academic Council before exercising its power "to establish academic, research, service and institutional policies and plans and to control the manner in which they are implemented".
- The Policy Framework integrates the Board's duty to consult, requiring mandatory consultation with Academic Council before the approval of new policy instruments or amendments.
- The mandatory consultation steps are intended to allow the university community (including leadership, students, faculty members and staff) a chance to comment on, raise concerns with, or suggest improvements to policy instruments as well as providing an opportunity to build awareness of, and promote buy-in for, policy changes.
- Consultation steps can take a matter of months to complete. This is not compatible with the requirement to respond quickly to the COVID-19 pandemic situation, where guidance and orders from government and public health officials are changing day by day and hour by hour.
- We recommend temporarily abbreviating the consultation pathway requirements of the Policy Framework to allow for urgent and temporary policy changes driven by the need to respond to the COVID-19 pandemic.
- This would not obviate the duty to consult Academic Council under the university's Act.
- Members of Academic Council have indicated that they are willing to make themselves available for special meetings to consider urgent matters during this period. The first priority will be to consult with Academic Council at a regular or special meeting. If face to face consultation is not possible, consultation with Academic Council could take place by email, as an alternative.
- The approval authorities for policy amendments would remain the same:
 - Legal, Compliance and Governance: Board of Governors
 - Board: Board of Governors
 - Academic: Academic Council
 - Administrative: President
- This expedited approval process would only be available for establishing or amending policy instruments temporarily where there is a demonstrated, justifiable need to move quickly.
- Amendments approved in this manner should be in place for up to three months. This time period can be extended if necessary.
- The Policy Office will track and maintain a Policy Library of temporary policy instruments approved in this manner. This will ensure transparency and integrity of decision-making.
- The development or amendment of non-urgent policy instruments are expected to continue to follow the regular consultation and approval paths during this time.
- The Policy Office intends to continue to support ongoing policy work at the university during this time.
- Consultation and approval requirements are not suspended for policy amendments where there is no demonstrated, justifiable need.

IMPLICATIONS:

- Consultation on policies is a crucial step for ensuring compliance with and respect for university policies. Enacting policies without consultation should only be done when it is necessary to support operations in this unusual circumstance.

ALTERNATIVES CONSIDERED:

- We have considered alternatives such as: a) maintaining the consultation requirements that are set out in the Policy Framework, when making necessary policy amendments or b) allowing deviations from existing policy requirements.
- In our judgement, the former will not allow the speed of response required by the emerging situation, and the latter does not provide sufficient transparency in decision-making.
- The proposal balances between the need for rapid adjustments and a desire to revisit in the future any policy decisions made without consultation while ensuring all policy decision-making is appropriately authorized and documented.

CONSULTATION:

- Academic Council (March 27, 2020)
- Senior Leadership Team (March 30, 2020)

COMPLIANCE WITH POLICY/LEGISLATION:

- The university's Act and By-law No. 2

NEXT STEPS:

- The proposed amendment to the consultation pathway in the Policy Framework will be presented to the Board of Governors for approval at the June 27 meeting.
- The Policy Office will report on any interim approvals of Academic or Administrative policy instruments, and bring any proposed Legal Compliance and Governance policy instruments to the Board for approval.

MOTION

- That the Audit & Finance Committee recommends the approval of the Interim Policy Framework by the Board of Governors, as presented.

SUPPORTING REFERENCE MATERIALS:

- Blacklined Interim Policy Framework (draft)

Classification	LCG 1100
Category	Legal, Compliance and Governance
Approval Authority	Board of Governors
Policy Owner	University Secretary
Approval Date	June 27, 2018
Review Date	June 2021
Last Updated	Editorial Amendments, February 18, 2020
Supersedes	Policy Framework, November 2014

POLICY FRAMEWORK

PURPOSE

1. This framework is intended to provide for effective and consistent practice in the development and administration of University policy instruments.

DEFINITIONS

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

“Approval Authority” means a body or position that has authority to approve, amend, review or revoke a Policy Instrument.

“Deliberative Body” means a University body or committee responsible for discussion and consideration that provides recommendations for Policy Instruments prior to submission for approval.

“Directive” means a set of mandatory instructions that specify actions to be taken to support the implementation of and compliance with a Policy or Procedure.

“Guideline” means a set of optional directions that provide guidance, advice or explanation to support the implementation of a Policy or Procedure.

“Policy” means a statement of principle intended to govern the operation of the University and which aligns with the legislative, regulatory and organizational requirements of the University.

“Policy Advisory Committee (PAC)” means an advisory committee and deliberative body, established to conduct Policy Assessments and deliberate on Policy Instruments as set out in Appendix A.

“Policy Assessment” means a review of a draft Policy Instrument as described in the PAC Terms of Reference (Appendix C).

“Policy Instrument” means the different tools and documents that are used to provide direction in the governance and administration of the University. Policy instruments may have application within a single organizational unit (Local) or across more than one organizational unit (University-wide).

“Policy Library” means the official central repository for the coordination and communication of University-wide Policy Instruments.

“Policy Lead” means the individual(s) responsible for drafting, reviewing, or amending a Policy Instrument.

“Policy Owner” means the position responsible for overseeing the implementation, administration and interpretation of a Policy Instrument.

“Procedure” means a process, information or step-by-step instructions to implement a Policy.

“University Administrative Council (UAC)” means a body chaired by the Provost and made up of the Senior Leadership Team (not including the President) and the Senior Academic Team.

SCOPE AND AUTHORITY

3. This policy applies to all University Policy Instruments.
4. The University Secretary is delegated overall responsibility for the administration of the Policy Framework.
5. The University Policy Library is the official central repository for all University-wide Policy Instruments and is overseen and maintained by the University Secretary.

POLICY

The University is committed to developing and maintaining Policy Instruments that contribute to the achievement of its goals and priorities and that provide transparency, clarity and consistency in decision making related to the University’s academic, administrative, legal, compliance and governance requirements.

6. Policy Instruments

6.1. There are four main types of Policy Instruments:

- Policies
- Procedures
- Directives
- Guidelines

7. Categories

7.1. There are five categories of Policy Instruments:

- **Board** Policy Instruments that relate to the governance and administration of the Board of Governors.
- **Legal, Compliance and 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.
- **Administrative** Policy Instruments that relate to the ongoing management and operations of the University and that have application across more than one organizational unit.
- **Academic** Policy Instruments that relate to academic governance and administration within the delegated authority to Academic Council from the Board.

- **Local** Policy Instruments that relate solely to the ongoing management, work, and operation of the single organizational unit for which they were developed. Local Policy Instruments may be Academic or Administrative in nature.

8. Application

8.1. There are two levels of application of Policy Instruments:

- **University-wide** Policy Instruments that have application across more than one organizational unit.
- **Local** Policy Instruments that have application to only the organizational unit for which they were developed. A Local Policy Instrument will not be considered to solely relate to a single organizational unit where:
 - a) Similar Policy Instruments exist within other organizational units, and/or;
 - b) The Policy Instrument purports to regulate the actions of other members of the University community.

9. Hierarchy

9.1. All Policy Instruments will be subordinate to and interpreted consistent with the University of Ontario Institute of Ontario Act and the University's By-laws.

9.2. Policy Instruments at the University will follow a hierarchy. The hierarchy of Policy Instruments is as follows:

- a) Policies
- b) Procedures
- c) Guidelines / Directives

9.3. Where two Policy Instruments in the hierarchy conflict, the Policy Instrument higher in the hierarchy takes precedence.

- a) Local Policy Instruments may not contradict University-wide Policy Instruments. University-wide Policy Instruments take precedence where there is a conflict between a University-wide and Local Policy Instrument.
- b) Where there is a conflict between a Policy Instrument and an existing collective agreement between the University and one of its bargaining units, the collective agreement will prevail.

10. Development, Approval and Review

10.1. Policy Instruments will be developed, amended, approved and reviewed in accordance with the Procedures for the Development, Approval and Review of Policy Instruments.

10.2. Policy Instruments will be formatted and presented in a unified and consistent manner.

10.3. University-wide Policy Instruments will be subject to a Policy Assessment as set out in Appendix A before submitting for deliberation or approval.

11. Approval and Administration

11.1. All Policy Instruments will have a designated Approval Authority. Approval Authorities are set out in Appendix A to this Policy.

- 11.2. Appendices to Policy Instruments form part of the document and are subject to the same approval, amendment, and review processes.
- 11.3. The Approval Authority for a Policy that is not clearly within a single policy category will be determined collaboratively between the President and the Chair of the Board of Governors, upon the advice of the University Secretary.
- 11.4. Policy Instruments will be submitted to a designated Deliberative Body prior to submission to the Approval Authority.
- 11.5. All Policy Instruments will have a designated Policy Owner responsible for the administration of the instrument.
- 11.6. Each organizational unit will maintain a Local Administrative Policy Approval Authority Form (Procedures Appendix E) that sets out the designated deliberation and approval path for each type of Local Administrative Policy Instrument. This form is subject to approval as set out in Appendix B.
- 11.7. Academic Council will set out deliberation and approval requirements for Local Academic Policy Instruments, consistent with the University of Ontario Institute of Technology Act and the University's By-laws.
- 11.8. Local Policy Owners are responsible for reporting the approval of Local Policy Instruments to a reporting body as set out in Appendix B.

12. Consultation

- 12.1. Consultation throughout the policy development and review cycle is crucial to the effective administration of Policy Instruments and to improve respect for and compliance with the instruments. Consultation on Policy Instruments will:
 - Consider relevant stakeholders;
 - Provide a comprehensive mechanism to gather and consider feedback and options;
 - Demonstrate that stakeholders' views are being considered;
- 12.2. The University Secretariat will develop and maintain mechanisms to update the University community regarding Policy Instruments under development or review and provide a means for gathering feedback.
- 12.3. Requirements for mandatory consultation are set out in Appendix A.

13. Classification and Publication

- 13.1. Policy Instruments will be organized and maintained according to a classification scheme that is a reflection of the content and application of the instrument.
- 13.2. University-wide Policy Instruments will be maintained in an official University Policy Library that is updated on an ongoing basis.

14. Review

- 14.1. All Policies will undergo a substantive review every three years.

15. Reporting

- 15.1. The University Secretary will report annually to the Board of Governors and Academic Council on Policies approved and reviewed during the year.

16. Interim Policy Approval

- 16.1.** Notwithstanding the requirements of sections 10.3, 11.4 and 12.3, a Policy Owner may request the temporary approval of a Policy Instrument if necessary to deal with unusual circumstances. An Approval Authority can approve the Policy Instrument for a limited period of time on an interim basis, if the duty to consult Academic Council under the University's Act has been fulfilled.
- 16.2.** In making its decision, the Approval Authority will consider:
- a)** the circumstances of the request;
 - b)** whether there is an urgent need for approval to maintain university operations in making its decision; and
 - c)** whether the Policy Owner has fulfilled the duty to consult Academic Council under the University's Act.
- 16.3.** Policy Instruments approved on an interim basis will be maintained in the official University Policy Library that is updated on an ongoing basis.
- 16.4.** The University Secretary will report to the Board of Governors and Academic Council on Policy Instruments approved on an interim basis.

MONITORING AND REVIEW

16.17. The Policy Framework will be reviewed every three years. The Policy Advisory Committee is responsible for reviewing and evaluating this Framework and its associated Procedures.

RELEVANT LEGISLATION

17.18. University of Ontario Institute of Technology Act, 2002, SO 2002, c 8, Sch O
By-Law Number 1 of the University of Ontario Institute of Technology, as amended
By-Law Number 2 of the University of Ontario Institute of Technology (effective September 1, 2018)

RELATED POLICIES, PROCEDURES & DOCUMENTS

18.19. Procedures for the Development, Approval and Review of Policy Instruments
Policy Instrument Review and Planning Form
Policy Instrument Drafting Guidelines (In development)
Policy Instrument Review Guidelines (In development)
Policy Instrument Templates

APPENDIX A – GUIDE TO APPROVAL PATH AND MANDATORY CONSULTATION STEPS

Category/Type	Policy Advisory Committee	Vice-President (or Policy Sponsor)	University Administrative Council	University Community	Academic Council Committees	Academic Council	President	Board Committee	Board of Governors
BRD Policy				MC2				D	A
BRD Procedure				MC2				D / A	
BRD Guideline				MC2				D / A	
BRD Directive				MC2				D / A	
LCG Policy	PA	*	MC1	MC2		MC1	MC2	D	A
LCG Procedure	PA	*	D	MC2		MC1	MC2	A	
LCG Directive	PA	*	D	MC2		MC2	A		
LCG Guideline	PA	*	D	MC2		MC2	A		
ADM Policy	PA	*	D	MC2		MC2	A		
ADM Procedure	D	*	A	MC2		MC2			
ADM Directive	D	A		MC2		MC2			
ADM Guideline	D	A		MC2		MC2			
ACD Policy		*	MC2	MC2	D	A			
ACD Procedure		*	MC2	MC2	D	A			
ACD Directive		*	MC2	MC2	D	A			
ACD Guideline		*	MC2	MC2	D	A			
Local ADM Policy Instruments		A ¹							

¹ As set out by Vice-President responsible for the unit.

Local ACD Policy Instruments						A ²			
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Policy Instrument Categories: BRD – Board; LCG – Legal, Compliance and Governance; ADM – Administrative; ACD – Academic

PA – Policy Assessment

D – Deliberation

A – Approval

* – Approval of editorial amendments

MC – Mandatory Consultation: MC1 – Face to Face MC2 – Written³

² As set out by Academic Council.

³ Written Consultation means posting a draft policy instrument on USGC website for community comments. Policy Lead may optionally consult face to face.

POLICY FRAMEWORK APPENDIX B – DELEGATION OF AUTHORITY CHART

	Individuals										Administrative Bodies		Academic Council			Board of Governors	
	Policy Office	University Secretary	Policy Lead	Policy Owner	Policy Sponsor	Manager	Director	AVP/Dean	VP	President	PAC	UAC	Faculty Council	AC Committees	Academic Council	Board Committee	Board
Policy Project Initiation, Drafting and Consultation																	
Policy Sponsor (approve projects to fill university-wide policy gaps)									X	X							
Policy Owner (identify policy gaps, assign Policy Leads)								X	X	X							
Policy Owner (Local Administrative Policies)						X	X	X									
Policy Owner (Local Academic PI)								X									
Policy Lead (identify stakeholders, determine schedule and method of consultation and develop plan, benchmark, draft PI, submit for consultation, incorporate and/or respond to comments)			X														
Policy Lead (submit draft to Policy Office for deliberation with a report on consultation to the deliberative body)			X														
Provide general training and advice on framework processes, advise on consultation planning, manage consultation website & schedule	X																

APPROVED JUNE 27, 2018

	Individuals										Administrative Bodies		Academic Council			Board of Governors	
	Policy Office	University Secretary	Policy Lead	Policy Owner	Policy Sponsor	Manager	Director	AVP/Dean	VP	President	PAC	UAC	Faculty Council	AC Committees	Academic Council	Board Committee	Board
Classify PI, determine if amendments are editorial or substantive, report on PI reviews and approvals to Board and Academic Council. ⁴		X															
Determine Policy Owner and Sponsor. Resolve questions about the approval authority for a PI where it is unclear										X ⁵							
Required consultation for research, service & institutional policies ⁶															X		
Policy Assessment																	
Submit to Policy Office for Policy Assessment			X														
Policy Assessment of Legal, Compliance and Governance and Administrative PI											X						
Policy Assessment of Academic PI														X ⁷			
Policy Assessment of Board PI		X															
Amend Policy Advisory Committee terms of reference																	X

⁴ includes reporting on Local Policies submitted by Local Policy Owners

⁵ In collaboration with the Board Chair under the advice of the University Secretary

⁶ Research-related PI should undergo consultation with Research Board and all applicable research ethics or compliance committees

⁷ Recommend that a committee of Academic Council fill this role

	Policy Office	University Secretary	Policy Lead	Policy Owner	Policy Sponsor	Manager	Director	AVP/Dean	VP	President	Administrative Bodies		Academic Council			Board of Governors	
											PAC	UAC	Faculty Council	AC Committees	Academic Council	Board Committee	Board
Deliberation																	
Determine if Mandatory Consultation & Policy Assessment are complete. Review formatting of PI. Submit for deliberation	X																
Report on deliberations to approval authority			X														
Approvals (New or Substantive Amendments)																	
Submit PI for approval	X																
Training and communications to support implementation of PI. Assess adoption and compliance with new PI and report to the Approval Authority after one year of implementation			X	X	X												
Approvals (Editorial)																	
Approve editorial amendments to all PI Categories (except Local)					X												
Report editorial amendments to Approval Authority			X	X	X												
Policy Library																	
Notify Policy Office of new PI or amendment approvals			X	X													
Maintain official copy of university-wide PI & record of approvals & amendments. Review formatting of PI. Determine related Policies, Procedures and Documents. Post to Policy Library	X																

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BRD Policy				MC2				D	A
BRD Procedure				MC2				D / A	
BRD Guideline				MC2				D / A	
BRD Directive				MC2				D / A	
LCG Policy	PA	*	MC1	MC2		MC1	MC2	D	A
LCG Procedure	PA	*	D	MC2		MC1	MC2	A	
LCG Directive	PA	*	D	MC2		MC2	A		
LCG Guideline	PA	*	D	MC2		MC2	A		
ADM Policy	PA	*	D	MC2		MC2	A		
ADM Procedure	D	*	A	MC2		MC2			
ADM Directive	D	A		MC2		MC2			
ADM Guideline	D	A		MC2		MC2			
ACD Policy		*	MC2	MC2	D	A			
ACD Procedure		*	MC2	MC2	D	A			
ACD Directive		*	MC2	MC2	D	A			
ACD Guideline		*	MC2	MC2	D	A			
Local ADM Policy Instruments		A ¹							

¹ As set out by Vice-President responsible for the unit.

Local ACD Policy Instruments						A ²			
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Policy Instrument Categories: BRD – Board; LCG – Legal, Compliance and Governance; ADM – Administrative; ACD – Academic

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D – Deliberation

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MC – Mandatory Consultation: **MC1 – Face to Face** **MC2 – Written**³

² As set out by Academic Council.

³ Written Consultation means posting a draft policy instrument on USGC website for community comments. Policy Lead may optionally consult face to face.

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	Policy Office	University Secretary	Policy Lead	Policy Owner	Policy Sponsor	Manager	Director	AVP/Dean	VP	President	PAC	UAC	Faculty Council	AC Committees	Academic Council	Board Committee	Board
Policy Project Initiation, Drafting and Consultation																	
Policy Sponsor (approve projects to fill university-wide policy gaps)									X	X							
Policy Owner (identify policy gaps, assign Policy Leads)								X	X	X							
Policy Owner (Local Administrative Policies)						X	X	X									
Policy Owner (Local Academic PI)								X									
Policy Lead (identify stakeholders, determine schedule and method of consultation and develop plan, benchmark, draft PI, submit for consultation, incorporate and/or respond to comments)			X														
Policy Lead (submit draft to Policy Office for deliberation with a report on consultation to the deliberative body)			X														
Provide general training and advice on framework processes, advise on consultation planning, manage consultation website & schedule	X																

APPROVED JUNE 27, 2018

	Individuals										Administrative Bodies		Academic Council			Board of Governors	
	Policy Office	University Secretary	Policy Lead	Policy Owner	Policy Sponsor	Manager	Director	AVP/Dean	VP	President	PAC	UAC	Faculty Council	AC Committees	Academic Council	Board Committee	Board
Classify PI, determine if amendments are editorial or substantive, report on PI reviews and approvals to Board and Academic Council. ⁴		X															
Determine Policy Owner and Sponsor. Resolve questions about the approval authority for a PI where it is unclear									X ⁵								
Required consultation for research, service & institutional policies ⁶														X			
Policy Assessment																	
Submit to Policy Office for Policy Assessment			X														
Policy Assessment of Legal, Compliance and Governance and Administrative PI										X							
Policy Assessment of Academic PI													X ⁷				
Policy Assessment of Board PI		X															
Amend Policy Advisory Committee terms of reference																	X

⁴ includes reporting on Local Policies submitted by Local Policy Owners

⁵ In collaboration with the Board Chair under the advice of the University Secretary

⁶ Research-related PI should undergo consultation with Research Board and all applicable research ethics or compliance committees

⁷ Recommend that a committee of Academic Council fill this role

	Policy Office	University Secretary	Policy Lead	Policy Owner	Policy Sponsor	Manager	Director	AVP/Dean	VP	President	Administrative Bodies		Academic Council			Board of Governors	
											PAC	UAC	Faculty Council	AC Committees	Academic Council	Board Committee	Board
Deliberation																	
Determine if Mandatory Consultation & Policy Assessment are complete. Review formatting of PI. Submit for deliberation	X																
Report on deliberations to approval authority			X														
Approvals (New or Substantive Amendments)																	
Submit PI for approval	X																
Training and communications to support implementation of PI. Assess adoption and compliance with new PI and report to the Approval Authority after one year of implementation			X	X	X												
Approvals (Editorial)																	
Approve editorial amendments to all PI Categories (except Local)					X												
Report editorial amendments to Approval Authority			X	X	X												
Policy Library																	
Notify Policy Office of new PI or amendment approvals			X	X													
Maintain official copy of university-wide PI & record of approvals & amendments. Review formatting of PI. Determine related Policies, Procedures and Documents. Post to Policy Library	X																

	Individuals								Administrative Bodies		Academic Council			Board of Governors			
	Policy Office	University Secretary	Policy Lead	Policy Owner	Policy Sponsor	Manager	Director	AVP/Dean	VP	President	PAC	UAC	Faculty Council	AC Committees	Academic Council	Board Committee	Board
Policy Review																	
Determine Policy Review priorities and initiate a Policy Review ⁸																X	
Determine outcome of Policy Review ⁹										X					X		X
Maintain University-Wide Policy Review Schedule	X																
Approvals (New or Substantive Amendments)																	
Approve new BRD Policy or substantive amendment																	X
Approve new BRD Procedure or substantive amendment																X	
Approve new BRD Guidelines/ Directives or substantive amendment																X	
Approve new LCG Policy or substantive amendment																	X
Approve new LCG Procedure or substantive amendment																X	
Approve new LCG Guidelines/ Directives or substantive amendment										X							
Approve new ACD Policy or substantive amendment															X		
Approve new ACD Procedure or substantive amendment															X		

⁸ Policy Reviews can be initiated by the policy sponsor, owner or approval authority of a Policy

⁹ Review outcome is determined by the approval authority of the Policy under review, with the recommendation of the Policy Sponsor or Owner

Approve new ACD Guidelines/ Directives or substantive amendment																X		
Approve new ADM Policy or substantive amendment										X								
Approve new ADM Procedure or substantive amendment												X						
Approve new ADM Guidelines/ Directives or substantive amendment									X									

Policy Office	University Secretary	Policy Lead	Policy Owner	Policy Sponsor	Manager	Director	AVP/Dean	VP	President	PAC	UAC	Faculty Council	AC Committees	Academic Council	Board Committee	Board
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Approvals (Local Administrative Policy)																
Approve new Local Administrative Policy or amendment and report to reporting body for Local Administrative PI								X	X	X						
Approve Local Administrative Approval authority form										X						
Maintain the official copy and a record of approvals & amendments of Local Administrative PI over time	X															
Reporting body for Local Administrative PI											X					
Approvals (Academic Local Policy)																
Set out approval and deliberation path for Local Academic PI														X		
Approve editorial amendments to Local Academic PI and report to Faculty Council and reporting body for Local Academic PI									X							
Maintain the official copy and a record of approvals & amendments of Local Academic PI over time	X															
Reporting body for Local Academic PI													X ¹⁰			

¹⁰ Reporting body is the applicable committee of Academic Council based on their terms of reference.

Classification	LCG 1100
Category	Legal, Compliance and Governance
Approval Authority	Board of Governors
Policy Owner	University Secretary
Approval Date	June 27, 2018
Review Date	June 2021
Supersedes	N/A

APPENDIX C – POLICY ADVISORY COMMITTEE

1. Purpose

The Policy Advisory Committee (PAC) is an advisory committee and Deliberative Body that provides recommendations to other Deliberative Bodies, Approval Authorities, Policy Sponsors and Policy Owners who have brought forward Policy Instruments under development.

It is expected that broader consultation on the development and drafting of Policy Instruments has occurred prior to a Policy Instrument reaching the PAC. The purpose of the Committee is not to act in place of appropriate consultative processes in the development of Policy Instruments.

2. Terms of Reference

The Committee will conduct an assessment of Policy Instruments and act as a Deliberative Body as set out in Appendix A of the Policy Framework. When PAC deliberates on a Policy Instrument, the committee should also conduct a Policy Assessment of the instrument, if it has not previously done so.

a) Optional Early Consultation

The Committee can provide a consultation in the early stages of a policy project to aid in identifying stakeholders, consider consultation and implementation planning, and provide recommendations on whether a policy need can be achieved by modifying or clarifying existing Policy Instruments.

b) Policy Assessment

When conducting a Policy Assessment, the Committee will:

- i. Assess whether and what type of new Policy Instrument is needed or whether the policy need can be achieved by modifying or clarifying existing Policy Instruments.
- ii. Ensure that Policy Instruments are aligned as far as possible with operational practicalities and that potential operational gaps are identified.
- iii. Assess the Policy Instrument for consistency or conflict with legislation, the Policy Framework and Procedures, as well as other existing Policy Instruments, regulations and collective agreements. When applicable, the Committee will give particular consideration to the policies of any and all strategic institutional partners with whom the University shares academic or administrative operations that may overlap or otherwise affect the proposed Policy Instruments (e.g. Durham College).
- iv. Determine coherence and consistency with the established template and format.
- v. Review the process and extent of consultation and advise the Policy Sponsor or Policy Owner on areas where additional consultation may be needed.

- vi. Provide advice and guidance to the Policy Sponsor or Policy Owner on issues related to implementation and communication.
- vii. Provide feedback regarding the implications of proposed policies, including impact on students, faculty and staff, as well as potential risks, costs and operational requirements, and make recommendations regarding possible areas for consideration or change.

c) Deliberation

When acting as a Deliberative Body, the Committee is responsible for discussion and consideration and provides recommendations for Policy Instruments prior to submission for approval. Committee members should consider the elements of a Policy Assessment when deliberating on a Policy Instrument.

d) Policy Priorities and Planning

The Committee will discuss and consider policy gaps and policy needs at the University to provide recommendations to and advise the University Administrative Council on priorities for policy development and review. This includes receiving for information and discussion approved Local Policy Instruments. Local Administrative Policy Instruments will be considered in the planning and development of university-wide Policy Instruments.

3. Responsibilities

- a) The Committee will be responsible for the periodic review of the Policy Framework and its associated Procedures and for making recommendations to improve the effectiveness and implementation of the Framework.
- b) Representatives to the Committee will be responsible for disseminating information and updates regarding Administrative and Legal, Compliance and Governance Policies to their respective areas.

4. Membership

- University Secretary, or delegate (Chair)
 - Policy and Compliance Advisor (Secretary to the Committee)
- One representative from each of the following Administrative areas:
- Provost
 - Labour Relations
 - External Relations and Advancement
 - Research and International
 - Finance

- Human Resources
- Office of Campus Infrastructure and Sustainability (OCIS)
- Student Life
- School of Graduate and Postdoctoral Studies
- Faculty Planning and Operations Group
- Registrar
- IT Services

- Two representatives from the Teaching Staff with direct knowledge and interest in University policies and policy development. Teaching Staff Representatives will be selected by the Provost after consultation with Academic Council.

Administrative representatives are appointed by the Vice-President or delegate for each organizational area. Each representative is expected to be a person within each area who has either direct knowledge or responsibility for the administration and application of policy for their respective unit (i.e. a senior administrative staff member).

BOARD REPORT

SESSION:

Public

ACTION REQUESTED:

Decision
 Discussion/Direction
 Information

Financial Impact Yes No

Included in Budget Yes No

TO: Audit and Finance Committee (A&F)

DATE: June 19, 2020

SLT LEAD: Cheryl Foy, University Secretary and General Counsel

SUBJECT: Draft Ethical Conduct Policy Instruments – Deliberation

COMMITTEE/BOARD MANDATE:

- Under the University’s Act, section 9 (1), the Board of Governors has the power: “to establish academic, research, service and institutional policies and plans and to control the manner in which they are implemented”. The university’s 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 of Governors is the approval authority for this policy and A&F is the deliberative body. A&F is the approval authority for the related procedures.
- We are seeking A&F’s approval of the following motion:

Motion: That the Audit and Finance Committee hereby recommends the Code of Ethical Conduct, as presented, for approval by the Board of Governors; and

That the Audit and Finance Committee hereby approves the Gift Registry Procedures, Code of Ethical Conduct Investigation Procedures and Conflict of Interest Procedures, as presented.

BACKGROUND/CONTEXT & RATIONALE:

- Ontario Tech currently has no comprehensive code of ethical conduct for employees, relying instead on a variety of conflict of interest clauses embedded in existing policy instruments. The process for addressing conflicts of interest in each policy instrument may differ, as may the requirements for different types of employees.

- We have developed a draft Ethical Conduct Policy and supporting procedures to create a framework for addressing conflicts of interest, the acceptance of gifts, the use of university resources, confidentiality, policy compliance, and other ethical considerations.
- We have engaged in consultation in accordance with the requirements of the Policy Framework and outline below the comments received and proposed responses.
- We conducted benchmark research against the policies of other Canadian universities. Our draft requirements regarding conflict of interest are in line with those of other institutions:
 - Requirement to disclose any conflicts of interest, potential conflicts of interest or apparent conflicts of interest: 12 of 13 institutions.
 - Disclosure of outside professional activity before accepting: 7 of 12 institutions.
 - Establishment of pre-approved categories of outside professional activity that are unlikely to present a conflict of interest: 2 of 12 institutions.
- Draft requirements regarding acceptance of gifts by employees that are common to most policies:
 - Language that prohibits the acceptance of gifts from entities or individuals with which the university is doing business: 10 of 12 institutions.
 - Prohibition on the acceptance of cash or cash equivalents (gift cards): 7 of 12 institutions.
- The development of this policy was driven in part by an acknowledgement that there is a policy gap related to acceptance of gifts by Ontario Tech employees. The language in most Ontario policies is drawn from the guidance given to public sector employees that allows only “nominal” gifts that are the “usual exchange of gifts between friends”, provided the university is not doing business with the entity. After receiving comments from the Committee, and other members of the community including members of Academic Council, we have adopted this approach to remain in alignment with the practices of other Ontario universities. Training and guidance will be developed to support employees in understanding what does and does not constitute a “nominal” gift. The policy instruments provide a path for disclosing and addressing any gifts that are accepted that are more than nominal, either by returning them, or where returning may give offense, donating them either to the university or another non-profit.
- Because we are adopting a prohibition on all but nominal gifts, and because of comments received from the community relating to indigenous practices, we are proposing to eliminate the previously-included prohibition on the acceptance of cash or cash equivalents (gift cards).
- As described more fully below, in response to comments from the community, we are proposing to remove limitations on amounts received from third parties to compensate for conference/speaking engagement attendance costs. These activities have been redefined to constitute service and thus do not trigger gift limits.
- We accept the comments from the community that this is an important policy. We accept that the community needs time to understand and work with the policy and are recommending a one-year review period for this policy to ensure that further comments and perspectives can be considered and incorporated.

RESOURCES REQUIRED:

- Existing USGC resources will be used to implement the process for receiving and reviewing gift reports for non-nominal gifts and conflict of interest mitigation plans and subsequent reporting to Board committees, and to support the University Investigation Procedures.

IMPLICATIONS:

- N/A

ALIGNMENT WITH MISSION, VISION, VALUES & STRATEGIC PLAN:

- This policy supports the university's values of integrity and respect, honesty and accountability.

ALTERNATIVES CONSIDERED:

- **Speaking Engagement Expenses:** We considered adopting an approach that would place limits on the acceptance of expenses from third parties in connection with participation in speaking engagements at conferences, workshops, etc. This approach was modeled on the approach taken by Alberta universities, and provided clear threshold values for acceptance of gifts and expenses from third parties. Our benchmarking reveals that this approach would be more restrictive than that of other Ontario universities. The response we received from community consultation, including with members of Academic Council, was unsupportive of taking an approach inconsistent with the norms of the Ontario university sector. Comments stressed the importance of such speaking engagements in academic life for sharing research results, advancing research and scholarship and making international connections. These activities are a core component of academic life, and are considered to be service to an employee's discipline or to the University. When third parties provide travel, accommodation and admission expenses, this allows participation without leveraging university or dedicated research funds.

CONSULTATION:

- Senior Leadership Team (May 11, 2020)
- Governance, Nominations and Human Resources Committee (May 14, 2020)
- **Online Consultation (May 18 to June 12 2020)**
- Policy Advisory Committee (May 19, 2020)
- Academic Council (May 26, June 2, June 16, 2020)
- Audit & Finance Committee (Deliberation – June 17, 2020)
- Board of Governors (Approval – June 25, 2020)

Consultation Comments and Response

- The policy should include a statement about protecting academic freedom.
- **Response:** We have added a statement to the Scope and Authority section that states the university's commitment to academic freedom, and that this policy does not limit academic freedom.
- Ensure that the gift acceptance policy aligns with the regulatory requirements and the norms of the Ontario university sector.
Response: Our consultation draft included specific value thresholds for acceptance of gifts by employees. We chose this approach because we felt it would be clearer and easy to follow. Community feedback was that \$250 was too high. Further, this approach (while seen outside Ontario) has not been adopted at other Ontario universities. Furthermore, the Ontario public sector allows only "nominal" gifts that are "the normal exchange of gifts between friends, tokens exchanged as part of protocol, or the normal presentation of gifts to persons participating in public functions, awards, speeches, lectures, presentations or seminars." Although "nominal" is open to interpretation, there is an opportunity to educate the community and develop norms about what nominal means.
- Community consultation, including consultation with Academic Council revealed a strong consensus that in accordance with the norms of the Ontario university sector and long tradition, expenses and hospitality related to speaking engagements at conferences, workshops, and seminars are not gifts, and should not be subject to value thresholds as in our previous draft. Faculty members routinely receive invitations to speak or participate

at conferences, seminars, workshops or panels related to their major academic interests, or university responsibilities. Conferences may be domestic or international. These invitations enhance the reputation of both the invitee and Ontario Tech, provide a platform for sharing innovative research, and provide professional development opportunities. When participating in such a conference, participants are often receive consideration in the form of admission/registration, travel, accommodations, etc. These expenses and hospitality allow employees to provide these services without incurring out of pocket costs. These activities are a core component of academic life, and are considered to be service to an employee's discipline or to the University. There is some concern in the community (7 submissions through online consultation) that the draft will present a barrier to participating in these activities and that a significant administrative burden will be created if the policy attempts to regulate them.

- **Response:** The policy recognizes that these engagements are important to ensure that Ontario Tech faculty are part of the worldwide community of scholars, contributing their research findings and gaining exposure to the latest research. We would not want the policy to present a perceived barrier to the reputation-enhancing benefits of these types of engagements. We have expanded the category of “Exempt Outside Activities” in our previous draft to include presenting at a conference, workshop, seminar or event. This will allow employees to accept travel, accommodation, registration and other related expenses when participating in these activities, without any additional administrative burden. We note that the absence of any accountability in relation to speaking engagement expenses may cause concern. However, according to further benchmarking, this will ensure that our policy is more in line with those of other Ontario universities and we propose to accept the community recommendations in this regard.
- Examine whether the draft policy is consistent with the collective agreement.
Response: We have conducted an additional review of relevant collective agreements and determined that the policy as currently drafted is consistent with the collective agreements. For additional clarity, we have added section 10.5 to note that conflicts of commitment will be reported in accordance with any applicable collective agreement
- We received comments that outlined important sources of funding, as well as examples of outside activities and gifts that should be allowable under the policy, even where they might seem to conflict with the rules on gift acceptance. This includes funding from, or roles with other universities, governments, crown corporations and agencies, NGOs, and international organizations. Roles with these organizations may include adjudication committee member, book series editor or journal editor, which would be examples of the type of service that is part of a faculty member's Service under the collective agreement, and may have a positive reputational impact on the university. Similarly, employees may have access to funding from these sources, such as visiting fellowships, research chairs, etc. at other institutions. Employees may also receive gifts such as training, conference admissions or multiple copies of textbooks that are not solely for the benefit of a single employee.
Response: We have clarified the application of the gift acceptance rules, by adjusting definitions and creating new defined terms: External Funding and Awards, University Administered Funding, Donations and Exempt Outside Activity. Funding falling into these categories would not be considered “gifts” for the purposes of the policy's gift rules. The example of visiting fellowships would fall under External Funding and Awards; the example of a gift in kind of conference attendance (not connected with speaking at the conference) may be considered a Donation to the university where there are benefits to having employees attend (training, collaboration, etc.); and any funding that is administered by the university (for example funding connected to a research project) would fall into University Administered Funding. Any conflicts of interest would be addressed by the university's role as a party to any such funding agreement. The final category of Exempt Outside Activity is meant to address activities that constitute outside service that fall within the normal expectations for a faculty member, such as editing a

journal, service as a program reviewer, journal editor, speaking at an academic conference, etc.

- The university should not seek to limit the ability of faculty members from accepting prestigious positions with NGOs or governments, or to accept academic awards or honors. These positions, awards and honors enhance both the faculty member's career and the university's reputation.

Response: We have added an additional criteria when evaluating a Conflict of Interest in the procedures, whether it benefits the profile of the university. This allows a supervisor to take into account any reputational benefit when determining whether a time commitment can be allowable under the circumstances.

- Faculty members that collaborate with industry partners are encouraged to use university resources.

Response: Collaboration and relationship building with partners is a university activity. Some roles in the university may include specific duties such as promoting partnerships with industry or other parties. It is expected that university resources will be used in pursuing such activities. Where there is a formal collaboration agreement (events, outreach, research, etc.) fulfilling the terms of the agreement becomes a university activity. The terms of any agreement between the parties would normally define what university resources are expected to be used (including staff, physical resources, equipment, etc.).

- Community members including members of Academic Council have expressed a concern that there have been insufficient opportunities for consultation. Members have recommended holding town halls to ensure that affected constituent groups, including faculty members and administrative staff can provide comments.

Response: We have followed the normal consultation and approval path set out in the Policy Framework, including consultation with the Policy Advisory Committee (PAC) which is a cross-functional committee made up of members of administrative staff and two faculty members. Part of the role of PAC members is to inform and consult with members of their departments to gather any comments or concerns relating to policies in development. PAC also advises on and recommends consultation for policy instruments. No concerns about lack of consultation were raised at PAC. We have also had an open online comment period, during which time we have received several comments from employees. We have scheduled an additional special consultation session with Academic Council on June 16 to receive comments on the updated draft. Those comments will be reflected in an addendum to this report and, if required, in a further revised draft set of policy instruments.

- Academic Council should have the opportunity to approve this policy prior to its submission to the Board of Governors for approval.

Response: Consistent with the Policy Framework and the university's Act, Academic Council has been consulted on this policy, and will be consulted again on June 16 with a draft that has been revised to respond to comments received. The approval authority and deliberative body for this policy are determined by the Policy Framework, and we are following the path set out. We have and will continue to provide any comments received in consultation to the deliberative body and approval authority for consideration. We are recommending a one-year review period for this policy to ensure that further comments and perspectives can be considered.

- Having separate threshold values for Senior Leadership Roles is inconsistent and discriminatory.

Response: The threshold values have been removed, so that the same prohibition on gifts that are more than "nominal" applies to all employees.

- This policy should apply only to administrative staff, not Faculty Members. Conflict of Interest issues are already addressed through the collective agreement, and this policy is redundant or conflicts with the terms of the collective agreement.

Response: Applying the policy to a single employee group, or excluding a group of

employees will both create a situation where inconsistent rules apply across the institution. The goal of this project is to create a single policy that applies across all employee groups. We have undertaken to ensure that the policy does not conflict with the collective agreement, but if a situation arises where the policy contradicts the terms of a collective agreement, under the Policy Framework, the collective agreement prevails.

- The proposed policy differs from the current Conflict of Interest in Research policy in how it defines “university related business”. The proposed policy has a wider definition of what is university related. A faculty member that has certain expertise and profession has the freedom to provide services to the society in terms of advising, consulting, auditing, etc. This is the mandate of being a member of the professional societies. The understanding of “university related business” should be updated to reflect a clear understanding that “university related business” applies to the administration of the university, and not to the academy.
- **Response:** The COI in Research policy defines “Outside Activity” as “any activity outside a Member’s scope of work with the University that involves the same specialized skill and knowledge that the Member uses in his or her work with the University and includes the operation of a business, consulting or advisory services and speaking engagements” and does not define in detail what constitutes university activity. We have adopted the approach of the university’s current Conflict of Interest in Research Policy, which has been in place at the university since 2009. Additionally, we have defined a category of Exempt Outside Activity that are activities unlikely to create a conflict of interest or conflict of commitment. These activities do not require reporting under the conflict of interest provisions of the policy. This category was created and refined through consultation including with Academic Council.
- Because the University Investigation Procedures say that any complaint under the Ethical Conduct Policy will be investigated, there is a concern that a climate could be created where false complaints are used as a form of harassment or bullying.
- **Response:** It is important to ensure that all Reports made under the policy are investigated to avoid selective enforcement. Reports under the policy are only protected provided they are made in good faith. Good faith reports must be based on a reasonable belief or information that the violation has occurred and not malicious, frivolous, vexatious and/or knowingly false. This was part of the definition of “Report” but has been added as section 17.2 for further clarity.
- The policy may prevent a barrier to culturally significant gifts. Consider the importance of gifts and tributes in Indigenous culture and conduct consultation with indigenous colleagues.
Response: We have consulted with staff at the University’s Indigenous Centre and the co-Chair of the Indigenous Education Advisory Circle, and the President’s Indigenous Reconciliation Task Force. Our goal was to understand Indigenous cultural practices surrounding gifts and tokens, and to determine if any policy amendments should be made. The giving and receiving of gifts, including gifts of knowledge, tokens of personal significance and other gifts are of great importance in Indigenous culture, and have great value outside of solely monetary value such as showing respect and appreciation for the knowledge shared. Often gifts given will be in the form of cash equivalents such as gift cards. Indigenous Centre staff are guided by these practices in the exercise of their work, which includes promoting awareness of Indigenous culture. For this reason, we are working to ensure that the policy will not present a barrier to the acceptance of gifts with this kind of cultural significance. To that end we are removing the prohibition on the acceptance of cash equivalents such as gift cards, as well as allowing the exchange of gifts where the exchange is culturally significant to the parties involved.
- This policy will require a communication and education plan to ensure that employees can be informed about its requirements. Training that includes vignette problems and concrete examples are needed, rather than the vague instructions in the policy.

Response: We agree that education and training are needed to help implement the policy.

- Clarify where the Conflict of Interest in Research Policy supersedes this policy (if it does).
- **Response:** We have amended the Scope and Authority section to confirm that the COI In Research Policy applies when Conflicts of Interest situations respecting research arise.
- There should be a consistent form developed for the reporting of conflicts of interest. The reporting individual should have an opportunity to propose how the conflict should be handled.
- **Response:** We are developing a reporting form to be used for reporting conflicts of interest.
- There should be stronger language to protect against reprisals for reports made under the policy.
- **Response:** We have added language to the section regarding reprisal to confirm that any reprisal for contributing to a report is itself a violation of the Ethical Conduct Policy. This language was already part of the related procedure.
- The Policy should be distributed to all new employees so that employees can confirm they have read and understood. Employees should confirm their compliance each year.
- **Response:** The policy has been amended.
- How does the policy address a Conflict of Interest situation where an employee is obviously in a conflict of interest, but does not declare the conflict?
Response: We have amended the conflict of interest procedures to address this situation. Failure to declare a conflict of interest may be considered a violation of the Ethical Conduct Policy.

University Investigation Procedure

- The Investigation Procedure invests too much authority in the Vice-President as decision-maker. There should be a deliberative body established with the VP as chair to make the determination.
Response: We have made the change to ensure that the investigation report and evidence is made available to a deliberative body consisting of the VP as chair and two other individuals, established by the VP.
- Does the investigation Procedure conflict with the discipline policy in collective agreements?
Response: The Investigation Procedure applies to investigations under either the Ethical Conduct Policy or the Safe Disclosure Policy, and applies to all employees, regardless of bargaining unit. Section 10.2 states that the investigation process will maintain “the procedural rights granted in collective agreements to any individuals involved”. It also sets out a process to protect the procedural rights for other employees that may not be part of a bargaining unit. Under the Policy Framework, in case of any conflict between a policy instrument and a collective agreement, the collective agreement prevails (Policy Framework section 9.3).
- In the event that there is sufficient evidence of significant fraud by a staff member, it may be necessary to hold off on an internal investigation where there is the possibility of police involvement to avoid compromising the police investigation. Does the Investigation Procedure address this situation?
- **Response:** We have amended the requirement to conduct an investigation and reach a decision from “expeditiously” to “as expeditiously as possible in the circumstances” to account for this potential source of delay.

COMPLIANCE WITH POLICY/LEGISLATION:

- *Freedom of Information and Protection of Privacy Act*, RSO 1990, c F.31
- Occupational Health and Safety Act, R.S.O. 1990, c O.1, as amended

- Human Rights Code, R.S.O. 1990, c. H.19

NEXT STEPS:

- The policy instruments will be presented to the Board of Governors for approval.

MOTION FOR CONSIDERATION:

- That the Audit and Finance Committee hereby recommends the Code of Ethical Conduct, as presented, for approval by the Board of Governors; and

That the Audit and Finance Committee hereby approves the Gift Registry Procedures, Code of Ethical Conduct Investigation Procedures and Conflict of Interest Procedures, as presented.

SUPPORTING REFERENCE MATERIALS:

- Draft Code of Ethical Conduct Policy
- Draft Gift Registry Procedures
- Draft Code of Ethical Conduct Investigation Procedures
- Draft Conflict of Interest Procedures



Classification Number	LCG XXXX
Framework Category	Legal, Compliance and Governance
Approving Authority	Board of Governors
Policy Owner	University Secretary and General Counsel
Approval Date	DRAFT FOR CONSULTATION
Review Date	
Supersedes	

ETHICAL CONDUCT POLICY

PURPOSE

1. The purpose of this Policy is to promote standards of ethical conduct that advance integrity and accountability, and support the University’s mission, vision and values.

DEFINITIONS

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

“Conflict of Interest” means a situation where an Employee has an opportunity to exercise an official power, duty or function in a way that furthers his or her private interests or those of his or her relatives or friends or that improperly furthers another person’s private interests.

~~3.~~ **“Confidential Information”** means any information deemed confidential under University information security policies, non-public or proprietary University information, information expressly or implicitly shared in confidence, and any and all personal information as defined in the Freedom of Information and Protection of Privacy Act.

“Employees” means individuals, including students, who are employed by the University or holding an appointment with the University including paid, unpaid and/or honorific appointments.

“Gift” means anything of value, including cash, cash equivalents, items, hospitality, entertainment or goods given to an Employee by an external party in connection with an Employee’s University responsibilities or position. For further clarity, External Funding and Awards, Expenses for Outside Activities, Donations and University Administered Funding, are not considered Gifts.

“Expenses for Outside Activities or Hospitality” means travel, ~~transportation, and~~ accommodation and admission expenses incurred by an Employee in the completion of ~~Exempt voluntary service~~ Outside Activities (including voluntary service with payment of an Honorarium) to an entity other than the University.

“External Funding and Awards” means grants and funding such as research grants, fellowships, awards or honors that are awarded to an individual for academic merit and not administered by the University. These honors are not considered ~~gifts~~ Gifts for the purposes of this Policy.

“Exempt Outside Activities” means ~~Related~~ Outside Activities that constitute service to the employee’s discipline or to the University. This includes teaching in Ontario Tech Continuous Learning, being an external reviewer for a department at another university, being an external referee for a promotion or tenure case, acting as a peer reviewer for a granting agency or publisher, serving as editor of a journal in one’s area of expertise, serving as a local, regional, national or international representative on a professional organization, presenting at a conference, workshop, seminar or event, and/or serving on a board of directors at the University’s request.

“Honorarium” means a voluntary payment ~~of \$500 or less~~ made to a person for services for which fees are not legally or traditionally required. [NTD: \$500 threshold from CRA]

“Report” means a written report made by a University Member under this Policy concerning any actual or perceived violation of this Policy where the report is:

- Made to a University Recipient;
- Based on a reasonable belief or information that the violation has occurred; and
- Not malicious, frivolous, vexatious and/or knowingly false.

“Related Person” means a spouse, common-law spouse, domestic partner, child, stepchild, sibling, parent, sister/brother-in-law, mother/father-in-law, niece, nephew, aunt, uncle, cousin, grandparent or grandchild of an Employee or an individual with whom an Employee has an ongoing or past romantic or sexual relationship.

~~“Related Outside Activities” means activities which involve the same kind of specialized skills and knowledge that the employee uses in the employ of the University. Activities such as teaching at other post-secondary institutions, private contracts, consulting, professional practice, being an officer of a company whose business relates to the teaching/research interests of the faculty member and serving on a board of directors when not at the request of the University are examples of related outside activities. any activity outside an Employee’s scope of work with the University that involves the same specialized skill and knowledge that the employee uses in their work with the University and includes the operation of a business, consulting or advisory services and speaking engagements.~~

“Reprisal” refers to the retaliation against, coercion, dismissal, threats or intimidation of any individual who in good faith: submits a Report, or participates in a related investigation under this procedurePolicy.

~~“Senior Academic Administrator” means a person who holds any of the following positions:~~

- ~~• Vice President, Academic and Provost;~~
- ~~• Associate Provost;~~
- ~~• Dean;~~
- ~~• Vice President with the designated responsibility for overseeing the University research function;~~
- ~~• Any other position as designated and approved in accordance with the University of Ontario Institute of Technology Act and By-Laws.~~

“University Administered Funding” means grants and funding such as research grants, fellowships, awards or honors that are awarded to an individual or a research project, and

administered by the University in accordance with applicable research finance procedures. This type of funding is not considered a [gift-Gift](#) for the purposes of this policy.

~~“University GiftDonation”~~ means a voluntary gift of cash and/or [in-kind](#), given to the benefit of the University. [University GiftsDonations](#) are not [considered Gifts under -subject to the value restrictions set out in](#) this Policy, and will be accepted in accordance with the University’s Gift Acceptance Policy. ~~[NTD: this could include gifts of training/conference invitations for non-speakers; gifts of text books]~~

~~“Unrelated Outside Activities”~~ means ~~activities which are distinct from the work done for the University by the employee, such as running an unrelated business, community work and volunteer work.~~

“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.

“University Recipient” means the:

- Appropriate supervisor or manager;
- Chief Financial Officer (CFO) for a Report that is finance-related, or the Chair of the Audit and Finance Committee where the disclosure may implicate the CFO; or
- General Counsel (GC) for a Report that is non-financial, or the Chair of the Governance, Nominations and Human Resources Committee (GNHR) where the disclosure may implicate the GC.

“University Resources” means tangible or intangible property, facilities and/or assets purchased, leased or acquired by the University, or under the University's control, that are intended to foster or support the ongoing mission of the University.

~~“Unrelated Outside Activities”~~ means ~~activities which are distinct from the work done for the University by the employee, such as running an unrelated business, community work and volunteer work.~~

SCOPE AND AUTHORITY

[3.](#) This Policy applies to Employees of the University.

[4.](#) [The University is fully committed to promoting and advocating academic freedom. This policy does not limit academic freedom.](#)

[4.5.](#) [This Policy does not apply to Conflicts of Interest or Conflicts of Commitment where the Conflict of Interest in Research Policy applies.](#)

5.6. The University Secretary and General Counsel, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of this Policy.

POLICY

6.7. All Employees will act ethically and with integrity. Employees are responsible to the University for their actions, and decisions not to act, when they are representing the University.

8. Compliance with the Ethical Conduct Policy

8.1. Employees must be familiar with the requirements of this Policy. All new Employees will receive a copy of the Policy and acknowledge that they have read it. Employees will confirm their compliance with this Policy each year.

7.9. Compliance with Laws, University by-laws and Policies

7.1.9.1. Employees must be familiar with the compliance requirements that govern their work at the University. These include laws, University by-laws, policies, procedures and contractual commitments.

7.2.9.2. Employees must, in good faith, adhere to compliance requirements in fulfilling their duties. Where there is a question about compliance, Employees are expected to seek guidance from their supervisors.

7.3.9.3. Employees must complete all mandatory compliance training within six months of their start date and prior to engaging in any activities that require specialized training.

7.4.9.4. ~~University Members~~ Employees in regulated professions whose roles at the University consist of regulated professional activities must comply with all applicable codes or standards in all of their professional activities.

8.10. Confidentiality and Privacy

8.1.10.1. Employees may have access to Confidential Information in connection with the performance of their duties. Confidential Information must not be used or disclosed without direction. Disclosure of Confidential Information without a legitimate purpose is prohibited. Where there is a question about the disclosure or use of Confidential Information, Employees are expected to seek guidance from their supervisor.

10.2. Employees must be familiar with and comply with relevant laws and University policies and procedures pertaining to privacy and the access, use, modification, protection, and disclosure of personal information.

8.2.10.3. Every Employee has the responsibility to protect Personal and Confidential information. Employees must protect physical information (such as paper) and electronic information (such as email, student and employee data) in accordance with applicable laws and regulations.

9.11. Conflict of Interest

9.1.11.1. To ensure public and professional trust and confidence, the University will deal with actual, potential, or perceived ~~conflicts~~ Conflicts of ~~interest~~ Interest in a consistent and transparent way.

9.2.11.2. A ~~conflict~~ Conflict of ~~interest~~ Interest arises when an Employee's official power, duty or function provides an opportunity to further their private interests or those of a Related Person, friend or external organization, or to improperly further another person's private interests.

9.3.11.3. Employees must not act in self-interest or further their private interests by virtue of their position at the University or through fulfilling their University responsibilities.

10.12. Addressing Conflicts of Interest

10.1.12.1. In all cases where an Employee believes or suspects they may be in a real, potential or perceived ~~conflict~~ Conflict of ~~interest~~ Interest, they must disclose it to their supervisor immediately.

10.2.12.2. Conflicts of ~~interest~~ Interest disclosed under this policy will be resolved by the supervisor in accordance with the Procedure to Address Conflicts of Interest under this policy.

10.3.12.3. Provided potential ~~conflicts~~ Conflicts of ~~interest~~ Interest can be mitigated in an approved mitigation plan, an individual may be permitted to remain involved in a situation with a potential ~~conflict~~ Conflict of ~~interest~~ Interest.

10.4.12.4. Related Persons: A Related Person may apply for, and be considered for positions at the University. An Employee should not exercise any form of supervision or direct influence over a Related Person and should not be the sole decision-making authority for decisions related to hiring, tenure, promotions, renewal of contracts, performance evaluation, disciplinary procedures, salary considerations or confidentiality for a Related Person.

10.5.12.5. Relationships with individuals under supervision: Employees hold a position of trust and power in their interactions with students and individuals who report to them. Relationships (including sexual and romantic relationships) must not jeopardize the effective functioning of the University by the appearance of either favoritism or unfairness in the exercise of professional judgment. Employees are expected to be aware of their professional responsibilities and to avoid apparent or actual ~~conflict~~ Conflict of ~~interest~~ Interest, favoritism or bias. Employees should exercise discretion when asking for favors from individuals under their supervision, due to the inherent power imbalance, as mutual consent may be in question.

10.6.12.6. The existence of a sexual or romantic relationship between an Employee and a person who reports to them in an employment/supervisory relationship or who relies upon them for opportunities to further their academic or employment career must be disclosed, to their supervisor. Their supervisor will remove any ability to exercise any form of supervision or direct influence.

11.13. Concurrent Employment and Conflict of Commitment

11.1.13.1. A ~~conflict~~ Conflict of ~~commitment~~ Commitment occurs when an Employee's commitment to external activities adversely affects their capacity to meet University responsibilities, or results in a divided loyalty between the University and an external organization. Accordingly, the nature and extent of professional service, consulting and related work undertaken should complement the primary commitment of Employees to the University ~~and/or benefit the profile of the University~~. Concurrent employment must not detract from the University's right to full-time and efficient service from its full-time Employees.

11.2.13.2. Before an Employee accepts any ~~Related~~ Outside Activities ~~or Unrelated Outside Activities that are not Exempt Outside Activities~~ that may result in a Conflict of Interest or ~~conflict~~ Conflict of ~~commitment~~ Commitment, the Employee must report the potential ~~employment or activity~~ Outside Activity to the University ~~to ensure that there is no Conflict of Interest or conflict of commitment.~~

11.3.13.3. Exempt Outside Activities do not need to be reported in advance, and an employee may accept an Honorarium for their service.

11.4.13.4. Any concurrent employment of a registered Ontario Tech student who is an Employee does not need to be reported and will be deemed to have been preapproved.

11.5.13.5. Reporting of Conflicts of Commitment will be done in accordance with the established procedures, and ~~or~~ in accordance with the relevant collective agreement where the ~~employee~~ Employee is a member of a bargaining unit.

12.14. Political Activity

12.1.14.1. Employees are free to participate actively in the political process and the University upholds the right of every person to support political parties, political committees, and candidates of their choosing. Employees have the right to seek and hold political office. The University requires that an Employee's efforts devoted to political activity:

- a) Not constitute a Conflict of Interest;
- b) Be outside of working hours;
- c) Be without contribution or other support from the University;
- d) Be without implied or official endorsement by the University due to the Employee's position at the University; and
- e) Not involve the use of University Resources.

13.15. Use of University Resources

13.1.15.1. Employees may only use University Resources for activities on behalf of the University and within their scope of responsibility.

13.2.15.2. Notwithstanding section ~~XX14.1~~, University Resources may be used for personal purposes in limited circumstances when permitted by an existing policy or where incidental personal use is reasonable in all of the circumstances.

~~13.3.~~15.3. The use of University Resources is prohibited where resources are used:

- a) To perform duties associated with outside employment.
- b) In a way that impedes normal University activities.
- c) In a way that creates additional expense for the University.
- d) For the purposes of political campaigning.

~~13.4.~~15.4. Employees are required to treat University Resources with care and to adhere to laws and university policies and procedures regarding the acquisition, use, maintenance, documentation, and disposal of University Resources.

14.16. ~~Accepting Gifts and Hospitality~~

~~14.1.~~16.1. This section addresses ~~gifts~~ Gifts and ~~hospitality given to accepted by an individual Employee.~~ For information related to ~~University Gifts~~ Donations, see the Gift Acceptance Policy (LCG 1130).

~~14.2.~~16.2. Employees must not accept ~~gifts~~ Gifts or ~~hospitality~~ that are connected directly or indirectly with the performance of their University responsibilities or position, where a reasonable person might conclude that the ~~gift~~ Gift could influence the Employee when performing their duties on behalf of the University. Employees must avoid the appearance of a Conflict of Interest due to the acceptance of ~~gifts~~ Gifts from entities involved in a business transaction with the University, or subject to a decision the Employee will make.

~~14.3.~~ Acceptance of cash or cash equivalents as gifts is always strictly prohibited.

~~14.4.~~ Tangible Gifts

~~16.3.~~ Consistent with section XX.2, ~~g~~Gifts that are consistent with section 15.2 may be accepted where they ~~are nominal in value and are; do not exceed a maximum value of \$250 for a single gift and are:~~

- a) The normal exchange of gifts between friends;
- b) Tokens exchanged as part of protocol at an official ceremony or function;
- ~~b)c)~~ Exchanges of gifts where the exchange is culturally significant to the parties involved; and/or
- d) The normal presentation of gifts to persons participating in public functions, awards, speeches, lectures, presentations or seminars.

~~e)1.2.~~ The Office of the University Secretary and General Counsel will establish a Procedure for reporting and addressing Gifts that are accepted that are not nominal in nature. The Office of the University Secretary and General Counsel will maintain a registry of Gifts accepted by its Employees and provide a report to the Board of Governors each year.

17. ~~Hospitality and Expenses for Exempt~~ Outside Activities

~~14.5.~~

~~17.1.~~ Consistent with section XX.2, ~~r~~Reasonable Expenses or Hospitality for Exempt ~~hospitality and Expenses for~~ Outside Activity, ~~including meal-related expenses,~~ may

be accepted where it is the normal exchange of hospitality between persons doing business together, and would be otherwise allowable as an business-expense claim under the University's Expense Policy and Procedure.

14.6. Maximum annual gift value

The cumulative maximum cash value limit for tangible gifts and hospitality permitted by this section from a single source in a calendar year is \$500.

14.7. Event and Conference Invitations

a) Individuals who are invited to attend a conference, workshop, seminar, etc. to speak, or participate on a panel are sometimes gifted with admission, registration, transportation, and accommodation costs as a condition of their participation. Where the participation relates to the Employee's University responsibilities or their major academic interests, the maximum cash value that may be accepted related to a single invitation is \$8,000. The cumulative maximum cash value limit for conference invitations permitted by this section from a single source in a calendar year is \$16,000.

b) An Employee can accept an event invitation provided the value is \$500 or less. The cumulative maximum cash value limit for event invitations permitted by this section from a single source in a calendar year is \$500.

c) The chair of the University's Board of Governors, the President, Senior Academic Administrators, Vice Presidents, General Counsel or Assistant Vice Presidents, can accept an event invitation from a donor or friend of the University provided the value is \$1,000 or less. The cumulative maximum cash value limit for event invitations permitted by this section from a single donor or friend of the university in a calendar year is \$2,000.

d) Sections XX and XX do not apply to attendance at social events if attendance at the social event is sponsored by a charitable foundation, the Governor General of Canada, a provincial Lieutenant Governor, any Canadian federal, provincial, municipal or regional government or any member of any such government, a consul or ambassador of a foreign country or a not for profit organization, provided the not for profit organization is not constituted to serve management, union or professional interests and does not have for-profit enterprises or representatives of for-profit enterprises as a majority of its members.

e) Where the value of an event or conference invitation would exceed the thresholds in section 13.7 a), b), or c), an employee's supervising Vice President may approve, in writing, an increase in the threshold value for a specific gift. In considering the increase, the supervising Vice President will consider any potential, actual or perceived Conflict of Interest, as well as any reputational, academic or other institutional benefits.

14.8. The University will establish a procedure for reporting of gifts and hospitality received. The University will maintain a registry of gifts and hospitality accepted by its Employees and provide a report to the Board of Governors each year.

15.18. Reporting and Investigation

18.1. Maintaining the ethical standards of this Policy is the responsibility of every Employee. Anyone who has observed or learned of a violation of this Policy should make a written Report to a University Recipient. Reports will be addressed in accordance with the University Investigation Procedure.

18.2. Good faith reports will be based on a reasonable belief or information that the violation has occurred, or could potentially occur and will not be malicious, frivolous, vexatious and/or knowingly false.

18.3. Employee Reports will, to the extent possible, remain confidential. The University will not tolerate any Reprisal or retaliation for reports made in good faith. Employees will not be penalized for inquiring about and/or reporting, in good faith, suspected unethical behavior or for seeking guidance on how to handle potential violations or suspected illegal acts.

15.1-18.4.

16.19. Protection from Reprisal

19.1. No University Member who makes a Report will be subjected to Reprisal, either directly or indirectly. Any Reprisal for making and pursuing a Report under this Procedure is itself considered a breach of the Code of Ethical Conduct Policy. The University will investigate and take all appropriate action to address allegations of Reprisal.

16.1.

MONITORING AND REVIEW

17-20. This Policy will be reviewed as necessary and at least every three years. The University Secretary and General Counsel, or successor thereof, is responsible to monitor and review this Policy.

RELEVANT LEGISLATION

18-21. Occupational Health and Safety Act, R.S.O. 1990, c O.1, as amended

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

Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c F. 31

RELATED POLICIES, PROCEDURES & DOCUMENTS

19-22. Gift Registry Procedures (in development)

Code of Ethics Investigation Procedures (in development)

Conflict of Interest Procedures (in development)

Personal Use of University Resources Policy

Technology Use Policy

Harassment and Discrimination Policy and Procedure

Policy Against Workplace Violence, Harassment and Discrimination and related procedures

Information Security Policy

Procurement of Goods and Services Policy and Procedure

Supply Chain Code of Ethics

Fair Processes Policy

Safe Disclosure Policy and Procedures

Policies that address Conflicts of Interest in specific situations:

- Gift Acceptance Policy
- Use of Instructor-Produced Materials for Course Requirements Procedure
- The Conflict of Interest in Research Policy
- Expendable Funds Policy
- Statement of Investment Policies



Classification Number	<i>To be assigned by Policy Office</i>
Parent Policy	Code of Ethics Ethical Conduct Policy
Framework Category	Legal, Compliance and Governance
Approving Authority	Audit and Finance Committee
Policy Owner	University Secretary and General Counsel
Approval Date	DRAFT FOR CONSULTATION
Review Date	
Supersedes	

GIFT REGISTRY PROCEDURES

PURPOSE

1. The purpose of these Procedures is to establish a process for reporting ~~gifts~~ [Gifts](#) received by Employees and documenting those gifts to ensure compliance with the Code of Ethical Conduct.

DEFINITIONS

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

[“Donation” means a voluntary gift of cash and/or in-kind, given to the benefit of the University. Donations are not considered Gifts under this Policy, and will be accepted in accordance with the University’s Gift Acceptance Policy.](#)

“Employees” means individuals, including students, who are employed by the University or holding an appointment with the University including paid, unpaid and/or honorific appointments.

[“External Funding and Awards” means grants and funding such as research grants, fellowships, awards or honors that are awarded to an individual for academic merit and not administered by the University. These honors are not considered Gifts for the purposes of this Policy.](#)

[“Gift” means anything of value, including cash, cash equivalents, items, hospitality, entertainment or goods given to an Employee by an external party in connection with an Employee’s University responsibilities or position. For further clarity, External Funding and Awards, Expenses for Outside Activities, Donations and University Administered Funding, are not considered Gifts.](#)

~~[“Gifts” means Tangible Gifts, Hospitality, or Invitations given to Employees.](#)~~

~~[“Tangible Gift” means tangible goods given by an external party in connection with an Employee’s University responsibilities or position.](#)~~

~~[“Hospitality” means meals, accommodations, entertainment or similar given by an external party in connection with an Employee’s University responsibilities or position or major academic interests.](#)~~

~~[“Invitation” means an invitation from an external party to attend or speak at an event, workshop, conference or similar and may include of admission, registration, transportation and/or accommodation costs.](#)~~ [“University Administered Funding” means grants and funding such as research grants, fellowships, awards or honors that are awarded to an individual or a](#)

[research project, and administered by the University in accordance with applicable research finance procedures. This type of funding is not considered a Gift for the purposes of this policy.](#)

SCOPE AND AUTHORITY

3. These Procedures apply to Employees of the University.
4. The [University Secretary and](#) General Counsel, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

PROCEDURES

5. Responsibilities

5.1. **Office of the General Counsel** is responsible for:

- a) Developing an online form for submission of Gift details and maintaining a Registry of Gifts.
- b) Providing advice to supervisors on the acceptance of [gifts/Gifts](#).
- c) Annual compliance reporting under these procedures.

5.2. **Unit Supervisor** is responsible for:

- a) Reviewing Gifts reported by their Employees.
- b) Determining whether Gifts are consistent with the [Code of Ethical Conduct Policy](#).

5.3. **Employees** are responsible for:

- a) Reporting Gifts received using the prescribed means.
- b) Understanding the rules regarding acceptable [gifts-Gifts](#) under the [Code of Ethical Conduct Policy](#) and seeking advice when necessary.

6. Reporting of Gifts

6.1. All Gifts ~~received by an Employee~~ will be reported to ~~an Employee's their~~ immediate supervisor ~~prior to accepting or~~ as soon as possible ~~afterward~~. The supervisor will determine if the ~~gift-Gift~~ is consistent with section ~~XX-15~~ of the ~~Code of~~ Ethical Conduct Policy. The supervisor will consider whether:

- a) [The Gift is a Donation that can be accepted in accordance with the Gift Acceptance Policy.](#)
- b) The value ~~exceeds the maximum allowable~~ [of the Gift is nominal.](#)
- c) The Employee is directly involved in transactions or other activities with the source that would give rise to a perceived Conflict of Interest.

- d) The Employee's attendance at an event would be of benefit to the University due to increased public profile, training or development of the Employee, or strengthening of institutional partnerships.
- e) The ~~gift~~ Gift is consistent with [the requirements of the](#) Procurement Policy, related procedures and the Supply Chain Code of Ethics.
- f) Hospitality would be otherwise allowable as a business expense claim under the University's Expense Policy and Procedure.

~~6.2.~~ ~~Tangible~~ Gifts inconsistent with section ~~XX-15~~ of the ~~Code of~~ Ethical Conduct Policy should not be accepted, or, if accepted, should be returned. Where returning a ~~Tangible~~ Gift would be considered a breach of protocol or would give offense, disposal by donation to a non-profit organization or similar should be considered. [These Gifts should be reported to the Office of the General Counsel within a month of receipt.](#)

~~6.2.~~

6.3. Hospitality inconsistent with section ~~XX-16 of the Ethical Conduct Policy~~ should not be accepted.

6.4. A supervisor may contact legal@ontariotechu.ca [USGC Email Address] for advice when making determinations based on sections ~~XX-15 or 16~~ of the ~~Code of~~ Ethical Conduct Policy.

7. Registry of Gifts

7.1. The Office of the General Counsel will maintain a Registry of Gifts to track ~~Tangible Gifts, Invitations and Hospitality Gifts~~ received by Employees [that are more than nominal in nature](#).

7.2. The Office of the General Counsel will create an online form for submitting information on Gifts [that are more than nominal](#) received by Employees. The following information is required:

- a) Value (or estimated value) of Gift
- b) Type of Gift
- c) Source of Gift
- d) Date of Gift
- e) Recipient of Gift
- f) Unit of Recipient
- ~~g)~~ Supervisor
- ~~g)h)~~ [Disposition of Gift](#)

7.3. Gifts should be reported to the Office of the General Counsel within a month of receipt.

- 7.4. An annual report on Gifts received will be submitted by the Office of the General Counsel to ~~the Audit and Finance Committee~~ as part of compliance reporting.

MONITORING AND REVIEW

8. These Procedures will be reviewed as necessary and at least every three years. The ~~insert position/committee~~ Policy Advisor, or successor thereof, is responsible to monitor and review these Procedures.

RELEVANT LEGISLATION

9. ~~This section intentionally left blank~~
~~Legislation 1~~
~~Legislation 2~~
~~Legislation 3~~
~~If no associated legislation use the text "This section intentionally left blank".~~

RELATED POLICIES, PROCEDURES & DOCUMENTS

10. Code of Ethical Conduct Policy
Code of Ethical Conduct Investigation Procedure
Procurement of Goods and Services Policy and Procedure
Supply Chain Code of Ethics



Classification Number	<i>To be assigned by Policy Office</i>
Parent Policy	Code of Ethical Conduct Policy
Framework Category	Legal, Compliance and Governance
Approving Authority	Audit and Finance
Policy Owner	University Secretary and General Counsel
Approval Date	DRAFT FOR CONSULTATION
Review Date	
Supersedes	

UNIVERSITY INVESTIGATION PROCEDURES

PURPOSE

1. The purpose of these Procedures is to establish a consistent process for conducting an investigation of a disclosure under the Safe Disclosure Policy or a report of a violation of the [Code of Ethical Conduct Policy](#) by a University Employee.

DEFINITIONS

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

“Appellant” means a Respondent that has submitted a notice of appeal under these Procedures.

“Conflict of Interest” means a situation where an Employee is in a position to use authority, research, knowledge or influence for personal gain, or to benefit a Related Person or external organization to the detriment of the University.

“Disclosure” means a written report made by a University Member under the Safe Disclosure Policy concerning any actual or perceived Improper Activity where the report is:

- Made to a University Recipient;
- Based on a reasonable belief or information that the Improper Activity has occurred, or could potentially occur; and
- Not malicious, frivolous, vexatious and/or knowingly false.

“Employees” means individuals, including students, who are employed by the University or holding an appointment with the University including paid, unpaid and/or honorific appointments.

~~**“Report”** means a written report made by a University Member under this Procedure concerning any actual or perceived Improper Activity where the report is:~~

- ~~• Made to a University Recipient;~~
- ~~• Based on a reasonable belief or information that the violation has occurred, or could potentially occur; and~~
- ~~• Not malicious, frivolous, vexatious and/or knowingly false.~~

“Improper Activity” means an act of misconduct that a University Member knew or should reasonably have known to be wrong or inappropriate. Improper Activity includes, but is not limited to:

- Significant financial misconduct or mismanagement;
- Theft, fraud, and/or misappropriation of University assets;
- Significant contravention of University policies and procedures;
- Violation of the University's legal or regulatory obligations;
- Forgery, falsification, and/or inappropriate alteration or destruction of University records (paper and electronic);
- Making a disclosure that is not in Good Faith.
- The act of concealing, or attempting to conceal, Improper Activity, and/or knowingly directing or assisting in the commission or concealment of Improper Activity, will also be considered a form of Improper Activity under this Policy.

"Innocent Violation" means an Improper Activity that is inadvertent or where the University Member could not reasonably be expected to have known the Improper Activity is a form of misconduct.

"Investigator" means an individual appointed to investigate by a Designated Decision-Maker.

"Personal Information" means information about an identifiable individual, as defined in s. 2 of FIPPA, as amended from time to time.

"Reprisal" refers to a retaliation, coercion, dismissal, threats or intimidation of anyone who in good faith: submits a Report, or participates in a related investigation under this procedure.

"Report" means a written report made by a University Member under this Procedure concerning any actual or perceived Improper Activity where the report is:

- Made to a University Recipient;
- Based on a reasonable belief or information that the violation has occurred, or could potentially occur; and
- Not malicious, frivolous, vexatious and/or knowingly false.

"Reporting Party" means a University Member who makes a Report.

"Respondent" means an Employee named as a subject of a Report.

"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.

"University Recipient" means the:

- Appropriate supervisor or manager;
- Organizational Area Vice-President, where the disclosure may implicate the appropriate supervisor or manager.

SCOPE AND AUTHORITY

3. These Procedures apply to all Employees of the University.
4. Under the Policy Framework, where there is a conflict between these Procedures and an existing collective agreement between the University and one of its bargaining units, the collective agreement will prevail.
5. Reports of conduct that would constitute harassment, violence, sexual violence, or discrimination will be investigated and addressed under the Policy Against Harassment, Violence and Discrimination in the Workplace or the Harassment and Discrimination Policy, as applicable.
6. The University Secretary and General Counsel, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

PROCEDURES

RECEIVING REPORTS OF VIOLATIONS OF THE [CODE OF ETHICAL CONDUCT POLICY](#)

7. Making a Report

- 7.1. Any individual who has evidence of a violation of the [Code of Ethical Conduct Policy](#) may make a Report to a University Recipient. Where the violation involves the President or an organizational area Vice-President, the Report should be submitted in accordance with the Safe Disclosure Policy and Procedure.
- 7.2. A Report will be provided in writing, signed, and will include a brief summary of the evidence or basis for the belief that a violation has occurred, as well as the names of the University Members involved.
- 7.3. Reports may be submitted anonymously noting that the ability to investigate or address a Report may be hindered by a Complainant remaining anonymous.

8. Receiving a Report

- 8.1. Upon receipt of a Report, a University Recipient will forward it to the appropriate organizational area Vice-President. The Vice-President will determine, in consultation with others as necessary, whether the allegation, if true, would constitute a violation of the [Code of Ethical Conduct Policy](#).
- 8.2. If the allegation set out in the Report would not, if true, amount to a violation, the Vice-President will respond to the Reporting Party in writing, usually within 60 days, advising that the Report has been reviewed, and that the information provided does not support an allegation of a violation of the [Code of Ethical Conduct Policy](#).
- 8.3. The Reporting Party will also be advised that the Vice-President may reconsider the Report if additional and significant information is provided. If there is another process or resource at the University that would be more appropriate for the subject matter of the Report, the Reporting Party will be advised of this alternative process.

9. Decision to Proceed with an Investigation

- 9.1. In cases where a Report would, if true, constitute a violation of the [Code of Ethical Conduct Policy](#), the Vice-President will decide whether to proceed with a formal investigation, or to attempt an informal resolution. Where the alleged conduct is serious, where there are indications of a repeated course of conduct, or where the alleged conduct is considered Improper Activity, an informal resolution is not appropriate.
- 9.2. In making a decision to whether to proceed with an investigation, the Vice-President will consult with the Senior Dispute Resolution Officer and Human Rights Advisor in the Office of the University Secretary and General Counsel and advise them of the Report. In cases where an investigation will proceed, the Senior Dispute Resolution Officer and Human Rights Advisor will appoint an Investigator.
- 9.3. The Office of the University Secretary and General Counsel will maintain a record of the number, nature and disposition of Reports received and report annually to the Audit and Finance Committee of the Board.

CONDUCTING AN INVESTIGATION UNDER THE [CODE OF ETHICAL CONDUCT POLICY](#) AND THE SAFE DISCLOSURE POLICY

10. Investigation Process

- 10.1. Under no circumstances will an investigation be conducted or overseen by an individual who was directly involved in the events in issue, or by an individual whose involvement would give rise to a Conflict of Interest or a perception of a Conflict of Interest. No individual who was involved in or who has a personal stake in the events in issue will be involved in an investigation (other than as a witness).
- 10.2. In addressing a Report, the Investigator will establish an investigation process that is appropriate in the circumstances and that maintains the procedural rights granted in collective agreements to any individuals involved in the Report. This process will be summarized in written form and distributed to the Respondent. At a minimum, any investigation will provide a reasonable opportunity for the parties to understand the allegations, and to submit relevant information.

11. Determination and Corrective Action

- 11.1. The Investigator will be charged with providing an opinion, based upon a review of the totality of the evidence (including the Respondent's evidence and submissions), whether misconduct occurred and whether the misconduct is considered Improper Activity or an Innocent Violation, based on a balance of probabilities. The Investigator will ensure that the results of the investigation are brought to the attention of, and reviewed by, a deliberative body chaired by the Vice-President and consisting of two other individuals.

- 11.2. Human Resources will advise the Vice-President with respect to appropriate corrective measures, if any, to be taken, including measures aimed at preventing Reprisal, where appropriate. Corrective measures may include non-disciplinary actions (e.g. education) or disciplinary measures (e.g. a written reprimand, a suspension or termination).
- 11.3. The final determination regarding the outcome of the investigation and the recommended corrective actions will be made by the deliberative body, or in the case of a Disclosure, in accordance with section 7.4 of the Safe Disclosure Procedure.
- 11.4. Employees that are members of a bargaining unit will have any corrective measure(s) imposed in accordance with applicable collective agreement requirements.
- 11.5. Once a decision has been reached, the Vice-President will notify the Respondent, in writing, of its decision, including reasons (if any) and recommendations (if any) with respect to the violation. The written decision will clearly indicate any corrective measures.
- 11.6. The investigation and review process will be conducted as expeditiously as possible in the circumstances. All reasonable attempts will be made to protect the privacy of the Reporting Party and Respondent at all material times during and after the review process.

12. Confidentiality

- 12.1. Information collected under this Procedure will be used only for the purposes of administering this Procedure and related processes, and may be disclosed only on a need-to-know basis to the extent required to fulfill the University's legal obligations. Personal Information collected, used and disclosed under this procedure will otherwise be kept confidential.
- 12.2. All individuals involved in this Procedure will be advised of their duty to maintain the confidentiality of all information disclosed to them in this Procedure, including any Personal Information disclosed to them.
- 12.3. Except as required under these procedures, or as otherwise required by law, investigation reports created under this procedure will not normally be disclosed or produced to a Reporting Party, Respondent or witness. Reporting Parties, and Respondents who are Employees, will, however, be advised of the outcome of the investigation, and the corrective actions if any.

13. Right to an Advisor/Support Person

- 13.1. Respondents who attend an interview in an investigation under this procedure may be accompanied by one advisor/support person. The role of an advisor/support person is to assist the individual by providing procedural information, to ask questions regarding the investigation process and to provide moral support. Individuals who choose to attend an interview with an advisor/support person^s will

choose their own advisor/support person and will notify the Investigator of their advisor/support person's name at least 24 hours prior to the interview. In the case of an Employee who is a member of a bargaining unit, the advisor/support person may be a union representative. During the interview, an advisor/support person will be permitted to speak and ask questions regarding the investigation process, but will not be permitted to make legal submissions or arguments on behalf of the individual, or to disrupt the interview. In any event, individuals who are being interviewed must answer the interview questions themselves.

14. Appeal

- 14.1.** The Respondent has a right to appeal the decision and/or disciplinary penalties imposed by the Vice-President 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.
- 14.2.** 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 Senior Dispute Resolution Officer and Human Rights Advisor in the Office of the University Secretary and General Counsel within ten (10) Working Days of the date of the Decision.
- 14.3.** The Senior Dispute Resolution Officer and Human Rights Advisor will appoint an Appeal Officer to conduct the appeal.
- 14.4.** If, after considering the written submissions, the Appeal Officer finds that the case does not meet the grounds for appeal set out in Section ~~XX~~[14.1](#), 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.

15. Appeal Hearing

- 15.1.** 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 Vice-President, or delegate.
 - b)** The Vice-President, or 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 Vice-President, or delegate.

- d) The Appeal Officer will normally issue a written decision to the Appellant and the Vice-President, or 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.

15.2. The time limits specified under these procedures may be extended by the Appeal Officer at the request of the Appellant or the Vice-President, or delegate, if reasonable grounds are shown for the extension.

16. Protection from Reprisal

16.1. Any Reprisal for making and pursuing a Report under this Procedure is itself considered a breach of the [Code of Ethical Conduct Policy](#). Any individual experiencing Reprisal may file a Report, and that Report will be processed under this procedure.

MONITORING AND REVIEW

17. These Procedures will be reviewed as necessary and at least every three years. The [University Secretary and General Counsel/Policy Advisor](#), or successor thereof, is responsible to monitor and review these Procedures.

RELEVANT LEGISLATION

18. Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c F. 31

RELATED POLICIES, PROCEDURES & DOCUMENTS

19. [Code of Ethical Conduct Policy](#)
Harassment and Discrimination Policy and Procedures
Policy Against Violence, Harassment and Discrimination in the Workplace, and related procedures
Fair Processes Policy

Classification Number	<i>To be assigned by Policy Office</i>
Parent Policy	Code of Ethical Conduct Policy
Framework Category	Legal, Compliance and Governance
Approving Authority	Audit & Finance Committee
Policy Owner	General Counsel
Approval Date	DRAFT FOR CONSULTATION
Review Date	
Supersedes	

PROCEDURE TO ADDRESS CONFLICTS OF INTEREST

PURPOSE

1. The purpose of these Procedures is to provide a consistent process for supervisors to address conflicts of interest reported by their Employees.

DEFINITIONS

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

“Employees” means individuals, including students, who are employed by the University or holding an appointment with the University including paid, unpaid and/or honorific appointments.

“Conflict of Interest” means a situation where an Employee has an opportunity to exercise an official power, duty or function in a way that furthers his or her private interests or those of his or her relatives or friends or that improperly furthers another person’s private interests

SCOPE AND AUTHORITY

3. These Procedures apply to all Employees.
4. The General Counsel, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

PROCEDURES

5. Responsibilities

5.1. Supervisors are responsible for:

- a) Receiving Conflict of Interest declarations from their Employees.
- b) Developing a mitigation plan to address a Conflict of Interest reported by an Employee.

5.2. Employees are responsible for:

- a) Immediately declaring any real, potential or perceived Conflict of Interest that arises to their supervisor in writing.

- b) Following the direction of any mitigation plan established under this procedure.

5.3. The Office of the University Secretary and General Counsel is responsible for:

- a) Advising on the development of Conflict of Interest mitigation plans.
- b) Reporting to the Board of Governors on Conflicts of Interest.

6. Conflict of Interest Reporting

6.1. Employees will declare any Conflict of Interest in writing [using a Declaration Form](#). A supervisor who receives a declaration of Conflict of Interest will determine whether the declaration amounts to a real, potential or perceived Conflict of Interest and the significance thereof. In making this determination, the supervisor will consider:

- a) The type or extent of the Employee's interest;
- b) The significance of the University's decision or activity;
- c) The extent to which the Employee's other interest may specifically affect the University's decision or activity;
- d) The nature or extent of the Employee's involvement in the University's decision or activity.

~~d)~~ _____

6.2. The [Office of the University Secretary and General Counsel](#) ~~[position]~~ can provide advice and guidance to a supervisor in this determination.

~~6.2.6.3.~~ [If a supervisor becomes aware of a real, potential or perceived Conflict of Interest that has not been declared, they will ask the employee to complete a Declaration Form and explain that Conflicts of Interest may need to be mitigated.](#)

7. Mitigation plan

7.1. The supervisor will determine whether the ~~conflict-Conflict~~ [Conflict of Interest-Interest](#) can be mitigated, guided by applicable University policy instruments, and applicable legislation. If not, the Employee will be advised that they cannot engage in the activity declared. The [Office of the University Secretary and General Counsel](#) ~~[position]~~ can provide advice and guidance to a supervisor in this determination.

7.2. The mitigation plan will document the Conflict of Interest, whether it is real, potential or perceived, and provide direction on how to mitigate areas of Conflict of Interest. The plan will consider and be proportional to the type of ~~conflict-Conflict~~ [interest-Interest](#) involved (e.g. real, potential or perceived), the extent to which the Employee might be inappropriately influenced and the harm that is likely to result from such influence or the perception of such influence. The plan may do so by one or more of the following means:

- a) Taking no action;
- b) Enquiring as to whether all affected parties will consent to the Employee's involvement;

- c) Seeking a formal exemption to allow participation (if such a legal power applies);
- d) Imposing additional oversight or review over the Employee;
- e) Withdrawing from discussing or voting on a particular item of business at a meeting;
- f) Exclusion from a committee or working group dealing with the issue;
- g) Re-assigning certain tasks or duties to another person;
- h) Agreement or direction not to do something;
- i) Withholding certain confidential information, or placing restrictions on access to information;
- j) Transferring the Employee (temporarily or permanently) to another position or project;
- k) Relinquishing the private interest; or
- l) Resignation or dismissal from one or other position or entity.
- m) Removing the Employee from a supervisory position over an individual where there is a Conflict of Interest.

7.3. Conflict of Interest mitigation plans will be approved by the Vice-President of the applicable organizational area, or where the Conflict of Interest involves a member of the Senior Leadership Team, ~~the [Board Chair/Board of Governors/the~~ Audit and Finance Committee].

8. Scenarios involving Conflict of Interest

- 8.1. **Intimate Relationships:** When an Employee engages in an intimate relationship with a person who reports to them in an employment/supervisory relationship or who relies upon them for opportunities to further their academic or employment career. The supervisor will remove any ability to exercise any form of supervision or direct influence.
- 8.2. **Interest in any Concern:** When an Employee or a Related Person works for or has a substantial financial interest in any concern that does business or seeks to do business with the University. The supervisor may remove the Employee from any role involved in evaluating bids, or negotiating with the concern.
- 8.3. **Representation by Related Person:** When an Employee is representing the University in a transaction and a Related Person is representing the other Concern. The supervisor may remove the Employee from any role involved in evaluating bids, or negotiating with the concern.
- 8.4. **Inappropriate Use of Information:** Use or communication by an Employee of Confidential Information obtained in the course of University related activities or as a result of their position at the University for personal gain or other unauthorized purposes. The supervisor may require the Employee to sign a confidentiality agreement relating to information obtained in the course of official duties.
- 8.5. **Political activity** When an Employee uses their position with the University in a political campaign to imply that they have the support or endorsement of the

University. The supervisor may require the Employee to take a leave of absence during the campaign period for provincial or federal campaigns.

9. Reporting

- 9.1. Approved mitigation plans will be forwarded to the Office of the University Secretary and General Counsel [within a month of approval](#). The Office of the University Secretary will report to the Audit and Finance Committee on Conflicts of Interest [each year](#).

MONITORING AND REVIEW

10. These Procedures will be reviewed as necessary and at least every three [years](#). The ~~insert position/committee~~[Policy Advisor](#), or successor thereof, is responsible to monitor and review these Procedures.

RELEVANT LEGISLATION

11. Legislation 1
Legislation 2
Legislation 3

If no associated legislation use the text “This section intentionally left blank”.

RELATED POLICIES, PROCEDURES & DOCUMENTS

12. Associated Document 1
Associated Document 2
Associated Document 3

June 25, 2020

Dear Governors,

Re: 2020 Annual Risk Management Report to the Board

This letter is a cover letter written by the Chief Risk Officer and is intended to summarize and highlight elements of the Annual Risk Management Report (“**Report**”).

The Board of Governors is responsible to ensure that Ontario Tech University engages in effective risk management. With a view to enabling the Board and Audit and Finance Committee to assess the University’s progress, we are pleased to present this fifth Annual Report on University Risk Management (URM) first in draft to the Audit and Finance Committee of the Board and then to the Board of Governors, as a whole.

COVID-19 RESPONSE

While the COVID-19 pandemic has fully engaged our Director of Risk Management since late February, the pandemic has also demonstrated the value of having risk management tools in place and the considerable value of having a dedicated risk professional available to lead operational pandemic response and return to work planning. Many thanks go to Jacquelyn Dupuis – she has been essential in the pandemic response – from her work in assisting to close the campus safely, managing limited access to campus, and currently in supporting a safe and gradual return to campus. While COVID-19 management and response have consumed much of the time we hoped to dedicate to continuing to advance the URM, and as such, some risk activities planned for this year are being deferred, the risk framework, risk education and training, and risk planning have all contributed to the university’s effective and timely response.

WHAT ONTARIO TECH URM SUCCESS LOOKS LIKE

A risk culture is a culture in which risks are taken to advance the strategic, academic, and administrative goals of Ontario Tech. The University risk management program supports risk-taking by integrating analysis, planning, and risk mitigation into university decision-making processes. This exercise is a long-term change management exercise involving a change in Ontario Tech culture.

The Report confirms that President Murphy and SLT demonstrate sincere commitment to risk management. President Murphy continues to lead with risk in mind and his contributed quotation to this letter exemplifies this commitment to URM:

We continue to build a culture where strategy is informed by risk and opportunity. The risk literacy of our organization continues to improve, but like all cultural change, takes time. With my firm belief in the importance of risk management as a strategic tool, and the support of SLT and the leadership in the Office of University Secretary and General Counsel, the organization is gaining an appreciation of how risk must be approached proactively. There has never been a year where being risk-literate has been more important, and we firmly believe that building out our risk capabilities further will help the organization immensely as it grapples with substantive challenges and opportunities in the short, medium and long-terms.

PROGRESS IN 2019-20

In this report, we are pleased to report that Ontario Tech University continues to make progress toward the integration of risk into its decision-making and planning processes. The following is a summary of the positive developments in the risk management culture in the period July, 2019 to June, 2020:

- The Board remains committed to the development of a risk culture at Ontario Tech University and the Audit and Finance Committee received several reports on the progress of risk management this year;
- Dr. Steven Murphy continues to make risk management an important priority by devoting time to it at Senior Leadership Team (SLT) meetings and retreats. SLT engaged in several discussions about strategic risk this year. Risk has become a normal and natural part of discussions about capital projects and budget, among other matters.
- The University has continued to evolve and develop risk processes and tools, and has engaged in significant training to new Risk owners, and existing Risk owners. The Risk Management website continues to be improved and represents a valuable source of information and guidance to the community. Pages 5 and 6 of the Report list the activity done this year to support a wide variety of activities across the campus.
- With respect to risk management metrics, we were to focus on the development of a dashboard. This work remains incomplete. The focus in 2021-21 will be on improving our ability to measure risk management activity and present meaningful

reports to the SLT and Board. In the future, we will look to benchmark against other institutions noting that Ontario Tech is already recognized as having a high degree of credibility and knowledge in this area. We have been asked to speak about our process and are asked to share our tools and procedures with other universities.

- In the context of the budgeting process, key decisions are made about what should be funded and what goes unfunded. Risk considerations are included within the strategic planning approach to budgeting. There is always work to be done to more fully understand the risks associated with budgeting decisions in changing contexts but as the Board sees in management presentations, risk considerations are more evidently integrated into planning.
- The Risk Management Committee has met regularly and continues to be an important contributor to the University Risk Management process. With support and guidance from this Committee, a significant amount of policy work to support risk management and risk processes has been commenced and completed in the year.
- The Risk Management website continues to be improved with a view to providing tools to assist the Ontario Tech University community to better manage risk.

AREAS FOR FOCUS IN 2020 AND BEYOND

The specific goals and objectives for next year are set out in Part III of the Report. The following areas will be important for the Board of Governors to monitor:

Resourcing: Although there is one full-time person supporting the University to implement and sustain the URM process, employees throughout the rest of the University are supporting URM as yet one more thing on the list. Having said that, we can report that there is very good engagement with risk owners and most risk owners are responsive. It is important to continue to ensure that the obligation to manage risk is incorporated into performance management of all risk owners through objectives and assessment.

Strategic Risks: Good progress has been made in this area as we now have clearer strategic risks, aligned to the strategic pillars and assigned to senior risk owners. We are also making good progress mapping strategic risks to operational and educating risk owners to understand their roles and contribution to university strategy.

Foundational Risks: Our two foundational risks continue to be: 1) Financial Sustainability, and; 2) Compliance and Controls. I anticipate that Financial Sustainability will be the subject of much discussion given current forecasts and the current economic environment. With the hiring of a dedicated compliance professional, progress is being

made on a university-wide compliance plan as well as on specific compliance matters and I anticipate that the compliance and controls risk will be removed as a foundational risk.

Security and Privacy: As we look forward, there are two areas of risk that will require more focus as we move to an increasing reliance on technology: 1) cybersecurity, and; 2) privacy. We are actively engaged in planning to build capacity in each of these areas such that the university is well-positioned to assess the impact of new technology and provide advice and training to the university community.

Conclusion: Ontario Tech University continues to move the University Risk Management yardstick forward, although managing the pandemic response has interfered with some of our planned activities. The “tone at the top” remains strong as Dr. Murphy regularly indicates clear support for URM activities. Sustained focus is required to successfully implement and most importantly to build a university that integrates effective risk assessment and management into its decision-making and planning processes.

I’ll finish again with the line - “We know that creating change in risk management culture can take up to fifteen years”. In our sixth year, we continue to progress and in an environment of constrained budget and resources, where steady progress is a very positive thing.

Sincerely,

Cheryl Foy
University Secretary and General Counsel
Chief Risk Officer



ANNUAL UNIVERSITY
RISK MANAGEMENT
REPORT

June 25, 2020

Prepared by:
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Reviewed by the Risk Management Committee

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PART I - INTRODUCTION

The university Board asked the President to develop and implement a University Risk Management (URM) program at Ontario Tech. The President has assigned this responsibility to the University Secretary and General Counsel (USGC). Pursuant to the University **Risk Management Policy** (“RM Policy”, Appendix A), the USGC is designated as the Chief Risk Officer.

The long-term goal for risk management is that Ontario Tech develop a culture of Risk Ownership. The RM Policy states:

The university is committed to fostering a culture of risk-ownership throughout the University. This does not mean that we avoid engaging in activities that have risks or that we avoid risk in our teaching and research and other activities we undertake for the University. It is recognized that both strategic and operational decisions and the work undertaken by faculty, staff and employees, all inherently involve risk.

To Ontario Tech, having a culture of Risk Ownership means that:

- i) Strategic and operational decisions are made with full awareness of the risks relevant to those decisions;
- ii) All members of the University community are aware of the organization’s emphasis on URM and incorporate a proactive approach and awareness to managing risk in their individual roles¹.

As of June, 2020, Ontario Tech has engaged in a number of activities designed to continue to lay the foundation for the development of a culture of Risk Ownership.

PART II – PROCESS AND STATUS UPDATE

1. HISTORICAL OVERVIEW

Ontario Tech is in its fifth year of developing and implementing a risk management program. The table below summarizes the key milestones achieved.

DATE	MILESTONES ACHIEVED
JUNE 2014	<ul style="list-style-type: none">• Board of Governors approved ONTARIO TECH’s first Risk Management Policy after extensive consultation and discussion
JUNE 2015	<ul style="list-style-type: none">• Clarified risk roles and responsibilities• Consultation process with University academic and administrative leaders• Established Terms of Reference for Risk Management Committee

¹ ONTARIO TECH Risk Management Policy, section 7, “Statements of Principle”.

DATE	MILESTONES ACHIEVED
	<ul style="list-style-type: none"> • Developed Risk Tools • Approved a Risk Management Work Plan
JUNE 2016	<ul style="list-style-type: none"> • University-wide consultation process (>100 employees) to develop a grass roots and top down preliminary view of University risks • Twenty-four (24) first draft Risk Registers prepared • Developed five risk categories and identified twenty-one risk drivers • First Annual Risk Management Report presented to the Board
JUNE 2017	<ul style="list-style-type: none"> • Developed a set of draft Risk Registers for the University • Analyzed, synthesized and organized all risks resulting in a lower number of risks • Clarified the process for Risk Owners and developed a reporting structure • Integrated URM into strategic and planning processes • Second Annual Risk Management Report presented to the Board
JUNE 2018	<ul style="list-style-type: none"> • Developed a Risk Register process document • Facilitated risk management training sessions to new Risk Owners and members of the university • Finalized twenty (20) Risk Registers • Developed a draft set of strategic risks • Finalized risk management metrics and presented first set of tracked metrics for risk management • Defined a clear High and Extreme risk process and a list of High and Extreme Risks • Third Annual Risk Management Report presented to Board
JUNE 2019	<ul style="list-style-type: none"> • Developed a Repeatable Annual Risk Register process for Risk Owners • Developed a Strategic Risks Risk Register Tool • Developed a Risk Owner Reporting Tool for established High, Extreme, Foundational and Strategic Risks • Assigned Risk Owners to the University High, Extreme, Foundational and Strategic Risks • Completed eighteen (18) interim Operational Risk Register reviews • Finalized twenty-four (24) annual Operational Risk Registers • Finalized the Strategic Risk Register and presented first set of mitigation and treatment plans • Finalized the University Continuity Policy (UCP) and developed a UCP Work Plan • Updated and finalized the Risk Management Policy

DATE	MILESTONES ACHIEVED
	<ul style="list-style-type: none"> • Drafted a University-Hosted Event Risk Management and Approval Directive • Drafted a University Field Trip Risk Management and Approval Directive • Drafted an Air Vehicles Directive • Enhanced the Risk Management and Insurance website • Facilitated risk management training sessions to new Risk Owners and members of the university • Finalized an Insurance Work Plan • Tracked risk management and insurance metrics and presented second set of metrics for risk management • Fourth Annual Risk Management Report presented to Board
June 2020	<ul style="list-style-type: none"> • Finalized Twenty-Four (24) interim Operational Risk Register reviews • Completed Six (6) annual Operational Risk Register reviews • Collaborated with NAV Canada to expand air vehicles airspace on campus to support research and research related activities • Developed Sport Risk Assessment Guideline • Collaborated with key University Members on project initiatives to support the President’s “Sticky Campus” strategic pillar • Developed virtual (QR code) brochure for students regarding placement/research/co-op insurance • Freedom of Expression annual reporting re: events established for HEQCO • Implemented monthly Physical Campus Hazard reviews and reporting alongside Health and Safety and Campus Infrastructure • • Developed Informed Consent document • Enhanced the Risk Management and Insurance website • Led risk management training sessions to new Risk Owners and members of the university • In relation to COVID-19: <ul style="list-style-type: none"> ○ Updated the Pandemic Planning templates ○ Finalized a set of 25 Pandemic Plans ○ Developed a list of essential activities and essential services ○ Established List of Delegated Authority ○ Confirmed University Continuity Leads ○ Chaired Operations Taskforce ○ Developed Campus Access Protocol during a Provincial Emergency

DATE	MILESTONES ACHIEVED
	<ul style="list-style-type: none"> ○ Supported development of Health and Safety related tools ● Tracked risk management and insurance metrics and presented third set of metrics for risk management ● Fifth Annual Risk Management Report presented to Board

2. HOW DOES THE BOARD MEASURE URM PROGRESS?

As established in the university’s first Annual Risk Report dated June, 2016, and as approved by the Board, Ontario Tech committed to providing this report annually to assist the Board in assessing the progress of the University Risk Management process. To that end, the Board adopted the following six measures of progress as recommended by The Association of Governing Boards, in partnership with United Educators²:

Measure 1: Each year the university should be able to demonstrate to the Board how the university has sustained URM as a priority.

Measure 2: Each year the Board should check on the leadership of URM and verify that URM is an important objective for that leader.

Measure 3: Each year the Board should engage in a discussion of the top strategic and operational risks facing the University and should understand how they are managed and monitored.

Measure 4: The Audit & Finance Committee should include risk management discussions on its work plan. The Board should devote time at one meeting annually to discuss the major risks facing the institution.

Measure 5: The University should continue to engage in ongoing orientation and Board training sessions including information about risks to the institution.

Measure 6: Each year the Board should be asked to comment on and assess the URM and the success (or not) of the stated URM goals and objectives. Generally, the Board should be satisfied that the URM is effectively identifying and enabling the management and mitigation of the major risks facing the university.

The remainder of this Report is intended to allow the Board to assess the university’s 2019-20 progress in University Risk Management as against the adopted measures described above.

² From “A Wake-up Call: Enterprise Risk Management at Colleges and Universities Today”, A Survey by the Association of Governing Boards of Universities and Colleges and United Educators, 2014, pp. 3 to 10 (Much of the language above is directly quoted from this document).

3. MEASURING 2019-2020 PROGRESS:

a. Measure 1 – How has the university sustained URM as a Priority?

The university continues to make good efforts to sustain URM in the current resource-constrained environment:

The university has a dedicated Director of Risk Management overseeing all of the URM activities, with the support of the University General Counsel.

Success in embedding URM into Ontario Tech's culture is evidenced by the integration of URM into strategic and planning processes. Integrated URM fosters the desired risk-informed culture across the University. Clearly defined structure, roles and accountability are critical to the success of the implementation.

Risk Management continues to promote URM during the COVID-19 pandemic, supporting the University Members by formalizing a consistent, and coordinated approach to managing risk and risk related activities in an effort to reduce uncertainty.

In 2019-20, Ontario Tech made good progress against the goals assigned during this academic year. As a result of COVID-19 and the province declaring a state of emergency, some 2019-20 goals were deferred in order to focus efforts on supporting the university's continued operation during the pandemic and establishing an effective response, and recovery. Having a Risk Management Policy and Plan, and a dedicated Risk Director has proven to be extremely helpful during the COVID crisis. The goals and objectives affected by COVID-19 will be considered as goals and objectives for 2020-21.

i. Push the Strategic Risk Plan Forward

In November 2018, members of SLT confirmed the assignment of Risk Owners to the Strategic Risks, which was presented to the Board of Governors in May 2018. Since this time, Risk Owners have worked with Risk Management with the direction of developing and reporting on risk mitigation strategies.

Due to changes in leadership in 2019-20, SLT was charged with reviewing the Strategic Risk(s) under their purview to confirm risk ownership. SLT also spent time reviewing and revising the descriptions of the Strategic Risks to clarify them further. In addition, SLT allocated the Strategic Risks against the university's strategic pillars introduced by Dr. Steven Murphy. A list of the strategic risks as assigned to SLT risk owners, and newly-described is attached as Appendix B.

Strategic Risk work will continue as a priority in 2020-21.

ii. Support the Development of a University Risk Appetite

Due to recent COVID-19 events, the goal to develop the University's risk appetite was deferred and will be considered as a priority in the 2020-21 academic year.

iii. Education and Training

Risk Management continues to make great progress in education and training. Risk Register training and education was facilitated by the Risk Management team to new Risk Owners and new leadership authorities of the University during the 2019 interim Risk Register review.

In addition, operational Risk Owners outside of the SLT received guidance on the interpretation of the university Strategic Risks and were provided instruction on how to map the Strategic Risks to the Operational Risks. The Risk Management team will continue to focus efforts on training related to the university Strategic Risks to support operational Risk Owners in establishing the connection to risks within their operation.

Insurance: Great progress was made on improving the information on the risk management and insurance section of the Ontario Tech web page, which now includes a series of *Frequently Asked Questions* about insurance. Revisions to insurance policies that impact coverage for university members are added to the website as changes arise.

The website is updated regularly to include newly-developed directives, policies, and tools that support the university's risk work and to support the advancement of URM. Improving the university risk and insurance website will continue to be a priority focus in 2020-21. The site address is: <https://usgc.uoit.ca/risk-management/index.php>.

The International Travel Risks and Insurance presentation developed in 2018-19 continues to draw the interest of several areas across the university due to travel implications and restrictions associated with government directives, resulting from the global pandemic. Risk Management contributed to numerous discussions and shared the training presentation in unit meetings to assist in the understanding of insurance coverage, risks associated with travel, and to provide risk assessments on existing travel advisory landscape. The presentation will continue as a method of education and training for international travel in the 2020-21 academic year, and will maintain flexibility to support the emerging risks associated with COVID-19 and other global risk factors.

A new Air Vehicles On-Campus process was developed and awareness training provided to members of the university to support the expansion of the approved on-campus air space by NAV Canada, in addition to the recent regulatory changes passed down from regulatory bodies. Risk Management intends to work with Research over the 2020-21 academic year to establish a more inclusive approach to training, in an effort to increase awareness and expand research ventures which use air vehicles in their methodology.

The university Pandemic Templates were refined, and training was provided to Continuity Leads as needed on how to complete the forms, attached as Appendix C.

Training plans for recent policies and directives developed to support risk work and inform decision making were in the process of being developed, however have been deferred to the following academic year due to COVID-19.

The Director of Risk Management supported the University in 2019-20 by providing risk assessment advice on 181 requests, attended 188 risk management specific meetings, and facilitated 67 risk management training sessions across the University.

iv. Support SLT and Board with Connecting Strategic and Operational Risks

During the interim Risk Register review, the Risk Owners were charged with connecting the university's Strategic Risks to the Operational Risks identified on their Risk Registers. During the Interim Risk Register review in November 2019, fourteen (14) Risk Owners connected their Operational Risks to the University's Strategic Risks. After ongoing discussions with Risk Owners, the decision was made to defer the connection of the remainder of the risks until such time as the strategic risk definitions were updated and finalized. This objective was set to be finalized during the annual review which was to take place in March 2020. Due to events related to COVID-19, the annual Risk Register review was placed on pause until May 2020.

The Risk Owners will continue to work with Risk Management over the coming months to finalize the connection between the Operational Risks and Strategic Risks.

v. Develop Policies Identified as Foundational Risks

In 2019, the university hired its first dedicated compliance resource. The focus of the compliance officer is on the development of an overall compliance program with a shorter-term focus on urgent and emerging higher risk compliance matters. The General Counsel reports to A&F quarterly on compliance activities and this report addresses compliance work done and underway. With the compliance officer in place, it is anticipated that compliance may be removed as a foundational risk in 2020-21.

Financial Sustainability continues to be a focus of the Chief Financial Officer and the President. In the context of COVID-19, the priority associated with this risk is escalated.

vi. Annual Risk Management Report

This Annual University Risk Management Report dated June 25, 2020, fulfils this objective.

vii. Develop Innovative Ways to Track Metrics

Risk Management has been working with key members of the university to identify opportunities for streamlining risk reporting and the collection of risk data, in order to export the information in an automated and informed fashion. The primary focus is on developing a dashboard using current Risk Register data and tools, and use automated features that will export and centralize the risk data collected from across the institution in a meaningful way. Progress has been made on enhancing the Risk Register tool which provided additional measurable data and prioritized risks.

Metrics for risk and insurance were tracked over the 2019-20 academic year and are shared herein as Confidential Attachment 1. Variations in the numbers reported are due to events surrounding COVID-19.

Developing a dashboard and strengthening risk tools and reports using technology will continue as a high-priority objective for 2020/2021.

viii. Work with Academic Council on Their Role in Risk Management

One of the priorities identified was to work with Academic Council regarding their role in risk. Due to ongoing governance work within Academic Council, and the recent COVID-19 events, the Academic risk work plan was deferred and will be considered as a priority in the 2020-21 academic year.

ix. Ontario Tech Operational Risk Register

In November 2019, Risk Owners engaged in the interim Risk Register review, which focused on the risks of the operation. The review included institutional risks which were high, extreme, and foundational to the university. Due to recent events related to COVID-19, the annual Risk Register review was deferred from March until May 2020, in order to focus efforts on the university emergency response, continuity of operations, and recovery. Risk Register discussions are currently underway and slated for completion toward the end of June 2020. The list of Operational Risk Owners is attached as Appendix D.

The Risk Register for High, Extreme, and Foundational Risks: No Extreme Risks were identified. There were nine (9) high risks and two (2) foundational risks reported, which is in line with the 2018-19 annual Risk Register review. Each risk level maintained an equal risk factor of twelve (12). The nine (9) high risks were captured as follows:

Risk Owner: University Secretary and General Counsel

- Risks associated with information governance;
- Risks associated with an increasingly litigious environment;

- Risks associated with disruption causing impairment to the University's operation and Information Technology's (IT) infrastructure;
- Risks associated with failing to negotiate, manage, and implement contracts;
- Risks associated with failing to manage controlled goods (now mitigated by a full review and current development of a policy and procedures).

Risk Owner: Human Resources

- Risks associated with a lack of training and support for front line staff addressing mental health issues.
- Risks associated with the failure to maintain effective labour relations;
- Risks associated with the failure to implement, monitor, and maintain infrastructure enabled to prevent or mitigate workplace accidents and injuries.

Risk Owner: All Faculties and ACE

- Risks associated with equipment failure, requiring replacement or repair.

Foundational Risks: In addition, the two (2) foundational risks noted above were maintained in 2019-20: **Compliance**, owned by the University Secretary and General Counsel, as well as; **Financial Sustainability**, owned by Finance.

Of the sixty-three (63) risks identified, fifty-two (52) of these risks were calculated as Medium, nine (9) as High, and two (2) as Foundational. Three (3) low risks were retired. Low risks are considered local to the operation and, therefore, not included in the Annual Risk Management Report for 2019-20. There were no institutional risks that could be retired across the institution. A summary of the themes arising from the Medium Operational Risks identified by Risk Owners will be developed and completed after the annual Risk Register review process is completed in June, 2020, attached in Appendix E.

During the 2019-20 review, ten (10) controls and forty-one (41) mitigation strategies were added to the registers in an effort to prevent, reduce, mitigate, or resolve risk at the University.

There are five (5) institutional risks that produced a lot of discussion with Risk Owners across the University, which resulted in multi-departmental risk discussions. These are:

- Risks associated with a lack of access control
- Risks associated with contract management
- Risks associated with a shared service model
- Risks associated with employee mental health
- Risks associated with a lack of available/responsive security

In addition to the risk mitigation strategies formalized on the Risk Register to support the treatment of these risks, discussions about risk management strategy will continue.

Continued Simplification and Synthesis: Since the risk team first cast a wide net to identify operational risks in 2015, work has been done to identify risk patterns, categories and overlaps.

This has resulted in fewer listed risks. In continuation of the simplified exercise developed in 2016-17, the risks in 2019-20 are categorized as follows:

Risk Domain	Reported Risks 2015-16	Risks after Synthesis and Reorganization	2017-18 Synthesized Risks	2018-19 Synthesized Risks	2019-20 Synthesized Risks (interim)
Operational	165 draft risks	57 draft risks	39 Risks	41 Risks	41 Risks
Financial	36 draft risks	13 draft risks	7 Risks	7 Risks	7 Risks
Reputational	12 draft risks	3 draft risks	3 Risks	3 Risks	3 Risks
Compliance	40 draft risks	18 draft risks	10 Risks	12 Risks	12 Risks
Total:	253	91	59	63	63

New and Emerging Risks: There were no new institutional risks to report during this review.

Risk mitigation discussions continue between Risk Management and Risk Owners.

x. Senior Leadership Team

The SLT is charged with setting the appropriate “tone at the top” to support risk management, and continue to oversee the implementation of risk management within their areas and ensure commitment to reporting risk activity.

The news here continues to be very positive. SLT is engaged in discussions of risk assignment and mitigations strategies for the High, Extreme, Foundational, and Strategic risks charged against Ontario Tech. SLT supported the discussions surrounding Strategic Risks and risk management through alignment of those risks identified at the operational level.

The risk culture is shifting. Risk strategy has started to become a point of discussion during the planning phases of projects, as evidenced by recent construction and contractor projects where construction risk registers were developed by project managers and other key members of the university. Risk Management has been offered opportunities to sit at the table during initial startup conversations such as the ice rink, the expansion of intramural/extramural sporting programs, food services, for example. Promotion of making risk informed decisions is spreading throughout the university. Risk discussions have been collaborative, which pushes the URM forward. Risk is a focus of budget and other institutional decision-making.

Due to the recent events surrounding the global pandemic, SLT underwent a review of their unit leadership authorities to determine a list of delegated authority in the untimely event of an exposure to COVID-19. This exercise was launched in an effort to reduce operational risks and maintain continuity of operations. The approved list is attached under Confidential Attachment 1.

As part of the University Continuity Policy Framework, the SLT was tasked with identifying Continuity Leads that would support the development, implementation, and maintenance of the unit pandemic plan. In March 2020, SLT approved the proposed list of Continuity Leads, attached for reference under Appendix G.

Establishing the university's risk appetite has been deferred to 2020-21.

xi. Risk Management Committee

The Risk Management Committee (RMC) was struck to oversee the successful integration and execution of URM with direct reporting responsibility to the Board of Governors. Committee members are chosen based on their skill set and functional knowledge. In the 2019-20 academic year, the RMC was charged with conducting regular meetings to discuss risk and risk management with a focus on the integration of risk management best practices, and in this regard, they have fulfilled this objective.

In 2019-20, the Risk Management Committee provided input on a series of risk management directives and policies such as the Use of University Automobile Driving Policy, Use of University-Owned Automobiles for University, Renting Automobiles for University Business Directive, Automobile Accident Form, Business Continuity Tool-Kit, and Informed Consent for visitors, voluntary work, and voluntary field trips.

The RMC discussed and identified areas within the University that would benefit from risk awareness training, such as the Deans Council, Joint Health and Safety Committee, Faculty members with research facilities, and newly appointed managers of the university.

Due to recent COVID-19 events, the opportunity for researching risk appetite processes available within the PSE sector has been deferred and will be considered in the 2020/2021 objectives.

The RMC is composed of the following individuals from across the University:

Cheryl Foy (Chair), Jacquelyn Dupuis (Risk Management), Paul Bignell (IT), Matthew Mackenzie (External Relations), Candi Gogar (Research), Alison Baulk (Finance), Stephen Thickett (Student Life), Tyler Frederick (FSSH), Connie Thurber (FHS), Lori May (F.Ed), Tanya Mayorga (OCIS), Julie Day (Human Resources), Carolyn Yeo (International), and Maureen Calhoun (Health and Safety).

In 2019-20, the RMC met five times.

b. Measure 2: Does URM have an Assigned Leader?

URM is assigned to the University Secretary and General Counsel, a vice president who reports to the President. Advancing URM was a primary objective in 2019-20 and will continue as a priority for the University Secretary and General Counsel.

c. Measure 3: Has the Board discussed the top strategic and operational risks facing the University?

Over this past year there has been very good progress made in moving the strategic plan forward. The Board has received regular progress updates to the status of the plan. Discussions of strategy include discussions of risk. We anticipate more focus on risk as the future appears more uncertain in light of COVID-19 and the economic effects of the pandemic.

d. Measure 4: URM is a part of A&F work plan and Board annual discussion

URM is part of the 2019-20 Audit and Finance Work Plan. There are regular discussions and reports presented on risk management and insurance as noted in the attached Confidential Attachment 2.

The Audit and Finance Committee received reports on risk on November 20, 2019, February 19, April 15, and June 17, 2020, respectively. The Board has received reports quarterly from the Chair of the Audit and Finance Committee.

e. Measure 5: Has Ontario Tech provided Board training sessions about University risk?

In addition to the general discussions about risk, Board professional development sessions typically focus on risk areas for the University. In the 2019-20 year, the Chief Risk Officer conducted an orientation specifically focused on risk management for the recently appointed Board members.

f. Measure 6: Board assessment of URM Activity

At the Annual General Meeting (AGM) each year, the Board receives an annual report and is asked to comment on the progress of URM. The purpose of this 2019-20 report is to secure the Board's comment and direction on URM progress in 2020-21.

PART III – GOING FORWARD

4. 2020 – 2021 GOALS AND OBJECTIVES

Advancement of the goal of embedding URM into a higher education culture is evidenced by the integration into strategic and planning processes. Integrated URM will foster the desired risk-informed culture across the University. Clearly defined structure defines accountability and is critical to the success of the implementation. In order to have clearly defined structure, there needs to be clearly defined responsibilities.

The focus in for 2020-21 objectives is in four areas:

1. Strategic and Foundational Risks:
 - a. Continue to map operational risks to strategic risks.
 - b. Continue to work to address strategic risk to the university.
2. Risk Management Implementation:
 - a. Continue to support and train Risk Owners in the management and mitigation of risk;
 - b. Continue to support Risk Owners reporting on risk work; and
 - c. Design and implement additional processes and tools to support university continuity of operations.
3. Insurance Implementation:
 - a. Continue to support the University community by developing insurance related tools, applications, and educational resources.
4. President's Five Strategic Priorities:
 - a. Identify opportunities in risk management and insurance that support and embrace the university strategic priorities.

Office of Risk Management (Chief Risk Officer and Director of Risk Management)
Support SLT and the Board in developing a plan to assess the University's risk appetite
Continue with Education and Training through maintenance and enhancement of the Risk Management tools and resources using technology as a platform
Continue to enhance and push the strategic risk plan forward and continue to connect the strategic risks to those identified within the Operational Risk Register
Continue to develop policies for Foundational Risks to the University through the Risk Register review process
Prepare the 2020-21 Annual Risk Report to the Board and Audit and Finance Committee
Work with Academic Council to scope its potential role in risk management

Senior Leadership Team
Set the Tone at the Top – Continue to demonstrate support for the implementation of URM
Continue to oversee the implementation of risk management within their areas and ensure commitment to reporting risk activity
Continue to engage in discussion of Strategic Risks and Strategic Risk Management through alignment of risks to risks identified at the operational level
Support the development and establishment of a University risk appetite
Continue to report to the Board on the Management of the Strategic and Operational Risk Plan

Risk Management Committee

Conduct regular meetings to discuss risk and risk management, and focus on the integration of risk management best practices
--

Research risk appetite processes and procedures currently available in the PSE against the operational areas of Ontario Tech
--

Establish risk education and awareness training, and identify areas within the committee members peer groups to attend these training sessions
--

5. CONCLUSION

Please refer to the letter of the Chief Risk Officer for the summary and highlights of this Report.

DRAFT



Classification	LCG 1116
Framework Category	Legal, Compliance and Governance
Approving Authority	Board of Governors
Policy Owner	University Secretary
Approval Date	June 18, 2014; Editorial amendment January 17, 2019
Review Date	January 2022
Supersedes	

RISK MANAGEMENT POLICY

PURPOSE

1. The purpose of this Policy is to establish the foundation for a University Risk Management (“URM”) program which ensures that Risk management is an integral part of the University’s core strategy and integrated into all key activities and/or functions. The URM program establishes a Risk management framework which will provide a proactive and consistent approach to ensuring that Risk is considered when decisions are made at all levels of the organization and, in turn, assists the University to operate within its capacity and willingness to take Risk. The URM program further establishes a commitment to raise awareness surrounding Risk management and provide guidance to all levels of the University.
2. **Objectives:** The overall objectives of the Risk Management Policy are to:
 - 2.1. Formalize a consistent approach to identifying, assessing, measuring, managing communicating and mitigating Risks to the University’s strategic plan and priorities and to the University’s operations in an effort to reduce uncertainty; and
 - 2.2. Assist the University to make better informed decisions and promote accountability for Risk management with stakeholders and University Members at all levels.

DEFINITIONS

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

“University Risk Management (“URM”)” means a consistent, coordinated, integrated approach to identify, assess, measure, manage, communicate and mitigate significant and material Risks to the University achieving its strategic objectives

“Risk” means the uncertainty of outcomes against planned objectives. This concept can be applied to strategic objectives as well as all operational activities within the University. While the application of the definition may change with different University Members, the concept should not change.

“Risk Assessment” means a formalized, systematic ranking and prioritizing of identified Risks, using a likelihood/consequence framework.

“Risk Appetite” means the University’s willingness to accept Risk. Risk Appetite may also be viewed as the acceptable deviation from expected outcomes.

“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

4. This Policy applies to all University Members and extends to all functions and activities.
5. The University Secretary, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of this Policy.

POLICY

This Policy and the associated documents will describe the specific responsibilities for those groups and individuals expected to support the implementation and maintenance of the URM program. In addition, all University Members are expected to support the management of Risk and the success of the URM program at the University.

6. Risk Framework

- 6.1. Effective Risk management across the institution will result in increased stability, safety and security and prosperity for University Members. This Policy and the associated documents create the Risk management framework developed specifically to fit the governance structure and culture of the University. The framework is aligned with the strategic priorities of the University and incorporates leading practices, tailored to the University's needs and culture.
- 6.2. The framework is intended to support the University in identifying, assessing, measuring, managing, reporting and mitigating significant and material Risks. The ultimate goal of the framework is to assist the University in achieving its strategic priorities and operational objectives through better management and understanding of Risk.
- 6.3. The framework provides:
 - Formalized process and approach to executing URM;
 - Clearly defined accountabilities for execution of URM;
 - Improved Risk management communication; and
 - Consistency in Risk management.

7. Risk Governance Structure

- 7.1. **Oversight:** The responsibility to oversee the University's URM program resides with the University's Board of Governors ("Board"). The Audit and Finance Committee 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 URM.
- 7.2. **Direction:** The University's President and Vice-Chancellor is responsible to provide direction to ensure the University's strategic priorities remain the ultimate focus of all University Members.
- 7.3. **Risk Parameters:** The Risk Appetite will be determined by the University's President and Vice-Chancellor along with the Senior Leadership Team ("SLT") and ultimately approved by the Board. The Risk Appetite will be reviewed no less than once annually.
- 7.4. **Risk Owners:**
 - a) **Chief Risk Officer:** The University's President will designate a member of SLT to serve as Chief Risk Officer. The Chief Risk Officer will, among the members of the SLT, have responsibility for the coordination of SLT's Risk management activities. The Chief Risk Officer will act as primary advisor on Risk to the Board and to the President and Vice-Chancellor. The Chief Risk Officer will serve as Chair of the University's Risk Management Committee ("RMC") and will have accountability for that Committee's work.

- b) **Senior Leadership Team (“SLT”):** SLT as a group is responsible for the management of all institutional and operational Risks, the overall success of URM, and the integration of the URM program into the core operational and strategic decision framework of the University. Individual members of the SLT will act as the primary owners of Risks and Risk management at the University. Each SLT member will delegate responsibility for Risk management to functional leaders within that SLT member’s area of responsibility.
- c) **Administrative Leadership Team (ALT):** ALT will act in an advisory role in respect of various aspects of the URM program. ALT will work to ensure that the URM program is integrated into the planning work of the University.

8. Risk Management Committee (“RMC”)

- 8.1. The Risk Management Committee will hold responsibility for the successful integration and execution of the URM framework. Operational implementation and maintenance of the URM program will be conducted with oversight and guidance from SLT. The Committee will also be responsible for facilitating the Risk identification and Risk Assessment process at the Senior Leadership Team and functional leadership levels, consolidating that information and finalizing the institutional Risk profile for the Board. This committee will be a skills-based committee comprised of individuals who are best able to help the University fulfil its URM objectives.

9. Statements of Principle

The University adopts the following statements of principle for application in the implementation of this Policy:

- 9.1. **Risk Culture:** The University is committed to fostering a culture of Risk Ownership throughout the University. This does not mean that we avoid engaging in activities that have Risk or that we avoid Risk in our teaching and research and other activities we undertake for the University. It is recognized that both strategic and operational decisions and the work undertaken by University Members, all inherently involve Risk.

To the University, having a culture of Risk Ownership means that:

- a) Strategic and operational decisions are made with full awareness of the Risks relevant to those decisions;
- b) All University Members are aware of the organization’s emphasis on URM incorporate a proactive approach and awareness to managing Risk in their individual roles.

- 9.2. Communication:** A key principle of a successful URM program is regular communication. The Board and Senior Leadership Team are committed to developing a communication plan to ensure that those who require information to support the URM program receive it. The University's Risk Management Policy, goals and objectives will be made available to all University Members and it will be expected that each member reads and understands the Risk management philosophy and outlined framework.
- 9.3. No Reprisal:** The University will not discharge, discipline, demote, suspend, threaten or in any manner discriminate against any officer or employee based on any good faith and lawful actions of such employee to responsibly and carefully report Risk issues using the channels provided by the University.
- 9.4.** The University is committed to academic freedom.

MONITORING AND REVIEW

- 10.** This Policy 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 Policy.

RELEVANT LEGISLATION

- 11.** This section intentionally left blank.

RELATED POLICIES, PROCEDURES & DOCUMENTS

- 12.** University-Hosted Event Risk Management and Approval Directive
Field Trip Risk Management and Approval Directive
Risk Management Committee Terms of Reference

Appendix B. – Strategic Risks Aligned to Strategic Priorities

Strategic Risks Aligned to Strategic Priorities

	Strategic Risks	Strategic Priorities	Proposed Risk Owner
1.	Stakeholder Relations / Engagement – Internal – Students Manage internal stakeholder relationships (student) in effort to produce future leaders who have real-world experience to become a globally recognized institution	Sticky Campus	Provost
2.	Stakeholder Relations / Engagement – External Maintain and manage external stakeholder groups (other educational organizations, government, businesses and communities etc.) and build lasting relationships	Partnerships	VP – External Relations and Advancement
3.	Academic and Non-academic Staff Engagement Recruit, develop, retain and advance faculty and staff to become future leaders in a highly collaborative, supportive, and globally recognized institution.	Sticky Campus	Provost
4.	Student Experience / Culture Maintain excellent academic standards by providing high quality, positive, and engaging student experiences.	Sticky Campus	AVP – Student Life
5.	Leadership Inspire institutional leaders (Senior Leadership, Deans, Canadian Research Chairs, Managers, Professors etc.) to meet the goals outlined within the strategic plan	Tech with a Conscience	President
6.	Campus Wellbeing Understand, identify and manage issues that impact Ontario Tech's campus wellbeing	Sticky Campus	AVP – Human Resources
7.	Brand Enrich OT's brand and improve culture in effort to make the institution a remarkable place for work and study	Telling our Story	VP – External Relations and Advancement
8.	Innovation Enable student, faculty and staff success through innovation and research in order to create new approaches, partnerships and solutions	Learning Reimagined	VPRI
9.a	Physical Infrastructure Understand and implement the necessary physical infrastructure components to support student, faculty and staff success	Sticky Campus	CFO
9.b	Virtual Infrastructure Understand and implement the necessary virtual infrastructure components to support student, faculty and staff success	Learning Reimagined	Provost
10.	Partnership Success with Durham College Foster and fully maximize opportunities to enable success and create better synergies between Ontario Tech / DC	Partnerships	President
11.	Disruption – From within PSE sector Remain innovative by offering leading edge teaching and learning solutions (i.e. technology) and methodology as competitive pressures from other institutions continue to increase	Learning Reimagined	President
12.	Disruption – From outside PSE sector Anticipate the outcomes of educational and employment trends to remain innovative and ahead of the curve.	Learning Reimagined	President



Pandemic Plan Template Forms

FORM A: ESSENTIAL OPERATIONS/FUNCTIONS

The document below is a tool for determining priority functions/ operations within each unit. During a pandemic period, absenteeism may reduce the capabilities of the Campus to perform essential functions. When determining priorities, assume an absentee rate of 30% within your department, school or faculty. Also consider that during a pandemic episode some functions may require greater attention and resource allocation e.g. communication, planning, etc.

Department/School/Faculty: _____

ROUTINE OPERATIONS

The operations carried out by the departments on a routine basis include: Priority – High to Low

Priority	Operations/Functions
1.	
2.	
3.	
4.	
5.	
6.	
7.	

ESSENTIAL OPERATIONS

The following operations are deemed essential for the campus to maintain mission-critical operations and services at 30% absenteeism: Priority – High to Low

Priority	Operations	Impact of Absenteeism >30%
1.		
2.		
3.		
4.		
5.		
6.		
7.		

The following operations can be suspended temporarily without causing immediate or irreparable damage to the Campus/Students. (Priority – High to Low)

Priority	Operations	Can be suspended for a determined time period
1.		
2.		
3.		

STAKEHOLDER/CLIENT DEMAND CHANGES

The following services/operations may be in high demand during a pandemic:

The following services/operations may be in low demand during a pandemic:

The following services/functions may be in HIGH demand during RECOVERY:

REGULATORY REQUIREMENTS

The following regulatory requirements may be difficult to fulfill during a pandemic: (please explain)

The following regulatory requirements must be fulfilled during a pandemic: (please explain)

FORM C: COMMUNICATION CONTACT LIST

(Department / Unit / Faculty / School)

Strategy:

Example: All Library staff will receive an e-mail containing important information daily during Phases 4-6 of a pandemic via the Campus e-mail system.

Messages to be approved by Communications and Marketing. All Library staff will also participate in a phone tree in order to ensure messages are received in the event of e-mail failure or non-availability.

Communication plan and contact information for staffing complement:

Name Last, First	Work Phone	Work Fax	Work Cell	Work E-mail	Home Phone	Home Cell	Home E-mail	Alternate phone number
	999- 9999	999- 9999	999- 9999		xxx xxx- xxxx	xxx xxx- xxxx		xxx xxx-xxxx

FORM D: CAMPUS PANDEMIC ACTION PLAN

(Department / Unit /School /Faculty Name)

Insert Date

Institutional Goal:

- *insert*

Dept/Unit Assumption:

- *insert*

Dept/Unit Goal:

- *insert*

Priority	Core Function			
1.				
	Actions: OPEN (assume 30% absenteeism)	By Whom		Actions: CLOSED
				By Whom

Priority	Core Function			
2.				
	Actions: OPEN (assume 30% absenteeism)	By Whom		Actions: CLOSED
				By Whom

Priority	Core Function			
3.				
	Actions: OPEN (assume 30% absenteeism)	By Whom		Actions: CLOSED
				By Whom

FORM E: INVENTORY OF RESOURCES

(Department / Unit /School /Faculty Name)

Inventory of Resources required to sustain action plans. Please list minimum staffing, materials and other resources required (e.g. access to network, e-mail). If appropriate, list usual and alternate sources and any specialized requirements (e.g. oxygen cylinders supplied by xxx or yyy; refrigeration units must be maintained in bldg. xxx, room 1234, at all times).

Critical Function	Specialized Requirements	Resources	Alternate Resources	Staffing
<p>EXAMPLE: Research labs in building XXX and YYY contain equipment and specimens which must be maintained daily.</p>	<p>EXAMPLE: Room temperature should not exceed 27 degrees Celsius nor fall below 15 degrees Celsius.</p>	<p>EXAMPLE: Adequate supplies stockpiled in room XXX to last approximately 6 weeks.</p>	<p>EXAMPLE: Additional supplies can be obtained from XXX supplier.</p>	<p>EXAMPLE: One technician will require 8 hours to complete this daily work.</p>

FORM F: CRITICAL AREAS / EQUIPMENT

(Department / Unit /School /Faculty Name)

List critical areas of the campus or a building or equipment which will require specialized care or treatment during a pandemic and which would ordinarily be maintained by Faculties, Schools or departmental staff e.g. research labs, equipment requiring frequent maintenance or monitoring to maintain functionality.

Critical Area / Equipment	Recommendation
<p>EXAMPLE: Rooms XXX, XXX, and XXX must be cleaned and maintained daily to maintain safe operation.</p>	<p>EXAMPLE: It is recommended that they be shut down during a pandemic event and that alternate activities replace those normally conducted in these rooms.</p>



2019/2020 University Risk Owners – Operational

SLT Member	Department/Faculty Risk Registers	Risk Owner
Steven Murphy	ACE	John Komar
	Human Resources	Jamie Bruno
Craig Elliott	Finance	Pamela Onsiong
	Office of Campus Infrastructure and Sustainability	Ken Bright
	Regent Theatre	Kevin Arbour
Cheryl Foy	University Secretary and General Counsel	Cheryl Foy
Susan McGovern	External Relations and Advancement	Susan McGovern
Les Jacobs	Research	Jennifer Freeman
Lori Livingston	Provost's Office	Lori Livingston
	Office of Campus Safety	Tom Lynch
	Information Technology	Paul Bignell
	School of Graduate and Postdoctoral Studies	Langis Roy
	Business and Information Technology	Michael Bliemel
	Education	Robin Kay
	Energy Systems and Nuclear Science	Akira Tokuhiko
	Engineering and Applied Science	Tarlochan Sidhu
	Health Sciences	Bernadette Murphy
	Science	Greg Crawford
	Social Science and Humanities	Peter Stoett
	Student Life	Olivia Petrie
	Library	Catherine Davidson
Brad MacIsaac	Registrar	Joe Stokes
	Learning and Innovation	Catherine Drea
	Teaching and Learning	Susan Forbes

Appendix E. – Operational Risk Themes (to be updated as the Risk Registers are completed for 2020)

In keeping with the Board’s direction and mandate to oversee risk, the Board’s role regarding operational risk is to ensure that there is a process for identifying and managing those risks. In the Annual Report, the annual processes are described. The Senior Leadership Team and the Audit & Finance Committee requested that the Board also be apprised of the themes arising from the operational risks identified by the Risk Owners. This Appendix H provides a summary of those themes with examples of the nature of the risks included within each theme.

Theme: Stakeholder Success/ Management

1. Student Experience
2. Effective management of student mental health
3. Effective management of student misconduct
4. Students – financial incentives and support
5. Attraction and retention of employees
6. Government
7. Community relations
8. Partner relations

Theme: Financial

1. Asset management
2. Fund raising
3. Failure to fund key initiatives: Entrepreneurship
4. Government funding
5. Technology – maintaining and staying up to date
6. Enrolment and competition
7. Tuition
8. Research Revenue

Theme: Academic

1. Programming mix
2. Quality research
3. Adequate support for researchers
4. Maintaining academic standards
5. Academic Integrity (Faculty and Student)
6. Faculty workload management
7. Quality Assurance processes
8. Changing standards/expectations

Theme: Organizational Effectiveness

1. Effective and engaged board
2. Contract compliance
3. Regulatory compliance
4. Administrative law compliance
5. Policy and process gaps
6. Communication
7. Effective use of internal resources

Theme: Ancillary operations

1. Financial impact
2. Liability

Theme: Culture

1. Maintaining collegiality and civility

Theme: Disruption

1. Lack of Business Continuity plan
2. Equipment or Technology Failure

Theme: Safety and Security

1. Workplace safety
2. Information Technology security
3. International Travel
4. Campus travel between buildings

Theme: Shared Campus Model

Appendix F. – Approved Continuity Leads



University Continuity Leads

SLT Member	Operational Area	Approved Continuity Lead
Steven Murphy	Office of the President	Steven Murphy
	Automotive Centre of Excellence	John Komar
Andrew Gallagher	Finance	Andrew Gallagher
Cheryl Foy	University Secretary and General Counsel	Melissa Gerrits
Susan McGovern	External Relations (Incl Gov't Relations)	Susan McGovern
	Advancement Office and Alumni	Yvonne Stefanin
	Communications and Marketing	Richard Seres
	Partnership Office	Lindsay Coolidge
Les Jacobs	Research	Jennifer Freeman
Lori Livingston	Office of the Provost	Provost
	Faculty of Business and Information Technology	Michael Bliemel / Khalil El-Khatib
	Faculty of Social Science and Humanities	Peter Stoett
	Faculty of Education	Robin Kay /
	Faculty of Energy Systems and Nuclear Science a. Radiation Labs	Akira Tokuhiro
	Faculty of Engineering and Applied Science	Hossam Kishawy
	Faculty of Health Sciences	Bernadette Murphy
	Faculty of Science	Greg Crawford
	Office of Graduate Studies	Langis Roy
	Student Life	Olivia Petrie
	Information Technology	Paul Bignell
	Library	Catherine Davidson
	Brad Maclsaac	Registrar's Office
Learning and Innovation		Catherine Drea
Teaching and Learning		Susan Forbes
OIRA		Dana Reeson
CIQE		Nichole Molinaro
Ancillary Services Campus Ice Centre / Field House		Melissa Price Scott Barker / Brad Maclsaac
Con Ed		Michelle Aarons
Office of Campus Infrastructure and Sustainability		Ken Bright
Jamie Bruno	Human Resources	Beth Partlow

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

DATE: June 17, 2020

FROM: Cheryl Foy, University Secretary and General Counsel

SUBJECT: Compliance, Risk and Policy Update

COMMITTEE MANDATE:

- The Audit and Finance Committee is responsible for overseeing risk management, and other internal systems and control functions at the university. This oversight includes receiving regular reports from management on areas of significant risk to the university including regulatory matters, as well as 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 Board with an update on the status of compliance, risk and policy development activity being undertaken by the Secretariat.

Policy Update

- Over the period June 1, 2019 to May 31, 2020 year, 40 new or amended policy instruments have been approved in accordance with the Policy Framework, up from 23 in the prior year. Additionally, 80 editorial amendments have been approved by policy owners, as part of a project to refresh the branding of the University within policy instruments. A list of policy approvals by Approval Authority is attached as Schedule A and a list of editorial amendments by policy owners are attached as Schedule B.
- As the Policy Framework has developed and been more widely-adopted, the university community has identified documents that should properly be considered policy instruments because they require both consultation and approval. Such is

the case with the academic regulations within the undergraduate and graduate calendars. These regulations properly fall within the category of academic policy instruments. Over the past two years, the Secretariat worked with Registrar's Office, School of Graduate and Postdoctoral Studies, and the Centre for Institutional Quality Enhancement to identify and extract academic policy instruments from the calendars. Academic Council has approved or been consulted on this project as it has progressed. Much work has been done to fold in most of the undergraduate and some of the graduate policy instruments. To wrap up the project, work will focus on the remaining graduate policy instruments in the coming year.

- The Secretariat will continue to provide support in the development of new or amended policy instruments that will facilitate increased remote work and remote learning during the 2020-21 academic year. Areas of focus are expected to include: workplace health and safety, privacy, remote hearings.
- The tables below track support of policy instrument development provided by the Office of the University Secretary and General Counsel over the past five years.

TABLE 1: Overall Policy Support 2015-16 to 2019-20

Year	Drafting	Recommendations	Advice
2015-16	17	23	18
2016-17	6	11	5
2017-18	8	28	29
2018-19	23	35	42
2019-20	18	54	10

TABLE 2: Policy Support by Unit June 1, 2019 to May 31 2020

Unit	Drafting	Recommendations	Advice
University Secretary and General Counsel	96 *		
Student Life		6	3
Research Services		8	
Centre for Institutional Quality Enhancement		8	
External Relations		6	
Finance		5	
Human Resources	1	1	
IT Services	1		
Graduate Studies		10	
Registrar's Office		10	3
Teaching and Learning			4

* Includes 80 editorial amendments to policy instruments.

Privacy Update

- The Secretariat is providing support to facilitate the use of remote working and learning tools in accordance with compliance obligations under Ontario privacy law. We are supporting communication and education efforts to ensure that faculty and staff can continue to make informed decisions about which tools to use. We are facilitating privacy impact assessments and policy instrument development for the use of new software tools on an as-needed basis.
- We have completed an assessment of Google Meet video conference software for the purposes of advising appointments and clinical use. We are developing policy instruments to support the use of these tools for clinical use in compliance with PHIPA.
- We are working with staff in SAS to develop privacy-protective processes for scanning and remote sharing of student case files.
- We are starting an initiative to provide written advice to all staff members on a regular basis through the distribution of Privacy Bulletins.
- The table below tracks access to information requests and privacy breaches the Secretariat has addressed this year to-date and the previous two calendar years.

TABLE 3: Privacy Activity by year, calendar year 2018-2020

Category	Calendar year 2018	Calendar year 2019	Calendar year 2020 YTD
Breaches investigated	11	16	7
Requests for personal information	11	9	2
Requests for general information	3	3	1
Requests resolved informally	3	9	0
3rd party notifications	2	1	0

- The report considers the University's compliance obligations under the Freedom of Information and Protection of Privacy Act. There have no instances of non-compliance with legislated timelines in the year to date

Attachments:

- Schedule A) List of policy approvals June 1, 2019 to May 31, 2020
- Schedule B) List of editorial policy approvals, February 18, 2020
- Schedule C) List of Policy projects in progress, as of June 1, 2020

Compliance Update

Accessibility

- For the period covering June 1, 2019-May 31, 2020, Compliance worked with internal stakeholders to confirm and address gaps in compliance with the *Accessibility for Ontarians with Disabilities Act*. Policy and procedure updates were completed, along with the development and publishing of the University's Multi-Year Accessibility Plan 2020-2025 (see "Schedule "D"). The Accessibility Working Group was re-established as a cross-functional committee that will help develop accessibility commitments and support the university's accessibility strategy through its five (5) year action plan. Regulatory reporting requirements were met well before the December 31, 2019 deadline, with internal stakeholders providing attestations on departmental policies, procedures and practices that demonstrates the university's compliance.

Controlled Goods

- The USGC has completed the 2019 Controlled Goods Audit. Findings and recommendations have been approved by the President and Vice President, Research and Innovation. Findings have also been presented to the Faculty of Energy Systems and Nuclear Science to present results and introduce the path forward-the Controlled Goods Compliance Program (including Policy, Security Plan and cross-functional procedures). The Controlled Goods Program Policy has been presented to PAC and is currently in online consultation. Further consultation is expected to commence in September 2020, with the Research Board. Compliance is continuing to work with various departments including: Procurement, IT Procurement, International and ORS to collaborate and develop supporting procedures.

Copyright

- An institutional Copyright Strategy has been developed and approved by the Senior Leadership Team. The plan contemplates a three-year compliance plan, taking into account the blended learning model and the implications of the increased use of technology. Compliance will be working with various stakeholders to build a robust copyright management program.

Attachments:

Schedule D) Ontario Tech University Multi-Year Accessibility Plan 2020-2025

Schedule A: Policy Instrument Approvals – June 1, 2019 to May 31, 2020

Legal, Compliance and Governance Policies, approved by Board

- Accessibility Policy (November 28, 2019)
- Change of Gender Policy (June 26, 2019)
- Information Security Policy (November 28, 2019)
- Payment Card Industry (PCI) Sustainability Policy (November 28, 2019)
- Policy on the Care and Use of Animals in Research and Teaching (February 27, 2020)
- Technology Use Policy (April 23, 2020)

Legal, Compliance and Governance Procedures, approved by Audit & Finance

- Academic Accommodation for Students with Disabilities (November 20, 2019)
- Accommodating Employees and Job Applicants with Disabilities (November 20, 2019)
- Payment Card Industry (PCI) Sustainability Procedure (November 28, 2019)
- Procedure for the Use of Service Animals on Campus (November 20, 2019)
- Process for Reconsideration or Appeal of Decisions of the ACC (February 19, 2020)
- Review and Approval of Animal Use Protocols (February 19, 2020)

Legal, Compliance and Governance Directives, approved by President

- Aircraft Approval Directive (September 12, 2019)
- Directive for Use of Audio Recording of Lectures by Students with Disabilities (November 2019)
- Directive for use of Memory Aids by Students with Disabilities (November 2019)
- University-Hosted Event Risk Management and Approval Directive (September 12, 2019)

Administrative Policies, approved by President

- Smoke Free Campus Policy (June 2019)
- University Building Naming Policy (January 17, 2020)

Administrative Procedures, approved by Administrative Leadership Team

- Postering in University Spaces Procedures (November 12, 2019)
- Responding to the Death of a Student Procedures (November 2019)

Academic Policy Instruments, approved by Academic Council

- Academic Conduct and Professional Suitability Policy (February 26, 2020)
- Academic Misconduct and Professional Unsuitability Procedure (February 26, 2020)
- Advanced Standing and Transfer Credit Policy (April 28, 2020)
- Auditing an Undergraduate and Graduate Course Policy (February 25, 2020)
- Directives on the use of Digital Learning Resources for Assessment Purposes (June 25, 2019)

- Grade Reappraisal and Review of Academic Standing Procedures (Editorial amendment, February 26, 2020)
- Grading System and Academic Standing Policy (Editorial amendment, February 26, 2020)
- Graduate Academic Appeals Policy (February 25, 2020)
- Graduate Faculty Appointments Policy (November 26, 2019)
- Graduate Grade Reappraisal and Review of Research Progress Procedure (February 25, 2020)
- Graduate Grading System Policy (February 25, 2020)
- Graduation and Conferral of Degrees Policy (November 26, 2019)
- Registration and Course Selection Policy (February 25, 2020)
- Responsibilities of Graduate Program Directors Policy (February 25, 2020)
- Special Considerations Policy (April 28, 2020)
- Special Considerations Procedure (April 28, 2020)
- Undergraduate Advanced Standing and Transfer Credit Procedures (April 28, 2020)
- Undergraduate and Professional Admissions Policy (April 28, 2020)

Academic Procedures, approved by Governance and Nominations Committee of Academic Council

- Academic Council Board of Governors Liaison Selection Procedures (February 18, 2020)
- Academic Council Vice-Chair Selection Procedures (February 18, 2020)

Schedule B – List of Policy Instruments that received editorial amendments

Policy Instrument	Approval Authority
Access to Information and Protection of Privacy [Policy]	Board of Governors
Accessible Customer Service [Policy]	Board of Governors
Against Violence, Harassment and Discrimination in the Workplace [Procedures]	Audit and Finance Committee
Alcohol [Policy]	Board of Governors
Board of Governors Attendance [Policy]	Board of Governors
Board of Governors Elections [Procedures]	Governance, Nominations and Human Resources Committee
Board of Governors Meetings [Policy]	Board of Governors
Board of Governors Recruitment, Appointment and Leadership [Policy]	Board of Governors
Care and Use of Animals in Research and Teaching [Policy]	Board of Governors
Coat of Arms [Policy]	Board of Governors
Conflict of Interest in Research [Policy]	Board of Governors
Continuing Education Programs [Policy]	Board of Governors
Continuity Management [Policy]	Board of Governors
Contract Management [Policy]	Board of Governors
Endowment Management [Policy]	Board of Governors
Expendable Funds [Policy]	Board of Governors
Fair Processes [Policy]	Board of Governors
Gift Acceptance [Policy]	Board of Governors
Government Relations [Procedures]	Audit and Finance Committee
Harassment and Discrimination [Policy]	Board of Governors
Health and Safety [Policy]	Board of Governors
International Agreements [Procedures]	Audit and Finance Committee
Investment [Policy]	Board of Governors
Legal Review of Contracts [Procedures]	Audit and Finance Committee
Medical Cannabis Use by Students [Procedures]	Audit and Finance Committee
Policy Framework [Procedures]	Board of Governors
Policy Framework [Procedures]	Governance, Nominations and Human Resources Committee
President Emeritus [Policy]	Board of Governors
Procurement of Goods and Services [Policy]	Board of Governors

Procurement of Goods and Services [Procedures]	Audit and Finance Committee
Recognition of Student Organizations [Policy]	Board of Governors
Records Disposition [Procedures]	Audit and Finance Committee
Records Management [Policy]	Board of Governors
Research Ethics [Policy]	Board of Governors
Selection of a New Chancellor [Procedures]	Governance Nominations and Human Resources Committee
Service Animals [Procedures]	Audit and Finance Committee
Signing Authority [Procedures]	Audit and Finance Committee
Student Association Accountability [Policy]	Board of Governors
Student Conduct [Policy]	Board of Governors
Student Sexual Violence [Policy]	Board of Governors
Sustainability [Policy]	Board of Governors
Technology Use [Policy]	Board of Governors
Academic Seal [Policy]	Board of Governors
Use of the External Auditor for Non-Audit Services [Policy]	Board of Governors
Work Refusal [Procedures]	Audit and Finance Committee
Working Alone [Procedures]	Audit and Finance Committee

Schedule C - List of Policy Projects in Progress (June 1, 2020)

Title	Unit	Policy Lead	Type of Project	Category	Next Step	Mandatory Consultation and Approval Path
ACTIVE POLICY PROJECTS						
Academic Calendar Migration	CIQE, Grad Studies, Registrar	Nichole and Kimberley	Substantive and Editorial (20+ instruments)	ACD	Academic Council	OC/USC/GSC/AC
Academic Integrity	TLC	Susan Forbes	Substantive Amendment	LCG	Initial consultation	OC /ALT/USC/GSC/AC
Automobile policy and directive	USGC	Jacquelyn Dupuis	New	LCG	OC AC ALT	PAC/OC/AC/ALT/BC/BOG
Code of Ethics and Conduct	USGC	Niall O'Halloran /Becky Dinwoodie	New	LCG	Consultation	PAC/OC/ALT/AC/BC/BOG
Compliance Policy	USGC	Shay Babb	New	LCG	Research and Drafting	
Concessions policy	Student Accessibility Office	Jacquelyn Dupuis/Jessica Salt	New (under Risk)	ADM	Initial Consultation	PAC/OC/AC/ALT/President
Contract Management Policy & Procedures	USGC	Cheryl Foy Melissa Gerrits	Substantive Amendment	LCG	Policy Review	AC/SLT/BC/BOG
Controlled Goods Program	USGC	Shay Babb	New Policy	LCG	Consultation	PAC/RB/AC/OC/ALT/BC/BO
Course Evaluations Policy	TLC	Susan Forbes	Policy Review	ACD	Initial consultation	OC/ALT/USC/GSC/AC
Designated and Controlled Substances policy	USGC	Jacquelyn Dupuis/Maureen Calhoun	New (under Risk)	LCG	Initial Consultation	PAC/OC/AC/ALT/BC/BOG
Health and Safety	HR	Maureen Calhoun	Substantive Amendment	LCG	Drafting	
Institutional Quality Assurance Process Policy & 4 procedures	CIQE	Nichole Molinaro	Awaiting ratification	ACD	Academic Council	BC/BOG/OC/USC/GSC/AC
Intellectual Property	Research	TBD	Amendment	LCG	With Legal Counsel	

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International Travel for Faculty and Staff Policy	International Office	Carolyn Yeo	New	ADM	Initial Consultation	PAC/OC/AC/ALT/President
Missing Persons	OSL	Sarah Rasile	New	ADM	Consultation	
Policy and Procedures for Philanthropic gifts to University	Advancement Office	Yvonne Stefanin	New	ADM	Initial Consultation	PAC/OC/AC/ALT/President
Procurement	Finance	Greg Edwards	Amendment	LCG	Policy Review	PAC/OC/AC/ALT/BC/BOG
Prospect Coordination Policy and Procedures	Advancement Office	Yvonne Stefanin	New	TBD	Initial Consultation	TBD
Research Ethics	Research	Janice Moseley	Substantive Amendment	LCG	PAC Assessment	PAC/OC/RB/AC/ALT/BC/BOG
Respectful Workplace Policy	USGC	Andrew Sunstrum	New	LCG	Drafting	
Signing Authority Policy & Procedures & Register	Finance	Craig Elliot	Substantive Amendment	LCG	Policy Review	AC/SLT/BC/BOG
Use of University Owned Automobile directive	USGC	Jacquelyn Dupuis	New	LCG	Consultation	PAC/OC/AC/ALT/President
Visiting Scholar	International Office	Carolyn Yeo	New	TBD	Initial Consultation	PAC/OC/AC/ALT/President
Volunteer	USGC	Jacquelyn Dupuis	New Policy	LCG	Consultation	PAC/OC/AC/ALT/BC/BOG

CURRENTLY INACTIVE POLICY PROJECTS

Title	Unit	Policy Lead	Type of Project	Category	Next Step	Mandatory Consultation and Approval Path
Student Conduct & Investigation	OSL	Olivia Petrie	Substantive Amendment New PI	LCG	On hold until SSV approved	PAC/AC/ALT/BC/BOG
Student Judicial Committee	OSL	Olivia Petrie	New	LCG	On hold until SSV approved	
Accommodations related to Sexual Violence	OSL	Heather Leckey	New – Directive under SSV Policy	LCG	Draft complete; no consultation has occurred.	OC/PAC/AC/ALT/President Needs separate approval

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Radiation Safety	Research	Jennifer Freeman	Amendment – TBD	LCG	AC Fall 2019	OC/AC/A&F/BOG
Biosafety	Research	Jennifer Freeman	Amendment – TBD	LCG	Revising working draft.	OC/AC/A&F/BOG
Responsible conduct of research	Research	Jennifer Freeman	Amendment – TBD	LCG	No consultation.	
Research entities	Research	Jennifer Freeman	Amendment – TBD	LCG	Revising working draft. No consultation.	
Conflict of Interest in Research	Research	Jennifer Freeman	Amendment – TBD	LCG	Revising working draft. No consultation.	
Indirect Cost of Research	Research	Jennifer Freeman	Amendment New Procedure	ADM	Revising working draft. Informal Consultation with Research Working Group and Deans.	
Ownership of Research Equipment	Research	Jennifer Freeman	New		Revising working draft. Informal Consultation with Research Working Group, Research Board and Deans.	
Adjuncts	TBD	TBD			Not sure this was on my list. Unclear who the policy owner is – Provost? It does need updating.	
Canada Research Chair Procedures	Research	Jennifer Freeman	New (5 procedures)	TBD	Mandatory Consultation Draft procedures complete but need parent policy.	TBD
International Travel Procedures	TBD	TBD	New	TBD	Initial Consultation	TBD
Flag Usage	C&M	Melissa Levy	New	ADM	Initial Consultation-on hold	OC/AC/ALT/President

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Review of Alleged Breach of Confidentiality Directive (under Code of Ethics?)	HR	Andre Luzhetskyy	New	LCG	Draft complete/on hold until Code of Ethics draft is complete	PAC/OC /AC/ALT/President
Convocation Arrangements - Graduand Family Member	RO	Kristen Boujos	New	ADM	Consultation/Drafting	ALT/ OC /USC/GSC/AC
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
Board Ethics	USGC	TBD	New	Board	Drafting	
PHIPA Privacy and Health Record Access and Custody Procedure	USGC	Niall O'Halloran	New	LCG	Drafting	PAC/OC/AC/ALT/BC/BOG
Lactation Space Policy	OSL	Akeisha Lari	New	TBD	Drafting	
Procedures for Managing Allergies on Campus	OSL	Heather Leckey	New	LCG	Drafting	TBD
Administrative Unit Review	CIQE	Nichole Molinaro	New	TBD	Initial Consult	
Fit for Duty (Cannabis Legalization)	HR	Jamie Bruno	New	ADM	On hold	PAC/UAC/OC/AC/President Originally intended for approval alongside the other cannabis legalization policy instruments. On hold due to the intersection with accommodation procedures for employees.
Library Use Policy	Library	TBD	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	

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Meeting with Students	TBD	TBD	New	TBD	Parking Lot	
Umbrella Policy on Violence, Sexual Violence, Harassment and Discrimination		TBD	New	TBD	Parking Lot	
Video Surveillance Policy		TBD	New	TBD	Parking Lot	
Communications	C&M	TBD	New	ADM	Parking Lot	

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Ontario Tech University Multi-Year AODA Accessibility Plan 2020-2025



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Executive Summary

Message from the Provost and Vice-President, Academic



Ontario Tech University is a forward-thinking and future-oriented institution. Building on our founding commitment to focus on student development and preparation for an ever changing world, we want everyone who travels to our campuses – physical and virtual – to feel welcomed and able to engage fully within the Ontario Tech community.

Higher education in Canada and around the world currently finds itself enveloped in a major paradigm shift. This shift from a singular reliance on traditional face-to-face lectures, labs, and tutorials to technology-enabled virtual forms of delivery was well underway before the onset of the recent COVID-19 pandemic. Our new post-pandemic reality, however, compels us to move increasingly to hybrid and online platforms to support our educational programming and day-to-day work activities.

Through multi-year plans like this one, we simultaneously recognize the need to invest in new and emerging technologies while remaining committed to constantly updating and improving our policies, procedures, and processes related to the Accessibility for Ontarians Disabilities Act (AODA). This work is extremely important and its value cannot be overstated.

Ontario Tech has always aimed to create a respectful environment for all and our work to create a more accessible physical and virtual environment for our students, staff, faculty and alumni is consistent with our “sticky campus” commitment. We are committed to supporting each and every member of our campus community in an effort to reach their full potential. Only then will we be able to realize our collective strength as a vibrant University community.

Dr. Lori Livingston

Introduction

In 2005, the *Accessibility for Ontarians with Disabilities Act* (AODA) was enacted. This piece of legislation established accessibility standards to ensure that all Ontarians had fair and equitable access to goods and services. Since that time, all Ontario organizations have been required to develop and proactively review their policies, procedures and processes, as it relates to people with disabilities. This analysis requires the identification, removal and prevention of barriers to improve accessibility at Ontario Tech University.

On July 1, 2016, the *Integrated Accessibility Standard Regulation* (IASR) was brought into force and legislated six (6) accessibility standards that all Ontario organizations must follow to comply with AODA. The accessibility standards include: General, Information & Communications, Customer Service, Transportation, Employment, and the Design of Public Spaces.

Statement of Commitment

Ontario Tech University is committed to creating a campus community that is inclusive of all individuals and ensures equal opportunity among its members to achieve success in their academic and/or employment endeavours. The University recognizes that successful learning and employment outcomes are the result of a shared responsibility and commitment on the part of students, faculty and staff, and expects that all members of the community will advance the ongoing development of an environment that is accessible and inclusive, while actively working to identify, remove and prevent barriers to persons with disabilities.

Multi-year Accessibility Plan

As part of the mandate to improve accessibility at Ontario Tech University, the University has developed a multi-year plan that is available online and in alternative formats, as necessary. The primary goal of the plan is to provide a strategic roadmap of commitments that will direct the University's accessibility strategy over five (5) years. Additionally, the plan will outline past accessibility achievements, and it will detail how the University plans to address the ongoing obligations of AODA and IASR.

The Multi-year Accessibility plan is divided into two (2) sections. The first section outlines past achievements the University took to eliminate and prevent barriers at the University. The second section of the Multi-year Accessibility Plan will set out further commitments to advance and support the University's overarching accessibility strategy.

This multi-year plan will be updated every five (5) years, with annual status updates.

Section One: Past Achievements

General

Ontario Tech University is committed to remove and prevent barriers as it pertains to people with disabilities through the establishment of policies, procedures and processes. This includes the:

- Accessibility Policy;
- Accessible Customer Service Policy;
- Ontario Tech University's Statement of Commitment;
- Procedures for Academic Accommodation for Students with Disabilities;
- Procedure for On-Campus Medical Cannabis Use by Students;
- Use of Audio Recording of Lectures by Students with Disabilities Directive;
- Use of Memory Aids by Students with Disabilities Directive;
- Procedures for Accommodating Employees and Job Applicants with Disabilities; and
- Procurement of Goods and Services Policy, Procedure and Guidelines; and
- Hired a Director of Equity, Diversity and Inclusion.

Customer Service

In accordance with the IASR, Ontario Tech University has remained in compliance with the Customer Service Standard. Past activities that support customer service accessibility include:

- Review of the Accessible Customer Service Policy;
- Development of, and subsequent review and update to the Procedure for the Use of Service Animals on Campus;
- Development of departmental and institutional processes for notices of temporary disruptions;
- Accessible Customer Service Training provided for applicable staff members;
- Establishment of a multi-format feedback mechanism; and
- Establishment of the Student Accessibility Services Portal that provides registered students with online portal access to independently renew accommodations, schedule accessibility service appointments and tests.
- Review and revision of the documentation requirements for students with mental health disabilities, following the 2016 Ontario Human Rights Commission letter outlining recommended measures.

Information and Communications

In accordance with the IASR, Ontario Tech University has remained in compliance with the Information & Communications Standard. Past activities that support information & communications support include:

- Built-in web capability to solicit and log accessibility-related feedback;
- Establishment of an online “Assistive Technology” request process for all registered students through Student Accessibility Services;
- “Alternate Format Request” process for all registered students through Student Accessibility Services;
- Computerized note takers, American Sign Language Interpreters, real time captioning and captioning of media content delivered in courses are provided to students with documented hearing loss through Student Accessibility Services;
- Accessible Content E-Portal service was introduced in the Campus Library;
- Captioned video and text transcripts of multimedia services was introduced in the Campus Library (available upon request);
- Published training materials for educators on Accessible Instructional Design and Universal Design for Learning through the Teaching & Learning Centre; and
- The University website was updated to meet WCAG 2.0 Level AA compliance. Continuous scanning is conducted through a 3rd party tool to assess accessibility functionality.

Employment

In accordance with the IASR, Ontario Tech University has remained in compliance with the Employment Standard. Past HR activities that support the Employment Standard include:

- Notice of accommodation availability template, developed and implemented across the University;
- Developed and implemented a Procedure for accommodating employees and job applicants with disabilities;
- Partnered with a 3rd party disability service provider to support employees with disabilities throughout the employment lifecycle; and
- Managed AODA employee training compliance for the University.

Procurement

Ontario Tech University has remained in compliance with the IASR and has considered accessibility in its procurement activities. Past initiatives that support accessibility through procurement include:

- Review and updating of the Procurement of Goods and Services Procedure to include accessibility requirements and best practices; and
- Consulted with persons with disabilities when procuring information and communications supports on their behalf.

Self-service Kiosks

Responsible departments have considered accessibility, during the procurement, deployment and maintenance of the Q-Nory and Information kiosks. Department specific training has been developed to support accommodation efforts.

Design of Public Spaces

In accordance with the IASR, Ontario Tech University has considered accessibility in its design of public spaces. Over the past several years, Ontario Tech has made many improvements by removing barriers, and as a result it has provided a heightened level of accessibility to the campus community. Past initiatives that support accessibility through the design of public spaces include:

2014

- Fume hoods – six (6) height adjustable hoods;
- Accessible safety showers at three (3) locations;
- Journey LU/LA model elevator installed at Regent Theatre and UOIT-Baagwating Indigenous Centre to provide an accessible route to patrons;
- Twenty-four (24) electric powered height adjustable desks;
- Stonhard floor coating in four (4) labs, providing heightened traction for users;
- Traffic seating units installed for hallways;
- Hydration station install to replace fountains; and
- High density shelving in library spaced for barrier-free access.

2014

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- Hydration station install to replace fountains; and
- High density shelving in library spaced for barrier-free access.

2015

- Addition of exterior building ramps to meet IASR requirements;
- Retro-fitted two (2) stalls in existing main floor washrooms at various locations to provide barrier free access, including accessible doors and fixtures;
- Installed grab bars in twelve (12) washroom locations on campus;
- Widened existing frame openings within House 20 for barrier free access; and
- Installed ninety-two (92) sit to stand height adjustable desks on campus.

2016

- Installation of height adjustable tables in various classrooms;
- Accessible counters added to Student Life reception desk;
- Creation of all gender washrooms in ENG1012, UA1408, & UB2066 including automatic door operators & push to lock levers;
- Installation of automatic door operator at various locations; and
- Upgraded parking lots to Type 'A' accessible parking spaces.

2017

- New offices -IASR compliant, update lighting and install lighting control ,forty-two (42) power door operators;
- Constructed the parking lot located at the Campus Ice Centre in accordance with the parking requirements set out in the IASR;
- The Assisted Use Carrel Room was relocated to LIB416 to support the use of adaptive technologies in the Campus Library;
- Built the Software and Informatics Research Centre in compliance with the IASR; and
- Stonhard floor coating in four (4) lecture halls.

2018

- Replaced eighty-eight (88) - 36” Column Push Plates installed at various downtown buildings;
- Stonhard floor coating in three (3) labs; and
- Photoluminescence glow strips and running man exit signs added to five (5) downtown buildings.

2019

- One hundred (100) - 36” Column Push Plates installed in Science, Business & IT and Engineering buildings;
- Addition of exterior ramps at House 22 to meet AODA requirements;
- Creation of all gender washroom House 22;
- Installation of 6 height adjustable tables in Library;
- The Office of Campus Infrastructure and Sustainability conducted preventative maintenance on service equipment at least annually;
- Accessibility considerations have been incorporated into the Campus Master Plan and the 10 year Upgrade Plan to identify opportunities to enhance or comply with the IASR; and

Other

Accessibility Working Group

The Accessibility Working Group was established at Ontario Tech University in September 2010 with the intent of creating a campus that is inclusive to people of all abilities. The mandate of the Accessibility Working Group is to provide oversight and coordination of activities related to accessibility at the University and commits to the achievement of the goals that have been identified within the Multi-Year Accessibility Plan.

Under the Ontario Tech Accessibility Policy, the Accessibility Working Group is responsible for:

- Developing strategic and operational priorities for responding to the AODA Accessibility Standards at Ontario Tech University;
- Developing plans and reports related to the implementation of AODA Accessibility Standards and facilitating their implementation in key areas of the University;
- Recommending changes to policies and associated procedures to ensure ongoing adherence to the AODA Accessibility Standards;
- Identifying and facilitating the development of resources and support to advance Ontario Tech's accessibility goals;
- Monitoring the progress of AODA Accessibility Standards implementation across the University; and
- Overseeing the preparation and filing of the accessibility reports to the Ministry of Seniors & Accessibility regarding Ontario Tech University's compliance with AODA as required.

The Accessibility Working Group is comprised of individuals from across the University who represent their respective department(s) as well as a guest member from the City of Oshawa.

Position	Member
(Co-Chair)	Shay Babb, Copyright and Compliance Officer, USGC
(Co-Chair)	Tina Murray, Manager, Student Accessibility Services
Committee Member	Chris Woods, Manager, Web and Digital Media Services, Communications and Marketing
Committee Member	Julie Day, Human Resources Partner, Human Resources
Committee Member	Krista Hester, Assistant to the Provost, Academic
Committee Member	Ken Bright, Director, Campus Infrastructure and Sustainability
Committee Member	Mhairi McLachlan, Manager, Information and Client Services, Office of the Registrar
Committee Member	Susan Forbes, Manager, Teaching & Learning Centre
Committee Member	Owen Davis, President, Ontario Tech Student Union (OTSU)
Committee Member	Emily Tufts, Associate University Librarian, Scholarly Resources, University Library
Guest	Accessibility Program Coordinator, City of Oshawa

The Committee met two times over the last quarter to review and recommend changes to policies and procedures. During this time, the Accessibility Policy, Accommodation for Employees and Job Applicants with Disabilities Procedure and the Procedure for the Use of Service Animals on Campus were updated and communicated to all University members. These foundational documents provide the baseline to Ontario Tech’s compliance with the AODA and IASR.

Section Two: 2020-2025 Strategic Accessibility Action Plan

The compliance table below identifies the priorities that the University has identified as initiatives that will help it continue to meet the requirements under the AODA and to prevent and remove barriers by 2025.

General

We are committed to maintaining the accessibility compliance framework in an effort to address the elimination of barriers in a way that respects the dignity and independence of all University members.

Legislative Requirement	Responsible Departments	Commitment	Review on or before
<i>Integrated Accessibility Standards, O Reg 191/11, s 3, 4</i>	University Secretary and General Counsel (“USGC”)	Maintain the institutional accessibility compliance framework.	Ongoing
<i>Integrated Accessibility Standards, O Reg 191/11, s 3, 4</i>	Provost Office	Commitment to broaden and diversify the university community through the celebration and promotion of equity, diversity and inclusion in a blended learning environment.	Ongoing
<i>Integrated Accessibility Standards, O Reg 191/11, s 3, 4</i>	OTSU	Will support and champion campus accessibility through its own mission and mandates.	Ongoing
<i>Integrated Accessibility Standards, O Reg 191/11, s 7 and 80.49</i>	USGC Provost Office	Support the review and update of existing employee training procedures on the Accessibility of Ontarians with Disabilities Act (“AODA”) and its regulations, along with the Ontario Human Rights Code as it relates to AODA.	December 31, 2022

Legislative Requirement	Responsible Departments	Commitment	Review on or before
<i>Integrated Accessibility Standards, O Reg 191/11, s 7 and 80.49</i>	USGC	Conduct a specialized accessibility training session for members of the Accessibility Working Group.	December 31, 2022

Customer Service

Ontario Tech University is committed to eliminating barriers and improving accessibility for people with disabilities and providing goods and services in a way that respects the dignity and independence of people with disabilities.

Legislative Requirement	Responsible Departments	Commitment	Review on or before
<i>Integrated Accessibility Standards, O Reg 191/11, s 80.46, 80.47, 80.48</i>	USGC Student Accessibility Services (“SAS”) Teaching & Learning Centre (“TLC”) Office of the Registrar	Review accessibility-related customer service policies and procedures and update, if necessary.	December 31, 2023
<i>Integrated Accessibility Standards, O Reg 191/11, s 80.50</i>	USGC SAS TLC Library Office of the Registrar	Review university-received feedback on an annual basis with the accessibility working group. The working group should review all feedback with a view of optimizing existing processes through consideration of those with disabilities.	December 31, 2023
<i>Integrated Accessibility Standards, O Reg 191/11, s 80.51</i>	USGC SAS TLC Library Office of the Registrar	Keep apprised of changing technologies that can enhance accessibility at the University.	Ongoing

Information and Communications

Ontario Tech University is committed to ensuring that its information and communications are accessible to people with disabilities.

Legislative Requirement	Responsible Departments	Commitment	Review on or before
<i>Integrated Accessibility Standards, O Reg 191/11, s 11</i>	USGC lead – all departments	Review the institutional feedback process with a view of accessibility optimization.	December 31, 2023
<i>Integrated Accessibility Standards, O Reg 191/11, s 12</i>	Library	Revise collection management guidelines and include accessibility as an evaluation criteria. Develop procedures and participate in e-resource evaluations.	January 2, 2023
<i>Integrated Accessibility Standards, O Reg 191/11, s 12</i>	Library	Review and explore opportunities to increase the availability of adaptive technology in the Library.	March 31, 2022
<i>Integrated Accessibility Standards, O Reg 191/11, s 13</i>	Office of Campus Safety	Review and update existing emergency procedure, plans and public safety information.	Ongoing
<i>Integrated Accessibility Standards, O Reg 191/11, s 14</i>	Communications & Marketing TLC	Achieve WCAG 2.0 Level AA compliance across all university websites and web content.	January 1, 2021
<i>Integrated Accessibility Standards, O Reg 191/11, s 14</i>	USGC lead – all departments	Review and update existing university websites for alignment of accessibility messaging.	December 31, 2022

Legislative Requirement	Responsible Departments	Commitment	Review on or before
<i>Integrated Accessibility Standards, O Reg 191/11, s 15</i>	TLC SAS Office of Registrar	Continue to comply with s. 15 of the IASR.	Ongoing
<i>Integrated Accessibility Standards, O Reg 191/11, s 16</i>	SAS	Continue working with Alternate Education Resources Ontario (AERO) project and students who may request alternate forms of educational and training material.	Ongoing
<i>Integrated Accessibility Standards, O Reg 191/11, s 16</i>	TLC – Lead USGC SAS	Support and/or collaborate on educator accessibility training initiatives. Provide this training in an alternative format (if requested).	December 31, 2021
<i>Integrated Accessibility Standards, O Reg 191/11, s 17</i>	TLC	Comply with s. 17 of the IASR.	Ongoing
<i>Integrated Accessibility Standards, O Reg 191/11, s 18</i>	Library	Procure or acquire print, digital or multimedia resources in compliance with s. 18 of the IASR.	Ongoing

Employment

Ontario Tech University is committed to fair and accessible employment practices.

Legislative Requirement	Responsible Departments	Commitment	Review on or before
<i>Integrated Accessibility Standards, O Reg 191/11, s 22, 23, 24</i>	Human Resources	Will maintain existing accessibility notices throughout the employment lifecycle. Prepare communications for ongoing employee awareness.	December 31, 2020
<i>Integrated Accessibility Standards, O Reg 191/11, s 25</i>	Human Resources	Develop an employee accessibility communication strategy for onboarding employees.	October 31, 2020
<i>Integrated Accessibility Standards, O Reg 191/11, s 26</i>	Human Resources	Work with employees to determine the appropriate information and communication supports, when requested.	Ongoing
<i>Integrated Accessibility Standards, O Reg 191/11, s 27</i>	Human Resources	Create a disability management function to manage 3rd party prepared accommodation plans and support employees with disabilities.	February 2020

Procurement

Ontario Tech University is committed to accessible procurement processes.

Legislative Requirement	Responsible Departments	Commitment	Review on or before
<i>Integrated Accessibility Standards, O Reg 191/11, s 5</i>	USGC	Review and address the gateways for the procurement and acquisition of goods and services to ensure that accessibility has been considered.	December 31, 2021

Self-service Kiosks

Ontario Tech University is committed to incorporating accessibility features/ considering accessibility for people with disabilities when designing, procuring or acquiring self-service kiosks.

Legislative Requirement	Responsible Departments	Commitment	Review on or before
<i>Integrated Accessibility Standards, O Reg 191/11, s 6</i>	USGC	Seek public feedback regarding existing self-service kiosks. Provide the data to stakeholders for future considerations.	December 31, 2022

Design of Public Spaces

Ontario Tech University will meet accessibility laws when building or making major changes to public spaces.

Legislative Requirement	Responsible Departments	Commitment	Review on or before
<i>Integrated Accessibility Standards, O Reg 191/11, s 80.1-80.44</i>	Office of Campus Infrastructure & Sustainability	Conduct accessibility improvement audits of campus spaces and prioritize accordingly.	Ongoing
<i>Integrated Accessibility Standards, O Reg 191/11, s 80.1-80.44</i>	Office of Campus Infrastructure & Sustainability	Height adjustable equipment installation in classrooms and spaces across campus.	Ongoing
<i>Integrated Accessibility Standards, O Reg 191/11, s 80.24-80.25</i>	Office of Campus Infrastructure & Sustainability	Stair tread nosing and landing textile strips for the following campus building locations: Science, Library and Engineering Faculty of Business & IT Building, 55 Bond St & 61 Charles St	December 31, 2020 December 31, 2021

Other

Legislative Requirement	Responsible Departments	Commitment	Review on or before
<i>Accessibility for Ontarians With Disabilities Act, SO 2005/11, s 14(1)</i>	USGC	File accessibility compliance reports in accordance with the timing indicated by the Director.	January 1, 2021 and biannually thereafter until 2025.

For More Information

For more information on this accessibility plan, please contact:

Telephone Number: 905.721.3173

E-mail: aoda@ontariotechu.ca

Website: accessibility.ontariotechu.ca

Attention: Compliance Officer

Standard and accessible formats of this document are available upon request.



Audit & Finance Committee

2019-2020 Annual Report

2019-2020 Work Plan

MANDATE-DRIVEN PRIORITIES

Financial Statements 2019-20

- Quarterly reporting & year-end financial reporting
- Credit rating update

Audited Financial Statements 2019-20

- Engagement Audit Plan
- Receipt of Pension Plan Audit Report
- Audited financial statements
- Receipt of Audit Findings Report
- Auditor performance review
- Debenture overview & updates

Budget for 2020-21

- Update on assumptions, targets & outcomes
- Enrolment updates
- 10-year financial model & forecasting
- Recommendation of 2020-2021 budget
- Recommendation of endowment disbursement

2018-2019 Work Plan

MANDATE-DRIVEN PRIORITIES

Risk Management & Compliance

- Progress updates for Risk Management, Privacy Compliance & Pension Governance
- URM Annual Report
- Annual governance review
- Annual Insurance Report
- Annual policy & compliance review

Capital Projects & Acquisitions

- New building project
- MGP updates
- CRWC expansion updates
- AVIN updates
- TELE program updates

Student fees

- Recommendation of tuition & ancillary fees for 2020-2021

2018-2019 Work Plan

MANDATE-DRIVEN PRIORITIES

Investment Committee Oversight

- Receipt of quarterly reports

Policy Development & Review

- Statement of Investment Policies (SIP) & Asset Class Management Strategy review
- Contract Management & Signing Authority Policy review
- University Code of Ethics
- President Expenses Approval Policy

Accomplishments

Terms of Reference

- Recommended updates to committee Terms of Reference

Financial

- Committee reviewed & discussed quarterly reports, allowing for ongoing assessment of opportunities & risks
- Recommended Audited Financial Statements for approval
- Audited financial statements for the university's Pension Plan were presented to the committee by KPMG
- Recommended disbursement of up to \$725,000 from the Endowment Funds to be distributed as student awards in 2020-21

Accomplishments

Policy

Recommended to the Board of Governors for approval:

- Accessibility Policy
- Information Security Policy & PCI Sustainability Policy
- Policy on the Care and Use of Animals in Research and Teaching & Animal Care Committee (ACC) Terms of Reference
- Technology Use Policy
- Ethical Conduct Policy
- Policy Framework: Temporary Amendment to Consultation Path

Approved:

- Procedures for Accommodating Employees with Disabilities, Procedures for Accommodating Students with Disabilities & Procedure for Use of Service Animals
- PCI Sustainability Procedure
- Review and Approval of Animal Use Protocols and the Process for Reconsideration or Appeal of Decisions of the ACC
- Gift Registry Procedures, Code of Ethical Conduct Investigation Procedures & Conflict of Interest Procedures

Accomplishments

Investment Committee Oversight

- Received quarterly reports from the Investment Committee
- Recommended amendments to the Statement of Investment Policies & approved amendments to Asset Class Management Strategy to allow for investment in direct real estate equity

Budget for 2020-21

- Recommended the 2020-21 budget for approval by the Board

Student Fees

- recommended the 2020-21 tuition & ancillary fees amendments for approval by the Board

Accomplishments

Risk Management & Compliance

- Receipt of the first Freedom of Expression Policy Annual Report
- Oversight of the continued development of the University Risk Management (URM) framework
- Recommended the annual URM Report for receipt by the Board
- Oversight of privacy and compliance

Capital Projects, Acquisitions, & Divestments

- Oversight of completion of CRWC expansion project
- Oversight of land exchange with City of Oshawa

In Progress

Budget

- Cash management & forecasting

Financial

- Transition of TELE program from laptops to bring your own device (BYOD)

Risk Management & Compliance

- Continued development of URM program
- Implementation of University Continuity Management Policy & program
- Continued oversight of university's insurance program

Contracts

- Implementation of the Contract Management & Legal Suite systems

In Progress

Policy Development & Review

- Oversight of the Contract Management & Signing Authority Policy review
- Continued oversight of policy development & implementation of Policy Framework

Records Management

- Continued oversight of implementation & development of Records Management System

Future Planning

Capital Projects

- Continued oversight of the ACE Enhancement project
- Continued oversight of the New Building project
- Continued oversight of AVIN project

Audit

- Annual Assessment of External Auditor

Risk Management & Compliance

Legal Suite

- Oversight of:
 - continued expansion of functionality of Legal Suite
 - monitoring policy development and review through the database

Future Planning

Policy

- Development of President Expenses Approval Policy
- Development of Controlled Goods Program and Designated and Controlled Substances Policy
- Development of Automobile Policy
- Review of Procurement Policy
- Review of Research Ethics Policy
- Development of Volunteer Policy
- Development of Compliance Policy
- Development of Respectful Campus Policy

Future Planning

Risk Management & Compliance

Privacy

- Oversight of the development of the University's privacy policies, procedures, assessment & education

Legislative Compliance

- Oversight of University's AODA & CASL compliance initiatives
- Oversight of Controlled Good

Records Management

- Oversight of implementation & development of Records Management System

BOARD OF GOVERNORS
Audit & Finance Committee

Minutes of the Public Session of the Meeting of Wednesday, April 15, 2020

2:00 p.m. to 3:30 p.m.

Videoconference

Attendees: Nigel Allen (Chair), Doug Allingham, Stephanie Chow, Dale MacMillan, Steven Murphy, Dietmar Reiner

Staff: Becky Dinwoodie, Cheryl Foy, Andrew Gallagher, Lori Livingston, Brad MacIsaac, Susan McGovern, Pamela Onsiang

1. Call to Order

The Chair called the meeting to order at 2:00 p.m.

2. Agenda

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

3. Conflict of Interest Declaration

There were none.

4. Chair's Remarks

The Chair noted the strange times we are living in and how virtual meetings are becoming the norm. Everyone is adapting and moving on as best they can. The community is facing a tremendous amount of uncertainty as to what the future looks like. This uncertainty is causing some angst. Everyone is working together to move forward. The Chair acknowledged the good work of the team as they handle the crisis.

5. President's Remarks

The President updated the committee on the university's COVID19 response initiatives. The university is active on a number of fronts, including working with OPG and GM on designing and producing face shields, and working on producing an Ontario Tech designed ventilator. The Faculty of Health Sciences has exhausted their supply of PPE. Further, Academic Council passed a motion allowing our nursing students to graduate early and join health care service teams on the front lines. So many students have volunteered to participate in these COVID19 initiatives that some have had to be turned away. The university is also in the initial phases of a wastewater project proposal. Examining whether COVID19 is in the waste water system has been proven to be an effective way of determining how the virus is progressing through the community and when it has left the community. The initial response from the provincial government regarding this proposed project has been positive.

The President noted the tremendous amount of uncertainty facing the university community. The COVID crisis will have significant financial consequences for students and their families. The university's financial situation was not ideal before the pandemic and is less so as a result of the pandemic. The situation will provide the university with an opportunity to differentiate itself by being at the forefront of technology and offer an enhanced hybrid model of learning. An enhanced hybrid model would make core course content available online and provide students with intensive experiential learning opportunities on campus. The goal is to have all courses ready for online for the fall and then transition to a hybrid model when possible. Other institutions have expressed a desire to return to "normal" and we are unsure of whether that will even be possible. The President remarked that what we will be able to offer in September will be a differentiator for the university and will continue to improve over time. We cannot underestimate how difficult the next few years will be, but it helps to have a plan as to how to move forward.

5.1 Pandemic Update – Federal & Provincial Financial Initiatives & Community Initiatives

L. Livingston discussed how the university has differentiated itself, so far. The university was one of the first to make the decision to move courses entirely online and the transition was relatively seamless compared to the experience of other institutions in the province. This speaks volumes to the good will of our faculty, staff and students. Approximately 94% of the university's courses were already linked to the learning management system before the pandemic. Because of the university's TELE program, almost all of our students already had a laptop prior to the pandemic. As a young institution, we have a culture of embracing technology. Other institutions have struggled with transitioning to online exams; whereas the university already had an exam monitoring software in place for online exams.

A communication was sent out to the institution that morning about the plans to transition online and the hybrid approach. The intention was to inform faculty about going online for the fall as soon as possible to provide them with time to prepare. S. Murphy shared that university Presidents have been meeting several times a week since the crisis began. While there was a desire among many in the group to wait to make announcements until June 1, waiting until then would preclude the university from moving quickly.

C. Foy provided an overview of the risks related to the pandemic. She responded to questions from the committee. There was a discussion regarding the measures in place to ensure the safety of individuals on campus. C. Foy explained the clearance protocols in place, which include a list of individuals allowed to be on campus. Physical distancing is required and there are signs posted to remind people of that requirement. A question was asked about whether members of the senior leadership team are doing periodic visits to campus. C. Foy advised that the Director of Risk has been on site periodically. The focus has been to demonstrate that if individuals can work from home, they should be working from home and the senior leaders are leading by example.

There was also a discussion about the implications of having a shared campus during this time. C. Foy advised that the university has been working closely with Durham College and it is going smoothly. The institutions have a shared Emergency Response Team and the Risk Directors and communications teams have also been working closely together.

6. Finance

6.1 2020-2021 Budget

The Chair introduced the budget presentation. He noted that it is difficult to anticipate the full impact of the pandemic and he acknowledged the tremendous work being done by everyone at the university to assess and respond to these uncertainties.

L. Livingston and A. Gallagher delivered the budget presentation and responded to questions from the committee. L. Livingston noted that the financial status of students is uncertain given the limited summer employment opportunities available and parental supports may be reduced as a result of the pandemic. For our faculty and international students, travel restrictions will likely be in place for the foreseeable future. The Ministry of Colleges and Universities asked Ontario institutions for their top three priorities and ours included student support. S. Murphy added that the Executive Heads have also raised the issue of student support at the federal level.

A. Gallagher reviewed the short-term impact of the pandemic on the university's finances. An initial impact assessment suggests the university faces a sizeable deficit in the short to medium term (\$3M in 2020-21 and \$11.2M cumulatively in the next three years). Establishing the traditional \$2.5M building reserves is no longer feasible for the next three years. He advised the committee that this is the initial draft and the budget will continue to be updated as new information becomes available. The plan is to return to the committee with a full budget presentation for recommendation at the June meeting. If new information becomes available before then, a meeting in May might be required.

There was a discussion regarding potential financing options for the new building project, which include obtaining a loan or relying on an existing line of credit. A member of the committee asked whether any consideration has been given to changing the scope of the new building project to reduce the costs. B. MacIsaac advised that they are working with Eastern and all options are on the table.

A question was also raised about whether the pandemic situation will affect the timing of the audited financial statements. A. Gallagher informed the committee that they are proceeding with the proposed timeline and the goal is to present the audited financials at the June meeting.

L. Livingston discussed the strategic response to survive the short-term, which includes:

- commence capital financing discussions for the new building \$25M;
- retaining current students; and
- attracting new students.

She also discussed the university's positioning for the future, which involves:

- organization and process redesign for course delivery;
- assessing our existing "brick and mortar" capital assets; and
- post-pandemic strategy for new programs and research priorities.

7. Project Updates

7.1 New Building

B. MacIsaac provided a status update on the new building. Over 94% of contracts with the subtrades have come back and we are approximately \$500,000 under budget. On April 3, the government directed the closure of non-essential construction effective April 4, 2020 for 14 days, with the possibility to extend. If construction is shut down for the next month, there is a plan for how the building could still be up and open for September 2021 based on some concurrent opportunities. Over the next few weeks, the university will be working with Eastern on different scenarios.

7.2 ACE Enhancement

It had been forecasted that the physical works would be completed by July 2020 (4 months behind original schedule) while the integrated commissioning was still on track, thus overall completion by September 30, 2020 was achievable. With COVID19, the project is anticipated to be further delayed. The forecast completion date will be assessed once the hold directive is removed. If the delay continues, it may impact revenues that were forecast for next year. There was a discussion regarding whether there would be an opportunity to tap into stimulus funding for any of the university's capital projects.

8. Compliance & Policy

8.1 Policy, Compliance & Risk Report

C. Foy provided an overview of the report. She informed the committee that the Controlled Goods project had been completed. She also discussed the work being done related to COVID19.

9. Consent Agenda:

Upon a motion duly made by D. MacMillan and seconded by S. Chow, the Consent Agenda was approved as presented.

9.1 Minutes of Public Session of Meeting of February 19, 2020

9.2 Technology Use Policy

10. For Information:

10.1 AVIN Update

11. Other Business

12. Adjournment

Upon a motion duly made by D. Allingham and seconded by D. MacMillan, the public session adjourned at 3:40 p.m.

Becky Dinwoodie, Secretary

AVIN Update June 19, 2020

- Two AVIN Project Funding Proposals with Ontario Tech University Partners both Approved by AVIN
 - eCAMION Developing an Autonomous Charger System for Use in Transit Applications (partners include OPUC, Ontario Tech University).
 - Team Eagle awarded ~\$950k from AVIN but were forced to decline because of economic hardships brought on by COVID 19. Working on a re-scoped, scaled down version of project.
- Hosted first Durham Regional Technology Development Site webinar on Safe and Smart Communities as part of new conference series launched on June 4.

2019 ANNUAL REPORT



CURIE

Protecting Universities.
Sharing Knowledge.

Message from the Chair & Chief Operating Officer

On behalf of CURIE and the Advisory Board we are pleased to report to you on the results of 2019.

In 2019 CURIE's subscriber surplus grew by \$10.9 million to \$90.2 million. This favourable outcome was the result of an underwriting loss of \$2.2 million, driven by unfavourable claims experience on both the liability and property programs, which was offset by dividend and interest income of \$8.4 million and further improved by unrealized capital gains of \$4.6 million. As of December 31, 2019, our Minimum Capital Test (MCT) or solvency ratio was 431.7%. CURIE's surplus policy provides for the potential distribution of surplus when the MCT ratio is beyond 350%. After consideration of our strong financial position, market conditions at the time and the potential impacts from changes in the markets, the Advisory Board approved a surplus distribution of \$3.4 million in 2020.

In addition to the many Risk Management and Loss Control services already available to our members, CURIE continues to be hard at work developing new resources and educational programs for subscribers. At the forefront of these initiatives is our Risk Advisory Committee. In 2019, they worked with Global Risk Consultants (GRC) to develop a webinar on contractor management which has been well received by our members. Next, we will once again use the expertise of GRC in the development of a fire protection systems webinar.

In addition, the committee is also working on a waiver handbook as well as Risk Management Bulletins on Certificates of Insurance, Outside User Groups and Clinical Trials.

Over the past few years CURIE has been running Enterprise Risk Management (ERM) workshops (Parts I & II) which have proved popular with our members. In 2019 we reviewed next steps in ERM training and are looking to offer a Part III ERM workshop.

Thank you to our subscribers for their ongoing support and participation in our programs.

As we look to the challenges ahead in the wake of the hard market conditions, the CURIE value proposition is ever more evident. The philosophy of member institutions joining together to solve insurance challenges has proved itself to be a highly successful approach. We remain committed to our mission, to be the positive force in mitigating the cost of property and casualty insurance for our members. We are stronger together.

Thank you to the members of our Advisory Board and associated committees for their contributions to CURIE's success as well as our professional advisors for their service, expertise and dedication to CURIE. A special thanks goes to Dave Button, for his leadership as chair of CURIE for the past 2 years. His guidance, knowledge and good humour will be missed by the Board.

Finally thank you to our dedicated CURIE staff whose focus is on providing excellent service and advice to our members.

We look forward to continuing to provide innovative risk management and insurance solutions to you, our members.



CHAIR

Kristi Simpson, Associate Vice-President
Financial Planning & Operations, University of Victoria



CHIEF OPERATING OFFICER

Keith Shakespeare
CURIE

CURIE Facts

Membership

Subscribers commit to participate in CURIE for a minimum of five years — one underwriting period. This multi-year participation helps stabilize prices and generate consistent coverage. The current underwriting period, CURIE 7 will run until the end of 2022.

Premiums

CURIE establishes premiums sufficient to pay anticipated liabilities based on actuarial advice and actual losses. In the long run, CURIE intends for all participants to pay their fair share of total claims and expenses.

What is a Reciprocal?

A reciprocal is an unincorporated group of organizations that contract with each other to share losses on a not-for-profit basis. Because the reciprocal is owned and operated by its members, they input directly into the reciprocal's operation, and they share any profit and investment income. As with commercial insurers, reciprocals are regulated and monitored to ensure that their investments and operations keep the organizations financially stable. Because a reciprocal is owned by its members, its sole motivation is to serve those members.

CURIE'S SUBSCRIBERS

64 universities from across Canada are members of CURIE. Many have been members since its founding in 1988 and continue to be today, providing insightful knowledge and experience to our group.

Acadia University	OCAD University
Acadia Divinity College	Ontario Tech University
University of Alberta	Northern Ontario School of Medicine
Algoma University	Nova Scotia College of Art & Design
Athabasca University	University of Prince Edward Island
Atlantic School of Theology	Queen's University
Brandon University	Redeemer University College
Brescia University College	University of Regina
Brock University	Ryerson University
University of Calgary	Université Sainte-Anne
Canadian Mennonite University	Saint Mary's University
Cape Breton University	Saint Thomas University
Carleton University	Saskatchewan Polytechnic
Collage Communautaire du Nouveau Brunswick	University of St. Michael's College
Université de Saint-Boniface	University of Saskatchewan
Dalhousie University	Simon Fraser University
First Nations University of Canada Inc.	St. Francis Xavier University
Grant MacEwan University	St. Joseph's College
University of Guelph	St. Mary's University
Huntington University	St. Thomas More College
Huron University College at Western	Thorneloe University
University of King's College	Trent University
Lakehead University	University of Trinity College
University of Lethbridge	Trinity Western University
Laurentian University	Victoria University
McMaster University	University of Victoria
University of Manitoba	University of Waterloo
Memorial University of Newfoundland	University of Western Ontario
Université de Moncton	Wilfrid Laurier University
Mount Allison University	University of Windsor
Mount Saint Vincent University	University of Winnipeg
University of New Brunswick	York University

2020 CURIE BOARD MEMBERS

Our Board oversees CURIE's insurance professionals, as well as ensures our policies and programs are serving member universities, both individually and collectively. The Board is comprised of three representatives from Ontario, the Western and Atlantic provinces, as well as the executive director of CAUBO.

Kristi Simpson, Chair

Associate Vice-President, Financial Planning & Operations, University of Victoria

Ian Nason, Vice Chair

Vice President, Finance & Administration
Dalhousie University

Andrew Beckett

Vice President, Finance and Administration
St. Francis Xavier University

Cheryl A. Foy

General Counsel & Secretary to the Board
University of Ontario Institute of Technology

Robert Inglis

Vice-President, Finance and Administration
Mount Allison University

Tony Lackey

Director, Risk and Insurance Services
Carleton University

Nathalie Laporte (Ex-Officio)

Executive Director
CAUBO

Jane O'Brien

Associate Vice President, Human Resources
University of Western Ontario

Alan Scott

Chief Risk Officer
University of Manitoba

Nancy Walker

Vice-President (Finance & Administration)
Lethbridge University

EXECUTIVE COMMITTEE**Kristi Simpson, Chair**

Associate Vice-President, Financial Planning & Operations, University of Victoria

Ian Nason, Vice Chair

Vice President, Finance & Administration
Dalhousie University

Nathalie Laporte, (Ex-Officio)

Executive Director
CAUBO

Jane O'Brien

Associate Vice President, Human Resources
University of Western Ontario

Keith Shakespeare

Chief Operating Officer
CURIE

INVESTMENT COMMITTEE**Cheryl A. Foy, Chair**

General Counsel & Secretary to the Board
University of Ontario Institute of Technology

Jane O'Brien, Vice Chair

Associate Vice President, Human Resources
University of Western Ontario

Andrew Beckett

Vice President, Finance and Administration
St. Francis Xavier University

Carrie Green

Director, Finance & Administration
CURIE

Ron Ritter

Director Treasury & Investment
University of Alberta

Keith Shakespeare

Chief Operating Officer
CURIE

Kristi Simpson

Associate Vice-President, Financial Planning & Operations, University of Victoria

AUDIT COMMITTEE**Robert Inglis, Chair**

Vice-President, Finance and Administration
Mount Allison University

Ian Nason, Vice Chair

Vice-President, Finance & Administration
Dalhousie University

Andrew Beckett

Vice President, Finance and Administration
St. Francis Xavier University

Carrie Green

Director, Finance & Administration
CURIE

Nathalie Laporte, (Ex-Officio)

Executive Director
CAUBO

Keith Shakespeare

Chief Operating Officer
CURIE

Nancy Walker

Vice-President (Finance & Administration)
Lethbridge University

RISK ADVISORY COMMITTEE**Tony Lackey, Chair**

Director, Risk and Insurance Services
Carleton University

Alan Scott, Vice Chair

Chief Risk Officer
University of Manitoba

John Breen

Manager, Risk Reduction & Loss Control
CURIE

Toby Clark

Manager, Insurance & Risk
University of Lethbridge

Merv Dahl

Risk and Insurance Coordinator
University of Saskatchewan

Jacquelyn Dupuis

Director, Risk Management
UOIT

Marlene Daye

Risk Management Coordinator
Dalhousie University

David Janes

Coordinator of Risk and Insurance
Memorial University

Jillian Jarvis

Claims Examiner & Loss Control Analyst
CURIE

Julie Laforet

Insurance and Risk Management Officer
University of Windsor

Ben McAllister

Risk & Insurance Analyst
University of Victoria

Bryan McGann

Manager, Insurance and Risk
Queen's University

Lisa Morine

Associate Director Health,
Safety and Risk Management
McMaster University

CURIE STAFF**Keith Shakespeare**

Chief Operating Officer
and Attorney-in-fact

John Breen

Manager, Risk Reduction & Loss Control

Carrie Green

Director, Finance & Administration

Stewart Roberts

Claims Manager

James Eka

Sr. Analyst, IT & Finance

Jillian Jarvis

Claims Examiner & Loss Control Analyst

Karin Vogt

Office & Communications Assistant

Felicity Broek-Stevens

Insurance & Accounting Assistant

The CURIE Advantage

CURIE's sole focus is to support universities in insurance and loss control. Given this, we understand what members need day-to-day and year-to-year. Membership has its benefits.

SPECIALIZED FOR UNIVERSITIES

CURIE insurance policies and risk management, campus loss control, and focused training programs are designed to specifically meet the varied and complicated risks of large and small Canadian universities and colleges; from aging infrastructure to complex specific liability issues. We work with our members to ensure not only the customized coverage, but strategic management of premiums and claims.

LONG-TERM COST SAVINGS

CURIE, as a 64 member reciprocal, is able to offer premiums 20-45% lower than commercial insurance. As a non-profit, we have low operating costs and our focus is not driven by the bottom line or exclusions.

All underwriting profit and investment income is retained as subscriber surplus. CURIE has \$90M in surplus and has returned \$44M to members.

RECIPROCAL ARE PROVEN

Since the mid-1980s when most reciprocals were formed, they have been proven to be a superior alternative to the traditional insurance market. Today there are many successful reciprocals insuring airports, school boards, and a variety of other large organizations and institutions across Canada. These common interest member-based alternatives continue to be the preferred insurance and risk management source for their members.

EXPERTISE & KNOWLEDGE SHARING

Through CURIE's LISTSERV, meetings, website (www.curie.org), and events, members connect with peers to gain insight into issues impacting insurance and risk.

CURIE staff are Canada's university insurance experts. Our personal member-to-insurer consulting services are unique in the insurance industry. Our educational services are developed with members' input to provide risk management training and to deal with emerging risk trends.

CONTROLLED BY MEMBERS

Members have input into how CURIE is managed, how claims are handled, and how coverage is structured. As such, CURIE strategically manages claims with the goal to deliver optimal outcomes recognizing long-term interests. In addition, the CURIE Board is made up of a geographic cross-section of university members.

The fact that CURIE retains a significant portion of the insured risks provides a significant leverage with excess and reinsurers in obtaining favourable terms and cost savings.

Risk Management Services

CURIE provides a number of special services and programs to members that are designed to help manage risk, identify hazards, and provide guidelines on how to control or eliminate problem areas. The services and programs are fully funded by CURIE, and the reciprocal encourages subscribers to utilize them on a regular basis.

The range of services and programs that CURIE offers includes the following:

SPRINKLER SYSTEM PLAN REVIEW

Sprinkler system installation plans and related hydraulic calculations are reviewed to ensure they meet current National Fire Protection Association (NFPA) requirements. A review prior to installation reduces the potential of improper installation or misunderstanding of the requirements for the installation of the sprinkler system.

UNIVERSITY WATER SUPPLY SURVEYS FOR NEW CONSTRUCTION & RENOVATION PROJECTS

Available water supplies are assessed by conducting hydrant flow tests and an analysis of the water supply grid system for a university campus with respect to fire flow requirements. These fire flow requirements can be for individual fire suppression systems or for the entire campus. This can be very advantageous at the design stage by ensuring a water supply distribution system is capable of meeting both current and future fire flows.

LABORATORY SAFETY REVIEWS

A three-part review that provides an assessment of the overall physical condition of equipment, an assessment of chemical storage and handling procedures, and a review of general laboratory safety. Following completion of the physical review, a confidential detailed report including photographs and recommendations will be produced.

NEW BUILDING INSPECTIONS

Inspections are conducted on new buildings to ensure a consistent standard of care is applied to all buildings. The inspection will provide an early alert to possible future problems and will illustrate due diligence in mitigating any risk that may be associated with the new building.

PREMISES LIABILITY INSPECTIONS

Site inspections are conducted to identify physical hazards that could result in a liability claim. Reports are issued to document deficiencies, recommendations made to address them, and photographs provided to clarify the deficiency.

AQUATIC SAFETY AUDITS

A formal evaluation of the aquatic facility's operations is conducted, along with a review of all relevant literature provided by the facility to direct its operations of the facility, and interviews with select personnel.

ONLINE COURSES

A selection of online courses that run on annual basis include, Risk Management, Sports Clubs, Youth Camps, and Special Events. Each course is four weeks in duration. An online lab safety course is available to CURIE members. The course provides information on identifying and controlling hazards, preventing laboratory accidents/incidents and responding to laboratory emergencies. CURIE also offers a Travel Risk Awareness eLearning course. This course assists in developing an understanding of common travel risks and practice in key techniques for real life scenarios.

SPORTS LIABILITY ASSESSMENTS

Onsite visits are conducted by the SportRisk team based on demand and need. The top priority is universities and colleges showing significant gaps and weakness in certain areas as determined by Best Practices surveys which audit 16 areas within Campus Recreation. Visits will involve a detailed follow-up report with recommendations in vulnerable areas.

WEBINARS

A variety of online training webinars are made available to CURIE members. Developed specifically for recreation professionals are a series of animated training videos. The training webinars incorporate microlearning for online staff training opportunities. Webinar material includes risk management training for staff and webinars tailored for staff meetings. New topics are added on an ongoing basis. There is also a series of webinars that focus on Student Event Risk Management. This series includes a Primary Event Organizer (PEO) Workshop, Event Planning, Events—Lets Get Real, and Determining the Risk Profile of Events. These webinars are prerecorded and available at any time. CURIE also organizes live webinars each year that are made available to our members. Past webinars have included information on preventing water damage, construction projects, educational malpractice, international travel and CURIE policy coverages.

STUDENT EVENT RISK MANAGEMENT PROGRAM

This three-stage program focuses on a risk assessment process that is required for all student-run events, and on the major role played by the Primary Event Organizer (PEO). An important element of the program is a “Train the Trainers” workshop where key people are instructed on how to train the PEOs.

CERTIFICATE OF INSURANCE MANAGEMENT PROGRAM

Computer software is provided to support CURIE members existing insurance certificate management process. The software uses “Cloud” technology based in Canada to track incoming certificates, store them as searchable attachments, create certificate templates, and set reminders for expiring certificates.

INSPECTING FOR A SAFER FUTURE

In 2009 CURIE introduced a new inspection program for our members. The intent of the program was to focus on physical hazards such as poor housekeeping and electrical deficiencies that were triggering CURIE losses. The program helped to create recommendations that were easy and cost effective to implement. Recommendations were downloaded into a Risk Register where members could review the recommendations, and create a variety of reports and action plans.

Since the beginning of the program, site visits to our member universities have resulted in close to 7500 recommendations. We are very pleased to report that 88% of these recommendations have been completed. The majority of CURIE members have exceeded the average completion rate and have put considerable effort into risk improvement. There are only a small percentage of members that are well below completion average and CURIE will be working with these members to find ways to improve their results.

In 2016, CURIE began a process of benchmarking members based upon their completion rate of recommendations and working with our actuary to adjust premiums to reward those that are significantly above the average rate of completion on recommendations and to increase premiums with those who are significantly below average. The benchmarking process includes comparing universities of equal size so that universities with a large enrollment are not directly compared to those that are much smaller. We hope by working with our members and creating incentives through benchmarking that we will help create a safer future.

ADDITIONAL INFORMATION ON ALL CURIE SPONSORED RISK MANAGEMENT SERVICES AND PROGRAMS IS AVAILABLE ON THE CURIE WEBSITE.

Independent Auditors' Report

To the Subscribers of Canadian Universities Reciprocal Insurance Exchange

OPINION

We have audited the financial statements of Canadian Universities Reciprocal Insurance Exchange (the "Reciprocal"), which comprise:

- the statements of financial position as at December 31, 2019;
- the statement of comprehensive income for the year then ended;
- the statement of changes in equity for the year then ended;
- the statements of cash flows for the years then ended;
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Canadian Universities Reciprocal Insurance Exchange as at December 31, 2019, and its results of operations, and its cash flows for the year then ended in accordance with International Financial Reporting Standards.

BASIS FOR OPINION

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "Auditors' Responsibilities for the Audit of the Financial Statements" section of our auditors' report.

We are independent of the Reciprocal in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

OTHER INFORMATION

Management is responsible for the other information. Other information comprises information, other than the financial statements and the auditors' report thereon, included in the Annual Report.

Our opinion on the financial statements does not cover the other information and we do not and will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We obtained the Information, other than the financial statements and the auditors' report thereon, included in Annual Report at the date of this auditors' report. If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in the auditors' report. We have nothing to report in this regard.

RESPONSIBILITIES OF MANAGEMENT AND THOSE CHARGED WITH GOVERNANCE FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Reciprocal's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Reciprocal or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Reciprocal's financial reporting process.

AUDITORS' RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

WE ALSO:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the

purpose of expressing an opinion on the effectiveness of the Reciprocal's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Reciprocal's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Reciprocal to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



CHARTERED PROFESSIONAL ACCOUNTANTS, LICENSED PUBLIC ACCOUNTANTS

Waterloo, Canada

February 26, 2020



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Report of the Actuary

ROLE OF ACTUARY

The actuary is appointed by the Advisory Board of the Canadian Universities Reciprocal Insurance Exchange ("CURIE") pursuant to the Insurance Act. The actuary is responsible for ensuring that the assumptions and methods used in the valuation of policy liabilities are in accordance with accepted actuarial practice, applicable legislation and associated regulations or directives. The actuary is also required to provide an opinion regarding the appropriateness of the policy liabilities at the balance sheet date to meet all policyholder obligations of CURIE. Examination of supporting data for accuracy and completeness and consideration of CURIE's assets are important elements of the work required to form this opinion.

Policy liabilities include unearned premiums, unpaid claims and adjustment expenses, the reinsurers' share of unearned premiums and unpaid claims and adjustment expenses, deferred premium acquisition costs, premium deficiency and retrospective adjustments. The actuary uses the work of the external and internal auditors in verifying data used for valuation purposes.

APPOINTED ACTUARY'S REPORT

To the Subscribers of the Canadian Universities Reciprocal Insurance Exchange

I have valued the policy liabilities and reinsurance recoverables of the Canadian Universities Reciprocal Insurance Exchange for its statement of financial position at December 31, 2019 and their changes in the statement of comprehensive income for the year then ended in accordance with accepted actuarial practice in Canada, including selection of appropriate assumptions and methods.

In my opinion, the amount of policy liabilities net of reinsurance recoverables makes appropriate provision for all policy obligations and the financial statements fairly presents the results of the valuation.



Julie-Linda Laforce
FELLOW, CANADIAN INSTITUTE OF ACTUARIES
Toronto, Ontario
February 26, 2020

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Statement of Financial Position

December 31, 2019, with comparative information for 2018

	2019	2018
Assets		
Investments (note 7):		
Cash and cash equivalents	\$ 28,039,199	\$ 36,381,949
Short-term investments	29,850	14,891
Long-term investments	139,350,267	129,676,453
	<u>167,419,316</u>	<u>166,073,293</u>
Investment income due and accrued	355,332	356,649
Due from subscribers	642,887	690,820
Prepaid expenses and other accounts receivable	581,042	726,964
Due from reinsurers on paid claims	103,095	62,485
Due from insurers on excess program (note 6)	1,369,936	862,558
Recoverable from reinsurers on unpaid claims (note 9)	9,574	15,692
Property and equipment	459,597	162,883
	<u>\$ 170,940,779</u>	<u>\$ 168,951,344</u>

Liabilities and Subscribers' Equity

Accounts payable and accrued expenses	\$ 70,012	\$ 211,874
Payable to reinsurers on excess program (note 6)	11,082,442	10,150,431
Premium taxes payable	733,331	675,559
Lease liability (note 8)	376,715	-
Premiums received in advance	18,414,380	18,900,281
Unpaid claims and adjustment expenses (note 9)	50,078,538	59,674,968
	<u>80,755,418</u>	<u>89,613,113</u>
Subscribers' equity (note 10):		
Accumulated excess of income over expenses	88,264,001	82,017,001
Accumulated other comprehensive income (loss)	1,921,360	(2,678,770)
	<u>90,185,361</u>	<u>79,338,231</u>
	<u>\$ 170,940,779</u>	<u>\$ 168,951,344</u>

See accompanying notes to financial statements.

On behalf of the Board:

 Chair
  Attorney-In-Fact

Statement of Comprehensive Income

Year ended December 31, 2019, with comparative information for 2018

	2019	2018
Underwriting revenue:		
Gross earned premiums	\$ 23,276,640	\$ 21,965,412
Ceded premiums	(1,001,000)	(801,000)
	22,275,640	21,164,412
Expenses:		
Claims and adjustment (note 9):		
Gross claims	19,527,100	18,920,171
Ceded claims	(34,223)	153,777
	19,492,877	19,073,948
Operating (note 11)	4,050,157	3,782,694
Premium taxes	883,922	789,796
	24,426,956	23,646,438
Underwriting loss	(2,151,316)	(2,482,026)
Other income (expense):		
Interest	2,057,493	2,153,022
Dividends	5,688,574	4,368,468
Amortization of bond premiums	(257,989)	(502,708)
Other income and realized gains on investments	921,241	304,086
	8,409,319	6,322,868
Excess of income over expenses	6,258,003	3,840,842
Other comprehensive income (loss):		
Change in unrealized gains (losses) on available-for-sale assets	5,520,048	(4,758,944)
Recognition of realized gain on available-for-sale assets	(919,918)	(292,980)
	4,600,130	(5,051,924)
Total comprehensive income (loss)	\$ 10,858,133	\$ (1,211,082)

See accompanying notes to financial statements.

Statement of Changes in Equity

Year ended December 31, 2019, with comparative information for 2018

	Excess (deficiency) of income over expenses	Accumulated other comprehensive income	Subscribers' equity
Balance, December 31, 2017	\$ 78,859,074	\$ 2,373,154	\$ 81,232,228
Distributions (note 10)	(682,915)	-	(682,915)
Comprehensive income (loss):			
Excess of income over expenses	3,840,842	-	3,840,842
Other comprehensive loss	-	(5,051,924)	(5,051,924)
Total comprehensive income (loss)	3,840,842	(5,051,924)	(1,211,082)
Balance, December 31, 2018	82,017,001	(2,678,770)	79,338,231
Impact of change in accounting policy (note 3)	(11,003)	-	(11,003)
Adjusted balance at January 1, 2019	82,005,998	(2,678,770)	79,327,228
Distributions (note 10)	-	-	-
Comprehensive income (loss):			
Excess of income over expenses	6,258,003	-	6,258,003
Other comprehensive loss	-	4,600,130	4,600,130
Total comprehensive income	6,258,003	4,600,130	10,858,133
Balance, December 31, 2019	\$ 88,264,001	\$ 1,921,360	\$ 90,185,361

See accompanying notes to financial statements.

Statement of Cash Flows

Year ended December 31, 2019, with comparative information for 2018

	2019	2018
Cash provided by (used in):		
Operating activities:		
Excess of income over expenses	\$ 6,258,003	\$ 3,840,842
Items not affecting cash:		
Investment income due and accrued	1,317	(45,491)
Depreciation	191,553	133,957
Amortization of bond premiums	257,989	502,708
Gain on sale of investments	(919,918)	(292,980)
Changes in non-cash operating items:		
Decrease (increase) in due from subscribers, prepaid expenses and other accounts receivable	193,855	96,727
Decrease in recoverable from reinsurers on unpaid claims	6,118	155,395
Increase in due from reinsurers on paid claims	(40,610)	(1,618)
Increase in due from insurers on excess program	(507,378)	(21,502)
Decrease in premiums received in advance	(485,901)	(173,851)
Decrease in unpaid claims and adjustment expenses	(9,596,430)	(1,589,963)
Increase in payable to reinsurers on excess program	932,011	899,909
Increase (decrease) in accounts payable and accrued expenses and premium taxes payable	(84,090)	91,716
Subscribers' surplus distributed	-	(682,915)
	(3,793,481)	2,912,934
Investing activities:		
Investment purchases	(53,608,590)	(56,987,005)
Proceeds from maturities/sales of investments	49,196,835	50,846,697
Canada treasury bill purchases	(1,428,834)	(4,442,960)
Proceeds from maturities of Canada treasury bills	1,413,875	4,477,971
Additions to property and equipment	(97,292)	(187,935)
	(4,524,006)	(6,293,232)
Financing Activities:		
Additions to lease liabilities	14,468	-
Payment of lease liabilities	(39,731)	-
	(25,263)	-
Decrease in cash and cash equivalents	(8,342,750)	(3,380,298)
Cash and cash equivalents, beginning of year	36,381,949	39,762,247
Cash and cash equivalents, end of year	\$ 28,039,199	\$ 36,381,949

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended December 31, 2019

The Canadian Universities Reciprocal Insurance Exchange (the “Reciprocal”) was formed by an agreement dated August 17, 1987. The Reciprocal is domiciled in Canada. The address of the registered office is 5500 North Service Road, Suite 901, Burlington, Ontario, L7L 6W6. The Reciprocal is licensed to write Property and General Liability classes of insurance in all provinces in Canada, with the exception of Quebec.

1. BASIS OF PREPARATION:

(A) STATEMENT OF COMPLIANCE:

The financial statements have been prepared in accordance with International Financial Reporting Standards (“IFRS”) and comply with the requirements for filing with the Superintendents of Insurance of the various provinces in which the Reciprocal is licensed. The financial statements were authorized for issue by the Advisory Board (the “Board”) on February 25, 2020.

(B) BASIS OF MEASUREMENT:

The financial statements have been prepared on the historical cost basis, except available-for-sale (“AFS”) financial assets, which are measured at fair value and insurance contracts assets and liabilities which are measured using acceptable actuarial practices.

(C) FUNCTIONAL AND PRESENTATION CURRENCY:

These financial statements are presented in Canadian dollar, which is the Reciprocal’s functional currency.

(D) USE OF ESTIMATES AND JUDGMENTS:

The preparation of the financial statements in conformity with IFRS requires management to make judgments, estimates and assumptions that affect the application of accounting policies, and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future periods affected.

Information about judgments, estimates and assumptions that have the most significant effect on the amounts reflected in the financial statements are reflected in the following notes. Significant judgments

are discussed in note 2(a) and significant estimates are discussed in notes 2(e), 2(f), 9 and 15.

(E) LIQUIDITY FORMAT:

The Reciprocal presents its statement of financial position broadly in order of liquidity. Assets and liabilities that are expected to be recovered or settled within more than 12 months after the reporting date are summarized in note 5.

2. SIGNIFICANT ACCOUNTING POLICIES:

The Reciprocal’s significant accounting policies are as follows:

(A) FINANCIAL INSTRUMENTS:

All investments, including bonds and debentures and pooled fund units, have been designated as AFS securities and are recorded at fair value with changes in the fair value recorded in unrealized gains and losses, which are included in other comprehensive income (“OCI”). This classification is based on the nature and purpose of the financial instruments. In general, the Reciprocal’s investments are intended to support the related insurance liabilities and, accordingly, are AFS if required to pay for claim liabilities.

Realized gains and losses on sale, as well as losses from impairment of AFS investments, are reclassified from accumulated other comprehensive income (“AOCI”) and recorded in investment income in the statement of comprehensive income.

For investments in bonds, evaluation of whether impairment has occurred is based on the Reciprocal’s best estimate of the cash flows expected to be collected at the individual investment level. Objective

evidence of impairment includes financial difficulty of the issuer, bankruptcy or defaults and delinquency in payments of interest or principal. The Reciprocal considers all available information relevant to the collectability of the investment, including information about past events, current conditions, and reasonable and supportable forecasts. Estimating such cash flows is a quantitative and qualitative process that incorporates information received from third party sources along with certain internal assumptions and judgments regarding the future performance of any underlying collateral for asset-backed securities. Where possible, this data is benchmarked against third party sources. Impairments for bonds and debentures in an unrealized loss position are deemed to exist when the Reciprocal does not expect full recovery of the amortized cost of the investment based on the estimate of cash flows expected to be collected or when the Reciprocal intends to sell the investment prior to recovery from its unrealized loss position.

For equity investments, the Reciprocal recognizes an impairment loss in the period in which it is determined that there is significant or prolonged declines in value and where objective evidence exists that the asset is impaired, the unrealized loss is moved from OCI to income.

The cumulative loss that is reclassified from AOCI to income is the difference between the acquisition cost, net of any principal repayment and amortization, and the current fair value, less any impairment loss recognized previously in income. If, in a subsequent period, the fair value of an impaired AFS debt security increases and the increase can be related objectively to an event occurring after the impairment loss was recognized in income, then the impairment loss is reversed, with the amount of the reversal recognized in income. However, any subsequent recovery in fair value of an impaired AFS equity security is recognized in OCI.

The Reciprocal uses a fair value hierarchy for classification of fair value measurements that reflects the significance of the inputs used in making the fair value measurements (Level 1, Level 2 and Level 3).

Transaction costs related to the purchase of bonds are recorded as part of the carrying value of the bond at the date of purchase and are recognized using the straight-line method, which has been determined to approximate the effective interest method. Investment income is recorded as it is earned. Gains and losses on disposal of investments are calculated using average cost and are determined and recorded on the settlement date.

Investment income due and accrued, due from subscribers, due from reinsurers on paid claims, due from insurers on excess program and other accounts receivable are classified as loans and receivables, which are measured at amortized cost. Accounts payable and accrued expenses, payable to reinsurers on excess program and premium taxes payable are classified as other financial liabilities, which are measured at amortized cost.

Cash and cash equivalents comprise cash and securities with original maturities of three months or less.

The Reciprocal recognizes financial assets on the trade date, at which the Reciprocal becomes a party to the contractual provisions of the financial asset contract.

(B) FOREIGN CURRENCY TRANSACTIONS:

Transactions in foreign currencies are translated into functional currency of the Reciprocal at exchange rates at the dates of the transactions. Monetary assets and liabilities denominated in foreign currencies at the reporting date are translated to the functional currency at the exchange rate at that date. Non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rate at the date of the transaction.

(C) REVENUE RECOGNITION:

Premiums earned are calculated on a monthly pro rata basis over the life of the policies. All policies issued by the Reciprocal expire at year end and have a term not exceeding one year. As such, there is no unearned premium reserve at year end.

(D) INSURANCE CONTRACTS:

All contracts issued by the Reciprocal meet the definition of an insurance contract and are accounted

for in accordance with IFRS 4, Insurance Contracts ("IFRS 4"). Insurance contracts are those contracts where the Reciprocal has accepted significant insurance risk. A contract is considered to have significant insurance risk if, and only if, an insured event could cause an insurer to make significant additional payments in any scenario, excluding scenarios that lack commercial substance, at the inception of the contract.

Once a contract has been classified as an insurance contract, it remains an insurance contract for the remainder of its lifetime, even if the insurance risk reduces significantly during this period, unless all rights and obligations are extinguished or expired.

(E) PROVISION FOR UNPAID CLAIMS AND ADJUSTMENT EXPENSES:

The provision for unpaid claims represents the amounts required to provide for the estimated ultimate expected cost of settling claims related to insured events (both reported and unreported) that have occurred on or before each statement of financial position date. The provision for adjustment expenses represents the estimated ultimate expected costs of investigating, resolving and processing these claims. The computation of these provisions takes into account the time value of money using discount rates based on projected investment income from the assets supporting the provisions using, for the liabilities, discount rates based on projected investment income from the assets supporting the liabilities, and for reinsurance recoveries, rates based on current market-related interest rates.

These estimates of future loss activity are necessarily subject to uncertainty and are selected from a wide range of possible outcomes. All provisions are periodically reviewed and evaluated in the light of emerging claim experience and changing circumstances. The resulting changes in estimates of the ultimate liability are recorded as incurred claims in the current year.

The liability for unpaid claims and adjustment expenses is based on the present value of expected cash flows plus provision for adverse deviation and is considered an indicator of fair value as there is no ready market for trading of insurance policy liabilities.

At each reporting date, the Reciprocal reviews its unexpired risk and a liability adequacy test is performed in accordance with IFRS 4. This calculation uses current estimates of future contractual cash flows after taking account of the investment return expected to arise on assets relating to the relevant provisions.

(F) REINSURANCE CONTRACTS:

In the normal course of business, the Reciprocal seeks to reduce the loss that may arise from catastrophes or other events that cause unfavourable underwriting results by reinsuring certain levels of risk, in various areas of exposure, with other insurers.

Reinsurance does not relieve the originating insurer of its liability and is reflected on the statement of financial position on a gross basis to indicate the extent of credit risk related to reinsurance and the obligations to subscribers. The benefits to which the Reciprocal is entitled under its reinsurance contracts held are recognized as amounts recoverable from reinsurers. These assets consist of short-term balances due from reinsurers, as well as longer-term receivables that are dependent on the expected claims and benefits arising under the related reinsured insurance contracts. Amounts recoverable from or due to reinsurers are measured consistently with the amounts associated with the reinsured insurance contracts and in accordance with the terms of each reinsurance contract. Reinsurance liabilities are primarily premiums payable for reinsurance contracts and are recognized as an expense when due.

Reinsurance assets are reviewed for impairment at each reporting date, or more frequently, when an indication of impairment arises during the reporting year. Impairment occurs when there is objective evidence as a result of an event that occurred after initial recognition of the reinsurance asset that the Reciprocal may not receive all outstanding amounts due under the terms of the contract and the event has a reliably measurable impact on the amounts that the Reciprocal will receive from the reinsurer. The impairment loss is recorded in the statement of comprehensive income.

Any gains or losses on buying reinsurance would be recognized in the statement of comprehensive income immediately at the date of purchase and are not amortized.

Reinsurance assets and liabilities are derecognized when the contractual rights are extinguished or expired or when the contract is transferred to another party.

(G) EQUIPMENT:

Equipment, which consist primarily of computer equipment and furniture and fixtures, are stated at amortized cost. Amortization is provided on a straight-line basis over four years for computer equipment and five years for furniture and fixtures.

(H) LEASES:

UNDER IAS 17

In the comparative period, assets held under leases were classified as operating leases and were not recognized in the Reciprocal's statement of financial position. Payments made under operating leases were recognized in profit or loss on a straight-line basis over the term of the lease.

POLICY APPLICABLE FROM JANUARY 1, 2019

At inception of a contract, the Reciprocal assesses whether a contract is, or contains, a lease. A contract is, or contains, a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration. To assess whether a contract conveys the right to control the use of an identified asset, the Reciprocal assesses whether:

- (i) The contract involves the use of an identified asset;
- (ii) The Reciprocal has the right to obtain substantially all of the economic benefits from use of the asset throughout the period of use; and
- (iii) The Reciprocal has the right to direct the use of the asset. The Reciprocal has the right to direct the use of the asset if either:
 - a) The Reciprocal has the right to operate the asset; or
 - b) The Reciprocal designed the asset in a way that predetermines how and for what purposes it will be used.

This policy is applied to contracts entered into, or changed, on or after January 1, 2019.

The Reciprocal recognizes a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost, which comprises the initial amount of the lease liability adjusted for any lease payments made at or before the commencement date, plus any initial direct costs incurred and an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentives received.

The right-of-use asset is subsequently depreciated using the straight-line method from the commencement date to the earlier of the end of the useful life of the right-of-use assets or the end of the lease term. The estimated useful lives of right-of-use assets are determined on the same basis as those of property and equipment. In addition, the right-of-use asset is periodically reduced by impairment losses, if any, and adjusted for certain remeasurements of the lease liability.

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the Reciprocal's incremental borrowing rate. Generally, the Reciprocal uses its incremental borrowing rate as the discount rate.

Lease payments included in the measurement of the lease liability comprise the following:

- Fixed payments, including in-substance fixed payments;
- Variable lease payments that depend on an index or a rate, initially measured using the index or rates as at the commencement date;
- Amounts expected to be payable under a residual value guarantee; and
- The exercise price under a purchase option that the Reciprocal is reasonably certain to exercise, lease payments in an optional renewal period if

the Reciprocal is reasonably certain to exercise an extension option, and penalties for early termination of a lease unless the Reciprocal is reasonably certain not to terminate early.

The lease liability is measured at amortized cost using the effective interest method. It is remeasured when there is a change in future lease payments arising from a change in an index or rate, if there is a change in the Reciprocal's estimate of the amount expected to be payable under a residual value guarantee, or if the Reciprocal changes its assessment of whether it will exercise a purchase, extension or termination option.

When the lease liability is remeasured in this way, a corresponding adjustment is made to the carrying amount of the right-of-use asset, or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

SHORT-TERM LEASES AND LOW VALUE ASSETS

The Reciprocal has elected not to recognize right-of-use assets and lease liabilities for short-term leases that have a lease term of 12 months or less and leases of low-value assets. The Reciprocal recognizes the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

(I) **INCOME TAXES:**

No provision for income taxes has been made in these financial statements as the Reciprocal is not subject to such income taxes.

(J) **ACCOUNTING STANDARDS ISSUED BUT NOT YET APPLIED:**

(I) IFRS 17, INSURANCE CONTRACTS:

On May 18, 2017 the IASB issued IFRS 17 Insurance Contracts. The new standard is effective for annual periods beginning on or after January 1, 2021 (however, the IASB has tentatively decided to propose deferring the effective date to January 1, 2022). IFRS 17 will replace IFRS 4 Insurance Contracts. This standard introduces consistent accounting for all insurance contracts. The standard requires a company to measure insurance contracts using updated estimates and assumptions that reflect the timing of cash flows and any uncertainty relating to insurance contracts. Additionally, IFRS 17 requires a company to recognize profits as it delivers insurance services, rather than when it receives premiums.

The Reciprocal intends to adopt IFRS 17 in its financial statements for the annual period beginning on January 1, 2021. The extent of the impact of adoption of the standard has not yet been determined.

(II) IFRS 9, FINANCIAL INSTRUMENTS:

In July 2014, the IASB issued the complete amended IFRS 9, Financial Instruments. The mandatory effective date of IFRS 9 is for annual periods beginning on or after January 1, 2018 and must be applied retrospectively with some exemptions. Early adoption is permitted. The restatement of prior periods is not required and is only permitted if information is available without the use of hindsight.

IFRS 9 introduces new requirements for the classification and measurement of financial assets based on the business model in which they are held and the characteristics of their contractual cash flows. It also amends the impairment model by introducing a new 'expected credit loss' model for calculating impairment.

The standard also introduces additional changes relating to financial liabilities.

In September 2016, the IASB issued amendments to IFRS 4, Insurance Contracts to address accounting mismatches and volatility that may arise in profit or loss in the period between the effective date of IFRS 9 and the new insurance contracts standard, IFRS 17 Insurance Contracts, issued in May 2017.

The amendments introduce two approaches that may be adopted by insurers in the period between the effective date of IFRS 9, January 1, 2019, and IFRS 17, effective January 1, 2021 (however, the IASB has tentatively decided to propose deferring the effective date to January 1, 2022):

- Overlay approach – an option for all issuers of insurance contracts to reclassify amounts between profit or loss and other comprehensive income for eligible financial assets by removing any additional accounting volatility that may arise from applying IFRS 9; and
- Temporary exemption – an optional temporary exemption from IFRS 9 for companies whose activities are predominately connected with insurance. This exemption allows an entity to continue to apply

existing financial instrument requirements in IAS 39 to all financial assets until the earlier of the application of IFRS 17 or January 1, 2021.

The Reciprocal evaluated its liabilities at December 31, 2015, the prescribed date of assessment under the temporary exemption provisions and concluded that all of the liabilities were predominantly connected with insurance. Approximately 99% of the Reciprocal's liabilities at December 31, 2015 are liabilities that arise from contracts within the scope of IFRS 17 and are liabilities that arise because the Reciprocal issues insurance contracts and fulfils obligations arising from insurance contracts. Additionally, the Reciprocal has not previously applied any version of IFRS 9. Therefore, the Reciprocal is an eligible insurer that qualifies for optional relief from the application of IFRS 9.

As at January 1, 2018, the Reciprocal elected to apply the optional transitional relief under IFRS 4 that permits the deferral of the adoption of IFRS 9 for eligible insurers. The Reciprocal will continue to apply IAS 39 until January 1, 2021. See note 7(c) for additional disclosures which enable comparison between the Reciprocal and entities that applied IFRS 9 at January 1, 2018.

3. CHANGE IN ACCOUNTING POLICIES:

The Reciprocal initially applied IFRS 16, Leases from January 1, 2019 using the modified retrospective approach, under which the cumulative effect of initial application is recognized in retained earnings at January 1, 2019. Accordingly the comparative information presented for 2018 is not related. The details of the changes in accounting policies are disclosed below. Additionally, the disclosure requirements in IFRS 16 have not been applied to comparative information.

Previously, the Reciprocal classified property leases as operating leases under IAS 17. On transition, for these leases, lease liabilities were measured as the present value of the remaining lease payments, discounted at the Reciprocal's incremental borrowing rate as at January 1, 2019.

The Reciprocal used a number of practical expedients when applying IFRS 16 to leases previously classified as operating leases under IAS 17. In particular, the Reciprocal:

- i. did not recognize right-of-use assets and liabilities for leases for which the lease term ends within 12 months of the date of initial application;
- ii. did not recognize right-of-use assets and liabilities for leases of low value assets;
- iii. excluded initial direct costs from the measurement of the right-of-use assets at the date of initial application; and
- iv. used hindsight when determining the lease term.

On transition to IFRS 16, the Reciprocal recognized additional right-of-use assets and additional lease liabilities, recognizing the difference in retained earnings. The impact on transition is summarized below:

	January 1, 2019	
Right-of-use assets – property and equipment	\$	390,975
Lease liabilities		401,978
Retained earnings		(11,003)

4. ROLE OF THE ACTUARY AND AUDITORS:

The actuary has been appointed by the Board of the Reciprocal. The actuary's responsibility with respect to the preparation of the financial statements is to carry out an annual valuation of the policy liabilities, which include the unpaid claims and adjustment expenses, in accordance with accepted actuarial practice and regulatory requirements and report thereon to the Reciprocal. In performing the valuation, the actuary makes assumptions as to the future rates of claims frequency and severity, inflation, reinsurance recoveries and expenses, taking into consideration the circumstances of the Reciprocal and the insurance policies in force. The actuary, in their verification of the data used in the valuation, uses the work of the external auditors. The actuary's report outlines the scope of their work and opinion. The external auditors have been appointed by the Board of the Reciprocal. Their responsibility is to conduct an independent and objective audit of the financial statements in accordance with Canadian generally accepted auditing standards and report thereon to the subscribers of the Reciprocal. In carrying out their audit, the auditors also make use of the work of the actuary and his report on the unpaid claims and adjustment expenses. The auditors' report outlines the scope of their audit and their opinion.

5. NON-CURRENT ASSETS AND LIABILITIES:

The assets and liabilities that the Reciprocal expects to recover or settle after 12 months are unpaid claims and adjustment expense liabilities estimated to be \$36,334,831 (2018 - \$40,627,792), the related unpaid claims and adjustment expense recoverable from reinsurers of \$3,567 (2018 - \$5,869) and long-term investments of \$51,862,278 (2018 - \$42,360,579).

6. UNDERWRITING POLICY:

During 2019 and 2018, the Reciprocal wrote Property policies with a limit of \$5,000,000 per occurrence, \$10,000,000 annual aggregate and placed on behalf of subscribers an excess policy for \$1,245,000,000 above the Reciprocal's limit.

During 2019 and 2018, the Reciprocal wrote General Liability policies with a limit of \$5,000,000 per occurrence. In respect of Errors and Omissions Liability policies, during 2019 and 2018, the Reciprocal's limit of liability per occurrence for the claim made coverage was \$5,000,000. In 2019 and 2018, the Reciprocal purchased combined reinsurance policies for General Liability and Errors and Omissions Liability above the Reciprocal's \$5,000,000 limit on behalf of subscribers in the amount of \$45,000,000.

The Reciprocal's annual assessment includes a provision for the excess program premium costs. These amounts are payable to excess insurers for the upcoming policy year. Unlike reinsurance ceded, these amounts are not recorded as premium income and ceded premium expenses as the Reciprocal only provides the administrative services of collecting the premiums from the subscribers and remitting the premiums to the insurer.

In order to facilitate the claims handling process, the Reciprocal, at its option, will make claims payments on those claims that fall within the excess program directly to the subscriber. Upon payment by the Reciprocal, these amounts are reported as due from insurers on excess program.

As the originating insurer, the Reciprocal has a contingent liability in the event that a reinsurer is unable to meet its obligations. To mitigate this risk, all reinsurance is placed with insurers registered in Canada and subject to supervision by the Office of the Superintendent of Financial Institutions Canada.

7. INVESTMENTS:

The amortized cost and fair values of investments are summarized as follows:

	2019		2018	
	Cost/ amortized cost	Fair value	Cost/ amortized cost	Fair value
Cash and cash equivalents	\$ 28,039,199	\$ 28,039,199	\$ 36,381,949	\$ 36,381,949
Short-term	30,000	29,850	15,000	14,891
Long-term:				
Government bonds	30,651,621	30,886,053	37,400,726	37,331,382
Corporate bonds	30,133,560	30,335,775	21,879,448	21,783,875
Pooled funds:				
Fixed income	27,530,135	27,205,688	25,213,656	24,409,727
Canadian equity	16,776,304	17,792,251	18,961,812	17,087,369
United States equity	10,639,681	11,481,355	8,260,634	9,383,876
Global equity	10,280,660	10,328,918	9,683,073	8,949,513
Mortgages	9,591,266	9,496,435	10,898,194	10,730,711
Real estate	1,768,000	1,823,792	-	-
	137,371,227	139,350,267	132,297,543	129,676,453
	\$ 165,440,426	\$ 167,419,316	\$ 168,694,492	\$ 166,073,293

Fair values have been determined on the basis described in note 13.

No impairment losses were recognized by the Reciprocal in 2019 or 2018.

(A) BONDS - INTEREST RATE RISK:

	Interest receivable basis	2019	2018
		Effective rates (% range)	Effective rates (% range)
Government	Semi-annual	1.71 – 2.31	1.80 - 2.71
Canadian corporate	Semi-annual	1.96 – 2.46	2.38 - 3.18

(B) CONTRACTUAL MATURITIES:

The following table shows fair value of investments, excluding cash and cash equivalents, and pooled funds, by contractual maturity of the investment. The expected payout pattern of the Reciprocal's net unpaid claim liabilities is disclosed in note 15.

	2019	2018
Term to maturity	Fair value	Fair value
Bonds - government:		
Due in 1 year or less	\$ 4,241,790	\$ 12,915,360
After 1 through 5 years	13,572,147	11,038,793
After 5 years	13,072,116	13,377,229
Bonds - Canadian corporate:		
Due in 1 year or less	5,117,760	3,839,318
After 1 through 5 years	16,559,193	10,515,460
After 5 years	8,658,822	7,429,097
	\$ 61,221,828	\$ 59,115,257

(C) ADDITIONAL DISCLOSURES:

The following additional disclosure, required by IFRS 9 for eligible insurers, presents the fair value and the amount of change in the fair value of the Reciprocal's financial assets as at and for the year ending December 31, 2019, showing separately the fair value of financial assets with contractual terms that give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding ("SPPI") and the fair value of financial assets that do not give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding ("Non-SPPI"):

	SPPI		Non-SPPI	
	Fair value	Change in fair value	Fair value	Change in fair value
Short-term investments	\$ 29,850	\$ 14,959	\$ -	\$ -
Bonds	61,221,828	2,106,571	-	-
Pooled funds	-	-	78,128,439	7,567,243
	\$ 61,251,678	\$ 2,121,530	\$ 78,128,439	\$ 7,567,243

The following additional disclosure, required by IFRS 9 for eligible insurers, presents the credit risk ratings of SPPI financial assets at December 31, 2019:

Credit rating	Credit risk	Carrying amount (fair value)	% of total
R1 (high)	Low	\$ 29,850	0.05
AAA	Low	13,834,611	22.59
AA-	Low	6,096,354	9.95
A+	Low	26,738,012	43.65
A	Low	5,001,640	8.17
A-	Low	9,551,211	15.59
		\$ 61,251,678	100.00

8. LEASES:

The Reciprocal leases office space and office equipment. The lease of the office space runs for a period of 5 years with an option to renew the lease after that date for a period of 5 years. The lease of the office equipment is for a period of 5 years.

Some leases require the Reciprocal to make payments that relate to the property taxes levied on the lessor and insurance payments made by the lessor; these amounts are generally determined annually.

From time to time the Reciprocal may enter into lease contracts for office equipment that are short-term or leases of low-value items. The Reciprocal has elected not to recognize right-of-use assets and lease liabilities for these leases.

(A) RIGHT-OF-USE ASSETS

Right-of use assets related to leased properties that do not meet the definition of investment property are presented in property, plant and equipment.

	2019
Right-of-use asset balance, beginning of year	\$ 390,975
Additions to right-of-use assets	14,468
Depreciation charge for the year	(46,853)
Derecognition of right-of-use assets	-
Right-of-use asset balance, end of year	\$ 358,590

(B) LEASE LIABILITIES:

The maturity profile of lease liabilities is as follows:

Less than one year	\$	-
One to five years		12,504
More than five years		364,211
	\$	376,715

(C) AMOUNTS RECOGNIZED IN PROFIT OR LOSS:

Leases under IFRS 16		2019
Interest on lease liabilities	\$	20,641

Leases under IAS 17		2018
Lease expense	\$	118,364

(D) EXTENSION OPTIONS:

Some property leases contain extension options exercisable by the Reciprocal up to one year before the end of the non-cancellable contract period. Where practicable, the Reciprocal seeks to include extension options in new leases to provide operational flexibility. The extension options held are exercisable only by the Reciprocal and not by the lessors. The Reciprocal assesses at each commencement date whether it is reasonably certain to exercise the extension options. The Reciprocal reassesses whether it is reasonably certain to exercise the options if there is a significant event or significant changes in circumstances within its control.

At commencement date, the Reciprocal determined that it is reasonably certain to exercise the option to renew the current office space lease and has included the renewal term in its determination of the lease liability.

9. UNPAID CLAIMS AND ADJUSTMENT EXPENSES:

(A) NATURE OF UNPAID CLAIMS AND ADJUSTMENT EXPENSES:

The establishment of the provision for unpaid claims and adjustment expenses is based on known facts and interpretation of circumstances and is, therefore, a complex and dynamic process influenced by a large variety of factors. These factors include the Reciprocal's experience with similar cases and historical trends involving claim payment patterns, loss payments, pending levels of unpaid claims, product mix or concentration, claims severity and claim frequency patterns, such as those caused by natural disasters or accidents.

Other factors include the continually evolving and changing regulatory and legal environment, actuarial studies, professional experience and expertise of the Reciprocal's claims department personnel and independent adjusters retained to handle individual claims, the quality of the data used for projection purposes, existing claims management practices, including claims handling and settlement practices, the effect of inflationary trends on future claims settlement costs, court decisions, economic conditions and public attitudes.

In addition, time can be a critical part of the provision determination, since the longer the span between the incidence of a loss and the payment or settlement of the claims, the more variable the ultimate settlement amount can be. Accordingly, short-tailed claims, such as property claims, tend to be more reasonably predictable than long-tailed claims, such as general liability and professional liability claims.

Consequently, the establishment of the provision for unpaid claims and adjustment expenses process relies on the judgment and opinions of a large number of individuals, on historical precedent and trends, on prevailing legal, economic, social and regulatory trends and on expectations as to future developments. The process of determining the provisions necessarily involves risks that the actual results will deviate, perhaps substantially, from the best estimates made.

B) KEY ASSUMPTIONS:

The best estimate of the subscribers' liabilities, as reported in these financial statements, have been determined by the Reciprocal's appointed actuary in accordance with accepted actuarial practice, as determined by the Standards of Practice of the Actuarial Standards Board ("ASB"), including the selection of appropriate assumptions and methods.

The Incurred but Not Reported liabilities have been estimated for each coverage period using a combination of the Incurred Loss Development Method and the Bornhuetter-Ferguson Method, which are based on expected claims development patterns and expected losses for the latter method.

The provision for unpaid claims and adjustment expenses and related reinsurance recoveries is calculated on a discounted basis with a provision for adverse deviation in accordance with the standards of the ASB, using a discount rate of 1.75% (2018 – 2.15%). The discount rate is based on the projected investment income from the assets supporting the provision and reflecting the estimated timing of payments and recoveries.

Based on the recommended margin for adverse deviation ranges prescribed by the ASB, a provision for adverse deviation is selected for the following variables: claims development, reinsurance recovery and interest rate. Changes in the assumptions used in the December 31, 2019 actuarial valuation resulted in a total increase in net discounted liabilities with provision of \$604,787 (2018 - decrease of \$802,725).

Sensitivities regarding these assumptions are provided in note 15.

(C) CHANGE IN CLAIMS RESERVE AND RELATED REINSURANCE RESERVE:

The Reciprocal's appointed actuary completes an annual evaluation of the adequacy of the claim liabilities at the end of each financial year. This evaluation includes a re-estimation of the liability for unpaid claims relating to each preceding fiscal year compared to the liability that was originally established.

The results of this comparison and the changes in the provision for unpaid claims and claims adjustment expenses for the years ended December 31, 2019 and 2018 are as follows:

	Gross	Ceded	Net
December 31, 2018:			
Actuarial provision for unpaid claims and adjustment expenses	\$ 59,051,640	\$ 15,692	\$ 59,035,948
Deductible recoveries	623,328	-	623,328
Provision for unpaid claims and adjustment expenses	59,674,968	15,692	59,659,276
Incurred claims and adjustment expenses:			
Provision for insured events of current year	18,598,682	-	18,598,682
Increase in provision for insured events of prior years	428,298	34,195	394,103
Decrease due to change in discounting	604,815	28	604,787
Decrease in deductibles outstanding	(104,695)	-	(104,695)
Total incurred	19,527,100	34,223	19,492,877
Payments and recoveries attributable to:			
Current year events	(3,876,662)	-	(3,876,662)
Prior year's events	(25,343,063)	(40,341)	(25,302,722)
Deductibles	96,195	-	96,195
Payments and recoveries	(29,123,530)	(40,341)	(29,083,189)
Provision for unpaid claims and adjustment expenses, December 31, 2019	\$ 50,078,538	\$ 9,574	\$ 50,068,964
December 31, 2019:			
Actuarial provision for unpaid claims and adjustment expenses	\$ 49,446,710	\$ 9,574	\$ 49,437,136
Deductible recoveries	631,828	-	631,828
Provision for unpaid claims and adjustment expenses, December 31, 2019	\$ 50,078,538	\$ 9,574	\$ 50,068,964

Change in claims reserve and related reinsurance reserve (continued):

	Gross	Ceded	Net
December 31, 2017:			
Actuarial provision for unpaid claims and adjustment expenses	\$ 60,630,278	\$ 171,087	\$ 60,459,191
Deductible recoveries	634,653	-	634,653
Provision for unpaid claims and adjustment expenses	61,264,931	171,087	61,093,844
Incurred claims and adjustment expenses:			
Provision for insured events of current year	18,645,263	-	18,645,263
Increase in provision for insured events of prior years	1,162,365	(153,696)	1,316,061
Decrease due to change in discounting	(802,806)	(81)	(802,725)
Decrease in deductibles outstanding	(84,651)	-	(84,651)
Total incurred	18,920,171	(153,777)	19,073,948
Payments and recoveries attributable to:			
Current year events	(7,090,371)	-	(7,090,371)
Prior year's events	(13,515,739)	(1,618)	(13,514,121)
Deductibles	95,976	-	95,976
Payments and recoveries	(20,510,134)	(1,618)	(20,508,516)
Provision for unpaid claims and adjustment expenses, December 31, 2018	\$ 59,674,968	\$ 15,692	\$ 59,659,276
December 31, 2018:			
Actuarial provision for unpaid claims and adjustment expenses	\$ 59,051,640	\$ 15,692	\$ 59,035,948
Deductible recoveries	623,328	-	623,328
Provision for unpaid claims and adjustment expenses, December 31, 2018	\$ 59,674,968	\$ 15,692	\$ 59,659,276

10. SUBSCRIBERS' EQUITY:

In accordance with the Reciprocal Insurance Exchange Agreement, subscribers may be required to contribute any amounts to the Reciprocal in the form of capital contributions. Section 12 of the Reciprocal Insurance Exchange Agreement dated August 17, 1987 provides that additional assessments may be required of the subscribers to the extent that premiums collected are not sufficient to cover the expenses of the Reciprocal. There were no such assessments made in 2019 or 2018.

The Board of the Reciprocal may, from time to time, direct that the accumulated excess of income over expenses be distributed back to subscribers. No distributions of were made in 2019 (2018 - \$682,915).

11. OPERATING EXPENSES:

The operating expenses of the Reciprocal are summarized by nature as follows:

	2019	2018
Actuarial and brokerage	\$ 497,282	\$ 392,029
Professional services	675,630	704,772
Inspection and risk management	803,086	674,803
Salaries	1,309,198	1,265,413
Depreciation	191,551	133,959
Office	573,410	611,718
	\$ 4,050,157	\$ 3,782,694

12. RELATED PARTY TRANSACTIONS:

TRANSACTIONS WITH KEY MANAGEMENT PERSONNEL:

Key management personnel are those persons having authority and responsibility for planning, directing and controlling activities of the Reciprocal.

Compensation expenses related to all key management personnel consisted of \$813,104 (2018 - \$773,790) related to salaries and short-term employee benefits.

The fair value of pooled funds is estimated based on bid prices published in financial newspapers or bid quotations received from securities dealers for those or similar investments, less estimated broker fees. The fair values of bonds and debentures are determined using a pricing model that reflects recent public trading activity and observable market information on market yields and credit risk spreads. The fair values of financial instruments other than investments approximate their carrying amounts due to the immediate or short term to maturity of these financial instruments.

13. FAIR VALUE DISCLOSURES:

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

(A) FAIR VALUE HIERARCHY:

The Reciprocal uses a fair value hierarchy to categorize the inputs used in valuation techniques to measure fair value. The extent of the Reciprocal's use of quoted market prices (Level 1), models using observable market information as inputs (Level 2) and internal models without observable market information as inputs (Level 3) in the valuation of bond and equity investments was as follows:

	2019	2018
Level 2:		
Valued using market information as models with observable inputs	\$ 139,380,117	\$ 129,691,344

(B) SIGNIFICANT TRANSFERS:

The Reciprocal did not have any significant transfers between Level 1, Level 2 and Level 3 included in the fair value hierarchy in 2019 or 2018.

14. SURPLUS MANAGEMENT AND ADEQUACY:

Subscribers' equity comprises accumulated excess of income over expenses and AOCI. At December 31, 2019, the subscribers' equity was \$90,185,361 (2018 - \$79,338,231). The Reciprocal's objectives for the management of surplus are for the prudent operation of the Reciprocal and to provide relatively predictable premium costs for its members over time.

As a reciprocal insurance exchange, the requirement for surplus is lower than that of an incorporated insurance company. A reciprocal may rely on the contractual agreement among its members to contribute to the losses incurred by other members and to make assessments for additional contributions to surplus, if required and, accordingly, can rely on the creditworthiness of its subscribers.

The Reciprocal is regulated by the Financial Services Commission of Ontario, which expects insurance organizations to meet a Minimum Capital Test ratio of capital available to capital required of at least 150%. The Reciprocal's practice is to maintain a surplus level which is higher than this regulatory minimum. At December 31, 2019, the Reciprocal's Minimum Capital Test ratio was 431.68% (2018 - 383.99%). The Reciprocal's surplus adequacy is evaluated regularly and this evaluation takes into account the gross exposure to risk, the level and nature of reinsurance purchased and the resulting net exposure to members. Input from the appointed actuary, which includes an assessment of loss volatility, is factored into this evaluation.

15. INSURANCE AND FINANCIAL INSTRUMENT RISK MANAGEMENT:

The Reciprocal has policies related to the identification, monitoring and mitigating of risks associated with insurance and financial instruments. The key risks related to insurance are that the actual claims payment amounts or timing are different from expectations. The key risks related to financial instruments are credit risk, liquidity risk and market risk (interest rate, equity and currency). The following describes how the Reciprocal manages each of these risks:

(A) CREDIT RISK:

Credit risk is the risk of loss due to the failure of debtors to make payments when due. Credit risks are primarily associated with invested assets and amounts due from subscribers and reinsurance counterparties. The investment portfolio's exposure to credit risk is managed through policies and procedures, including a credit evaluation by the investment manager and investment guidelines which specify investment quality and exposure limits. The portfolio is monitored and reviewed regularly by the Board.

Premiums due from subscribers present minimal risk due to the historic and financial relationship as a reciprocal insurance exchange. Reinsurance is placed with counterparties with good credit ratings and concentration of credit risk is managed by utilizing an appropriate mix of reinsurers.

(I) MAXIMUM EXPOSURE TO CREDIT RISK:

The following table summarizes the maximum exposure to credit risk related to financial instruments:

	2019	2018
Cash and cash equivalents	\$ 28,039,199	\$ 36,381,949
Investments in bonds	61,221,828	59,115,257
Investments in treasury bills	29,850	14,891
Investment income due and accrued	355,332	356,649
Due from subscribers	642,887	690,820
Due from reinsurers on paid claims	103,095	62,485
Due from insurers on excess program	1,369,936	862,558
Recoverable from reinsurers on unpaid claims	9,574	15,692
Total statement of financial position maximum credit exposure	\$ 91,771,701	\$ 97,500,301

(II) CONCENTRATION OF CREDIT RISK:

The Reciprocal utilizes an investment policy to minimize the concentration of credit risk by ensuring diversification across asset classes. A summary of the fair value of investments by asset class and term to maturity is in note 7.

The Reciprocal's risk management strategy is to invest primarily in debt instruments of high credit quality issuers and to limit the amount of credit exposure with respect to any one issuer. The Reciprocal attempts to limit credit exposure by imposing portfolio limits on individual corporate issuers, as well as limits based on credit quality and may, from time to time, invest in credit default swaps to further mitigate credit risk exposure. The breakdown of the Reciprocal's fixed income portfolio, by the higher of Standard & Poor's and Moody's credit ratings, is presented below:

Credit rating	2019		2018	
	Fair value		Fair value	
AAA	\$ 13,834,611	22.60%	\$ 24,706,948	41.79%
AA-	6,096,354	9.96%	8,743,887	14.79%
A+	26,738,012	43.67%	14,297,063	24.1%
A	5,001,640	8.17%	4,787,568	8.10%
A-	9,551,211	15.60%	6,579,791	11.13%
Total	\$ 61,221,828	100%	\$ 59,115,257	100%

(III) COUNTERPARTIES CREDIT RISK:

With regard to reinsurance, the Reciprocal's risk management strategy is to place reinsurance with insurers of high credit quality. The table below provides information regarding the credit exposure of the Reciprocal, classifying these assets according to the Reciprocal's credit ratings of counterparties. This analysis is based on external credit ratings obtained from A.M. Best.

	2019	2018
A++	\$ 68,150	\$ 95,559
A+	521,692	320,583
A	892,762	461,819
AA-	-	62,774
Total	\$ 1,482,604	\$ 940,735

(B) LIQUIDITY RISK:

Liquidity risk is the risk that the Reciprocal will not be able to meet all cash outflow obligations as they come due. Liquidity risk arises from the general business activities and the management of assets and liabilities.

The primary potential cash outflow is the payment of insurance claims and is represented by the provision for unpaid claims and adjustment expenses liability on the statement of financial position. In order to manage the liquidity risk associated with this liability, an investment policy is in place, which requires that a material portion of the investment portfolio be maintained in short-term investments. A summary of investments by term to maturity is in note 7(b).

The following table shows the expected payout pattern of the Reciprocal's net unpaid claim liabilities:

	2019	2018
Within 1 year	\$ 13,102,305	\$ 18,408,156
1 to 5 years	24,993,775	30,019,848
Over 5 years	11,341,056	10,607,944
	\$ 49,437,136	\$ 59,035,948

(C) MARKET RISK:

Market risk is the risk of loss arising from adverse changes in market rates and prices, such as interest rates, equity market fluctuations and foreign currency rates. The primary market risk exposures are discussed below:

(I) INTEREST RATE RISK:

Interest rate risk is the risk of financial loss arising from changes in interest rates. Fluctuations in interest rates will impact the market value of the fixed income portion of the investment portfolio and the liability

values. Generally, investment income will move with interest rates and interest rate fluctuations will create unrealized gains or losses. The Reciprocal's investments are designated as AFS with changes in fair value recorded in OCI. These assets support the estimated actuarial liabilities represented by the provision for unpaid claims and adjustment expenses on the statement of financial position which is calculated, in part, using a discount rate based on the rate of return of the investment portfolio.

The Reciprocal is exposed to interest rate risk if the cash flows from the investments are not matched to the liabilities that they support. This risk is mitigated by the investment policy, which is based on the duration of invested assets with the actuarial estimation of the timing of unpaid claims.

The estimated impact of a 1% increase in interest rates would decrease the market value of the fixed income portion of the investment portfolio by \$1,977,555 (2018 - \$1,974,292), which would be offset by a decrease in the estimated unpaid claims and adjustment expense of \$1,482,819 (2018 - \$1,533,239). Conversely, a 1% decrease in interest rates would increase the market value of the fixed income portion of the investment portfolio by \$2,223,337 (2018 - \$2,159,058), which would be offset by an increase in the estimated unpaid claims and adjustment expense of \$1,584,305 (2018 - \$1,630,997).

(II) EQUITY RISK:

Equity risk is the uncertainty associated with the valuation of assets arising from changes in equity markets. To mitigate this risk, the Reciprocal's investment policy specifies limits to the exposure from equity markets. Equities held in the investment portfolio as at December 31, 2019 consist of pooled funds which are designated as AFS with changes in fair value recorded in OCI.

The estimated impact of a 10% increase in equity markets would increase OCI by \$7,812,840 (2018 - \$7,056,120). A 10% decrease in equity markets would have the corresponding opposite effect decreasing OCI by the same amount.

(III) CURRENCY RISK:

Currency risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate due to changes in foreign exchange rates. As at December 31, 2019, the Reciprocal held \$11,481,355 (2018 - \$9,383,876) of its investments in United States equity, representing 8.2% (2018 - 7.2%) of its total investment portfolio and \$10,328,918 (2018 - \$8,949,513) of its investments in global equity, representing 7.4% (2018 - 6.9%) of its total investment portfolio. All other investments are held in Canadian dollars.

(D) INSURANCE RISK:

The Reciprocal principally issues Property and General Liability coverages for Canadian universities.

The principal risk the Reciprocal faces under insurance contracts is that the actual claims payments or the timing thereof differs from expectations. Expectations are influenced by trends involving claims payment patterns, loss payments, pending levels of unpaid claims, claims' severity and claim frequency patterns. The objective of the Reciprocal is to ensure that sufficient reserves are available to cover these liabilities.

The Reciprocal manages insurance risk rating within an overall risk management framework that includes a focus on rating, use of reinsurance and surplus management. Reinsurance is purchased to mitigate the effect of potential loss to the Reciprocal from individual large events. Reinsurance policies are written with reinsurers who meet the Reciprocal's standards for financial strength. Reinsurers and reinsurer security is monitored on a continuous basis.

The Reciprocal faces some concentration of risk since all coverage is related to property and liability risks of Canadian universities which are a homogeneous group. This concentration risk is somewhat mitigated by the fact that the universities are geographically dispersed which would reduce the risk of physical damages impacting more than a few facilities. There is some risk of increased claim activity in the event of circumstances that could increase the number of or value of legal actions against universities. Examples could be changes in legislation, a severe economic downturn or increases in the nature of legal actions, such as failure to educate. This risk is mitigated to some extent by the Reciprocal's surplus management policy. Concentration risk regarding reinsurance is mitigated by the use of multiple reinsurers with varying participations and an ongoing assessment of the financial strength of all reinsurers.

(I) GEOGRAPHIC RISK BY GROSS PREMIUM:

	2019 Property	2019 Liability	2019 Total	2018 Property	2018 Liability	2018 Total
Atlantic Canada	\$ 2,369,794	\$ 1,342,391	\$ 3,712,185	\$ 2,157,012	\$ 1,312,016	\$ 3,469,028
Ontario	5,016,522	6,298,326	11,314,848	4,606,838	5,970,080	10,576,918
Western Canada	4,876,409	3,373,198	\$8,249,607	4,778,482	3,140,984	7,919,466
Total	\$ 12,262,725	\$ 11,013,915	\$ 23,276,640	\$ 11,542,332	\$ 10,423,080	\$ 21,965,412

(II) CLAIMS DEVELOPMENT:

Uncertainty exists on reported claims in that all information may not be available at the reporting date; therefore, the claim cost may rise or fall at some date in the future when the information is obtained. In addition, claims may not be reported to the Reciprocal immediately; therefore, estimates are made as to the value of claims incurred but not yet reported, a value which may take some years to finally determine. In order to determine the liability, assumptions are developed considering the characteristics of the line of business, the historical

pattern of payments, the amount of data available and any other pertinent factors. In general, the longer the term required for the settlement of a group of claims, the more variable the estimates. Short settlement term claims are those which are expected to be substantially paid within a year of being reported.

The following table shows the estimate of cumulative incurred claims for each successive accident year at each reporting date, together with cumulative payments to date.

ANALYSIS OF CLAIMS DEVELOPMENT - NET AND GROSS:

(in \$000's)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Estimate of ultimates:											
End of year	16,740	18,233	12,624	15,967	18,439	18,471	15,484	11,740	18,077	18,267	
1 year later	16,934	16,372	9,789	16,093	20,600	17,531	13,281	12,128	16,802		
2 years later	16,169	15,644	9,448	15,003	18,917	17,689	12,656	15,039	-		
3 years later	16,052	16,183	9,982	14,175	18,162	18,006	11,061	-	-		
4 years later	16,586	15,776	8,797	15,318	18,530	19,839	-	-	-		
5 years later	16,244	15,247	8,863	15,679	17,817	-	-	-	-		
6 years later	12,986	15,149	8,654	15,058	-	-	-	-	-		
7 years later	12,905	16,595	8,328	-	-	-	-	-	-		
8 years later	12,759	17,742	-	-	-	-	-	-	-		
9 years later	12,668	-	-	-	-	-	-	-	-		
Current estimate of ultimates	12,668	17,742	8,328	15,058	17,817	19,839	11,061	15,039	16,802	18,267	152,621
Cumulative payments	12,028	16,671	7,298	13,638	14,766	13,444	8,649	5,654	10,423	3,865	106,436
Net liability	640	1,071	1,030	1,420	3,051	6,395	2,412	9,385	6,379	14,402	46,185
10-year net liability											46,185
Liability in respect of prior years											1,175
Effect of discounting and PFAD											1,605
Unallocated loss adjustment expenses											472
Liability recoverable from reinsurers											10
Gross liability in statement of financial position											49,447

(III) SENSITIVITIES:

The insurance claim liabilities are sensitive to the key assumptions that follow. It has not been possible to quantify the sensitivity of certain assumptions, such as legislative changes or uncertainty in the estimation process.

The table below shows the effect on excess of income over expenses and equity of a +/-5% change in the claims development margin for adverse deviation and the effect of a +/-1% change in the discount rate applied to claims provision for the year ended December 31, 2019 (2018 - +/-5% and +/-1%, respectively).

	2019		2018	
Gross basis	Excess (deficiency) of income over expenses	Subscribers' equity	Excess (deficiency) of income over expenses	Subscribers' equity
Claims development margin for adverse deviation:				
5% increase	\$ (1,914,115)	(1,914,115)	\$ (2,452,395)	\$ (2,452,395)
5% decrease	1,908,701	1,908,701	2,420,877	2,420,877
Discount rate:				
1% increase	1,482,888	1,482,888	1,533,398	1,533,398
1% decrease	(1,584,376)	(1,584,376)	(1,631,160)	(1,631,160)

	2019		2018	
Net basis	Excess (deficiency) of income over expenses	Subscribers' equity	Excess (deficiency) of income over expenses	Subscribers' equity
Claims development margin for adverse deviation:				
5% increase	\$ (1,913,637)	(1,913,637)	\$ (2,451,612)	\$ (2,451,612)
5% decrease	1,908,462	1,908,462	2,420,485	2,420,485
Discount rate:				
1% increase	1,482,819	1,482,819	1,533,239	1,533,239
1% decrease	(1,584,305)	(1,584,305)	(1,630,997)	(1,630,997)

About CURIE

Canadian Universities Reciprocal Insurance Exchange, or CURIE, is the most specialized insurance and risk management option available for large and small universities across Canada. As a non-profit reciprocal insurance exchange, we offer comprehensive rates lower than industry, as well as robust risk management programs and services.

CURIE was founded in 1988, at the peak of the liability insurance crisis, with the mandate to stabilize premium costs for Canadian universities. In the 80s, premiums were increasing as much as tenfold, policies were not renewed, deductibles were high, and coverage was greatly restricted or eliminated on essential programs. In response, a group of universities created their own insurance reciprocal, CURIE. Today, we represent 64 Canadian universities. Our staff and board work to ensure CURIE is prepared for today and looking ahead to tomorrow.



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