



BOARD OF GOVERNORS

NOTICE OF MEETING

December 6, 2018

Please be advised that the next meeting of the Board of Governors of Concordia University will take place **at 4 p.m., on Wednesday, December 12, 2018**, in Room GM 410 (Board of Governors Meeting Room), located on the 4th floor of the Guy-Metro Building, 1550 de Maisonneuve Blvd. West, on the SGW Campus. Refreshments and light fare will be provided.

Kindly confirm your attendance to Evelyne Loo as soon as possible at evelyne.loo@concordia.ca or at 514-848-2424, ext. 4814.

Members of the University community who wish to view the meeting are invited to go to the observers' room EV 002.301, Located on Floor S2 of the Engineering, Computer Science, and Visual Arts Integrated Complex.

A handwritten signature in blue ink that reads "D. Tessier".

Danielle Tessier
Secretary of the Board of Governors

**AGENDA OF THE OPEN SESSION
OF THE MEETING OF THE BOARD OF GOVERNORS**

Wednesday, December 12, 2018, at 4 p.m.
Room GM 410 (Board of Governors Meeting Room)
SGW Campus

Time	Item	Presenter/s	Action
4:00	1. Call to order	N. Hébert	
	1.1 Adoption of the Agenda	N. Hébert	Approval
	CONSENT AGENDA	N. Hébert	
	2. Adoption of October 24, 2018 Minutes		Approval
	3. Additional borrowing from Financement-Québec (<i>Document BG-2018-8-D2</i>)		Approval
	4. Revisions to the <i>Policy concerning Gift Acceptance and Receipting</i> (VPA-1) (<i>Document BG-2018-8-D3</i>)		Approval
	5. Membership of the Evaluation Committee for the Chief Communications Officer (<i>Document BG-2018-8-D4</i>)		Information
	6. Designation of person responsible for the management of the Recreation & Athletics bar permits (<i>Document BG-2018-8-D5</i>)		Approval
	REGULAR AGENDA		
4:05	7. Business arising from the Minutes not included on the Agenda		

4:10	8.	President's report (<i>Document BG-2018-8-D6</i>)	A. Shepard	Information
4:15	9.	Executive Committee recommendation: Revisions to the <i>Policy regarding Sexual Violence (PRVPAA-3)</i> (<i>Document BG-2018-8-D7</i>)	M. Sullivan/ L. Ostiguy	Approval
4:45	10.	Presentation on KnowledgeOne	R. Beauchemin	Information
5:10	11.	Report on compliance with environmental legislation and health and safety (EH&S) regulations (<i>Document BG-2018-8-D8</i>)	R. Côté	Information
5:15	12.	Employee Benefits Committee recommendation: Pension Plan Funding Policy (<i>Document BG-2018-8-D9</i>)	J. Bicher/ D. Cossette	Approval
5:20	13.	Other business		
5:25	14.	Adjournment	N. Hébert	

**MINUTES OF THE OPEN SESSION MEETING
OF THE BOARD OF GOVERNORS**

Held on Wednesday, October 24, 2018, at 4 p.m.
in Room GM 410 (Board of Governors Meeting Room)
located on the 4th floor of the Guy-Metro Building,
1550 de Maisonneuve Blvd. West
on the SGW Campus

PRESENT

Governors: Norman Hébert jr., *Chair*, Françoise Bertrand, *Vice-Chair*, Jeff Bicher, Patrice Blais, Antoinette Bozac (*via telephone*), Gabriel Bran Lopez (*via telephone*), Ken Brooks, William Bukowski, Jarrett Carty, Gina P. Cody, Daniel Cross, Sophie Hough-Martin, Chaim Kuhnreich, Tony Loffreda, Claudine Mangen, Frédérica Martin, *Vice-Chair*, Michael Novak, Georges Paulez, Alan Shepard, *President and Vice-Chancellor*, Ted Stathopoulos

Alternate Governor: Eunbyul Park

Also attending: Philippe Beauregard, Sylvie Bourassa, William Cheaib, Denis Cossette (*via telephone*), Roger Côté, Marcel Dupuis, Christophe Guy, Frederica Jacobs, Lisa Ostiguy

ABSENT

Governors: Helen Antoniou, Adriana Embiricos, Rana Ghorayeb, Philippe Purreaux, Suzanne Sauvage

Non-voting Observer: Jonathan Wener, *Chancellor*

1. **Call to Order**

Mr. Hébert called the meeting to order at 4:04 p.m., welcoming new Board members Sophie Hough-Martin and Eunbyul Park.

1.1 **Adoption of the Agenda**

Upon motion duly moved and seconded, it was unanimously RESOLVED:

R-2018-6-4 *That the Agenda be approved, including the items on the Consent Agenda.*

CONSENT

2. Adoption of September 17, 2018 Minutes

R-2018-6-5 *That the Minutes of the meeting of the Open Session of September 17, 2018 be approved.*

3. Revisions to the membership of the Council of the Gina Cody School of Engineering and Computer Science (Document BG-2018-6-D2)

R-2018-6-6 *That, on recommendation of the Council of the Gina Cody School of Engineering and Computer Science and Senate, the Board of Governors approve the membership of the Council of the Gina Cody School of Engineering and Computer Science, as outlined in Document BG-2018-6-D2.*

4. Audit Committee recommendation: Système d'information financière des universités (Document BG-2018-6-D3)

R-2018-6-7 *That, on recommendation of the Audit Committee, the Board of Governors approve the Système d'information financière des universités (SIFU) for the year ended April 30, 2018.*

5. Finance Committee recommendation: Cross currency SWAP (Document BG-2018-6-D4)

R-2018-6-8 *ATTENDU QUE l'Université Concordia (l'Université), souhaite effectuer des emprunts à court terme en monnaie légale des États-Unis;*

ATTENDU QUE l'Université souhaite, dans le cadre de ces emprunts, conclure des conventions d'échange de devises ou des conventions d'échange de taux d'intérêt et de devises;

ATTENDU QUE, conformément aux articles 77.1 et 80 de la Loi sur l'administration financière (chapitre A-6.001), l'Université doit obtenir l'autorisation de la ministre responsable de l'Enseignement supérieur et du ministre des Finances pour conclure les emprunts à court terme et les conventions d'échanges visés à la présente résolution;

IL EST RÉSOLU:

1. *D'autoriser l'Université à emprunter à court terme en monnaie légale des États-Unis, sur obtention de l'autorisation de la ministre responsable de l'Enseignement supérieur et du ministre des Finances, conformément aux modalités établies à ces autorisations;*
2. *D'autoriser l'Université à conclure, dans le cadre de ces emprunts, des conventions d'échange de devises ou des conventions d'échange de taux d'intérêt et de devises, sur obtention de l'autorisation de la ministre responsable de l'Enseignement supérieur et du ministre des Finances, conformément aux modalités établies à ces autorisations;*
3. *D'autoriser le recteur et vice-chancelier, le chef de la direction financière, tout vice-recteur, le secrétaire général, le vice-recteur associé aux finances et contrôleur, le*

trésorier et agent principal de placements, deux signatures étant requises, à signer pour et au nom de l'Université, les documents requis pour la réalisation des emprunts à court terme et la conclusion conventions d'échange de devises ou des conventions d'échange de taux d'intérêt et de devises.

REGULAR

6. Business arising from the Minutes not included on the Agenda

There was no business arising from the Minutes not included on the Agenda.

7. President's report (Document BG-2018-6-D5)

As complimentary information to his written report, Prof. Shepard apprised Governors of the names of the individuals who will receive honorary degrees at the November 19 convocation ceremonies. He noted that the Open House, held on October 20, was very successful, welcoming more than 6,000 visitors on both campuses, and thanked the students, faculty and staff who volunteered their time to help the event run smoothly.

He also announced that the University kicked off the Centraide campaign on October 22, co-chaired by Philippe Beauregard and Nadia Bhuiyan, Vice-Provost, Partnerships and Experiential Learning.

8. Annual report from the Ombuds Office (Document BG-2018-6-D6)

Ombudsperson Amy Fish presented the highlights of the annual report, including some key statistics. To illustrate the type of concerns and issues the Ombuds Office deals with on a regular basis, Ms. Fish provided two examples, the first involving a graduate student, the second involving a faculty member.

She was pleased to inform the Board that she had encountered no major problems throughout the year and underlined the University's commitment to openness and fairness.

Following her presentation, Ms. Fish responded to questions.

9. Annual report from the Office of Rights and Responsibilities (Document BG-2018-6-D7)

Director and Senior Advisor Lisa White summarized the mandate of the Office of Rights and Responsibilities (ORR) and presented the highlights of the annual report, including some key statistics.

To illustrate the type of situations that ORR deals with on a regular basis, Ms. White shared three narratives, the first involving a student and a professor, the second involving two employees, and the third regarding a student of concern.

Following her presentation, Ms. White responded to questions.

10. Other business

There was no other business to bring before the Open Session meeting.

11. Adjournment

The meeting adjourned at 4:36 p.m.



Danielle Tessier
Secretary of the Board of Governors



**BOARD OF GOVERNORS
OPEN SESSION
Meeting of December 12, 2018**

AGENDA ITEM: Additional borrowing from Financement-Québec

ACTION REQUIRED: For approval

SUMMARY: At its meeting of September 17, 2018, pursuant to instructions received from the Ministry of Education, the Board authorized the establishment of a borrowing plan by which the University could conclude, from time to time up to June 30, 2019, borrowing transactions for an amount not to exceed \$9,696,731.

On November 5, 2018, the University was advised that a new calculation was done for the 2018/2019 period and that an amount of \$10,613,406 will be added to the \$9,696,731 previously authorized, bringing the total amount of the borrowing plan for the 2018/2019 year to \$20,311,137.

BACKGROUND: Grant bonds and long-term borrowing are used by the government as a financing mechanism. Please note that the wording of the motion is set by Financement-Québec.

DRAFT MOTION:

ATTENDU QUE, conformément à l'article 78 de la Loi sur l'administration financière (RLRQ, chapitre A-6.001), l'Université Concordia a, en vertu de sa résolution du 17 septembre 2018, institué un régime d'emprunts, valide jusqu'au 30 juin 2019, lui permettant d'emprunter à long terme auprès de Financement-Québec, pour un montant n'excédant pas 9 697 731 \$;

ATTENDU QU'il y a lieu de modifier ce régime d'emprunts, afin d'établir le montant maximum des emprunts qui pourront être effectués en vertu de celui-ci à 20 311 137\$;

ATTENDU QUE le ministre de l'Éducation et de l'Enseignement supérieur a autorisé ce montant, selon les conditions auxquelles réfère sa lettre du 5 novembre 2018;

IL EST RÉSOLU :

1. QUE le régime d'emprunts institué par la résolution du 17 septembre 2018 soit modifié afin d'établir le montant des emprunts à 20 311 137 \$;
2. QUE les dispositions de la résolution du 17 septembre 2018 demeurent valides et en vigueur, sauf dans la mesure où elles sont modifiées par les dispositions des présentes.

PREPARED BY:

Name: Danielle Tessier
Date: November 6, 2018

PAR COURRIER ÉLECTRONIQUE

Québec, le 5 novembre 2018

Madame Gracy Pardillo
Contrôleuse
Université Concordia
1455, boulevard de Maisonneuve Ouest
Montréal (Québec) H3G 1M8

Madame la Contrôleuse,

La présente lettre modifie celle de la sous-ministre du ministère de l'Éducation et de l'Enseignement supérieur, M^{me} Sylvie Barcelo, du 16 août 2018, qui vous a autorisé, à instituer un régime d'emprunts à long terme pour des emprunts d'au plus 9 697 731 \$ afin de tenir compte du montant d'emprunts additionnel de 10 613 406 \$.

Conformément à l'article 77.1 de la Loi sur l'administration financière (RLRQ, chapitre A-6.001) et aux pouvoirs qui me sont conférés, j'autorise l'Université Concordia (l'Université) à instituer un régime d'emprunts à long terme lui permettant de conclure de temps à autre, d'ici le 30 juin 2019, des emprunts à long terme d'au plus 20 311 137 \$, en monnaie légale du Canada, sous réserve des limites énoncées à ce régime.

Les emprunts conclus en vertu de ce régime serviront à refinancer des emprunts à long terme échus et à rembourser des dépenses d'investissements déjà effectuées, le tout étant actuellement financé par des emprunts temporaires.

... 2

Vous trouverez ci-joint le modèle de résolution à adopter par l'Université. Veuillez transmettre une copie certifiée conforme de cette résolution, datée et signée, à M^{me} Marie-Josée Fafard. Vous pouvez communiquer avec cette dernière au 418 528-0074, poste 2668, ou à marie-josee.fafard@education.gouv.qc.ca.

Je vous prie d'agréer, Madame la Contrôleuse, l'expression de mes sentiments les meilleurs.

Le directeur général,



Eric Fournier

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c. c. M. Alain Bélanger, sous-ministre adjoint au financement et à la gestion de la dette, ministère des Finances



**BOARD OF GOVERNORS
OPEN SESSION
Meeting of December 12, 2018**

AGENDA ITEM: Revisions to *Policy concerning Gift Acceptance and Receipting* (VPA-1)

ACTION REQUIRED: For approval

SUMMARY: The Board is being asked to approve modifications to the *Policy concerning Gift Acceptance and Receipting* (VPA-1).

BACKGROUND: This Policy was adopted by the Board in June 2008, based on best practices of other universities and large foundations. It was revised in December 2016 to incorporate housekeeping changes to update the terminology and nomenclature and clarify procedures as well as current best practices following an in-depth review of the policies at analogous institutions.

Further to the recommendation of the Director, Internal Audit, the Policy has been updated in order to accurately reflect the practices in the Office of Advancement and Alumni Relations. The other changes are mainly of a housekeeping nature.

At its meeting of November 22, 2018, the Finance Committee approved the proposed revisions to the Policy, which it is recommending for Board approval.

Marked and clean versions of the Policy are attached.

DRAFT MOTION: That, on recommendation of the Finance Committee, the Board of Governors approve the revisions to the *Policy concerning Gift Acceptance and Receipting* (VPA-1), as outlined in Document BG-2018-8-D3.

PREPARED BY:

Name: Danielle Tessier
Date: December 5, 2018

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Effective Date: December 12, 2018

Originating Office: Office of Vice-President,
Advancement

Supersedes /Amends: December 14, 2016

Policy Number: VPA-1

SCOPE

This policy governs the acceptance and financial administration of most types of gifts from sources such as corporations, associations, foundations and individuals, including University faculty, staff and students, made in support of existing or new initiatives at the University.

This policy encompasses all fundraising activities conducted by the University or by any entity authorized by the University.

PURPOSE

This policy is established to ensure that:

- informed decisions are made with respect to the acceptance of Gifts and that all requirements pursuant to the [Income Tax Act, RSC 1985, c 1 \(5th Supp\)](#) and other legislated requirements are met;
- efficient administrative and accounting practices and procedures are followed in accordance with those established by the University;
- Gifts made to the University and its affiliated organizations are reported accurately;
- policies and procedures are applied consistently when dealing with donors.

DEFINITIONS

For the purposes of this Policy, the following definitions shall apply:

“Gift” is a voluntary transfer of money or physical property carrying with it no rights, privileges, benefits or advantages for the donor nor any obligation for the transfer of results. A Gift is for the benefit of the University. It may also be designated to a unit of the University normally with a view of carrying out a particular program or project.

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 2 of 8

A “Gift Agreement” is a document or deed signed by a donor offering or accompanying a Gift to the University. The purpose of the Gift Agreement is to affect the transfer of property as a Gift. Included in the Gift Agreement, or accompanying it, should be an outline of the terms and conditions under which the Gift has been offered and accepted. Such Gift Agreements have proven invaluable as a record of the expectations and undertakings at the time of the Gift and also form the basis for the stewardship of the Gift to keep the donor informed of the Gift’s impact.

“Gifts-in-Kind” are donations of property and tangible assets, other than cash-based Gifts. Examples include, but are not limited to, immovable property (such as donations of land, buildings, etc.), moveable property (such as equipment, software, furniture, works of art, library materials, operating supplies, cultural property, etc.), as well as marketable securities (stocks, bonds, term deposits, Guaranteed Investment Certificates, etc.).

“Pledge” is a promise to make a voluntary transfer of money or physical property at a specified future date.

POLICY

Gift Eligibility

1. Gifts eligible for acceptance by the University include, but are not restricted to:
 - a. Cash donations (outright Gifts of cash, cheques, credit cards, electronic fund transfers, payroll deductions);
 - b. Gifts-in-Kind;
 - c. Planned Gifts (such as bequest, life insurance policies, retirement plan asset, charitable remainder trust, etc.);

Gift Acceptance

2. The University may elect to accept or decline any Gift. All Gifts will be transferred to the Office of Advancement and Alumni Relations (AAR) for gift processing and issuance of a tax receipt. In exceptional or contentious circumstances, the final decision to accept or decline a Gift valued at up to \$1 million rests with the Vice-President, Advancement, and

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 3 of 8

the final decision to accept or decline a Gift valued at more than \$1 million rests with the President. In such cases where a particular Gift may be contentious, the Vice-President, Advancement shall consult with the President and any other person who he/she deems appropriate in the circumstances; and, in the case of a contentious Gift valued at more than \$1 million, the President shall consult with any person who he/she deems to be appropriate in the circumstances.

3. Ownership of all Gifts directed to the University rests in the University or its Foundation, whether said Gifts are for the benefit of the University generally or for a specific purpose.
4. Except in particular circumstances, for example, Gifts of books and archives to the Library and/or to the Records Management and Archives Department, the negotiation and development of terms and conditions relating to Gifts is to be coordinated through AAR.
5. In cases where the Gift is in the amount of \$25,000 or more, a formal Gift Agreement is required. In cases where the amount is less than \$25,000, a donation transmittal form and/or an internal memorandum will suffice.
6. Throughout this process, AAR shall seek appropriate counsel from the relevant department and administrative offices to ensure that:
 - a. the proposed Gift is consistent with institutional and legislated regulations and guidelines;
 - b. the donor's intent and direction is consistent with institutional objectives and priorities;
 - c. the donor's intent and direction is clearly understood and documented;
 - d. the proposed Gift does not expose the University to potentially significant liability;
 - e. if precedent-setting or sensitive issues are present, they are adequately assessed by the appropriate institutional authorities;

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 4 of 8

- f. the proposed Gift has received the appropriate institutional review and approval.

Gift Limitation

7. Donors may direct a donation to a particular program or department. A charitable receipt will be issued provided that the use of the funds rests with the University and is available for the benefit of participants of the program or department, and that all other requirements set forth in the applicable legislation, regulations and governmental guidelines are met. In some cases, donors may direct their Gift to historically disadvantaged groups as long as the proposed terms are in accordance with all applicable legislated regulations and guidelines.
8. Charitable receipts cannot be provided where:
 - a. the donor receives any direct personal benefit under the arrangement (other than Canada Revenue Agency (CRA) - recognized split interest gifts);
 - b. the donor stipulates the recipient, in the case of an award;
 - c. proprietary rights or entitlement accrues to the donor through the use of the funds.

The above examples are not an exhaustive list of circumstances where the University cannot issue tax receipts.

9. When conditions placed on a proposed Gift are judged to be administratively difficult or not in the University's best interests, the Vice-President, Advancement, in consultation with other University officials including the President, may request that the terms of the proposed Gift be revised or recommend that the Gift be declined.

Eligible Gifts

10. Gifts of cash may be in the form of cash to a limit of \$1,000 from any one individual or corporate entity at one time. Cheques, electronic fund transfers, credit card transactions or other cash transfer mediums accepted by the University shall be forwarded to AAR

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 5 of 8

for recording and processing.

11. Gifts-in-Kind may be received and held by the University and used for purposes consistent with its objectives, or may be disposed of at any time after the donation, provided no such agreement to the contrary is made between the donor and the University. The Gift must be of use to the University, or it should be available to be disposed of and the proceeds directed in support of academic, research or general programs, or as outlined and agreed to between the University and the donor.
12. All Gifts-in-Kind must be offered by the donor in writing in advance, and conditionally accepted in writing in advance by the relevant Department Chair/Unit Head as well as the relevant Dean/Director. Such Gifts shall be accepted only after a thorough review indicates that the property is either readily marketable or needed by the University in support of academic, research or general programs.
13. The Gift will be completed by the execution and delivery of a Gift Agreement or other form of conveyance acceptable to the University and delivery of the property.
14. In the case of Gifts-in-Kind, donors are to be advised that an appraisal is required for the issuance of a charitable receipt and that any costs associated with the appraisal and the conveyance and delivery of the Gift are to be borne by the donor unless the University agrees exceptionally to defray these costs.
15. In the case of Gifts-in-Kind, the amount of the receipt shall be based on the fair market value of the property on the date of the Gift. If the fair market value is expected to be \$1,000 or less, a qualified staff member may perform the appraisal. If the fair market value is expected to be more than \$1,000, but less than \$25,000, the Vice-President, Advancement shall require that the fair market value be assessed by a professionally accredited appraiser unless, he/she is of the opinion that there is a staff member who is qualified to effect the appraisal in question, in which event, the qualified staff member shall prepare the fair market appraisal. If the fair market value is expected to be more than \$25,000, the Vice-President, Advancement shall require that the fair market value be assessed by a professionally accredited appraiser. Such appraisals prepared by professionally accredited appraisers are to be done at arm's length from the donor and the University.
16. In some cases, a second appraisal may be deemed necessary by the University to

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 6 of 8

confirm the fair market value of a Gift. If there is difficulty in finding a second independent appraiser or the second appraisal entails an unreasonable expense in relation to the property, the Vice-President, Advancement may agree to the second appraisal being prepared by a qualified staff member. Final acceptance of the appraised value of the Gift must be approved by the Office of the Chief Financial Officer, the whole in accordance with all the relevant CRA provisions.

17. Gifts of marketable securities will be receipted based on the closing price on the date at which the physical share certificate is transferred or on the date at which the shares are received electronically by the University's broker. Where the shares are received electronically and they are sold the same day, the value of the receipt will be the gross proceeds received. Any gain or loss subsequently realized upon liquidation will be allocated to the particular gift designation/fund in question.
18. Gifts of marketable securities are processed through AAR, which shall normally sell the securities as soon as legal title is transferred to the University.
19. Donors may donate to the University new or existing life insurance policies, retirement plan assets, charitable remainder trusts, or charitable gift annuities.
20. Bequests paid to the University qualify as charitable Gifts. Official receipts for tax purposes will be issued to the donor/trust/estate of the deceased according to the terms of the will and related governmental policies.
21. Gifts of cultural property are governed by specific legislation and regulations, which AAR will apply in addition to University policies.
22. The Canadian Cultural Property Export Review Board is responsible under the [Cultural Property Export and Import Act, RSC 1985, c C-51](#) for certifying that an object or a class of objects is of such outstanding significance and national importance that it may not be exported from Canada "in order to preserve the national heritage in Canada". The Board also has the legal responsibility for determining the fair market value of objects it certifies. This determination takes the form of approving the appraisals provided by the University and/or donor. It is the University, as the recipient institution, that must make the application to the Board.
23. Under the [Cultural Property Export and Import Act](#), there are certain tax advantages

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 7 of 8

gained by the donor. To be eligible to have cultural property certified, an institution has to be designated as either a class "A" institution (permanent) or a class "B" institution (granted for a specific gift). The University has three permanent class "A" repositories of cultural property: the Leonard and Bina Ellen Art Gallery; the Concordia University Library; and the Concordia Cinema Collection (Visual Collections Repository – Faculty of Fine Arts).

24. A Gift of exceptional items, such as immovable property and virtual property rights (e.g. royalties) shall be reviewed by the Vice-President, Advancement on a case-by-case basis.
25. The University has adopted *Gift Counting Guidelines*, which contain additional guidance and direction. These guidelines may be updated by the University as deemed necessary.

Issuing Charitable Tax Receipts

26. At present, every Gift must be made to or payable to the University.
27. AAR is the only University department authorized to issue official charitable tax receipts. The signature on the tax receipt bears the name of the Chief Financial Officer.
28. All charitable receipts must be issued in compliance with the [Income Tax Act](#). A charitable donation must be a voluntary transfer of property, which is made without expectation of benefit to the donor or to anyone designated by the donor subject to split interest gifts under the terms of the [Income Tax Act](#).
29. Donations that are not deemed to qualify as Gifts according to the [Income Tax Act](#) will be acknowledged through the appropriate acknowledgement letter. No charitable tax receipts will be issued.
30. Only qualifying Gifts of ten dollars or more will automatically be issued a charitable tax receipt. Gifts of less than ten dollars will be issued a charitable tax receipt upon request. Notwithstanding the foregoing, Gifts of books or archives to the Library and/or to the Records Management and Archives Department, which are valued at less than one hundred dollars, will not receive a tax receipt.
31. Charitable tax receipts acknowledging a Gift will be dated in the calendar year in which the Gift is received. Charitable tax receipts for a Gift received on or after January 1, but

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 8 of 8

bearing a post-mark prior to the end of the preceding calendar year, are dated December 31 of the preceding year.

32. Charitable tax receipts will only be issued in the name of the individual(s) or entity making the Gift.
33. The University reserves the right to decline to provide a charitable tax receipt in connection with any Gift or donation.

Pledge Recognition

34. Pledges are only recorded in the Advancement Information System when full payment or settlement is expected at some time in the future. There must be a document, either a letter of intent from the donor to the University or from the University in the form of a formal Pledge/Gift Agreement outlining the pledge commitment for the Pledge to be recorded. Exceptions to the recording policy are Pledges received through organized phonathons or the Telefundraising Program, which require pledge reminders to be generated in the day or days following the telephone Pledge.
35. The overall responsibility for the implementation and recommended amendments to this Policy shall rest with the Vice-President, Advancement.

Adopted by the Board of Governors on June 27, 2008 and amended on February 4, 2010; September 30, 2010; December 14, 2016 and [insert date].

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Effective Date: December ~~14, 2016~~ 12, 2018

Originating Office: Office of Vice-President,
Advancement ~~and External Relations~~

Supersedes /Amends: ~~September 30, 2010~~ December 14, 2016
~~VPAER~~ VPA-1

Policy Number: -

SCOPE

This policy governs the acceptance and financial administration of most types of gifts from sources such as corporations, associations, foundations, and individuals, including University faculty, staff and students, made in support of existing or new initiatives at the University.

This policy encompasses all fundraising activities conducted by the University or by any entity authorized by the University.

PURPOSE

This policy is established to ensure that:

- informed decisions are made with respect to the acceptance of ~~gifts~~ Gifts and that all requirements pursuant to the ~~Income Tax Act~~ Income Tax Act, RSC 1985, c 1 (5th Supp) and other legislated requirements are met;
- efficient administrative and accounting practices and procedures are followed in accordance with those established by the University;
- ~~gifts~~ Gifts made to the University and its affiliated organizations are reported accurately;
- policies and procedures are applied consistently when dealing with donors.

DEFINITIONS

For the purposes of this ~~policy~~ Policy, the following definitions shall apply:

“Gift” is a voluntary transfer of money or physical property carrying with it no rights, privileges, benefits or advantages for the donor nor any obligation for the transfer of results. A Gift is for the benefit of the University. It may also be designated to a unit of the University normally with a view of carrying out a particular program or project.

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 2 of 10

~~Pledge is a promise to make a voluntary transfer of money or physical property at a specified future date.~~

A “Gift Agreement-~~(Deed)~~” is a document or deed signed by a donor offering or accompanying a Gift to the University. The purpose of the Gift Agreement is to affect the transfer of property as a Gift. Included in the Gift Agreement, or accompanying it, should be an outline of the terms and conditions under which the Gift has been offered and accepted. Such Gift Agreements have proven invaluable as a record of the expectations and undertakings at the time of the Gift and also form the basis for the stewardship of the Gift to keep the donor informed of the Gift’s impact.

“Gifts in Kind” are donations of property and tangible assets, other than cash-based Gifts. Examples include, but are not limited to: ~~real, immoveable~~ property (such as donations of land, buildings, etc.), moveable property (such as equipment, software, furniture, works of art, library materials, operating supplies, cultural property, etc.), as well as marketable securities (stocks, bonds, term deposits, Guaranteed Investment Certificates, etc.).

~~“Pledge” is a promise to make a voluntary transfer of money or physical property at a specified future date.~~

POLICY

Gift Eligibility

1. Gifts eligible for acceptance by the University include, but are not restricted to:
 - a. Cash donations (outright Gifts of cash, cheques, credit cards, electronic fund transfers, payroll deductions);
 - b. Gifts-in-Kind ~~(i.e. artwork, cultural property, and other tangible assets);~~
 - c. Planned Gifts (such as bequest, life insurance policies, retirement plan asset, charitable remainder trust, etc.);

Gift Acceptance

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 3 of 10

2. The University may elect to accept or decline any Gift. ~~The~~All Gifts will be transferred to the Office of Advancement and Alumni Relations (AAR) for gift processing and issuance of a tax receipt. In exceptional or contentious circumstances, the final decision to accept or decline a Gift valued at up to \$1 million rests with the Vice-President, Advancement ~~and External Relations~~, and the final decision to accept or decline a Gift valued at more than \$1 million rests with the President. ~~Where~~In such cases where a particular Gift may be contentious, the Vice-President, Advancement ~~and External Relations~~ shall consult with the President and any other person who he/she deems appropriate in the circumstances; and, in the case of a contentious Gift valued at more than \$1 million, the President shall consult with any person who he/she deems to be appropriate in the circumstances.
3. Ownership of all Gifts directed to the University rests in the University or its Foundation, whether said Gifts are for the benefit of the University generally or for a specific purpose.
4. ~~The~~Except in particular circumstances, for example, Gifts of books and archives to the Library and/or to the Records Management and Archives Department, the negotiation and development of terms and conditions relating to Gifts is to be coordinated through ~~the Office of Advancement and Alumni Relations (AAR)~~AAR.
5. In cases where the Gift is in the amount of \$25,000 or more, a formal Gift Agreement is required. In cases where the amount is less than \$25,000, a donation transmittal form and/or an internal memorandum will suffice.
6. Throughout this process, AAR shall seek appropriate counsel from the relevant department and administrative offices to ensure that:
 - a. •the proposed Gift is consistent with institutional and legislated regulations and guidelines;
 - b. •the donor's intent and direction is consistent with institutional objectives and priorities;
 - c. •the donor's intent and direction is clearly understood and documented;

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 4 of 10

- d. • the proposed Gift does not expose the University to potentially significant liability;
- e. • if precedent-setting or sensitive issues are present, they are adequately assessed by the appropriate institutional authorities;
- f. • the proposed Gift has received the appropriate institutional review and approval.

Gift Limitation

7. Donors may direct a donation to a particular program or department. A charitable receipt will be issued provided that the use of the funds rests with the University and is available for the benefit of participants of the program or department, and that all other requirements set forth in the applicable legislation, regulations and governmental guidelines are met. In some cases, donors may direct their Gift to historically disadvantaged groups as long as the proposed terms are in accordance with all applicable legislated regulations and guidelines.
8. Charitable receipts cannot be provided where:
 - a. • the donor receives any direct personal benefit under the arrangement (other than Canada Revenue Agency (CRA)- recognized split interest gifts);
 - b. • the donor stipulates the recipient, in the case of an award;
 - c. • proprietary rights or entitlement accrues to the donor through the use of the funds.

The above examples are not an exhaustive list of circumstances where the University cannot issue tax receipts.

9. When conditions placed on a proposed Gift are judged to be administratively difficult or not in the University's best interests, the Vice-President, Advancement ~~and External Relations~~, in consultation with other University officials including the President, may

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 5 of 10

request that the terms of the proposed Gift be revised or recommend that the Gift be declined.

Eligible Gifts

10. Gifts of cash may be in the form of cash to a limit of \$1,000 from any one individual or corporate entity at one time. Cheques, electronic fund transfers, credit card transactions or other cash transfer mediums accepted by the University shall be forwarded to ~~the~~ AAR for recording and processing.
11. Gifts-in-Kind may be received and held by the University and used for purposes consistent with its objectives, or may be disposed of at any time after the donation, provided no such agreement to the contrary is made between the donor and the University. The Gift must be of use to the University, or it should be available to be disposed of and the proceeds directed, in support of academic, research or general programs, or as outlined and agreed to between the University and the donor.
12. All Gifts ~~in~~-in-Kind must be offered by the donor in writing in advance, and conditionally accepted in writing in advance by the relevant Department Chair/Unit Head as well as the relevant Dean/Director. Such Gifts shall be accepted only after a thorough review indicates that the property is either readily marketable or needed by the University in support of academic, research or general programs.
13. The Gift will be completed by the execution and delivery of a Gift Agreement or other form of conveyance acceptable to the University and delivery of the property.
14. In the case of Gifts-in-Kind, donors are to be advised that an appraisal is required for the issuance of a charitable receipt and that any costs associated with the appraisal and the conveyance and delivery of the Gift are to be borne by the donor unless the University agrees exceptionally to defray these costs.
15. In the case of Gifts-in-Kind, the amount of the receipt shall be based on the fair market value of the property on the date of the Gift. If the fair market value is expected to be \$1,000 or less, a qualified staff member may perform the appraisal. If the fair market value is expected to be more than \$1,000, but less than \$25,000, the Vice-President, Advancement ~~and External Relations~~ shall require that the fair market value be assessed by a professionally accredited appraiser unless, he/she is of

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 6 of 10

the opinion that there is a staff member who is qualified to effect the appraisal in question, in which event, the qualified staff member shall prepare the fair market appraisal. If the fair market value is expected to be more than \$25,000, the Vice-President, Advancement ~~and External Relations~~ shall require that the fair market value be assessed by a professionally accredited appraiser. Such appraisals prepared by professionally accredited appraisers are to be done at arm's length from the donor and the University.

16. In some cases, a second appraisal may be deemed necessary by the University to confirm the fair market value of a Gift. If there is difficulty in finding a second independent appraiser or the second appraisal entails an unreasonable expense in relation to the property, the Vice-President, Advancement ~~and External Relations~~ may agree to the second appraisal being prepared by a qualified staff member. Final acceptance of the appraised value of the Gift must be approved by the Office of the Chief Financial Officer, the whole in accordance with all the relevant CRA provisions.
17. Gifts of marketable securities will be receipted based on the closing price on the date at which the physical share certificate is transferred or on the date at which the shares are received electronically by the University's broker. Where the shares are received electronically and they are sold the same day, the value of the receipt will be the gross proceeds received. Any gain or loss subsequently realized upon liquidation will be allocated to the particular gift designation/fund in question.
18. Gifts of marketable securities are processed through ~~the~~ AAR_s, which shall normally sell the securities as soon as legal title is transferred to the University.
19. Donors may donate to the University new or existing life insurance policies, retirement plan assets, charitable remainder trusts, or charitable gift annuities.
20. Bequests paid to the University qualify as charitable Gifts. Official receipts for tax purposes will be issued to the donor/trust/estate of the deceased according to the terms of the will and related governmental policies.
21. Gifts of cultural property are governed by specific legislation and regulations_s, which ~~the~~ AAR will apply in addition to University policies.
22. The Canadian Cultural Property Export Review Board is responsible under the ~~Cultural~~

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 7 of 10

~~Property Export and Import Act~~Cultural Property Export and Import Act, RSC 1985, c C-51 for certifying that an object or a class of objects is of such "outstanding significance and national importance that ~~its loss to it may not be exported from~~ Canada ~~would diminish~~"in order to preserve the national heritage in Canada". The Board also has the legal responsibility for determining the fair market value of objects it certifies. This determination takes the form of approving the appraisals provided by the University and/or donor. It is the University, as the recipient institution, that must make the application to the Board.

23. Under the ~~Cultural Property Export and Import Act~~Cultural Property Export and Import Act, there are certain tax advantages gained by the donor. To be eligible to have cultural property certified, an institution has to be designated as either a class "A" institution (permanent) or a class "B" institution (granted for a specific gift). The University has three permanent class "A" repositories of cultural property: ~~The~~the Leonard and Bina Ellen Art Gallery; ~~The~~the Concordia University Library; and the Concordia ~~University~~ Cinema Collection (Visual ~~Media Resources~~,Collections Repository – Faculty of Fine Arts).
24. A Gift of exceptional items, such as immovable property and virtual property rights (e.g. royalties) shall be reviewed by the Vice-President, Advancement ~~and External Relations~~ on a case-by-case basis.
25. ~~Additional~~The University has adopted Gift Counting Guidelines, which contain additional guidance and direction. These guidelines may be ~~found in~~Gift Counting Guidelines adoptedupdated by the University ~~from time to time~~as deemed necessary.

Issuing Charitable Tax Receipts

26. At present, every Gift must be made to or payable to the University.
27. AAR is the only University department authorized to issue official charitable tax receipts. The signature on the tax receipt bears the name of the Chief Financial Officer.
28. All charitable receipts must be issued in compliance with the ~~Income Tax Act~~Income Tax Act. A charitable donation must be a voluntary transfer of property, which is made without expectation of benefit to the donor or to anyone designated by the donor subject to split interest gifts under the terms of the ~~Income Tax Act~~Income Tax.

POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 8 of 10

Act.

29. Donations that are not deemed to qualify as Gifts according to the ~~Income Tax Act~~Income Tax Act will be acknowledged through the appropriate acknowledgement letter. No charitable tax receipts will be issued.
30. Only qualifying Gifts of ten dollars or more will automatically be issued a charitable tax receipt. Gifts of less than ten dollars will be issued a charitable tax receipt upon request. Notwithstanding the foregoing, Gifts of books or archives to the Library and/or to the Records Management and Archives Department, which are valued at less than one hundred dollars, will not receive a tax receipt.
31. Charitable tax receipts acknowledging a Gift will be dated in the calendar year in which the Gift is received. Charitable tax receipts for a Gift received on or after January ~~1~~1, but bearing a post-mark prior to the end of the preceding calendar year, are dated December 31 of the preceding year.
32. Charitable tax receipts will only be issued in the name of the individual(s) or entity making the Gift.
33. The University reserves the right to decline to provide a charitable tax receipt in connection with any Gift or donation.

Pledge Recognition

34. Pledges are only recorded in the Advancement Information System when full payment or settlement is expected at some time in the future. There must be a document, either a letter of intent from the donor to the University or from the University in the form of a formal ~~pledge/gift agreement~~Pledge/Gift Agreement outlining the pledge commitment for the ~~pledge~~Pledge to be recorded. Exceptions to the recording policy are ~~pledges~~Pledges received through organized phonathons or the Telefundraising Program, which require pledge reminders to be generated in the day or days following the telephone ~~pledge~~Pledge.
35. The overall responsibility for the implementation and recommended amendments to this Policy shall rest with the Vice-President, Advancement.



POLICY CONCERNING GIFT ACCEPTANCE AND RECEIPTING

Page 9 of 10

Adopted by the Board of Governors on June 27, 2008 and amended on February 4, ~~2010~~, 2010;
September 30, ~~2010~~, 2010; December 14, 2016 and [insert date].

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Description	20181204 VPA-1
Rendering set	Standard

Legend:	
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Deletion	
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Style change	
Format change	
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Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

Statistics:	
	Count
Insertions	79
Deletions	60
Moved from	3
Moved to	3
Style change	0
Format changed	0
Total changes	145



**BOARD OF GOVERNORS
Open Session
Meeting of December 12, 2018**

AGENDA ITEM: Membership of the Evaluation Committee for the Chief Communications Officer

ACTION REQUIRED: For information

SUMMARY: Philippe Beaugard's second term as Chief Communications Officer is ending on January 19, 2020. He is seeking a third term. As a result, the President has established an Evaluation Committee which is chaired by the latter and comprised of six other members of the Board of Governors, all of whom are appointed by the Executive Committee.

BACKGROUND: The *Policy on the Remuneration and Evaluation of Senior Administrators* ([BD-8](#)) provides that the President shall establish an evaluation in the penultimate year of the initial term of a senior non-academic administrator who is appointed for a defined term and is seeking a second term.

While BD-8 is not clear as to whether this evaluation process applies to a non-academic administrator seeking a third term, pursuant to a discussion at the Human Resources Committee at its meeting of October 18, 2018, for fairness and transparency, it was agreed that the same process apply until such time that BD-8 is clarified.

At its meeting of November 30, 2018, on recommendation of the Chair of the Board and the President, the following members were appointed to the Evaluation Committee for the Chief Communications Officer:

- Alan Shepard, Chair
- Helen Antoniou and Georges Paulez, representing the external members of the Board
- Ted Stathopoulos, representing the full-time faculty
- Patrice Blais, representing the part-time faculty
- Frédérica Martin, representing the administrative and support staff
- Chaim Kuhnreich, representing the students

PREPARED BY:

Name: Danielle Tessier
Date: November 30, 2018



**BOARD OF GOVERNORS
OPEN SESSION
Meeting of December 12, 2018**

AGENDA ITEM: Designation of person responsible for the management of the Recreation & Athletics bar permits

ACTION REQUIRED: For approval

SUMMARY: The Board is being asked to adopt a resolution designating the individual who manages the day-to-day operations of the bars located in the Recreation and Athletic Complex.

BACKGROUND: This is a requirement of the Régie des alcools, des courses et des jeux. A similar resolution was approved by the Board on February 11, 2015. However, the individual occupying the position at the time is no longer working at Concordia, and therefore a new resolution designating his replacement is required.

DRAFT MOTION: That Darren Finney, Manager, Facilities Planning and Development, Recreation and Athletics Department, residing at 288 Delinelle Street, in Montréal, be designated as the person responsible for the day-to-day management of the bars in the Recreation and Athletics Complex (permits 9642752001 and 9642786001) and, as such, be authorized to sign any document in relation to the day-to-day management of those bars.

PREPARED BY:

Name: Danielle Tessier
Date: November 7, 2018



REPORT TO THE BOARD OF GOVERNORS

ALAN SHEPARD
PRESIDENT AND VICE-CHANCELLOR

DECEMBER 2018

CONCORDIA

INTRODUCTION

Our community celebrated 1,840 new graduates at our **fall convocation ceremonies**, held at Place des Arts on November 19th. We heard inspiring addresses from all five honorary doctorate recipients.

Miriam Roland was recognized at our Faculty of Arts and Science ceremony, where she spoke about resisting apathy. Roland is a dedicated Concordia supporter, having served on our Board of Governors from 1992 to 2004. Among her several gifts, she has donated \$3 million to create the Miriam Aaron Roland Graduate Fellowships. Roland was given a standing ovation by the crowd.

Real estate developer, investor and Concordia Golf Classic devotee **Luigi Liberatore** spoke at our John Molson School of Business (JMSB) about contributing to society. Also recognized at JMSB was **Louis A. Tanguay**, BComm 75, past President of Bell Canada Quebec and frequent volunteer – including at his alma mater. Tanguay reflected on the achievement of completing a university degree.

Nathalie Pilon, President of ABB Canada, addressed the Gina Cody School of Engineering and Computer Science. She urged graduates to solve global challenges. Finding one's voice was the sage advice offered by **Meredith Monk**, renowned multi-disciplinary artist and honouree at our Faculty of Fine Arts ceremony.

Our **Chancellor's Builders Circle and Friends** dinner, honouring our major donors, was held on October 25th. In the presence of 130 guests, Campaign for Concordia co-chair **Lino Saputo Jr.**, BA 89, announced a **\$10-million gift** to our university. In attendance were Chancellor **Jonathan Wener**, and our Board of Governors Chair, **Norman Hébert Jr.** The successful evening included presentations from Concordia Institute for Urban Futures researchers **Shauna Janssen** and **Cheryl Gladu**.

TEACHING, RESEARCH, INNOVATION

Concordia's **4TH SPACE** has just opened in the J.W. McConnell Building on November 14th. The street-level area showcases research and hosts experiential learning activities in an open, interactive way. The versatile location will feature installations, rotating residencies, lectures, screenings and much more. The official inauguration will take place on January 18th, 2019.

Concordia placed 25th on the **2018 Research Infosource list of Canada's Top 50 Research Universities**. Concordia's sponsored income received for 2017 was **\$53 million**, a 4.5 per cent increase from last year, and \$62.5 million was awarded.

On November 21st, **Geneviève Cadieux** (Department of Studio Arts) received the **Prix du Québec's Prix Paul-Émile-Borduas** in recognition of her outstanding contributions to the visual arts. The prize is the highest civilian honour bestowed for contributions to culture and science in Quebec.

The Government of Canada announced **\$5.2 million** in **Canada Research Chair (CRC)** funding for three new chairs and two renewals:

- **Yann-Gaël Guéhéneuc** (Department of Computer Science and Software Engineering) is the CRC Tier 1 in Empirical Software Engineering for the Internet of Things
- **Tristan Glatard** (Department of Computer Science and Software Engineering) is the CRC Tier 2 in Big Data Infrastructures for Neuroinformatics
- **Aashiq Kachroo** (Department of Biology) is the CRC Tier 2 in Systems and Synthetic Biology
- **Mia Consalvo** (Department of Communication Studies) and **Ahmed Kishk** (Department of Electrical and Computer Engineering) both had their Tier 1 CRCs in Game Studies and Design and Advanced Antenna Systems, respectively, renewed.

Michael Hallett (Department of Biology) received **\$122,854** in research infrastructure funding through the **Canada Foundation for Innovation's John R. Evans Leaders Fund**. The amount is being matched by **Quebec's Ministère de l'Éducation et de l'Enseignement supérieur** and supported by industry partners for a total of **\$310,444**.

Adrian Tsang (Department of Biology) entered into a three-year Joint Development Agreement with French company **Lesaffre International**. The team will develop yeast expressing enzymes for multiple purposes including applications in baking, feed and food. The total sponsored funding is almost **\$2.8 million**.

Andreas Athienitis (Department of Building, Civil and Environmental Engineering) has received a second five-year term for his **NSERC Industrial Research Chair**. The total sponsorship of **\$2 million** is supported by Hydro Quebec, Canmet ENERGY, and Regular.

Kash Khorasani and **Luis Rodrigues** (Department of Electrical and Computer Engineering) are leading a **CRIAQ/MITACS**-supported project with industrial partners **SII Canada** and **Vozwin Inc.** The **\$1.5 million** in funding over three years is to develop a prototype that can screen a mountainous area for distressed people and send their location to a ground station for rescue.

On a separate project, **Khorasani** partnered with Qatar University and the University of Melbourne on research into preventing cyber-attacks in a variety of engineering applications, including power generation, smart grids and water treatment systems. The **\$421,987** project is sponsored by **NATO's Science for Peace and Security Program**.

Chunjiang An (Department of Building, Civil and Environmental Engineering) was awarded **\$632,000** in funding by **Fisheries and Oceans Canada**. An is developing tools for oil spill management, directly supporting Canada's efforts to address shoreline pollution.

Gregory Butler and **Tristan Glatard** (both Department of Computer Science and Software Engineering) are working on a three-year project to develop an open source suite of bioinformatics tools in support of agriculture and sustainable food supply. Funding of **\$600,000** comes from **Genome Canada** and **Genome Quebec**.

Pascale Biron (Department of Geography, Planning and Environment) is leading development of maps of flooding zones in Quebec. The research is a collaboration with the University of Quebec at Rimouski. The two-year project, valued at **\$320,421**, is supported by Quebec's **Ministère de l'Environnement et de la Lutte contre les changements climatiques**.

Vivek Venkatesh (Department of Art Education) will receive more than **\$1 million** over two years from **Global Affairs Canada** for the development, implementation and evaluation of capacity-building to counter terrorism in Lebanon, based on the Social Media EducatiON Every day (SOMEONE) initiative.

Two **SSHRC Connection Grants – Indigenous Research Capacity and Reconciliation** totaling **\$100,000** and one **SSHRC Connection Grant** of **\$36,786** were awarded.

Two **SSHRC Partnership Engage Grants** totaling **\$48,744** were awarded.

Pat Forgione (Department of Chemistry and Biochemistry) and **Hassan Rivaz** (Department of Electrical and Computer Engineering and the PERFORM Centre) will receive **\$75,000** each over three years from the **Richard and Edith Strauss Foundation**.

Shannon Hebblethwaite (Department of Applied Human Sciences and engAGE) will receive **\$100,000** over four years from the **Luc Maurice Foundation**.

Concordia received a grant from the City of Montreal for its **CHNGR 2.0** incubator. The program provides students with skills associated with social innovation and entrepreneurship. These abilities include problem identification, marketplace analysis, solution design, prototyping, stakeholder collaboration and enterprise creation.

The **Technoculture, Art and Game (TAG) Research Centre** held its 5th annual inclusive game making event – **GAMERella** – on November 9th and 10th.

On November 18th and 19th the Milieux Institute for Arts, Culture and Technology hosted the **Maker Cultures Conference**. The event was dedicated to makers, teaching and process. The two-day conference was filled to capacity.

Nathasha Blanchet-Cohen (Department of Applied Human Sciences) was awarded an FRQSC **Chaire-réseau Jeunesse– volet Jeunes issus des Premières Nations et Jeunes Inuits**. The chair is worth **\$878,299** over six years.

Mexican textile artists **Oscar Becerra** and **Ruben Castillo** created a **Day of the Dead altar** in Milieux's Textile and Materiality Research Cluster space during the month of October. It was then displayed from October 30th to November 4th in the Museum of Contemporary Art as part of a presentation with the Mexican Consulate.

The School of Graduate Studies hosted a full day of invitation-only **activities for top undergraduate students** on October 30th. Tours of the campus and research facilities such as the Solar Simulator Environmental Chamber Lab and District 3 Innovation Centre were given to 120 students from across the university. Workshops on what to expect from graduate school were provided.

Concordia International hosted nine visiting delegations: Lucerne University for Applied Science and Art (Switzerland); Shenzhen Overseas Technology Transfer Institute (China); Indian Institute of Technology Dharwad; University of Rennes 2 and University of Grenoble Alpes (France); University of Twente (Netherlands); Aalborg University (Denmark); University of Perugia (Italy); and the Government of Tunisia, Ministry of Education.

Two PhD students received **MITACS Globalink Research Awards** of **\$6,000** each to conduct research projects abroad.

The **PERFORM Centre** hosted three presentations by external speakers:

- **Lara Boyd**, Professor, Department of Physical Therapy and member of the Djavad Mowafaghian Centre for Brain Health at the University of British Columbia spoke about biomarkers of recovery after a stroke
- **Chris Boesch**, Professor, University of Bern in Switzerland spoke about magnetic resonance imaging
- **Simone Dalla Bella**, Professor in the Department of Psychology at the University of Montreal spoke about motor rehabilitation.

Concordia celebrated faculty, graduate students and staff who received media coverage over the past year in news outlets around the world at the **President's Media Outreach Awards** on November 23rd. This year's winners were:

- **Krzysztof Skonieczny** (Department of Electrical and Computer Engineering) received Research Communicator of the Year (International)
- **Sara Kennedy** (Department of Education) received Research Communicator of the Year (National)
- **Brad Aeon** (PhD candidate) received Graduate Research Communicator of the Year
- **Pascale Biron** (Department of Geography, Planning and Environment) received Communicator of the Year (Francophone Media)

- **Yasmin Jiwani** (Department of Communication Studies) was awarded Opinion Leader of the Year
- **Fenwick McKelvey** (Department of Communication Studies) was given Expert Commentator of the Year
- **Orenda Boucher** and **Geneviève Sioui** (Aboriginal Student Resource Centre and Office of Community Engagement, respectively) Communications Ambassadors of the Year.

The Belgian artist **Vincent Meessen's** solo exhibition, ***Blues Klair***, received its Canadian debut at Concordia's Leonard and Bina Ellen Art Gallery on November 17th.

Concordia became the first Quebec post-secondary institution to adopt the **Okanagan Charter**. The charter calls on higher education to include health in everyday operations, business practices and academic mandates. It was developed by 380 researchers, university authorities and policy makers in 45 countries.

The painting ***Storm at Sea*** by Johannes Hermanus Koekkoek (1778-1851) was returned to members of the **Max and Iris Stern Foundation**. Art gallery owner Max Stern had been forced to sell the painting during the Second World War. This is the 18th Nazi-looted work recovered by the foundation. Concordia is one of the foundation's supporting partners.

A new Concordia Continuing Education certificate program offers **accreditation for Indigenous youth workers**. The program was developed in partnership with the **Cree Board of Health and Social Services of James Bay and Boscoville**, a non-profit Quebec youth-support organization. The goal is to provide culturally relevant training, support and accreditation for care workers in Youth Healing Services.

SERVICES SECTOR

The 10th national **Food Secure** Assembly attracted more than 750 attendees. Held from November 1st to the 3rd, the event was a platform for participants to work toward food security, food sovereignty and food justice in Canada.

The **Montreal Mini Maker Faire** – a first of its kind at Concordia – took place from November 16th to 17th. The show-and-tell event featured exhibitions from 70 artists, crafters and inventors. This magnet for maker culture included numerous speakers and a Youth and Maker Culture segment featuring Montreal-area students. The event was covered by the *Montreal Gazette*, CTV, CityTV, and CultMTL.

ADVANCEMENT & EXTERNAL RELATIONS

Paul Chesser is Concordia's new **Vice-President, Advancement**. He started December 1st. Chesser graduated from Concordia with a BA in Economics in 1994 and a graduate diploma in 1997. He has 20 years of experience in fundraising in higher education, including leadership roles at Carleton, Queen's and McGill universities.

The **Concordia Used Book Fair** raised a record **\$31,831**. The event was held in the atrium of our Engineering, Computer Science and Visual Arts Integrated Complex from October 28th to the 30th. Proceeds support scholarships and the Student Emergency and Food Fund.

BMO Financial Group made a new pledge of **\$2.5 million** in support of Concordia.

A **\$75,000** gift from **Caisse de dépôt et placement du Québec** will support the study of United Nation's responsible investment methods, which factors the World Economic Forum's emerging risks, at Concordia's District 3 Innovation Centre.

Donald Clarke, BComm 74, made an outright gift of **\$120,000** towards the Donald and Molly Clarke Endowment.

The **Drummond Foundation** gave **\$106,400** to Concordia towards two PERFORM Centre research initiatives on aging populations.

Fondation Luc Maurice will support the Faculty of Arts and Science with a new pledge of **\$100,000**.

Gregory Rokos, BComm 82, made a new pledge of **\$250,000** to support JMSB.

Holger Kluge, BComm 71, MBA 77, made a new pledge of **\$30,000** to his alma mater to create the Holger Kluge Bursary in Management at JMSB.

A **\$120,000** gift from **Jacques Goulet**, BSc 88, will help establish the Jacques Goulet Graduate Scholarship.

James Stanford, BSc 58, LLD 00, made a **\$500,000** gift towards the James M. Stanford Graduate Scholarships Endowment at Concordia.

A new gift from **Jonathan Margel**, BComm 10, of **\$25,000** will help establish the Simon and Joanne Margel Bursary at JMSB.

Nichola Dyer, BA 85, made a new pledge of **\$25,000** to create the Nichola Dyer Co-Op Bursary for students in the Faculty of Arts and Science.

Concordia formalized a partnership with **Bâtiment 7**, a resident-led initiative housed in a repurposed heritage industrial site in Montreal's Pointe-Saint-Charles neighbourhood. Bâtiment 7 is home to 13 enterprises, including a broad range of community-run cooperative businesses, arts organizations and non-profit organizations.

The goal of the partnership is to involve Concordia students, faculty and staff in research and experiential learning projects that directly address community needs. The partnership is stewarded by Concordia's Office of Community Engagement with support from the Office of Research and SHIFT, our university's social innovation hub.



**BOARD OF GOVERNORS
OPEN SESSION
Meeting of November 30, 2018**

AGENDA ITEM: Executive Committee recommendation: Revisions to *Policy regarding Sexual Violence* (PRVPAA-3)

ACTION REQUIRED: For approval

SUMMARY: The approval of the Board of Governors is being sought in connection with the revisions to the *Policy regarding Sexual Violence* (PRVPAA-3).

BACKGROUND: This Policy was initially created and approved in May 2016 to comply with the recommendation of the Sexual Assault Policy Review Working Group that the University adopt a stand-alone policy on sexual violence, which links to existing policies and that applies to all members of the Concordia community.

In December 2017, the Quebec government adopted *An Act to prevent and fight sexual violence in higher education institutions* (Bill 151, 2017, chapter 32) which sets out several obligations including the adoption, before January 1, 2019, of a policy to fight and prevent sexual violence and the establishment of a permanent standing committee to review the Policy and address, implement and monitor the University's obligations under Bill 151.

Please refer to the attached note from Lisa Ostiguy, Chair of the Standing Committee on Sexual Misconduct and Sexual Violence, for more details regarding the mandate, process and amendments brought to the Policy.

At its meeting of November 30, 2018, the Executive Committee reviewed and approved the proposed revisions, which it is recommending for Board approval.

DRAFT MOTION: That, on recommendation of the Executive Committee, the Board of Governors approve the revisions to the *Policy regarding Sexual Violence* (PRVPAA-3).

PREPARED BY:

Name: Danielle Tessier
Date: December 3, 2018

Request for Approval of the Updates to the Policy regarding Sexual Violence (PRVPAA-3) Accompanying Document for the Executive Committee of the Board of Governors

Concordia Journey to Updating the Policy

2013 *Starting with Support*

Establishment of the Sexual Assault Resource Center (SARC) to ensure the support on campus and to provide training to prevent sexual misconduct on campus.

2014-2015 *Establishing Working Groups*

The President requested a working group to review the University's policies and processes that specifically address sexual assault. A working group made a series of recommendations with two significant calls to review policy:

1. The creation of a stand-alone policy addressing sexual violence;
2. A statement from the university to address student relationships and instructors. This policy was developed by a committee of students, faculty, and staff representatives.

2016 *The Policy*

The sexual violence policy was approved by the Board of Governors in May. The policy development included consultation with the community, a review of existing sexual violence policies in North American universities, and included input from Senate. This stand-alone policy was presented at the Higher Education Summit organized by Riley and Associates as one of the first of its kind for a Canadian university.

2017 *The Guidelines*

The Guidelines on Consensual Romantic or Sexual Relationships (BD-4-guidelines) were developed by a working group which included faculty, staff, undergraduate and graduate students.

December 2017 *Bill 151*

The *Act to prevent and fight sexual violence in higher education institutions* was announced which created requirements for each Post-Secondary Institutions in Quebec.

2018 *Establishing New Working Groups*

Task Force: As a result of the situation in the department of English the university announced the creation of a Task force to review sexual misconduct and sexual violence on campus. The Task Force was chaired by Lisa Ostiguy with co-chairs Nadia Hardy and Melodie Sullivan and included faculty, students, and staff. The Task Force process took place from January through June and included inviting stakeholder feedback, an online survey, campus conversations, and presentations from units across the University and a dedicated email to send feedback to the

Task Force. There were also visits to 50 units from the Chair and co-chairs to collect feedback and discuss the Guidelines on Consensual Romantic or Sexual Relationships. A report was completed with a series of recommendations.

Standing Committee: In response to the requirements of Bill 151, the University announced the creation of the Standing Committee on Sexual Misconduct and Sexual Violence. The Standing Committee is chaired by Lisa Ostiguy and includes students, faculty, and staff representatives as well as former members of the Task Force. In Fall 2018, the Standing Committee began reviewing our current policy to align it with the requirements of Bill 151 and the Task Force recommendations.

Policy update process

Summer 2018

In preparation for the Standing Committee, there was a review of the Bill 151 requirements, Task Force recommendations and policies from 24 Canadian universities. Created a summary table identifying requirements of the Bill, where our current policy addresses these requirements and where the Task Force had made specific recommendations.

By Fall, the Standing Committee was formed and it began meeting weekly as of September. The committee met 12 times to review specific topics of the Bill and reviewed the alignment of our current policy and the specific recommendation of the Task Force on different items.

The University hosted a meeting to discuss best practices and share information on Bill 151 on November 6th. The meeting was attended by 14 CEGEPS and 4 universities and included many members of the Concordia Standing Committee.

The Standing Committee developed a website to provide our community progress reports, draft policy updates and a place to invite members to send their suggestions and feedback to the standing committee through a dedicated confidential email address.

Further consultation with our community members took place at two conversation opportunities to hear about the work on the policy in the month of November and two more scheduled in early December.

Summary of the Updates of our Current Policy

Bill 151 requirements

- Creation of a stand-alone policy on sexual violence
- Definition of Intersectionality in the policy
- Full description of the support and services offered to the survivor/victim (SARC)
- Identification of available accommodation measures and applicable delays

- Mandatory training for students and mandatory annual training for personnel including staff, faculty, representatives from the employee and student unions and associations
- Description of security services and measures in place to foster safety on campus
- Identification of emergency contact information for survivors/victims
- Set out how community members can respond effectively to disclosures of sexual violence
- Set out the rules of conduct applicable to all members of the community for all social events organized at the University including student-run events (including “frosh”)
- Detail the applicable procedures and all available options for reporting, disclosing and making complaints about sexual violence with explanation of processes and possible outcomes
- Set out the confidentiality of disclosures and what information that can be shared with a survivor/victim
- Explain the complaint processes and delays
- Explain the possible sanctions that can be imposed following a complaint process (student or staff/faculty)
- Include guidelines regarding instructor-student intimate relationships

Task Force recommendations

- More accessible language
- Clarity on the process
- Enhanced information on options with disclosure
- Stronger language related to the guidelines on relationships
- A preamble that clearly identifies the university commitment to address sexual violence and misconduct

Prepared by:

Lisa Ostiguy, Chair

Standing Committee on Sexual Misconduct and Sexual Violence

November 26, 2018

COMPARATIVE CHART
BILL 151 REQUIREMENTS / REVISIONS TO *POLICY REGARDING SEXUAL VIOLENCE (PRVPAA-3)*

Bill 151 article	BILL 151 REQUIREMENTS (TO BE <u>ADOPTED</u> BY JAN 2019 AND <u>IMPLEMENTED</u> BY SEPT 2019)	CONCORDIA'S <i>POLICY REGARDING SEXUAL VIOLENCE (PRVPAA-3)</i>	REVISED POLICY additions
General statement of commitment			Revised policy includes a new broad Preamble including the clear statement
Par 3	Policy must take into account vulnerable persons (and intersectionality)	Policy recognizes intersectionality and vulnerable persons and is survivor centered.	Revised Policy section on Intersectionality has been modified and broadened.
Par 3	Policy must be a stand-alone policy	Policy is a stand-alone policy on sexual violence that makes necessary links to applicable policies, procedures, resources and services where necessary.	Policy remains a stand-alone policy on Sexual Violence, as required.
3(1)	Policy must set out roles of community members with regard to sexual violence	Policy sets out the standards of behaviour and roles of faculty staff and students and SARC with respect to sexual violence. Current policy specifically sets out roles of: Security, SARC, all members of staff or faculty receiving a disclosure, all members of the Response Team, Dean of Students, UCS	Revised policy sets out roles for SARC, Security, Office of Rights and Responsibilities, and all members of the community in all aspects of the Policy. (ex: disclosure, safety, reporting, communication and training)

COMPARATIVE CHART
BILL 151 REQUIREMENTS / REVISIONS TO *POLICY REGARDING SEXUAL VIOLENCE (PRVPAA-3)*

Bill 151 article	BILL 151 REQUIREMENTS (TO BE ADOPTED BY JAN 2019 AND IMPLEMENTED BY SEPT 2019)	CONCORDIA'S <i>POLICY REGARDING SEXUAL VIOLENCE (PRVPAA-3)</i>	REVISED POLICY additions
Par 3 (2)	Policy must set out prevention and awareness raising measures and mandatory training activities for students (<i>not "annual"</i>)	Policy sets out SARC's role in education, training for faculty staff and students.	Revised Policy section on Education, Training and Communication sets out the commitment to creating and providing this information.
3(3)	Policy must set out mandatory <u>annual</u> training activities for officers, personnel members, rep of their respective association and unions and student association reps		Revised Policy section on Education, Training and Communication sets out the commitment to creating and providing this information.
3(4)	Policy must set out safety measures to counter sexual violence, including infrastructure adjustments to secure premises		Revised Policy specifically describes in the Security and safety measures and the role of responders.
3(5)	Policy must set out rules for social or welcoming activities organized by the institution and/or the student association		Revised policy sets out the behavioural standards applicable to all, students, staff and faculty.
3(6)	The measures institution is to impose on third parties (contractual relations)		Revised policy sets out that third parties are subject to the policy, wherever applicable.

COMPARATIVE CHART
BILL 151 REQUIREMENTS / REVISIONS TO *POLICY REGARDING SEXUAL VIOLENCE (PRVPAA-3)*

Bill 151 article	BILL 151 REQUIREMENTS (TO BE ADOPTED BY JAN 2019 AND IMPLEMENTED BY SEPT 2019)	CONCORDIA'S <i>POLICY REGARDING SEXUAL VIOLENCE (PRVPAA-3)</i>	REVISED POLICY additions
3(7)	Policy must set out procedures for reporting incidents and for filing complaints or disclosing incidents	Policy currently sets out that SARC is the main resource for reporting and support and that Office ORR can receive complaints.	Revised policy contains detailed information about how to disclose, report and/or make a complaint about sexual violence, the whole in keeping with the needs and wishes of the survivor/victim.
3(8)	Policy must set out the follow up that will be given to complaints reports and information and accommodation measures given (with limited impact on studies)	Current policy sets out the role of the response team to provide resources and accommodations. Internal collaboration of community is specifically required.	Revised policy goes into more detail about the accommodation measures that can be provided and includes the delay set out in the law. (7 days)
3(9)	Policy must set out the reception referral psychosocial and support services offered.	Current policy does set this out in detail.	Revised policy reiterates the support and services provided by SARC.
3(10)	Policy must state: the actions that must be taken by the educational institution and by officers, personnel members, student association representatives and students when incidents of sexual violence are brought to their attention	Current Policy sets out actions of response team and faculty and personnel but not student associations.	Revised Policy unchanged in this regard.

COMPARATIVE CHART
BILL 151 REQUIREMENTS / REVISIONS TO *POLICY REGARDING SEXUAL VIOLENCE* (PRVPAA-3)

Bill 151 article	BILL 151 REQUIREMENTS (TO BE ADOPTED BY JAN 2019 AND IMPLEMENTED BY SEPT 2019)	CONCORDIA'S <i>POLICY REGARDING SEXUAL VIOLENCE</i> (PRVPAA-3)	REVISED POLICY additions
3(11)	Policy must contain: the response times for accommodation measures to be implemented under subparagraph 8, services to be offered under subparagraph 9 and actions to be taken under subparagraph 10, which may not exceed 7 days, and the time frame for processing complaints, which may not exceed 90 days		Revised policy contains these delays.
3(12)	Policy must contain: measures to ensure the confidentiality of the complaints, reports and information received in connection with incidents of sexual violence	Confidentiality section is robust.	Revised Policy contains confidentiality pledge and also explains the confidentiality rules that apply in cases of complaints against staff/faculty.
3(13)	Policy must contain: measures governing the communication to a person of the information necessary to ensure his or her safety but which may not include any means to compel a person to keep silent for the sole purpose of not damaging the educational institution's reputation		Revised Policy contains specific wording outlining such information.

COMPARATIVE CHART
BILL 151 REQUIREMENTS / REVISIONS TO *POLICY REGARDING SEXUAL VIOLENCE (PRVPAA-3)*

Bill 151 article	BILL 151 REQUIREMENTS (TO BE ADOPTED BY JAN 2019 AND IMPLEMENTED BY SEPT 2019)	CONCORDIA'S <i>POLICY REGARDING SEXUAL VIOLENCE (PRVPAA-3)</i>	REVISED POLICY additions
3(14)	Policy must contain measures to provide protection against reprisals to the person who filed a complaint, reported an incident or disclosed information	Reprisals are specifically forbidden.	Revised Policy repeats rule against reprisals
3(15)	Policy must contain the penalties applicable for policy breaches taking into account their nature, seriousness and repetitive pattern.	Current policy makes reference to CoRR for process and links to process and sanctions for such behaviour.	Revised Policy contains specific sanctions that can apply.
3(15 second par)	The policy must also include a code of conduct specifying the rules that a person who is in a teaching relationship with or a relationship of authority over a student must comply with if the person has an intimate relationship, such as an amorous or sexual relationship, with the student.	Concordia adopted the <i>Guidelines on consensual sexual and intimate relationships</i> which set out the rules, strongly discourages these relationships and sets up process for reporting and managing the conflict of interest (pursuant to BD-4 the Code of Ethics) inherent to such relationships.	Revised policy repeats the as set out in the Guidelines.

*Prepared by Melodie Sullivan
November 26, 2018*



POLICY REGARDING SEXUAL VIOLENCE

Effective Date: [insert date]

Originating Office: Office of the Provost and Vice-President, Academic Affairs

Supersedes/Amends: May 20, 2016

Policy Number: PRVPAA-3

PREAMBLE

Sexual discrimination, intimidation, harassment and assault are not tolerated at Concordia University (the "University"). The University is a unique environment: an intellectual community with a responsibility for the discovery, creation and sharing of knowledge. This aspiration can only be fulfilled if there is a broadly shared commitment to create and safeguard a positive learning, working and living environment in which all members of the University are free from sexual violence. This Policy articulates the University's commitment to address sexual violence and counteract harmful myths and attitudes surrounding the subject through education and training. This Policy fosters awareness and prevention, outlines support for survivors/victims, and sets out fair procedural frameworks for accountability. It describes appropriate responses to disclosures of sexual violence and specifies procedures for reports or complaints.

SCOPE

This Policy applies to all members of the University, regarding incidents occurring in any setting, on or off campus or on-line, including where university learning, work, athletics, social or other activities take place. This Policy also applies to third parties, where applicable and as defined in this Policy. In accordance with the [Act to prevent and fight sexual violence in higher education institutions, CQLR, chapter P-22.1](#) (the "Act"), this Policy describes and addresses the serious problem of sexual violence separately from all other kinds of misconduct.

APPLICATION AND RELATED POLICIES

The Policy works within the University's existing legal and procedural framework. Applicable and superseding University policies, procedures and agreements include, but are not limited to, the *Code of Rights and Responsibilities* ([BD-3](#)) (the "Code"), *Protocol on the Coordination of Urgent Cases of Threatening or Violent Conduct* ([BD-3-protocol](#)) (the "Protocol"), *Consensual Romantic or Sexual Relationships Guidelines* ([BD-4-guidelines](#)) (the "Guidelines") issued in 2018 in accordance with the *Code of Ethics and Safe Disclosure Policy Applicable to Employees of Concordia*

SEXUAL VIOLENCE POLICY

Page 2 of 18

University ([BD-4](#)), and the *Policy on Student Involuntary Leave of Absence* ([PRVPAA-15](#)) (the “POSILA”) and relevant collective and/or employee agreements.

PURPOSE

The purpose of this Policy is to set out the University’s commitment to:

- Promote a safe learning and working environment for its students, faculty, staff and visitors where sexual violence is not tolerated.
- Provide appropriate assistance and support to members of the University who are impacted by sexual violence.
- Respond to disclosures and complaints employing a trauma-informed and intersectional understanding of the impact of sexual violence and a survivor/victim’s decision to disclose as well as the method of disclosing.
- Develop and implement appropriate education and communication plans and materials aimed at educating all members of the University about this Policy and promoting a safe environment.
- Present the relevant criminal external and internal reporting options and ensure that appropriate support to the survivor/victim is provided, depending on the circumstances and wishes of the survivor/victim.
- Provide appropriate support, or referrals, to a person respondent of committing sexual violence.

For greater clarity, this Policy creates a network of support for survivors/victims of sexual violence, ensures a coordinated and caring response to survivors/victims of sexual violence and commits to promoting and maintaining a safe campus, free from sexual violence. It is understood that any redress, complaint, grievance or appeal procedure set out in any collective or employee agreement or processes under the [Code](#), the [Protocol](#) and/or the [POSILA](#) may be undertaken in parallel to processes set out in the present Policy, subject to limitations set out in applicable and/or superseding policies.

DEFINITIONS

“Complaint” means a statement made by a survivor/victim, Disciplinary Officer or member of the University to the appropriate body, unit, person or authority for the purposes of pursuing an available process, whether informal or formal, and/or disciplinary actions against a respondent. Statements made online or via social media platforms, such as Facebook and Twitter, are not considered to be a complaint.

“Consent” is bound and guided by the Criminal Code of Canada and means the voluntary agreement of a person to engage in the sexual activity in question. Anything other than voluntary and continuous agreement to engage in sexual activity is not consent.

For example, there is no consent where:

- the agreement is expressed by the words or conduct of a person other than the complainant;
- the complainant is incapable of consenting to the activity;
- the respondent induces the complainant to engage in the activity by abusing a position of trust, power or authority;
- the complainant expresses, by words or conduct, a lack of agreement to engage in the activity; or
- the complainant, having consented to engage in sexual activity, expresses, by words or conduct, a lack of agreement to continue to engage in the activity.

“Disciplinary Officer” means any of the following individuals (as defined in the applicable policy such as the [Code](#)) who shall have the powers, duties and obligations conferred upon them in the [Code](#): President and Vice-Chancellor, Vice-Presidents, Deputy Provost and Secretary-General.

“Disclosure” means a statement made by a survivor/victim for the purposes of receiving confidential support, assistance and/or accommodation.

“Instructor”, in this Policy, aligns with the definition of “Instructor” set out in the [Guidelines](#). An Instructor means any University employee who is teaching, advising, supervising, mentoring, overseeing the allocation of resources to and/or coaching students. Such employees include, but are not limited to, full and/or part time faculty members, faculty administrators, librarians, laboratory or other instructors, principal investigators as well as teaching assistants, research assistants, staff members, coaches and coaching assistants.

SEXUAL VIOLENCE POLICY

Page 4 of 18

“Member” is used in this Policy interchangeably with the expression “students, staff and faculty”. Member means (as defined in the [Code](#)) faculty, employees, administrative and support staff, postdoctoral fellows, members of the administration, students and interns, stagiaires or researchers.

“Report” means a statement made by a survivor/victim or a witness, bystander or concerned person who wishes to bring forward information to a member or unit of the University about an incident of sexual violence without necessarily seeking a recourse, support or follow up. A report may be considered a disclosure and may become a complaint, depending on the status and wishes of the person reporting. Statements made online or via social media platforms, such as Facebook and Twitter, are not considered to be a report.

“Respondent” means any member of the University against whom a report or complaint is made, as defined in the [Code](#).

“Sexual Assault” means an offence under the Criminal Code of Canada. It is illegal. Sexual assault is any unwanted act of a sexual nature imposed by one person upon another and includes such activities as kissing, fondling, oral or anal sex, intercourse, or other forms of penetration, without consent. Sexual assault can occur between strangers, acquaintances or be perpetrated by someone known to the survivor/victim. It can also occur in a dating relationship, between spouses, or in any other relationship.

“Sexual Assault Response Team” (SART) means the response team convened by the Sexual Assault Resource Centre (SARC) Coordinator in cases of sexual violence.

“Sexual Harassment” means a course of unwanted remarks, behaviours, innuendo, taunting or communications of a sexual nature and/or a course of unwanted remarks, behaviours or communications based on gender, gender identity, and/or sexual orientation where the person responsible for the remarks, behaviours or communications knows or ought reasonably to know that these are unwelcome. Sexual harassment may consist of unwanted attention of a sexual nature, such as personal questions about one’s sex life, unwelcome sexual invitations or requests, or unwelcome remarks about someone’s appearance. Sexual harassment may also consist of unwelcome remarks based on gender, gender identity or sexual orientation where such remarks may not be of a sexual nature, but are nevertheless demeaning, such as derogatory gender based jokes or comments. A single serious incident of such behaviour may constitute harassment if it has the same consequences and if it produces a lasting harmful effect on the survivor/victim.

SEXUAL VIOLENCE POLICY

Page 5 of 18

“Sexual Violence” means any violence, physical or psychological, carried out through sexual means or by targeting sexuality. This includes, but is not limited to, sexual assault, sexual harassment, stalking, indecent exposure, stealthing, voyeurism, degrading sexual imagery, distribution of sexual images or video of a member of the University without their consent, cyber harassment or cyber stalking of a sexual nature or related to a person’s sexual orientation and gender identity and/or presentation.

“Survivor/Victim” means a member of the University who has experienced sexual violence as defined in this Policy.

“Third party” means a person or an entity that provides services to or receives services from the University and/or acts as a partner or collaborator with the University. Examples include but are not limited to: consultants, conference organizers and participants, contractors, research partners and internship partners. Such parties are subject to this Policy as well as other policies (including the [Code](#)) to the extent that processes or recourses are applicable to them.

INTERSECTIONALITY

Sexual violence impacts people of all genders. Sexual violence is overwhelmingly committed against women and gender non-conforming people, and in particular younger people and individuals who experience the intersection of multiple identities such as, but not limited to, Indigenous people, racialized people, trans people and people with disabilities. The University strives to reduce barriers in order to better support survivors/victims in the community. To this end, the support or assistance provided under this Policy shall take into account, as needed and as requested, the different perspectives, voices or circumstances of each survivor/victim.

The University is a diverse community and every effort to address issues of sexual violence must be grounded in an understanding that each person’s experience is impacted by many factors. The University recognizes that a person’s perspective or circumstance (such as national or ethnic origin, sex, sexual orientation, gender identity, age, religion, faith, disability/ability, indigeneity, immigration status, medical condition such as HIV status, language ability, and/or socio-economic factors) could make them more vulnerable to sexual violence and could impact their needs and choices with regard to recourses. Systemic oppression, including but not limited to, sexism, racism, colonialism, ableism, homophobia, and/or transphobia, can manifest into acts of sexual violence, and impact the resources and options a survivor/victim may pursue.

STANDARDS OF BEHAVIOUR

All members of the University, as defined in the [Code](#) may reasonably expect to pursue their work, studies and other activities related to university life in a safe and civil environment. As such, neither the University nor any of its members shall engage or condone any conduct which adversely affects this safe and civil environment or any of its members.

All members of the University are expected to conduct themselves in conformity with the behavioural standards set out in the [Code](#) at all events or activities organized by the University. Student associations also have adopted behavioural rules and guidelines which apply to events and activities including welcoming activities or “frosh” activities organized by their associations.

POLICY

Primary Resource regarding Sexual Violence

1. **Sexual Assault Resource Center (SARC)**. Detailed information about the SARC services and resources can be found at [SARC](#) and can be reached at sarc@concordia.ca.
 - SARC is the primary resource for support and response in the case of sexual violence as well as coordinating all education, training and communication at the University regarding sexual violence as set out in this Policy.
 - In addition, SARC shall maintain relevant records and denormalized statistics for the University pertaining to cases of sexual violence that it responds to under this Policy.
2. **The Standing Committee on Sexual Misconduct and Sexual Violence** is a permanent University committee of students, faculty and staff. Detailed information about the Committee can be found at [The Standing Committee on Sexual Misconduct and Sexual Violence](#) and can be reached at standing-cmt.smsv@concordia.ca.

Security and Responding to Sexual Violence

3. [Concordia Security](#) provides support and services to all members of the University, and in particular in cases of sexual violence. Some examples of services provided by Security include:

SEXUAL VIOLENCE POLICY

Page 7 of 18

- Accompaniment on campus of a student, staff or faculty who has safety concerns;
 - Monitoring and/or implementing no contact orders;
 - Responding or taking reports of any incident of sexual violence and providing support and options to the person reporting.
4. For situations requiring immediate emergency assistance call Security at 514-848-3717 (option 1).
 5. For situations requiring support for survivors/victims, call the SARC Coordinator at 514-848-2424 extension 3353 or email at sarc@concordia.ca. The Coordinator will serve as the single point of contact in cases of sexual violence.

Informing SARC

6. Any member of the University could be the first person informed of an incident of sexual violence.

The first person aware of a non-immediate incident of sexual violence should encourage the survivor/victim to contact the [SARC](#).

Any member of faculty and staff who is made aware of an incident of sexual violence is encouraged to contact the SARC in order to:

- Consult with the SARC Coordinator as to how to assist or where to refer the survivor/victim (on an anonymous basis or with the consent of the survivor/victim);
- Debrief regarding the intervention or encounter with the survivor/victim.

Support

7. All members of the University (students and employees) may receive support through the appropriate office if they are affected by any form of sexual violence.

Support for Survivors/Victims

8. The [SARC](#) will work with individual survivors/victims in determining their support and/or workplace and academic accommodation needs and assist them in accessing these. The needs of each survivor/victim are different, and the types and forms of support and

SEXUAL VIOLENCE POLICY

Page 8 of 18

accommodation made available will be tailored to the survivor/victim's needs on a case-by-case basis.

9. Survivors/victims may access support within the University regardless of when, where and by whom they experienced an incident of sexual violence. Survivors/victims need only to disclose their experience to obtain support and will not be required or pressured to make a complaint in order to receive support.
10. Support and complaint options will be provided to the survivor/victim regardless of the circumstances or context in which the sexual violence occurred (such as the use of drugs or alcohol, or the possibility that the events occurred off University premises).

Support for alleged perpetrators

11. Students facing allegations of sexual violence may be provided with support or referrals from the Dean of Students.
12. In the case of staff or faculty facing such allegations, they may be provided with referrals to the appropriate internal or external resources from Human Resources.

Support for complainants and respondents throughout the process

13. Complainants and respondents will be provided with a contact person throughout the investigation and decision-making processes. Support for student complainants will be facilitated by the Office of Rights and Responsibilities. Support for student respondents will be provided by the Dean of Students. Contact information for staff or faculty complainants or respondents will be provided by Human Resources.
14. A list of support services can be found in Annex 1 of this Policy.

The Sexual Assault Response Team

15. The Sexual Assault Response Team (SART), chaired by the SARC Coordinator, is called to meet on an urgent and priority basis in the event of a reported incident of sexual violence and will act together to provide a coordinated and appropriate response. The SART is an ad hoc team composed of the most relevant resources, depending on each case, as determined by the SARC Coordinator and in accordance with the needs and wishes of the

survivor/victim. In addition to the SARC Coordinator, the team may include a representative from:

- Security
- Health Services
- Office of Rights and Responsibilities
- Dean of Students
- Department Chair or Program Director (undergraduate or graduate)
- Human Resources
- Residence
- University Secretariat
- The Access Centre for Students with Disabilities
- Office of the Provost
- or any of their designates

16. The SARC Coordinator, acting as chair of the SART will:

- Act as the lead responder in cases of reported sexual violence and, with the consent of the survivor/victim, shall act as their voice, where needed, at the University;
- Provide and/or coordinate case management of the file including calling the SART together, as required, and coordinating the University's response and the resources offered;
- Contact and work with all relevant departments/units to address related internal issues for the survivor/victim (for example: class changes, work assignments, etc.);
- Where appropriate, provide relevant departments with updates regarding court dates, court conditions, restraining orders and decisions.

Internal Collaboration

17. All relevant units contacted by the SARC Coordinator in the application of this Policy are bound to collaborate with the SARC Coordinator and identify and implement all appropriate and reasonable accommodations and/or arrangements in support of the survivor/victim, the whole in accordance with existing policies and procedures.

Accommodation Measures

18. Interim academic, safety and employment accommodation measures can be put in place to secure the parties, to protect a person from retaliation or the threat of retaliation, to address safety concerns and to support the survivor/victim. Once determined, appropriate measures must be offered immediately and put in place no later than 7 calendar days (plus extra days if the end date falls on a statutory holiday) from that date.

Examples of measures available for a student include exam or assignment deferral, class or schedule changes, housing changes, no-contact orders and safety measures that set out where a respondent can or cannot circulate on University premises.

Examples of interim measures for employees include taking precautionary non-disciplinary steps to limit contact between the parties.

19. In all cases the survivor/victim will be provided with information on methods available to facilitate a resolution, the process for filing a complaint, and other available options to address or resolve the matter.

Confidentiality of Disclosures

20. Ensuring confidentiality of disclosures is vital in creating an environment and culture where survivors/victims feel safe to disclose and seek support and accommodation. There are, however, limits to the confidentiality that can be assured under certain circumstances, such as:

- An individual is judged to be at imminent risk of self-harm or of harming another;
- Evidence of sexual violence is available in the public realm (for example: video shared publicly on social media);
- Reporting or action is required by law (for example: subpoena, a minor at risk of harm).

21. The University reserves the right to initiate an internal investigation and/or inform the police of the need for a criminal investigation, even without the consent of the survivor/victim, if the University believes that the safety of the community is at risk. A decision by the University to initiate an internal investigation and/or pursue other

recourses without the consent of the survivor/victim will only be taken in extraordinary circumstances following an assessment by the appropriate University administrators.

Education, Training and Communication

22. The University is committed to promoting a safe environment for its members and visitors. The University will work to eliminate sexual violence through the dissemination of educational material and training for students, faculty and staff. The University through SARC will collaborate with on and off campus partners to develop and deliver an education plan that will include campaigns, training, workshops, online and print resources, programs and events on the topic of sexual violence on campus. These educational initiatives will include issues such as rape culture, consent culture, power dynamics, sexual violence awareness, how to seek support, resources for survivors/victims, resources for first responders and options for disclosing or reporting. These educational initiatives will also include related University policies, guidelines and processes.
23. In order to create an informed culture on sexual violence within the University, the University will employ a variety of methods for training:
 - Training methods for students may include information packages, on-line training, workshops and our website;
 - All new incoming students will receive information on this sexual violence Policy, the SARC, and options for training;
 - Mandatory training will be required annually for the following groups as per the [Act](#): faculty, staff, student association representatives and union representatives.
24. SARC is responsible for:
 - Coordinating education and training communication at the University regarding sexual violence;
 - Representing and updating the Standing Committee on Sexual Misconduct and Sexual Violence on training and education initiatives;
 - Working with relevant departments to provide education to the University as a whole regarding sexual violence;

SEXUAL VIOLENCE POLICY

Page 12 of 18

- Providing and coordinating information and training related to new issues arising in the field of sexual violence to individuals and departments involved in responding to sexual violence;
 - Consulting and collaborating with individuals and groups both on and off campus who provide alcohol education, bystander training and sexual violence and sexual harassment prevention education;
 - Providing and coordinating support and education to the University as required around issues related to the survivor/victim, respondent, this Policy and procedures and general information on sexual violence;
 - Providing a yearly report to the Special Advisor to the Provost on Campus Life regarding the application of this Policy. Such report shall include data collected and any appropriate recommendations on training and education requirements;
 - Coordinating with University Communications Services on awareness campaigns;
 - Providing the University with ongoing education and training about sexual violence including information on how to respond to the disclosure of sexual violence.
25. The University encourages students, faculty and staff to regularly review policies, programs and services within the University designed to promote a safe educational and working environment.

Reporting, Making a Complaint and Discipline

26. Survivors/victims of sexual violence have options when deciding where and how to file a complaint in response to an incident or incidents of sexual violence. Note that disclosing is not the same as reporting or making a complaint. Disclosure of an incident of sexual violence for the purposes of support, assistance and/or accommodation is confidential, subject to the limits set out in this Policy. Making a complaint is a choice made by a survivor/victim who wishes to move towards a legal and/or disciplinary process in which anonymity is not possible.
27. Reporting is an option for a witness or any member of the University who may have information and/or a concern about an incident of sexual violence in the community that they wish to bring forward. In these situations, such a report can be made to [Concordia Security](#) and/or a member of faculty or staff, who will receive the report, support the person making the report and determine, in consultation with the appropriate unit, what steps need to be taken.

SEXUAL VIOLENCE POLICY

Page 13 of 18

28. Survivors/victims of sexual violence may choose not to file an internal and/or external complaint. The full range of supports and services outlined in this Policy remain available to the survivor/victim.
29. The SARC Coordinator shall assist survivors/victims in understanding each of these options and in ensuring that they have all the information that they need in order to make a decision on next steps. The SARC Coordinator will accompany members through internal and/or external options as well as assist them in accessing administrative compensation bodies such as the *Indemnisation des victimes d'actes criminels* (the "IVAC") which offers compensation to victims of criminal acts. Victims of criminal acts do not have to make internal and/or external complaints to apply for benefits from [IVAC](#).
30. Additional detailed information about options and what to expect for all parties, survivors/victims and respondents, are provided at [SARC](#).

Recourses

31. Members of the University are encouraged to engage with any internal option or recourse they feel is appropriate. The availability of some options will depend on the member status of the survivor/victim and/or the respondent.

Internal options

32. The [Code](#) (when both parties are subject to the jurisdiction of the [Code](#)). Complaints made under the [Code](#) are treated confidentially, subject to the limits of that policy.
33. In the case of an allegation against a staff or faculty member, reports/complaints can also be made to the appropriate supervisor, depending on the parties involved, or through a grievance under a collective agreement for unionized employees.
34. Members can also notify [Concordia Security](#) of an incident of sexual violence in order to have on-campus safety concerns addressed and/or be informed about internal and/or external resources such as the [SARC](#). Concordia Security is available 24 hours a day, 7 days a week, including statutory holidays.

External options

35. Members of the University are free to engage with any outside recourse they feel is appropriate. This Policy and the internal complaint process do not prevent and are not intended to limit a member from also reporting sexual violence to the police and pursuing a complaint of sexual violence through the criminal justice system; and/or pursuing civil justice options. This Policy also does not prevent a unionized employee from pursuing a grievance under the collective agreement.

Criminal option

36. Reports/complaints can be made to the police with the goal of pursuing criminal charges under the Criminal Code of Canada.

Civil option

37. Legal resources such as lawyers and legal clinics can help orient survivors/victims as to other external reporting options. Such options may include civil lawsuits against the respondent or other responsible parties.

Processes and Possible Outcomes

38. The processes and outcomes of an internal complaint process vary depending on the status (for example: student or faculty/staff) of the survivor/victim and of the respondent. For example, in the case of students (where both the survivor/victim and the respondent are students) the [Code](#) provides for the possibility of informal resolution if both parties agree, or a complaint. A complaint is heard and decided by a student tribunal as per the [Code](#). In these cases both parties participate in the hearing and receive a copy of the tribunal decision outlining the case, facts and the decision. The [Code](#) provides that if a charge is upheld, a range of sanctions could be imposed. Examples of such sanctions include:

- a written reprimand;
- placing restricted access conditions (for example: restricted access, noncontact/communication, space and time restrictions) on the respondent while they are on University premises or at University events, the whole subject to the confirmation or modification by the appropriate unit at the University;

- relevant specified community service at the University or elsewhere of up to 10 hours per week for a specified period of time, which can be modified at the Dean of Student's sole discretion, not exceeding a total number of 60 hours;
 - a recommendation of suspension, subject to confirmation by the Provost and Vice-President, Academic Affairs;
 - a recommendation of expulsion, subject to confirmation by the Provost and Vice-President, Academic Affairs.
39. If the respondent is a faculty or staff member, the applicable processes are set out in collective agreements, employment contracts, policies and laws which provide that the investigation into the allegations may be performed by an internal or an external investigator, and is confidential. The details of the outcome of the investigation cannot be shared due to privacy and confidentiality reasons. In these cases a survivor/victim will be informed when the processes have been carried out. If the complaint is founded, then the appropriate measures will be applied. The range of sanctions includes:
- a letter of concern or warning;
 - suspension;
 - dismissal.
40. Information pertaining to safety concerns can be shared with the complainant. Such information could, for example, include details about the presence, or not, of the respondent in certain buildings at certain times.
41. Complaints regarding sexual violence will normally be processed within 90 days (calendar days except if the last day falls on a statutory holiday in which case it is extended). This delay is subject to modification where the process is governed by employment or collective agreements or applicable law. The delay may be extended due to the needs of the survivor/victim and/or any legal requirement such as a court order.
42. Note that in all cases interim measures designed to ensure the safety of the survivor/victim and the community can be put in place while the applicable processes are taking place. Regardless of whether or not a complaint is filed, the full range of supports and services outlined in this Policy remain available to the survivor/victim.

43. Reprisals against individuals who report an incident or incidents of sexual violence or make a complaint of sexual violence are prohibited and disciplinary action may be taken following retaliation or any attempt to retaliate.

Consensual Romantic or Sexual Relationships between Instructors and Students

44. The foundation of the University's educational mission is the integrity of the instructor-student relationship. As clearly stated in the [Guidelines](#) this relationship vests considerable trust in the instructor, who, in turn, bears authority and accountability as a mentor, educator, and evaluator. The unequal institutional power inherent in this relationship can potentially heighten the vulnerability of the student. Students may have difficulty communicating freely that they do not want to be in a romantic or sexual relationship, or that they want the relationship to end, because of concern over the impact such a communication may have on their academic progress. The pedagogical relationship between an instructor and a student must be protected from influences or activities that can interfere with learning and personal development. Engaging in such relationships is a conflict of interest for instructors. Instructors are strongly urged to avoid such relationships. Notwithstanding the foregoing, if a consensual or romantic relationship exists or develops between a student and an instructor, the process outlined in the [Guidelines](#) applies. Disclosure of such a relationship is required and a failure to do so can have disciplinary consequences.
45. The [Guidelines](#) aim to provide guidance solely with respect to consensual romantic or sexual relationships between instructors and students. Any student with a complaint or charge of discrimination or sexual harassment involving an instructor, which may or may not arise from a consensual romantic or sexual relationship, may seek the necessary support at the University as set out in this Policy.

Roles and Responsibilities

46. All members of the University are responsible for complying with this Policy and must take steps to make themselves aware of it and participate in any mandatory training and education programs.
47. If an incident is reported or disclosed by a survivor/victim, or a witness or a concerned member, members of the University will refer them to the [SARC](#) or to the [Office of Rights and Responsibilities](#) to ensure that support and options are provided.

SEXUAL VIOLENCE POLICY

Page 17 of 18

48. Any member of the University may make a report to [Concordia Security](#) or to the [Office of Rights and Responsibilities](#) if they witness or become aware of an incident of sexual discrimination, intimidation, harassment and/or assault on campus.

Policy Responsibility and Review

49. The overall responsibility for the implementation and recommended amendments to this Policy shall rest with the Special Advisor to the Provost on Campus Life.
50. This Policy will be reviewed by a committee including representatives from SARC, the University Secretariat, the Office of Rights and Responsibilities and the student body one year after its initial adoption, which shall make any necessary recommendations to the Special Advisor to the Provost on Campus Life.

Approved by the Board of Governors on May 20, 2016 and amended on [insert date].

SEXUAL VIOLENCE POLICY

Page 18 of 18

ANNEX 1

Support Services

Sexual Assault Resource Centre (SARC)	https://www.concordia.ca/students/sexual-assault.html
Office of Rights and Responsibilities	http://www.concordia.ca/students/rights.html
Security	https://www.concordia.ca/campus-life/security.html
Dean of Students	http://www.concordia.ca/offices/dean-students.html
Human Resources	https://www.concordia.ca/hr.html
Special Advisor to the Provost on Campus Life	(514) 848-2424 ext. 4754
Centre for Gender Advocacy Peer-to-Peer Support	https://genderadvocacy.org/
CSU Legal Information Clinic	https://www.csu.qc.ca/services/lic/
CSU Student Advocacy Centre	https://www.csu.qc.ca/services/advocacy-centre/
CSU Off-Campus Housing and Job Bank	https://www.csu.qc.ca/services/housing-and-job-bank-hojo/
Employee Assistance Program	http://www.concordia.ca/hr/benefits/eap.html
Montreal Sexual Assault Centre hotline	(514) 933-9007 http://www.cvasm.org/en/



POLICY REGARDING SEXUAL VIOLENCE

Effective Date: ~~May 20, 2016~~ [\[insert date\]](#)

Originating Office: Office of the Provost and Vice-President, Academic Affairs

Supersedes /Amends: ~~N/A~~ [May 20, 2016](#) **Policy Number:** PRVPAA-3

PREAMBLE

Sexual discrimination, intimidation, harassment and assault are not tolerated at Concordia University (the "University"). The University is a unique environment: an intellectual community with a responsibility for the discovery, creation and sharing of knowledge. This aspiration can only be fulfilled if there is a broadly shared commitment to create and safeguard a positive learning, working and living environment in which all members of the University are free from sexual violence. This Policy articulates the University's commitment to address sexual violence and counteract harmful myths and attitudes surrounding the subject through education and training. This Policy fosters awareness and prevention, outlines support for survivors/victims, and sets out fair procedural frameworks for accountability. It describes appropriate responses to disclosures of sexual violence and specifies procedures for reports or complaints.

SCOPE

This Policy applies to all ~~Members~~ members of the ~~Concordia~~ University ~~Community,~~ regarding incidents occurring in any setting, on or off campus or on-line, including where university learning, work, athletics, social or other activities take place. This Policy also applies to third parties, where applicable and as defined in ~~Section III of~~ this Policy. In accordance with the Act to prevent and fight sexual violence in higher education institutions, CQLR, chapter P-22.1 (the "Act"), this Policy describes and addresses the serious problem of sexual violence separately from all other kinds of misconduct.

APPLICATION AND RELATED POLICIES

The Policy works within the University's existing legal and procedural framework. Applicable and superseding University policies, procedures and agreements include, but are not limited to, the Code of Rights and Responsibilities (BD-3). ~~Nothing in this Policy shall replace or supersede any applicable University Policy or the provisions of any collective or employee agreement including but not limited to the Code of Rights and Responsibilities (BD-3) and/or the (the "Code"), Protocol on the Coordination of Urgent Cases of Threatening or Violent Conduct~~



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 2 of ~~25~~

~~(BD-3 Protocol~~BD-3-protocol) (the “Protocol”), Consensual Romantic or Sexual Relationships Guidelines (BD-4-guidelines) (the “Guidelines”) issued in 2018 in accordance with the Code of Ethics and Safe Disclosure Policy Applicable to Employees of Concordia University (BD-4), and the Policy on Student Involuntary Leave of Absence (PRVPAA-15) (the “POSILA”) and relevant collective and/or employee agreements.

PURPOSE

The purpose of this Policy is to set out the University’s commitment to:

- Promote a safe learning and working environment for its students, faculty, staff and visitors where sexual violence ~~will~~is not ~~be~~-tolerated.
- Provide appropriate assistance and support to members of the University-~~community~~ who are impacted by sexual violence.
- Respond to disclosures and complaints employing a trauma-informed and intersectional understanding of the impact of sexual violence and a survivor/victim’s decision to disclose as well as the method of disclosing.
- ~~Provide confidential assistance and support, subject to certain limits. (see Confidentiality, below.)~~
- ~~Provide appropriate support, when requested, to a person accused of committing sexual violence.~~
- Develop and implement appropriate education and communication plans and materials aimed at educating all members of the ~~university community~~University about this Policy and promoting a safe environment~~z~~.
- Present the relevant criminal external and/~~or~~ internal reporting options and ensure that appropriate support to the survivor/victim is provided, depending on the circumstances and wishes of the survivor/victim.
- Provide appropriate support, or referrals, to a person respondent of committing sexual violence.



~~POLICY REGARDING~~ SEXUAL VIOLENCE [POLICY](#)

Page 3 of ~~25~~

For greater clarity, this Policy creates a network of support for survivors/victims of sexual violence, ensures a coordinated and caring response to survivors/victims of sexual violence and commits to promoting and maintaining a safe campus, free from sexual violence. It is understood that any redress, complaint, grievance or appeal procedure set out in any collective or employee agreement or processes under the [Code and](#), the [Protocol](#) and/or the ~~*Policy on Student Involuntary Leave of Absence (PRVPAA-15)*~~ [POSILA](#) may be undertaken in parallel to processes set out in the present Policy, [subject to limitations set out in applicable and/or superseding policies](#).



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 4 of ~~25~~

DEFINITIONS

~~“Sexual Violence” means any violence, physical or psychological, carried out through sexual means or by targeting sexuality. This includes, but is not limited to sexual assault, sexual harassment, stalking, indecent exposure, voyeurism, degrading sexual imagery, distribution of sexual images or video of a community member without their consent, and cyber harassment or cyber stalking of a sexual nature or related to a person’s sexual orientation, gender identity and/or presentation.~~ Complaint” means a statement made by a survivor/victim, Disciplinary Officer or member of the University to the appropriate body, unit, person or authority for the purposes of pursuing an available process, whether informal or formal, and/or disciplinary actions against a respondent. Statements made online or via social media platforms, such as Facebook and Twitter, are not considered to be a complaint.

“Consent” is bound and guided by the Criminal Code of Canada and means the voluntary agreement of a person to engage in the sexual activity in question. Anything other than voluntary and continuous agreement to engage in sexual activity is not consent.

For example, there is no consent where:

- the agreement is expressed by the words or conduct of a person other than the complainant;
- the complainant is incapable of consenting to the activity;
- the respondent induces the complainant to engage in the activity by abusing a position of trust, power or authority;
- the complainant expresses, by words or conduct, a lack of agreement to engage in the activity; or
- the complainant, having consented to engage in sexual activity, expresses, by words or conduct, a lack of agreement to continue to engage in the activity.

“Disciplinary Officer” means any of the following individuals (as defined in the applicable policy such as the Code) who shall have the powers, duties and obligations conferred upon them in the Code: President and Vice-Chancellor, Vice-Presidents, Deputy Provost and Secretary-General.

“Disclosure” means a statement made by a survivor/victim for the purposes of receiving confidential support, assistance and/or accommodation.



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 5 of ~~25~~

“Instructor”, in this Policy, aligns with the definition of “Instructor” set out in the Guidelines. An Instructor means any University employee who is teaching, advising, supervising, mentoring, overseeing the allocation of resources to and/or coaching students. Such employees include, but are not limited to, full and/or part time faculty members, faculty administrators, librarians, laboratory or other instructors, principal investigators as well as teaching assistants, research assistants, staff members, coaches and coaching assistants.

“Member” is used in this Policy interchangeably with the expression “students, staff and faculty”. Member means (as defined in the Code) faculty, employees, administrative and support staff, postdoctoral fellows, members of the administration, students and interns, stagiaires or researchers.

“Report” means a statement made by a survivor/victim or a witness, bystander or concerned person who wishes to bring forward information to a member or unit of the University about an incident of sexual violence without necessarily seeking a recourse, support or follow up. A report may be considered a disclosure and may become a complaint, depending on the status and wishes of the person reporting. Statements made online or via social media platforms, such as Facebook and Twitter, are not considered to be a report.

“Respondent” means any member of the University against whom a report or complaint is made, as defined in the Code.

“Sexual Assault” ~~is~~means an offence under the Criminal Code of Canada. It is illegal. Sexual assault is any unwanted act of a sexual nature imposed by one person upon another and includes such activities as kissing, fondling, oral or anal sex, intercourse, or other forms of penetration, without consent. Sexual assault can occur between strangers, acquaintances or be perpetrated by someone known to the survivor/victim. It can also occur in a dating relationship, between spouses, or in any other relationship.

“Sexual Assault Response Team” (SART) means the response team convened by the Sexual Assault Resource Centre (SARC) Coordinator in cases of sexual violence.

“Sexual Harassment” ~~is~~means a course of unwanted remarks, behaviours, innuendo, taunting or communications of a sexual nature and/or a course of unwanted remarks, behaviours or communications based on gender, gender identity, and/or sexual orientation where the person responsible for the remarks, behaviours or communications knows or ought reasonably to



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 6 of ~~25~~

know that these are unwelcome. Sexual harassment may consist of unwanted attention of a sexual nature, such as personal questions about one's sex life, unwelcome sexual invitations or requests, or unwelcome remarks about someone's appearance. Sexual harassment may also consist of unwelcome remarks based on gender, gender identity or sexual orientation where such remarks may not be of a sexual nature, but are nevertheless demeaning, such as derogatory gender based jokes or comments. A single serious ~~incidence~~incident of such behaviour may constitute harassment if it has the same consequences and if it produces a lasting harmful effect on the survivor/victim.

~~"Consent" Concordia University and its members are bound and guided by the Criminal Code of Canada which defines consent as the voluntary agreement of a person to engage in the sexual activity in question. Anything other than voluntary and continuous agreement to engage in sexual activity is not consent.~~Sexual Violence" means any violence, physical or psychological, carried out through sexual means or by targeting sexuality. This includes, but is not limited to, sexual assault, sexual harassment, stalking, indecent exposure, stealthing, voyeurism, degrading sexual imagery, distribution of sexual images or video of a member of the University without their consent, cyber harassment or cyber stalking of a sexual nature or related to a person's sexual orientation and gender identity and/or presentation.

~~For example, there is no consent:~~

- ~~• where the agreement is expressed by the words or conduct of a person other than the complainant,~~
- ~~• where the complainant is incapable of consenting to the activity,~~
- ~~• where the accused induces the complainant to engage in the activity by abusing a position of trust, power or authority,~~
- ~~• where the complainant expresses, by words or conduct, a lack of agreement to engage in the activity, or~~
- ~~• where the complainant, having consented to engage in sexual activity, expresses, by words or conduct, a lack of agreement to continue to engage in the activity.~~

"Survivor/Victim" is means a member of the ~~university community~~University who has experienced sexual violence as defined in this ~~policy~~Policy.

"Third party" means a person or an entity that provides services to or receives services from the University and/or acts as a partner or collaborator with the University. Examples include but are not limited to: consultants, conference organizers and participants, contractors, research



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 7 of ~~25~~

partners and internship partners. Such parties are subject to this Policy as well as other policies (including the Code) to the extent that processes or recourses are applicable to them.

INTERSECTIONALITY

Sexual violence impacts people of all genders. Sexual violence is overwhelmingly committed against women and gender non-conforming people, and in particular younger people and individuals who experience the intersection of multiple identities such as, but not limited to, Indigenous people, racialized people, trans people and people with disabilities. The University strives to reduce barriers in order to better support survivors/victims in the community. To this end, the support or assistance provided under this Policy shall take into account, as needed and as requested, the different perspectives, voices or circumstances of each survivor/victim.
~~Concordia~~The University is a diverse community and every effort to address issues of sexual violence must be grounded in an understanding that each person's experience is impacted by many factors. The University recognizes that a person's individual perspective or circumstances-circumstance (such as: national or ethnic origin, sex, sexual orientation, gender identity, age, religion, faith, disability/ability, indigeneity, immigration status, medical condition such as HIV status, language ability, and/or socio-economic factors) could make them more vulnerable to sexual violence and could impact their needs and choices with regard to recourses. The support or assistance provided under this Policy shall take into account, as needed and as requested, the perspective or circumstances, as described above
Systemic oppression, including but not limited to, sexism, racism, colonialism, ableism, homophobia, and/or transphobia, can manifest into acts of sexual violence, and impact the resources and options a survivor/victim may pursue.

~~"Sexual Assault Response Team" (SART) refers to the response team convened by the SARC-coordinator in cases of sexual violence, as described below.~~



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 8 of ~~25~~

STANDARDS OF BEHAVIOUR

All members of the University, as defined in the Code may reasonably expect to pursue their work, studies and other activities related to university life in a safe and civil environment. As such, neither the University nor any of its members shall engage or condone any conduct which adversely affects this safe and civil environment or any of its members.

All members of the University are expected to conduct themselves in conformity with the behavioural standards set out in the Code at all events or activities organized by the University. Student associations also have adopted behavioural rules and guidelines which apply to events and activities including welcoming activities or “frosh” activities organized by their associations.

POLICY

~~1. Primary Resource~~ Regarding ~~regarding~~ Sexual Violence

1. Sexual Assault Resource Center ~~The Sexual Assault Resource Center~~ (SARC). Detailed information about the SARC services and resources can be found at SARC and can be reached at sarc@concordia.ca.

- SARC is the primary resource for support and response in the case of ~~Sexual Violence~~ sexual violence as well as coordinating all education, training and communication ~~to~~ at the ~~community~~ University regarding sexual violence as set out in this ~~policy~~ Policy.
- In addition, SARC shall maintain relevant records and denormalized statistics for the University pertaining to cases of sexual ~~assault~~ violence that it responds to under this ~~policy~~ Policy.

~~2. Responding to Sexual Violence~~ The Standing Committee on Sexual Misconduct and Sexual Violence is a permanent University committee of students, faculty and staff. Detailed information about the Committee can be found at The Standing Committee on Sexual Misconduct and Sexual Violence and can be reached at standing-cmt.smsv@concordia.ca.

~~Procedures for Responding to Sexual Assault~~



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 9 of ~~2~~5

~~See Concordia's responding to sexual assault resource website.~~

~~For situations requiring immediate emergency assistance call Security at 514-848-3717 (option 1) and / or 911~~

Security and Responding to Sexual Violence

3. Concordia Security provides support and services to all members of the University, and in particular in cases of sexual violence. Some examples of services provided by Security include:
 - Accompaniment on campus of a student, staff or faculty who has safety concerns;
 - Monitoring and/or implementing no contact orders;
 - Responding or taking reports of any incident of sexual violence and providing support and options to the person reporting.
4. ~~• For situations requiring immediate medical attention call 911~~emergency assistance call Security at 514-848-3717 (option 1).
5. ~~• For situations requiring support for victims / survivors / victims,~~ call the SARC ~~coordinator at 3461 and / or~~Coordinator at 514-848-2424 extension 3353 or email at sarc@concordia.ca. The Coordinator will serve as the single point of contact in cases of sexual violence.

Informing SARC

6. Any member of the University ~~community~~ could be the first person informed of an ~~incidence~~incident of sexual violence.

The first person aware of a non-immediate incident of sexual ~~assault~~violence should encourage the survivor/victim to contact the ~~SARC~~SARC.

Any member of ~~the staff or~~ faculty and staff who is made aware of an ~~incidence~~incident of sexual violence is encouraged to contact the SARC in order to:



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 10 of ~~2~~5

- Consult with the SARC ~~coordinator~~Coordinator as to how to assist or where to refer the survivor/victim (on an anonymous basis or with the consent of the survivor/victim);
- Debrief regarding the intervention or encounter with the survivor/victim.

~~3.~~ Support

7. All members of the University (students and employees) may receive support through the appropriate office if they are affected by any form of sexual violence.

Support for Survivors/Victims

8. The SARC will work with individual survivors/victims in determining their support and/or workplace and academic accommodation needs and assist them in accessing these. The needs of each survivor/victim are different, and the types and forms of support and accommodation made available will be tailored to the survivor/victim's needs on a case-by-case basis.

9. Survivors/victims may access support within the University regardless of when, where and by whom they experienced an incident of sexual violence. Survivors/victims need only to disclose their experience to obtain support and will not be required or pressured to make a complaint in order to receive support.

10. Support and complaint options will be provided to the survivor/victim regardless of the circumstances or context in which the sexual violence occurred (such as the use of drugs or alcohol, or the possibility that the events occurred off University premises).

Support for alleged perpetrators

11. Students facing allegations of sexual violence may be provided with support or referrals from the Dean of Students.

12. In the case of staff or faculty facing such allegations, they may be provided with referrals to the appropriate internal or external resources from Human Resources.

Support for complainants and respondents throughout the process



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 11 of ~~2~~5

13. Complainants and respondents will be provided with a contact person throughout the investigation and decision-making processes. Support for student complainants will be facilitated by the Office of Rights and Responsibilities. Support for student respondents will be provided by the Dean of Students. Contact information for staff or faculty complainants or respondents will be provided by Human Resources.
14. A list of support services can be found in Annex 1 of this Policy.

The Sexual Assault Response Team

15. The Sexual Assault Response Team (SART), chaired by the SARC ~~coordinator~~Coordinator, is called to meet on an urgent and priority basis in the event of a reported ~~incidence~~incident of sexual violence and will act together to provide a coordinated and appropriate response. The SART is an ad hoc team composed of the most relevant resources, depending on each case, as determined by the SARC ~~coordinator~~Coordinator and in accordance with the needs and wishes of the survivor/victim. In addition to the SARC ~~coordinator~~Coordinator, the team may include a representative from:

- Security
- Health Services
- Office of Rights and Responsibilities
- Dean of Students
- Department Chair or Program Director (undergraduate or graduate)
- ~~HR representative~~Human Resources
- Residence ~~Director~~
- University Secretariat
- The Access ~~Center~~Centre for Students with Disabilities
- Office of the Provost
- or any of their designates

16. The SARC ~~coordinator~~Coordinator, acting as chair of the SART will:



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 12 of ~~2~~5

- Act as the lead responder in cases of reported sexual violence and, with the consent of the survivor/victim, shall act as their voice, where needed, ~~in~~at the ~~community~~University;
- Provide and/or coordinate case management of the file including calling the SART together, as required, and coordinating the University's response and the resources offered;
- Contact and work with all relevant departments/units to address related internal issues for the survivor/victim (~~e.g.~~for example: class changes, work assignments, etc.);
- Where appropriate, provide relevant departments with updates regarding court dates, ~~courts~~court conditions, restraining orders and decisions.

~~If the SARC coordinator or any other member of the community is approached by the alleged perpetrator seeking support or assistance, such person shall be referred to the Dean of Students (in the case of a student) or Human Resources or a union representative (in the case of staff/faculty) who shall provide timely support and referrals to the appropriate resources.~~

Internal Collaboration

17. All relevant units contacted by the SARC ~~coordinator~~Coordinator in the application of this Policy are bound to collaborate with the SARC ~~coordinator~~Coordinator and identify and implement all appropriate and reasonable accommodations and/or arrangements in support of the survivor/victim, the whole in accordance with existing policies and procedures.



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 13 of ~~25~~

Accommodation Measures

18. Interim academic, safety and employment accommodation measures can be put in place to secure the parties, to protect a person from retaliation or the threat of retaliation, to address safety concerns and to support the survivor/victim. Once determined, appropriate measures must be offered immediately and put in place no later than 7 calendar days (plus extra days if the end date falls on a statutory holiday) from that date.

Examples of measures available for a student include exam or assignment deferral, class or schedule changes, housing changes, no-contact orders and safety measures that set out where a respondent can or cannot circulate on University premises.

Examples of interim measures for employees include taking precautionary non-disciplinary steps to limit contact between the parties.

19. In all cases the survivor/victim will be provided with information on methods available to facilitate a resolution, the process for filing a complaint, and other available options to address or resolve the matter.

Confidentiality of Disclosures

20. Ensuring confidentiality of disclosures is vital in creating an environment and culture where survivors/victims feel safe to disclose and seek support and accommodation. There are, however, limits to the confidentiality that can be assured under certain circumstances, such as:

- An individual is judged to be at imminent risk of self-harm or of harming another;
- Evidence of sexual violence is available in the public realm (~~ex~~for example: video shared publicly on social media);
- Reporting or action is required by law (~~ex~~for example: subpoena, a minor at risk of harm).

21. The University reserves the right to initiate an internal investigation and/or inform the police of the need for a criminal investigation, even without the consent of the survivor/victim, if the University believes that the safety of the community is at risk. A



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 14 of ~~25~~

decision by the University to initiate an internal investigation and/or pursue other recourses without the consent of the survivor/victim will only be taken in extraordinary circumstances following an assessment by the appropriate University administrators.

~~4.~~ Education, Training and Communication

~~22.~~ ~~Concordia~~The University is committed to promoting a safe ~~learning and working~~ environment for its ~~students, faculty, staff~~members and visitors. The University will work to eliminate ~~Sexual Violence~~sexual violence through the dissemination of educational material and ~~year-round~~training programs for students, faculty and staff. The University through SARC will collaborate with on and off campus partners to develop and deliver an education plan that will include campaigns, training, workshops, online and print resources, programs and events on the topic of sexual violence on campus. These educational initiatives will include issues such as rape culture, consent culture, power dynamics, sexual violence awareness, how to seek support, resources for survivors/victims, resources for first responders and options for disclosing or reporting. These educational initiatives will also include related University policies, guidelines and processes.

~~23.~~ In order to create an informed culture on sexual violence within the University, the University will employ a variety of methods for training:

- Training methods for students may include information packages, on-line training, workshops and our website;
- All new incoming students will receive information on this sexual violence Policy, the SARC, and options for training;
- Mandatory training will be required annually for the following groups as per the Act: faculty, staff, student association representatives and union representatives.

~~24.~~ SARC is responsible for:

- ~~coordinating~~Coordinating education and training communication ~~to~~at the ~~community~~University regarding sexual violence;
- Representing and updating the Standing Committee on Sexual Misconduct and Sexual Violence. on training and education initiatives;



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 15 of ~~25~~

- ~~working~~Working with relevant departments to provide education to the University ~~campus~~ as a whole regarding sexual violence;
- ~~providing~~Providing and coordinating information and training related to new issues arising in the field of sexual violence to individuals and departments involved in responding to sexual violence;
- ~~consulting~~Consulting and collaborating with individuals and groups both on and off campus who provide alcohol education, bystander training, ~~and~~ sexual violence and sexual harassment prevention education;
- ~~providing~~Providing and coordinating support and education to the University ~~community~~ as required around issues related to the survivor/victim, ~~alleged perpetrator, sexual assault policy~~ respondent, this Policy and procedures and general information on sexual violence;
- ~~providing~~Providing a yearly report to the ~~Deputy~~Special Advisor to the Provost on Campus Life regarding the application of this Policy. Such report shall include ~~the~~ data collected and any appropriate recommendations ~~regarding this policy on training and education requirements~~;
- Coordinating with University Communications Services (~~"UCS"~~) on awareness campaigns;
- Providing the University with ongoing education and training about sexual violence including information on how to respond to the disclosure of sexual violence.

25. The University encourages students, faculty and staff to regularly review policies, programs and services within the University ~~community~~ designed to promote a safe educational and working environment.

~~5.~~ Reporting, Making a Complaint and Discipline

26. Survivors/victims of sexual violence have options when deciding where and how to file a ~~formal report or~~ complaint in response to an incident or ~~incidences of Sexual Violence~~ incidents of sexual violence. Note that disclosing is not the same as reporting or making a complaint. Disclosure of an ~~incidence~~ incident of sexual violence for the purposes of support, assistance and/or accommodation is confidential, subject to the limits set out in this ~~policy. Reporting~~ Policy. Making a complaint is a choice made by a survivor/victim who wishes to move towards a legal and/or disciplinary process in which anonymity is not possible. ~~Complaints made under the Code of Rights and Responsibilities (BD-3) are treated confidentially, subject to the limits of that policy.~~



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 16 of ~~25~~

27. Reporting is an option for a witness or any member of the University who may have information and/or a concern about an incident of sexual violence in the community that they wish to bring forward. In these situations, such a report can be made to Concordia Security and/or a member of faculty or staff, who will receive the report, support the person making the report and determine, in consultation with the appropriate unit, what steps need to be taken.
28. Survivors/victims of sexual violence may choose not to file an internal and/or external complaint. The full range of supports and services outlined in this Policy remain available to the survivor/victim.
29. The SARC ~~coordinator~~Coordinator shall assist survivors/victims in understanding each of these options and in ensuring that they have all the information that they need in order to make an ~~appropriate~~a decision on next steps. The SARC Coordinator will accompany members through internal and/or external options as well as assist them in accessing administrative compensation bodies such as the *Indemnisation des victimes d'actes criminels* (the "IVAC") which offers compensation to victims of criminal acts. Victims of criminal acts do not have to make internal and/or external complaints to apply for benefits from IVAC.
30. ~~Detailed~~Additional detailed information about options and what to expect for all parties, survivors/victims and ~~persons accused, are provided on a dedicated SARC/Concordia website~~respondents, are provided at SARC.

Recourses

31. Members of the University are encouraged to engage with any internal option or recourse they feel is appropriate. The availability of some options will depend on the member status of the survivor/victim and/or the ~~person accused~~-respondent.

~~Reporting~~Internal options include:

~~Criminal option-~~

- ~~• reports/complaints can be made to the police with the goal of pursuing criminal charges under the Criminal Code of Canada;~~



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 17 of ~~2~~5

~~On-campus option~~

32. ~~• Code of Rights and Responsibilities (BD-3)~~ The Code (when both parties are subject to the jurisdiction of the ~~Code~~ Code). Complaints made under the Code are treated confidentially, subject to the limits of that policy.
33. ~~•~~ In the case of an allegation against ~~the~~ a staff or faculty member, ~~Reports/Complaints~~ reports/complaints can also be made to the appropriate supervisor, depending on the parties involved, or through a grievance under a collective agreement for unionized employees.
34. Members can also notify Concordia Security of an incident of sexual violence in order to have on-campus safety concerns addressed and/or be informed about internal and/or external resources such as the SARC. Concordia Security is available 24 hours a day, 7 days a week, including statutory holidays.



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 18 of ~~25~~

External options

35. Members of the University are free to engage with any outside recourse they feel is appropriate. This Policy and the internal complaint process do not prevent and are not intended to limit a member from also reporting sexual violence to the police and pursuing a complaint of sexual violence through the criminal justice system; and/or pursuing civil justice options. This Policy also does not prevent a unionized employee from pursuing a grievance under the collective agreement.

Criminal option

36. Reports/complaints can be made to the police with the goal of pursuing criminal charges under the Criminal Code of Canada.

Civil option

37. Legal resources such as lawyers and legal clinics can help orient survivors/victims as to other external reporting options. Such options may include civil lawsuits against the respondent or other responsible parties.

Processes and Possible Outcomes

38. The processes and outcomes of an internal complaint process vary depending on the status (for example: student or faculty/staff) of the survivor/victim and of the respondent. For example, in the case of students (where both the survivor/victim and the respondent are students) the Code provides for the possibility of informal resolution if both parties agree, or a complaint. A complaint is heard and decided by a student tribunal as per the Code. In these cases both parties participate in the hearing and receive a copy of the tribunal decision outlining the case, facts and the decision. The Code provides that if a charge is upheld, a range of sanctions could be imposed. Examples of such sanctions include:
- a written reprimand;
 - placing restricted access conditions (for example: restricted access, noncontact/communication, space and time restrictions) on the respondent while



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 19 of ~~25~~

they are on University premises or at University events, the whole subject to the confirmation or modification by the appropriate unit at the University;

- relevant specified community service at the University or elsewhere of up to 10 hours per week for a specified period of time, which can be modified at the Dean of Student's sole discretion, not exceeding a total number of 60 hours;
- a recommendation of suspension, subject to confirmation by the Provost and Vice-President, Academic Affairs;
- a recommendation of expulsion, subject to confirmation by the Provost and Vice-President, Academic Affairs.

39. If the respondent is a faculty or staff member, the applicable processes are set out in collective agreements, employment contracts, policies and laws which provide that the investigation into the allegations may be performed by an internal or an external investigator, and is confidential. The details of the outcome of the investigation cannot be shared due to privacy and confidentiality reasons. In these cases a survivor/victim will be informed when the processes have been carried out. If the complaint is founded, then the appropriate measures will be applied. The range of sanctions includes:

- a letter of concern or warning;
- suspension;
- dismissal.

40. Information pertaining to safety concerns can be shared with the complainant. Such information could, for example, include details about the presence, or not, of the respondent in certain buildings at certain times.

41. Complaints regarding sexual violence will normally be processed within 90 days (calendar days except if the last day falls on a statutory holiday in which case it is extended). This delay is subject to modification where the process is governed by employment or collective agreements or applicable law. The delay may be extended due to the needs of the survivor/victim and/or any legal requirement such as a court order.

42. Note that in all cases interim measures designed to ensure the safety of the survivor/victim and the community can be put in place while the applicable processes are taking place. Regardless of whether or not a complaint is filed, the full range of supports and services outlined in this Policy remain available to the survivor/victim.



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 20 of ~~25~~

43. Reprisals against individuals who report an incident or incidents of sexual violence or make a complaint of sexual violence are prohibited and disciplinary action may be taken following retaliation or any attempt to retaliate.

Consensual Romantic or Sexual Relationships between Instructors and Students

44. The foundation of the University's educational mission is the integrity of the instructor-student relationship. As clearly stated in the Guidelines this relationship vests considerable trust in the instructor, who, in turn, bears authority and accountability as a mentor, educator, and evaluator. The unequal institutional power inherent in this relationship can potentially heighten the vulnerability of the student. Students may have difficulty communicating freely that they do not want to be in a romantic or sexual relationship, or that they want the relationship to end, because of concern over the impact such a communication may have on their academic progress. The pedagogical relationship between an instructor and a student must be protected from influences or activities that can interfere with learning and personal development. Engaging in such relationships is a conflict of interest for instructors. Instructors are strongly urged to avoid such relationships. Notwithstanding the foregoing, if a consensual or romantic relationship exists or develops between a student and an instructor, the process outlined in the Guidelines applies. Disclosure of such a relationship is required and a failure to do so can have disciplinary consequences.
45. The Guidelines aim to provide guidance solely with respect to consensual romantic or sexual relationships between instructors and students. Any student with a complaint or charge of discrimination or sexual harassment involving an instructor, which may or may not arise from a consensual romantic or sexual relationship, may seek the necessary support at the University as set out in this Policy.

Roles and Responsibilities

46. All members of the University are responsible for complying with this Policy and must take steps to make themselves aware of it and participate in any mandatory training and education programs.



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 21 of ~~2~~5

47. If an incident is reported or disclosed by a survivor/victim, or a witness or a concerned member, members of the University will refer them to the SARC or to the Office of Rights and Responsibilities to ensure that support and options are provided.
48. Any member of the University may make a report to Concordia Security or to the Office of Rights and Responsibilities if they witness or become aware of an incident of sexual discrimination, intimidation, harassment and/or assault on campus.

~~Survivors/victims of sexual violence are encouraged to engage in appropriate recourses and avoid making public accusations. Such public accusations would include but are not limited to social and other media.~~

~~Persons making false accusations and/or statements that are vexatious and/or in bad faith could be charged under the Code of Rights and Responsibilities (BD 3). Reprisals against individuals who report an incident or incidents of Sexual Violence is prohibited and disciplinary action may be taken following threats or attempts to retaliate.~~

~~6.~~ Policy Responsibility and Review

49. The overall responsibility for the implementation and recommended amendments to this Policy shall rest with the ~~Deputy~~Special Advisor to the Provost on Campus Life.
50. This Policy will be reviewed by a committee including representatives from ~~the Sexual Assault Resource Center, Legal Counsel~~SARC, the University Secretariat, the Office of Rights and Responsibilities and the student body one ~~(1)~~ year after its initial adoption, ~~and~~which shall make any necessary recommendations to the ~~Deputy~~Special Advisor to the Provost on Campus Life.

Approved by the Board of Governors on May 20, 2016 and amended on [insert date].



~~POLICY REGARDING~~ SEXUAL VIOLENCE POLICY

Page 22 of 25

ANNEX 1

Support Services

<u>Sexual Assault Resource Centre (SARC)</u>	https://www.concordia.ca/students/sexual-assault.html
<u>Office of Rights and Responsibilities</u>	http://www.concordia.ca/students/rights.html
<u>Security</u>	https://www.concordia.ca/campus-life/security.html
<u>Dean of Students</u>	http://www.concordia.ca/offices/dean-students.html
<u>Human Resources</u>	https://www.concordia.ca/hr.html
<u>Special Advisor to the Provost on Campus Life</u>	 (514) 848-2424 ext. 4754
<u>Centre for Gender Advocacy Peer-to-Peer Support</u>	https://genderadvocacy.org/
<u>CSU Legal Information Clinic</u>	https://www.csu.qc.ca/services/lic/
<u>CSU Student Advocacy Centre</u>	https://www.csu.qc.ca/services/advocacy-centre/
<u>CSU Off-Campus Housing and Job Bank</u>	https://www.csu.qc.ca/services/housing-and-job-bank-hojo/
<u>Employee Assistance Program</u>	http://www.concordia.ca/hr/benefits/eap.html
<u>Montreal Sexual Assault Centre hotline</u>	 (514) 933-9007 http://www.cvasm.org/en/



~~POLICY REGARDING~~ SEXUAL VIOLENCE [POLICY](#)

Document comparison by Workshare 9.5 on December-04-18 1:37:43 PM

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**BOARD OF GOVERNORS
OPEN SESSION
Meeting of December 12, 2018**

AGENDA ITEM: Report on compliance with environmental legislation and health and safety (EH&S) regulations

ACTION REQUIRED: For information

SUMMARY: This report is provided to members of the Board of Governors on a quarterly basis to apprise them of matters concerning EH&S at Concordia and to allow them to ask questions.

PREPARED BY:

Name: Danielle Tessier
Date: December 3, 2018



**ENVIRONMENTAL
HEALTH AND SAFETY**

Report on Due Diligence for Concordia University Board of Governors

Reporting Period
2018 Q3
(July, August, September)

Pietro Gasparini, C.I.H.
Director, Environmental Health & Safety
November 30, 2018

Environmental Health & Safety (**EHS**) supports the academic, research and operational activities of the University and promotes a safe, healthy and sustainable campus environment. EHS manages and coordinates programs and services that minimize health, safety, environmental and regulatory risks. Through a multitude of safety programs, EHS monitors compliance with federal and provincial health and safety legislation and internal university policies. We identify and evaluate risks, develop control strategies, and implement appropriate internal procedures. Education is a key component of all risk mitigation strategies and providing high quality, relevant safety training is one of EHS’s main responsibilities.

Section A presents the University’s Leading Safety Key Performance Indicators (KPIs) which measure safety performance and help reflect the safety culture within the University. **Section B** presents the traditional Lagging Safety KPIs which are retrospective and which now include four incident/injury rates.

Section A: Leading Safety Key Performance Indicators

1. Safety Training

For the period of July 1 to September 30, 2018, **51** safety-training sessions took place with **575** participants.

	2017 Q3 <i>July, Aug., Sept.</i>	2017 <i>Full Year</i>	2018 Q3 <i>July, Aug., Sept.</i>	2018 <i>Year To Date</i>
Total Safety Training Sessions	52	165	51	169
Total Participants	515	2009	575	1941

2. Injury & Near-Miss Investigations

Depending on the circumstances surrounding a reported injury or near-miss, EHS staff will conduct a formal investigation in partnership with supervisors. Investigations are conducted in order to: determine the root causes; prevent similar injuries and near-misses in the future; determine compliance with applicable safety regulations; and collect information for workers' compensation claims (if applicable). In some instances, injury and near-miss investigations result in the identification of corrective actions that can prevent injury and near-miss reoccurrence (see Section 5). The investigation of work-related injuries and near-misses is prioritized.

For the period of July 1 to September 30, 2018, **12** injury and near-miss investigations were conducted.

	2017 Q3 <i>July, Aug., Sept.</i>	2017 <i>Full Year</i>	2018 <i>July, Aug., Sept.</i>	2018 <i>Year To Date</i>
Injury Investigations	6	26	10	31
Near-Miss Investigations	3	16	2	9
TOTAL	9	42	12	40

3. Preventative Internal Inspections & Assessments

Preventative internal inspections and assessments (total number) refer to workplace inspections and risk assessments conducted by, or in collaboration with, EHS staff on university premises (e.g., research laboratories, workshops, art studios, mechanical rooms).

Workplace inspections involve a walkthrough of a workplace (e.g. research laboratory, studio, workshop, mechanical room) to determine the degree of compliance with both government regulations and internal policies and procedures. Inspections result in internal non-compliance citations (Section 4) and required corrective actions (Section 5). Audit checklists are used and permit an easy on-the-spot recording of findings.

Workplace risk assessments are a more thorough evaluation of the workplace with the objective to identify all hazards and to determine if the hazards can be eliminated. If elimination of the hazard is not possible, the risk assessment determines if the hazards are adequately controlled.

Workplace inspections are conducted on a more routine basis (annually or bi-annually), whereas risk assessments, which take more time, are conducted once and repeated when there is a major change in the level or area of activity in the workplace.

Routine workplace inspections and workplace risk assessments are complimentary and together form an integral part of the University’s comprehensive health and safety program. Both will serve as a mechanism to determine compliance with government regulations and internal policies and procedures.

For the period of July 1 to September 30, 2018, EHS conducted only **3** preventative internal inspections and assessments; this was due to the high number of external inspections in Q3 (See Section 12 for details).

Year	Preventative Internal Inspections & Assessments
2017 Q3 <i>July, Aug., Sept.</i>	6
2017 <i>Full Year</i>	33
2018 Q3 <i>July, Aug., Sept.</i>	3
2018 <i>Year to Date</i>	55

4. Internal Non-Compliance Citations

EHS is mandated to monitor compliance with both government regulations and internal safety policies and procedures. Compliance monitoring allows us to ensure the safety and well-being of the university community and to mitigate external non-compliance citations.

The majority of internal non-compliance citations result from preventative internal inspections and assessments, and injury and near miss investigations. Identification of non-compliance issues and their subsequent correction improves the overall safety performance of the University prior to the intervention of regulatory bodies. Often, a single internal workplace inspection or injury investigation can generate several non-compliance citations.

For the period of July 1 to September 30, 2018, an additional **37** internal non-compliance citations were issued, of which half resulted from laboratory inspections.

Year	Internal Non-Compliance Citations
2017 Q3 <i>July, Aug., Sept.</i>	33
2017 <i>Full Year</i>	147
2018 Q3 <i>July, Aug., Sept.</i>	37
2018 <i>Year to Date</i>	364

5. Corrective Action Completion Rate

Corrective actions are assigned as the result of an intervention by EHS, including injury investigations and internal inspections. When non-compliance issues are identified, corrective actions are generally required. Corrective actions are assigned to the supervisor responsible for the area where the citation occurred or for the individuals involved.

All non-compliance citations (internal and external) must be resolved in a timely manner. External non-compliance citations from external bodies received during external inspection (Section 12) are accompanied by obligatory corrective actions and imposed deadlines. Internal Non-Compliance Citations (Section 4) are also accompanied by obligatory corrective actions and target deadlines. This metric tracks the percentage of assigned corrective actions that are completed. This is tracked by calendar year until all actions are completed.

Year	Corrective Action Completion Rate
2014	99%

As of September 30, 2018, 99% (137) of Corrective Actions assigned in **2014** (138) were completed. The remaining corrective action is currently in progress and is expected to be completed by the spring of 2019.

Year	Corrective Action Completion Rate
2015	99%

As of September 30, 2018, 99% (445) of Corrective Actions assigned in **2015** (450) were completed, 1% (5) are currently in progress.

Year	Corrective Action Completion Rate
2016	97%

As of September 30, 2018, 97% (211) of Corrective Actions assigned in **2016** (217) were completed, 2% (5) are currently in progress and 1% (1) have yet to begin.

Year	Corrective Action Completion Rate
2017	88%

As of September 30, 2018, 88% (324) of Corrective Actions assigned in **2017** (369) were completed, 8% (28) are currently in progress and 5% (17) have yet to begin.

Year	Corrective Action Completion Rate
2018	24%

As of September 30, 2018, 24% (112) of Corrective Actions assigned in **2018** (467) were completed, 13% (59) are currently in progress and 63% (296) have yet to begin. An additional 140 Corrective actions were added in Q3, of which 72 were from the CNESST inspections. Thus far in 2018, approximately 240 corrective actions are related to elevator mechanical rooms and machine safety. Given that these corrective actions are more complex and require funding, the Corrective Action Completion Rate is still relatively low.

6. EHS Research Compliance Reviews

In collaboration with the Office of Research, EHS reviews research and teaching activities that involve hazardous materials, in order to ensure compliance with applicable government regulations and internal policies and procedures.

For the period of July 1 to September 30, 2018, **9** EHS Research Compliance Reviews were completed.

Year	EHS Research Compliance Reviews
2017 Q3 <i>July, Aug., Sept.</i>	8
2017 <i>Full Year</i>	49

2018 Q3 <i>July, Aug., Sept.</i>	9
2018 <i>Year to Date</i>	32

Section B: Traditional (Lagging) Safety Key Performance Indicators

7. Total Injuries

An injury refers to the occurrence of a sudden and unforeseen event arising out of, or in the course of, a university sanctioned activity attributable to any factor that caused an injury or an occupational disease (an exposure to conditions or substances that resulted in a disease). Injuries are grouped as work-related (involving staff and faculty), student or visitor/contractor.

For the period July 1 to September 30, 2018, **40** injuries were reported, 11% decrease compared to the same period in 2017.

Year	Total Injuries
2017 Q3 <i>July, August, September</i>	45
2017 <i>Full Year</i>	177
2018 Q3 <i>July, August, September</i>	40
2018 <i>Year To Date</i>	174

Sports Injuries Included in Total Injuries

Sports Injuries are a sub-set of Total Injuries. Currently the Sports Injuries that are reported to the University via the Injury/Near-Miss Report Form are those injuries (trauma) or illnesses (repetitive stress) suffered by a Member (staff/student) or Non-Member (visitor) of the university community. These injuries occur during the course of a voluntary activity (personal time), either participating in team or individual sport activities or personal physical conditioning, on Concordia property. The majority of the injuries within this category are reported to EHS by the Security Department given that external medical attention (ambulance) is required to treat the injury.

2018	Sports Injuries	Details
Q3	4	Hockey=1 Personal Training=1 Soccer=2

8. Work-Related Injuries

Work-Related Injuries are a subset of “Total Injuries” whereby the injured person is a worker (staff or faculty). An injury or illness is considered work-related when an employee is involved and if an event, or exposure in the work environment, either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-related injuries are investigated by EHS staff and when warranted, an investigation report with corrective actions is submitted to the employee’s supervisor.

For the period July 1 to September 30, 2018, **14** of the 40 reported injuries (Section 7) were work-related, bringing the year-to-date total to 49, 4% less than in 2017.

Year	Work-Related Injuries
2017 Q3 <i>July, August, September</i>	16
2017 <i>Full Year</i>	51
2018 Q3 <i>July, August, September</i>	14
2018 <i>Year To Date</i>	49

Recordable Injury Rate (RIR)

The Recordable Injury Rate, also commonly referred to as the recordable incident rate, is calculated by multiplying the number of Work-Related Injuries by 200,000, and then dividing that number by the number of labor hours during that period. The Recordable Injury Rate is calculated at the end of the quarter and provides the year-to-date rate.

Year	Recordable Incident Rate
2017 Q3 <i>January - September</i>	0.34
2017 <i>Full Year</i>	0.28
2018 <i>Year to Date</i>	0.55

At the end of Q3, the Recordable Injuries Rate was 0.55 work-related injuries per 100 full-time employees. Whereas our YTD Recordable Incident Rate is higher than last year’s full year RIR, the number of Lost-Time Injuries has remained relatively the same, meaning that the types of injuries are less severe and have not resulted in lost time (see Lost-Time Injury Rate in Section 9).

9. Workers' Compensation Claims

Employees who sustain a work-related injury may be eligible for compensation from the *Commission des normes, de l'équité, de la santé et de la sécurité du travail* (CNESST).

For the period July 1 to September 30, 2018, there were **4** accepted Workers' Compensation Claim and 3 of the 4 accepted claims were from Work-Related Injuries that occurred in Q3 and 1 was from a Work-Related Injuries that occurred in Q2 but was only accepted by the CNESST in August 2018.

Year	Accepted Compensation Claims
2017 Q3 <i>July, August, September</i>	1
2017 <i>Full Year</i>	10
2018 Q3 <i>July, August, September</i>	4
2018 <i>Year To Date</i>	8

The following table provides details on the 2018 accepted workers' compensation claims and indicates the lost-time days associated with the claim.

Table: 3Q 2018 Accepted Workers' Compensation Claims

Date	Description	Department	Diagnosis	Lost-Time Days
06-Jun-2018 (Q2)	Work Related Illness due to repetitive tasks. (Accepted by CNESST 21 Aug 2018)	Facilities Operations	Left-Right Shoulder Tendonitis – Right Lateral Epicondylitis	32
24-Jul-2018	The employee missed a step walking down the stairs and sustained a left ankle fracture.	Dean of Students	Left Ankle Fracture	0
03-Aug-2018	The employee pulled his shoulder muscle going down the ramp with a cart.	Facilities Operations	Left Shoulder Strain	28
19-Sep-2018	The employee was lifting a footing and sustained a right hand injury.	ENCS-BCEE	Right Forearm/Hand Contusion	0

10. Lost-Time Days

A Lost-Time Work-Related Injury is defined as a work-related injury or illness that results in days away from work, other than the day of injury or the day the illness began. Lost-Time Days refers to the total number of calendar days employees are away from work due to a work-related injury or illness.

For the period of July 1 to September 30, 2018, there were **60 Lost Time Days** associated with the Lost-Time Work-Related Injuries; 28 Lost Time Days from Q3 injuries and 32 Lost Time Days from a Q2 injury only accepted by the CNESST in Q3 (See the Accepted Worker Compensation Claims table in Section 9 for details).

Year	Lost-Time Days
2017 Q3 <i>July, August, September</i>	81
2017 <i>Full Year</i>	284
2018 Q3 <i>July, August, September</i>	60
2018 <i>Year To Date</i>	183

Lost-Time Injury Rate (LTIR)

The Lost-Time Injury Rate measures the occurrence of work-related injuries that resulted in an employee's inability to work the next workday. It represents the number of lost-time injuries per 100 full-time employees in the stated period. The LTIR is calculated by multiplying the number of Lost-Time Work-Related Injuries by 200,000, and then dividing that number by the number of labor hours during that period. The Lost-Time Injury Rate is calculated at the end of the quarter and provides the year-to-date rate.

Year	Lost-Time Injury Rate
2017 Q3 <i>January - September</i>	0.19
2017 <i>Full Year</i>	0.17
2018 <i>Year to Date</i>	0.18

At the end of Q3, the Lost-Time Injury Rate was 0.18 lost-time injuries per 100 full-time employees. The 5 year (2012-2016) average Lost-Time Injury Rate in Quebec is 1.80, however it is important to note that this is for all industries. Concordia's LTIR is low in comparison to the Quebec average and is relatively stable.

Lost-Time Day Rate (LTDR)

The Lost-Time Day Rate is a rate that measures the length of time an employee is away from work due to a work-related injury. It represents the number of lost-time days per 100 full-time employees

in the stated period. The LTDR is calculated by multiplying the number of Lost-Time Days by 200,000, and then dividing that number by the number of labor hours during that period. The Lost-Time Day Rate is calculated at the end of the quarter and provides the year-to-date rate.

Year	Lost-Time Day Rate
2017 Q3 <i>January - September</i>	5.30
2017 <i>Full Year</i>	7.92
2018 <i>Year to Date</i>	6.65

At the end of Q3, the Lost-Time Day Rate was 6.65 lost-time days per 100 full-time employees.

Severity Rate

The Severity Rate provides an average of the number of Lost-Time Days per Lost-Time Work-Related Injury. The Severity Rate is calculated by dividing the total number of lost-time days by the total number of lost-time work-related injuries. The Severity Rate is calculated at the end of the quarter and provides the year-to-date rate.

Year	Severity Rate
2017 Q3 <i>January to September</i>	28.4
2017 <i>Full Year</i>	47.3
2018 <i>Year to Date</i>	36.6

At the end of Q3, the Severity Rate was 36.6 lost-time days per lost-time injury.

11. Near Misses

A Near Miss is the occurrence of an event on university property, arising out of, or in the course of, a university sanctioned activity attributable to any factor that could have caused either an injury or material damage. For example, events such as tripping on a stair or slipping in a water puddle, where no injury occurred, would be categorized as a near miss. As per the University's Policy on Injury Reporting and Investigation (VPS-42), reporting of Near Misses is required. Traditionally, Near Misses go underreported, due to the fact that no injury has occurred. Steps have been taken to encourage Near-Miss reporting, including discussing the importance of Near-Miss reporting at safety committee meetings and emphasizing Near-Miss reporting during safety training and new Principal Investigator orientation sessions.

For the period of July 1 to September 30, 2018, there were **9** reported Near Misses.

Year	Near Misses

Year	Near Misses
2017 Q3 <i>July, August, September</i>	5
2017 <i>Full Year</i>	22
2018 Q3 <i>July, August, September</i>	9
2018 <i>Year To Date</i>	28

12. External Inspections

External inspections refer to inspections or audits of the University premises or safety programs conducted by government agencies or third parties (e.g., insurance provider). Third-party audits include those performed at the request of Environmental Health & Safety. These inspections and audits ensure that the University's activities and facilities are in compliance with all applicable legislation and regulations.

For the period of July 1 to September 30, 2018, there were 12 external inspections. Of the 12, 9 were inspections by the *Commission des normes, de l'équité, de la santé et de la sécurité du travail* (CNESST), 2 involved the Public Health Agency of Canada and one was by the Compliance Inspections Division of the Controlled Goods Directorate .

Year	External Inspections
2017 Q3 <i>July, August, September</i>	3
2017 <i>Full Year</i>	5
2018 Q3 <i>July, August, September</i>	12
2018 <i>Year To Date</i>	16

CNESST Inspections

As reported in Q2, the CNESST contacted the University on June 4, 2018, regarding machine safety and elevator mechanical room safety. The Montreal regional branch of the CNESST has made improving machine safety and elevator mechanical room safety a priority and has specifically targeted universities in the region. This initiative stems partially from conclusions of their investigation into the 2016 death of an elevator maintenance technician at Université de Montréal.

The CNESST inspector arbitrarily selected three buildings on the downtown campus (LB, Hall and VA) as the locations of the inspections. Due to the scope of the inspector's mandate and the buildings selected, there were multiple visits. Each building had a minimum of two visits; one for the building's elevator mechanical rooms and another for the mechanical rooms. Academic, research and operations workshops, studios and laboratories are only found in the Hall and VA

buildings. Due to the high number of workshops and laboratories in the Hall building, these inspections were completed on 3 separate days, 2 of which occurred in Q4.

Elevator mechanical rooms (3 Inspections, 0 regulatory citations)

The inspections of the elevator mechanical rooms were conducted with representatives from EHS and the university's elevator maintenance contractor ThyssenKrupp. A total of 5 elevator mechanical rooms were visited on June 18, 2018 (4 in LB and 1 in Hall). One elevator mechanical room in the Hall building was not inspected given that the project to upgrade of the freight elevator was set to begin on August 13, 2018. The 5 elevator mechanical rooms inspected serve 9 elevators. The inspector noted machine safety non-compliance issues in all elevator mechanical rooms; non-compliance with the Regulation respecting occupational health and safety, Section 182 Controlling the danger zone and with the CSA Standard Z432 Safeguarding of machinery. Of the 9 elevators, 7 were identified as being non-compliant with CSA B44 Safety Code for Elevators and Escalators, specifically with regards to the tops of cabins (lack of railing and emergency stop). On a positive note, the inspector documented the presence of control of hazardous energy (lock-out tag-out) procedures for all the elevators visited.

As reported in the Q1 2018 report, EHS had conducted risk assessments in all 45 of the university's elevator mechanical rooms (serving 84 elevators) over the course of two months at the end of 2017. In January 2018, EHS issued the elevator mechanical risk assessment report to Facilities Management; the report contained 208 internal non-compliance citations. EHS worked with Facilities Management on an action plan on improving the safety of the university's elevator mechanical rooms and implementation began, addressing the most urgent corrective actions.

Following the June 18 inspection, we provided the CNESST inspector with a copy of the EHS elevator mechanical risk assessment report. In addition, we outlined all actions taken over the last 2 years in an effort to improve the safety in the elevator mechanical rooms. These actions included restricting access to all elevator mechanical rooms; taking immediate action to secure dangerous equipment; conducting a detailed risk assessment of all elevator mechanical rooms; requesting funding to correct identified non-compliance issues; and completing control of hazardous energy (lock-out tag-out) procedures for all the elevators.

When a CNESST inspector identifies non-compliance issues during an inspection, the employer is given a non-compliance citation and a deadline for correcting the issue. However, for the 3 elevator mechanical rooms inspections conducted, the university did not receive any non-compliance citations. The CNESST acknowledged the work and effort by the university to improve the safety of our elevator mechanical rooms. In lieu of a series of non-compliance citations and requiring the university to bring up to regulation the 5 elevator mechanical rooms and 9 elevators inspected, the CNESST allowed the university to submit an action plan that had to include correcting the same number of non-compliance issues identified during the June 18 inspections.

On August 14, 2018, after working closely with Facilities Management, EHS submitted an action plan that included correcting machine safety non-compliance in 8 elevator mechanical rooms and correcting the elevator top of cabin non-compliance issues for all elevators in the LB, Hall and VA

buildings. The action plan represents an investment of approximately \$100,000 and the university committed to completing the all corrective actions by December 2019.

It is extremely rare that the CNESST would allow an employer not to correct a documented non-compliance issue. However, in this instance, all the non-compliance issues identified by the CNESST inspector had already been identified by EHS in the elevator mechanical risk assessment report. When taking into consideration the entire fleet of elevators and all 45 elevator mechanical rooms, it was argued that obliging the university to immediately correct the non-compliance issues identified by the inspector would result in the redirecting of resources from areas where the risk to our employees is greater. For this reason, the university was provided the opportunity to determine, based on our risk assessment, which of the elevator mechanical rooms to correct in priority.

It is important to note that both the internal non-compliance citations compiled by EHS and those note by the CNESST inspector do not compromise or influence the safety of the elevators. Elevator mechanical rooms are highly restricted areas and specialized training is required in order to obtain authorization to enter these rooms.

Building mechanical rooms (3 Inspections, 38 regulatory citations)

All 3 building mechanical room inspections took place on July 5, 2018. The inspections were conducted with representatives from EHS and Facilities Management (also a member of the Syndicat des travailleuses et travailleurs des métiers de Concordia - CSN).

The focus of these inspections was machine safety; however, the inspector is free to give citations for any compliance violations under the Regulation respecting occupational health and safety. The main non-compliance issues identified involved:

- Machine safety (lack of safety guards, access to danger zones);
- Electrical safety (open junction boxes and electrical panels); and
- Portable fire extinguishers (expired).

The university received 38 non-compliance citations for the inspections of the mechanical rooms in the LB, Hall and VA buildings, with a deadline of September 3, 2018, to correct all non-compliances. Due to the time required to determine how to correct the machine safety issues, on September 21, 2018, a deadline extension was granted. As of September 30, 2018, 6 of the 38 non-compliance issues were corrected and the remaining 32 were in progress (awaiting execution by external contractor).

Academic, research and operations workshops, studios and laboratories (2 inspections, 42 regulatory citations)

Only the VA and Hall building have academic, research and operations workshops, studios and laboratories. Due to the number of areas to visit in each building, the inspections were divided by building and unit. On June 21, 2018, the academic workshops and studios in the VA belonging to the Faculty of Fine Arts (FOFA) were inspected. On September 18, 2018, the operations workshops in the Hall Building belonging to Facilities Management were inspected. As of September 30, 2018,

the inspections remaining were of the academic and research workshops and laboratories in the Hall building belonging to the Gina Cody School of Engineering and Computer Science; these occurred over two days on October 3 and 4, 2018.

Prior to the inspection, EHS provided the inspector with copies of the machine safety risk assessments that had been done in 2015-2016 by an external consulting firm for the university. In 2015, working with faculty representatives and Facilities Management supervisors, EHS compiled a list of 303 machines across both campuses. Each machine underwent a safety risk assessment. Once completed, each department was provided with a list of corrective actions for their machines. The machine safety assessment provided departments with a prioritized list of actions that would improve the safety of the various types of machines used by both employees and students. The 2015-2016 machine safety risk assessment is credited with the overall small number of non-compliance citations received during the CNESST inspections.

The June 21 inspection of the VA involved visiting the woodshop and metal workshop of the Department of Studio Arts. The inspection was conducted with representatives from EHS, FOFA, the Department of Studio Arts and the Concordia University Union of Support Staff - Technical Sector (CUUSS-TS). A total of 24 machines were inspected in the two workshops. The inspection resulted in 29 non-compliance citations with a deadline of October 14, 2018. As of September 30, 2018, all corrective actions were in progress.

The September 18 inspection of the Hall involved visiting the carpentry and plumbing workshops belonging to Facilities Management. The inspection was conducted with representatives from EHS, Facilities Management - Property Management, and the Syndicat des travailleuses et travailleurs des métiers de Concordia. A total of 18 machines were inspected in three separate workshops. The inspection resulted in 5 non-compliance citations with a deadline of October 14, 2018. As of September 30, 2018, all corrective actions were in progress. The inspector noted in his report the presence of a Lock-Out-Tag-Out station, part of the recently implemented Control of Hazardous Energy Program.

Concordia Stores' Office (1 inspection, 0 regulatory citations)

On July 5, 2018, the CNESST inspector on campus to conduct inspections of the mechanical rooms, requested to visit the Concordia Stores' office in response to a call from a member of the Concordia University Support Staff Union (CUSSU). The CUSSU member called the CNESST concerned about an obstructed egress from their workplace in the event of an emergency. EHS was not aware and committed to resolving the issue immediately. It was corrected quickly and on July 13, 2018, EHS reported to the CNESST that the issue was corrected. On July 19, 2018, in the CNESST inspection report summarized the actions taken and the university did not receive any non-compliance citations. CUSSU requested a review of the inspection report, claiming that the union was not advised of the inspection and, therefore, could not be present, and that the university should have received a non-compliance citation for the issue. On August 29, 2018, the CNESST upheld the decision of the inspector not to give a non-compliance citation to the university.

Public Health Agency of Canada

On July 3, 2018, the university was contacted by the Public Health Agency of Canada (PHAC) regarding poliovirus. As part of the Canada’s commitment to support the World Health Organization’s Global Polio Eradication Initiative, the PHAC maintains a national inventory of facilities that handle or store poliovirus or poliovirus potentially infectious material. Concordia University was requested to complete the National Poliovirus Potentially Infectious Material. There is no poliovirus or poliovirus potentially infectious material at Concordia.

On July 6, 2018, the Public Health Agency of Canada conducted a desktop audit of all the university’s past transfers of biological materials both within Canada and internationally. A desktop audit is a document review and, in this instance, required providing the PHAC auditors with transfer and shipping records over the last 2 years. The university was determined to be compliant with the Human Pathogens and Toxins Regulations.

Controlled Good Program Government Inspection

On July 4, 2018, an Inspector from the Compliance Inspections Division of the Controlled Goods Directorate visited the University. Controlled goods are primarily goods, including components and technical data that have military or national security significance, which are controlled domestically by the Government of Canada and defined in the Defence Production Act. The university was determined to be compliant with the Controlled Goods Regulations.

13. Regulatory Citations

The University may receive regulatory citations for non-compliance with federal, provincial or municipal laws, regulations or by-laws. Regulatory citations can be the outcome of government inspections or interventions (e.g., CNESST, Public Health Agency of Canada, Canadian Nuclear Safety Commission) or violations of regulations and by-laws (e.g., false fire alarm citation from the *Service de sécurité incendie de Montréal*). This metric tracks the total number of regulatory citations received by the University.

Year	Regulatory Citations
2017 Q3 <i>July, August, September</i>	3
2017 <i>Full Year</i>	16
2018 Q3 <i>July, August, September</i>	80
2018 <i>Year To Date</i>	89

For the period July 1 to September 30, 2018, the university received a total **80** regulatory citations. 72 regulatory citations originated from the CNESST inspections (See section 12 for details) and 8 are from the *Service de sécurité incendie de Montréal* and are associated with false fire alarms.

14. Regulatory Fines

Regulatory Citations (Section 13) may have associated monetary fines or penalties issued to the University.

Year	Fines Received
2017 Q3 <i>July, August, September</i>	\$2250
2017 <i>Full Year</i>	\$4250
2018 Q3 <i>July, August, September</i>	\$13,750
2018 <i>Year To Date</i>	\$17,450

For the period of July 1 to September 30, 2018, Concordia received **8** regulatory fines totaling **\$13,750** from the *Service de sécurité incendie de Montréal* associated with 8 of the false fire alarm citations that occurred during the same period.

In 2018, there have been 14 false fire alarm citations, of which only 1 was associated with renovation work. 50% of the false fire alarm citations were due to the accidental triggering of the fire alarm by a member of the university community or vandalism. False fire alarm fines are determined by the number of false alarms over a 12-month period for each civic address. Fines are incremental. 28% and 14% of the false fire alarms have occurred in the Hall and GN buildings respectively, therefore the fines per citation have been at the maximum (\$2700/false fire alarm).

15. Hazardous Materials Spills Responses

The University's Hazardous Materials Spill Response Team responds to hazardous material spills that occur on university premises. Service providers are called upon to assist when a major spill occurs and additional resources are required.

Year	Hazardous Material Spills Responses
2017 Q3 <i>July, August, September</i>	8
2017 <i>Full Year</i>	18
2018 Q3 <i>July, August, September</i>	2
2018 <i>Year To Date</i>	13

For the period of July 1 to September 30, 2018, there were **2** hazardous materials spills. After a review of EHS activities, it was determined that the department's response to the accidental release of vermiculite containing asbestos in the VA building was incorrectly classified. As a result, an additional 3 hazardous materials spills were added to the Year To Date total for 2018. With the exception of the diesel spill that occurred in March on university property from a non-university vehicle, the Hazardous Materials Spills have been small localized events.

Pietro Gasparini

Pietro Gasparini, C.I.H.
Director, Environmental Health & Safety



**BOARD OF GOVERNORS
OPEN SESSION
Meeting of December 12, 2018**

AGENDA ITEM: Employee Benefits Committee recommendation: Pension Plan Funding Policy

ACTION REQUIRED: For approval

SUMMARY: The Board is being asked to approve the draft Funding Policy pertaining to the Pension Plan for the Employees of Concordia University.

BACKGROUND: The Supplemental Pension Plans Act of Quebec was modified, making mandatory the adoption of a funding policy for all defined benefit pension plans in Quebec by no later than January 4, 2019. The funding policy must be adopted by the body that may amend the Plan, in our case the Board of Governors, and must thereafter be transmitted to the Pension Committee for implementation and monitoring.

The Pension Committee had already adopted a Funding Policy for the Pension Plan in 2011, following the performance of a complete risk-assessment exercise. The policy served as a basis for the design of a revamped Investment Policy in 2013.

This revised version of the Funding Policy incorporates all elements required by the new legislation and includes consideration of the fact that the cost sharing arrangements between the active members of the Pension Plan and the University have changed effective January 1, 2018.

The draft Funding Policy has previously been presented for feedback to the Pension Committee and to the Pension Sustainability Forum and was reviewed by the Employee Benefits Committee at its meeting of October 31, 2018, which is recommending Board approval.

DRAFT MOTION: That, on recommendation of the Employee Benefits Committee, the Board of Governors adopt the Funding Policy pertaining to the Pension Plan for the Employees of Concordia University, as outlined in Document BG-2018-8-D9.

PREPARED BY:

Name: Danielle Tessier and Maryse Picard
Date: November 6, 2018



Funding Policy - Pension Plan for the Employees of Concordia University

Adopted by the Board of Governors on XXXX

(Previous version adopted by the Pension Committee on June 8, 2011)

Table of Contents

SECTION 1 - PURPOSE OF THE FUNDING POLICY	1
SECTION 2 - SPONSOR'S OVERVIEW	3
SECTION 3 - PENSION PLAN OVERVIEW	5
SECTION 4 - RISK TOLERANCE AND FUNDING OBJECTIVES.....	10
SECTION 5 - MAIN RISKS RELATED TO THE FUNDING OF THE PLAN	12
SECTION 6 - RISK MANAGEMENT	15
SECTION 7 - MANAGEMENT OF GOING CONCERN SURPLUSES, UNFUNDED LIABILITIES AND MARGINS	19
SECTION 8 - STATUTORY / REGULATORY FRAMEWORK.....	23
APPENDIX A - INVESTMENT POLICY AND ASSET ALLOCATION.....	26
APPENDIX B - BREAKDOWN OF CURRENT SERVICE COST BY TYPE OF BENEFITS.....	28
APPENDIX C - SUMMARY TABLE OF RELEVANT POTENTIAL FUNDING POSITIONS OF THE PLAN AND RESULTING ACTIONS.....	29
APPENDIX D - NUMERICAL EXAMPLES ILLUSTRATING RELEVANT POTENTIAL FUNDING POSITIONS OF THE PLAN AND RESULTING ACTIONS.....	30

SECTION 1 – PURPOSE OF THE FUNDING POLICY

The Pension Plan for the Employees of Concordia University (the “Plan”) is a defined benefit pension plan ensuring a specific level of benefits upon retirement, without regard for economic conditions or the financial situation of the Plan at that time.

Concordia University is the sponsor of the Plan (the “Sponsor”). The primary purpose of the Plan is to provide retirement benefits to eligible employees. Its main objective is to provide a risk-free retirement income to its members as defined by the Plan Text. The Pension Committee’s fiduciary values are to manage the Plan prudently, diligently, skillfully, honestly and loyally. As part of best practices in risk management and in accordance with the requirements of the Supplemental Pension Plans Act of Québec (SPPA), this Funding Policy (the “Policy”) is developed to establish principles related to the funding of the Plan. Those principles are to guide the Pension Committee in the performance of its duties by:

- Establishing a framework for the sound financial management of the Plan;
- Documenting the Sponsor’s intentions and objectives for the orderly funding of the Plan;
- Describing the funding risks facing the Plan, their relevance and mitigation measures implemented; and
- Establishing guidelines for the adoption of proper actuarial assumptions.

The Sponsor via the Benefits Committee and Board of Governors will review and amend the Policy on a periodic basis or following a legislative change, a Plan change or a change in the Investment Policy having an impact on this Policy, and in doing so may seek the input of the Pension Committee. In the event that there is a conflict between this Policy and the relevant pension legislation, this Policy will be read to be consistent

with the applicable legislation. Furthermore, in no event will the Funding Policy supersede any provision of the Plan Text.

A prior version of the Funding Policy was adopted by the Pension Committee on June 8, 2011. This revised version of the Policy was prepared and first adopted by Concordia University's Board of Governors on XXXXXXXX as a result of the adoption by the government of Québec in November 2015 of Bill 29 – *An Act to amend the Supplemental Pension Plans Act mainly with respect to the funding of defined benefit pension plans*. The Act made it mandatory for all defined benefit pension plans in Québec to adopt a funding policy by the body that may amend the plan. The funding policy must meet certain requirements prescribed by legislation.

DRAFT

SECTION 2 – SPONSOR’S OVERVIEW

Concordia University, a comprehensive university providing education to 48,000 students and employing over 6,000 faculty and staff members, is welcoming, engaged, and committed to innovation and excellence in education, research, creative activity and community partnerships. It dares to be different and draws on its diversity to transform the individual, strengthen society and enrich the world. Despite a forecasted reduction in the number of university-aged students in the province of Québec for the next several years, Concordia’s unique blend of program offerings supports enrollment growth and a strong market profile over the medium term. Concordia is one of only two major English language universities in the province of Québec, a unique market niche that bolsters its market position. The University’s programming also attracts non-traditional students such as mature students looking for professional training rather than traditional curriculum, which reduces some of the exposure to the current demographic cycle in the province. These factors, in addition to a push for increased graduate and international enrollment, will ensure that the University continues to meet its revenue targets over the medium term.

Concordia University’s credit profile is a reflection of its strong institutional management, long-term planning and market profile, which has greatly helped it navigate through recent funding pressures. The University has faced significant financial challenges in recent years because of reductions in provincial funding and grants. Concordia has been responsive, implementing a number of significant measures to limit the deterioration in operating results and to realign spending both in the short and long terms, including voluntary departure and retirement programs. The University's credit rating is strongly supported by the high probability that the Province of Québec would step in to provide support should it require emergency sources of liquidity. Moreover, Concordia maintains a solid level of total wealth, the majority of which is held by the Concordia University Foundation.

Credit strengths

- Strong institutional management and market profile
- Low, affordable interest expense as debt is supported by provincial subsidies
- Adequate level of total wealth

The University's capacity to pay is monitored and described in Moody's credit opinion report as well as in DBRS's rating report. Both reports have concluded that the University's profile presents a stable, low credit risk.

Funding of the Plan

Given the nature and role of the organization, Concordia is very unlikely to face possibilities of closure. This is a commonality shared among the municipal and university sectors in the province of Quebec, for which similar funding rules for defined benefit plans apply. It implies that the Plan is also unlikely to be wound up. For that reason, the going-concern approach has a much greater importance relative to the solvency approach in how the Plan is funded and in how related risks are assessed and managed.

Currently, the University's cost towards the Plan represents 12% of the total pensionable payroll, and 6.2% of the total operational budget. There is no notable concern in the University's capacity to fund the Plan based on the current cost and when considering the institution's future outlook as described above. However, some elements that could potentially affect the capacity to pay in the future are the following:

- Significant reduction in funding grants by the provincial government;
- Reduction in the number of students attending; and
- Significant increase in the cost of the Plan and/or greater increase in the size of the Plan versus the University's total operating budget.

SECTION 3 - PENSION PLAN OVERVIEW

The Plan is a defined benefit plan in which most full-time and part-time employees of Concordia University participate as soon as they meet the eligibility criteria set out in the Pension Plan Text. As a result of new legislation concerning defined benefit pension plans for the university sector, important amendments were adopted in December 2016 which took effect on January 1, 2018.

Previously, participation was mandatory upon eligibility, and two membership options were available, i.e., contributory or non-contributory. For the non-contributory option, the pension formula provided a lesser benefit (50% less than the contributory formula) and only the employer was contributing, but at the same level as for contributory members. Contribution rates for contributory members were set in the Plan Text at 4.5% of earnings up to the Yearly Maximum Pensionable Earnings (YMPE) and 6% of earnings in excess of the YMPE.

Effective January 1, 2018, cost sharing provisions between the University and active Plan members were modified in a manner that would achieve compliance with the new legislative requirements. Other amendments effective January 1, 2018 were the removal of the non-contributory membership option and related pension formula and the fact that participation is no longer mandatory upon eligibility. For employees hired after December 31, 2017, participation is optional for a period corresponding approximately to the first three years of employment; but so far data shows that very few employees elect that option.

Lastly, a one-time option was offered to all active members in 2017 to not accrue service under the Plan and not pay any contributions as of January 1, 2018. Non-accruing members have the option to begin accruing and paying contributions again at every January 1st, such decision being irrevocable thereafter.

Main features of the Plan

The main features of the Plan are as follows (see Appendix A for more details):

- Defined benefit formula
 - Final average earnings (FAE) formula (3-year average);
 - Types of credited service
 - Pre 2018.01.01:
 - Contributory service (1.5% on FAE up to YMPE + 2% on earnings in excess of YMPE, if any)
 - Non-Contributory service (providing half the benefit of contributory service)
 - Post 2018.01.01:
 - Accruing service (same formula as pre 2018.01.01 contributory service)
 - Non-accruing service (no pension credit)
- Early retirement as of age 55 (unreduced if 10 years of early retirement service);
- Supplemental early retirement bridging benefit between age 55 and 65;
- Conditional post-retirement indexation of pensions
 - CPI minus 2%
 - Second component up to first 2% of CPI, conditional on sufficient fund returns

Cost sharing provisions

Since January 1, 2018, total Plan costs are shared in the proportion of 45% by active members and 55% by the University. Total Plan costs consist of the following elements:

- Current service cost;
- Newly required stabilization contribution, equal to 10% of the current service cost without margins; and
- Any amortization payment related to a funding shortfall for the service after December 31, 2015 that may arise in the future.

Amortization payments related to a funding shortfall for the pre-2016 period remains fully at the charge of the University. The Plan was not formally split in two separate components for the pre-2016 and post-2015 periods, however mechanisms were put in place to accurately establish the funding status pertaining to each period, and hence the cost attributable to each.

Demographics as at December 31, 2017

Type of Members	Number of Members	Average Age	% of Liabilities
Active members ¹	3,728	46.4	48%
Retirees and beneficiaries	2,053	73.2	50%
Deferred Vested members	886		2%
Total	6,667		100%

¹ Approximately 9% of active members as at December 31, 2017 became members non-accruing service in 2018

The fact that the proportion of liabilities related to pensioners exceeds the proportion related to active members indicates that the Plan has reached a certain degree of

maturity and has to be managed with additional caution. Another indication of the Plan's level of maturity is the proportion of total Plan liabilities over the pensionable payroll, which as at the last actuarial valuation performed on December 31, 2015 was at four times.

The table below presents other relevant demographic information by showing actuarial assumptions used in the last actuarial valuation or actual data as at December 31, 2015 in comparison with actual experience in years 2016 and 2017:

Indicator	Assumptions / Data as at December 31, 2015	2016	2017
Active members - Average age	46.8	47.1	46.4
Active members - Average age at retirement	62.8	64.5	64.9
Pensioners - Average age - Male	73.3	73.7	73.9
Pensioners - Average age - Female	72.1	72.6	72.5
Pensioners - Average age at death - Male	88.9	82.1	79.4
Pensioners - Average age at death - Female	90.4	81.3	78.8

In the last five (5) actuarial valuations, the average age of pensioners varied between 71.5 and 72.4. The average age of active members varied between 43.1 and 46.8. Overall, the Plan's demographic profile has been relatively stable from one valuation to the next.

Financial Situation of the Plan

The most recent actuarial valuation of the Plan was prepared as at December 31, 2015 and showed the following results under both the going-concern and solvency basis (in thousands of dollars):

	Going-Concern (\$000)	Solvency (\$000)
Assets	913,574	911,516
Liabilities	958,593	1,315,990
Actuarial surplus (deficit)	(45,019)	(404,474)
Funding ratio (before reserve)	95.3%	-
Transfer to reserve	67,907	-
Funding shortfall after transfer to reserve	(112,926)	-
Funding/Solvency ratio (after reserve)	88.2%	69.3%

SECTION 4 - RISK TOLERANCE AND FUNDING OBJECTIVES

Given the Sponsor's current market and credit profiles and future outlook as described in Section 2, the Sponsor's risk tolerance can be qualified as moderate.

Given that the active members now share in the cost of the Plan, including amortization payments related to a funding shortfall for the service after December 31, 2015 that may arise in the future, their risk tolerance can be qualified as low.

This Policy acknowledges that the risk tolerance, or tolerance towards the variability of contributions, is lower for the active members than it is for the University. The risk management strategies described at Section 6, which include the Investment Policy adopted by the Pension Committee, will be implemented based upon the lowest level of tolerance, i.e. that of the active members.

In establishing a framework for the sound financial management of the Plan and based on the above risk tolerances, the funding objectives are to:

- Maintain the Plan fully funded at a stable and sustainable cost over both the short and long term. Stability is defined as minimizing as much as possible variations in the level of contributions and the reduction of impacts arising from actuarial gains and losses. A sustainable cost is defined in the following manner:
 - Maximum current service cost of 18% of the pensionable payroll (excluding stabilization contributions); and
 - Maximum total cost for the post-2015 period including stabilization contributions and deficit amortization payments of 20% of the pensionable payroll
- Preserve equity amongst generations by minimizing as much as possible the volatility in contributions required by Plan members and the risk of facing a

deficit, and by ensuring the continuity of the Plan in its current form, including the security of benefits to be provided and the payment of indexation to retirees.

Deviation from any of those objectives may trigger corrective action, as described under Section 7 - Management of Going Concern Surpluses, Unfunded Liabilities and Margins.

DRAFT

SECTION 5 – MAIN RISKS RELATED TO THE FUNDING OF THE PLAN

The financial position of the Plan is subject to various short-term and long-term funding risks. In the context of funding a pension plan, "risk" is defined as the "variation of the funding contributions required to ensure the payment of the promised benefits". Thus, all factors that can influence the level of funding contributions are funding risks.

The main funding risks facing the Plan are the following:

Investment risks

- Financial crisis resulting in an important drawdown of capital
- Inability to adjust to significant market volatilities
- Inability of meeting the target return established in the Investment Policy
- Ineffective asset allocation relative to the target return established in the Investment Policy
- Ineffective diversification which creates excessive risk concentration or missed opportunity returns

Investment results and economical factors are certainly the most impactful factors that can affect the cost of the Plan. Discrepancy between the discount rate at which the liabilities are valued and the fund return is the most variable factor affecting the Plan's funding status.

Investment risks are mitigated by the adoption of an innovative Investment Policy by the Pension Committee, designed with a strong emphasis on capital preservation and diversification. The asset allocation established by the Investment Policy is presented at Appendix A.

Other economic risks, mainly

- Inflation
- Earnings increases are higher than expected

Longevity risks

Expected longevity in Canada has gradually been improving and this represents an important risk facing defined benefit pension plans. Moreover, the mortality tables adopted by the Canadian Institute of Actuaries in 2014 demonstrate that mortality rates are lower in the public sector compared to the private sector, and also lower for members receiving larger pensions. Both elements are relevant to pensions paid in the university sector, making longevity a considerable risk.

The longevity risk is mitigated by the use of a mortality improvement scale and adjustment factors on the public mortality table for the mortality assumption, making it even more conservative.

Other demographic risks, mainly

- Increase in average age of active members
- Retirements occurring earlier than actuarial assumption

As outlined under Section 3 – Pension Plan Overview, Plan demographics have been quite stable over the course of the last five (5) actuarial valuations. No major gains and losses have been realized on demographic assumptions. Furthermore, a refined retirement assumption has been adopted to better reflect the different retirement patterns of academic and non-academic personnel.

Maturity risks

- Increasing proportion of liabilities related to pensioners versus active members
- Increasing proportion of liabilities related to pensionable payroll

Legislative risks

- Change in funding rules
- Imposed margins or assumptions, such as a lower maximum discount rate
- Change in prescribed benefits

Capacity of Plan Sponsor to pay

The University's capacity to pay is monitored and described in Moody's credit opinion report as well as in DBRS's rating report; The University remains responsible for any funding shortfall related to pre-2016 service.

Capacity of active members to pay

Given the new cost and risk sharing between the Sponsor and active members for the post-2015 period, a new risk to consider is the capacity for active members to pay for any increase in the current service cost and/or for amortization payments related to a funding shortfall related to post-2015 service that may arise in the future.

SECTION 6 – RISK MANAGEMENT

The risk management framework is a set of strategies developed to support the achievement of funding objectives by taking into account the main risks facing the Plan. Funding involves the creation of an asset that will eventually be used to pay promised benefits.

Investment Policy

Investment related risks being the most significant ones, the Plan's Investment Policy constitutes one of the most important risk management tools and it is essential that it contributes to the achievement of funding objectives outlined in this Policy.

The management of the funding risks related to the assets of the Plan ought to be ensured by the Investment Policy. As required under the Supplemental Pension Plans Act (SPPA), the Funding Policy must be promptly remitted to the Pension Committee and the latter must ensure that the Investment Policy adequately takes it into consideration.

The Investment Policy asset allocation has been established by the Pension Committee with a purpose to provide a reference for long-term requirements, which are to be consistent with the growth of Plan liabilities, at a level of risk acceptable to the Plan. The policy is defined to optimize returns over the long-term while minimizing the volatility of such returns, the Plan's most significant risk, over the short-term. The asset allocation established by the Investment Policy is presented at Appendix A.

In addition to volatility risks, the Investment Policy also takes into account, among others, risks in;

- Interest rate movement/duration/convexity
- Diversification/correlation

- Currency
- Liquidity
- Credit
- Market

Based on the risk tolerance and funding objectives stated in Section 4, the risk management strategies described in the remainder of this Section may also be used.

Funding strategies

➤ Frequency of actuarial valuations

As per the SPPA, an actuarial valuation on a going-concern basis and on a solvency basis must be performed by the designated Plan actuary and filed with the regulatory authorities at least once every three years.

Nevertheless, the frequency of valuations can be used as a funding strategy. As such, a valuation can be produced before the three-year deadline is met with the purpose of maintaining the contribution level as stable as possible. For example, in the occurrence of an important capital drawdown, an actuarial valuation is to be performed at a date prior to the beginning of the drawdown. This way, more time is gained in order to generate positive returns and counter as much as possible negative returns before the next valuation is performed, avoiding or diminishing a potential actuarial loss versus the return assumption.

- Constituting a Reserve in excess of the prescribed level to better manage future adverse deviations in the Plan experience.
- Purchasing annuities with an authorized insurance company based on market opportunities.

- Building margins into the going-concern actuarial basis as set out in the next Section in order to enhance the funding of benefits.
- Consideration will also be given to the use of any other funding strategy or mechanism becoming permissible as a result of eventual legislative changes.

Actuarial strategies and tools

- Discount rate assumption

The discount rate assumption used is the long-term expected rate of return on Plan investments reduced by a provision for administration and investment management fees, to which a margin for adverse deviation is added. The allowable margin is adjusted in consequence of achieving greater stability in the funding of the Plan through periods of fluctuating Plan experience. The margin for adverse deviation can range between 0.0% and 1.0%. A negative margin embedded in the assumption increases the value of liabilities and the current service cost, creating a cushion that serves to alleviate the impact of potential future adverse experience in fund returns. In such a case, the margin is reduced or removed accordingly in the next actuarial valuation. In establishing the margin level, consideration can be given to stabilization contributions paid to the Plan by both the Sponsor and the active members.

In the case of the Plan reaching a surplus position, the Reserve having reached the full level of the prescribed Provision for adverse Deviation (PfAD), the Pension Committee should seek to reduce as much as possible the discount rate while maintaining the funding objectives in order to reduce the expected rate of return and therefore, drawdown exposures.

At all times the discount rate assumption must be in accordance with the Standards of Practice of the Canadian Institute of Actuaries and the guidelines provided by Retraite Québec.

➤ Other economic and demographic assumptions

In line with recommendations made by the actuary, other economic and demographic assumptions are best estimate assumptions. However, any of these assumptions may be more conservative than a best estimate if not materially affecting the valuation results. The Pension Committee should seek to keep those assumptions as stable as possible in order to respect the stability objectives unless circumstances have significantly changed.

➤ Amortization periods

Unfunded liabilities will normally be amortized over the maximum period permitted by legislation, but the Pension Committee can decide to use a shorter amortization period if this helps achieve the funding objectives.

➤ Consideration will also be given to the use of any other actuarial strategy or tool becoming permissible as a result of eventual legislative changes. An example would be asset smoothing, which could support a greater stability in contributions over time.

Implementation, measuring and monitoring

As part of the adopted compliance-monitoring framework of the Plan's policies, the Pension Committee will use the most optimal means to implement, measure and monitor the funding objectives and above-mentioned strategies.

SECTION 7 – MANAGEMENT OF GOING CONCERN SURPLUSES, UNFUNDED LIABILITIES AND MARGINS

With an underlying assumption that the Plan is unlikely to be wound up given the nature and role of the Sponsor, focus is placed on the going concern basis rather than the solvency basis.

This section covers four (4) possible funding scenarios and resulting actions. A summary table is presented at Appendix C, and numerical examples illustrating each scenario at Appendix D. If the results of an actuarial valuation on a going concern basis filed with the regulatory authorities and side work performed to determine the financial position of the pre-2016 and post-2015 periods, reveal the following:

1. Overall Plan: in surplus position

Reserve: at the full level of the Provision for adverse Deviation (PfAD)

Pre-2016 period: in surplus position

Post-2015 period: in surplus position

- Stabilization contributions paid by active members and the University cease unless otherwise decided by the Pension Committee
- In no event can the University take contribution holidays, unless the limit imposed under the Income Tax Act is reached (funding ratio greater or equal to 125%)
- Utilization of surplus
The use of surplus to enhance the Plan via improved pension and ancillary benefits or reduced contributions will not be considered unless the Pension Committee is adamant that the financial position of the Plan contains adequate margins in order to meet the funding objectives. Furthermore,

before any use of available surplus, consistent with the strategy described under Section 6 of this Policy, the addition of margins in the actuarial assumptions will be analyzed, especially pertaining to the discount rate.

An actuarial surplus represents an attractive margin of safety in the management of a plan and promotes the stability of long-term funding contributions. Given the funding objectives, it is important to support the creation of such a surplus and to retain a significant portion to support the achievement of the targeted funding objectives.

2. Overall Plan: in surplus position

Pre-2016 period: in shortfall position

Post-2015 period: in surplus position

- The University remains fully responsible for the pre-2016 deficit but no deficit amortization payments will be made as they are not required by law.

3. Overall Plan: in shortfall position

Pre-2016 period: in shortfall position

Post-2015 period: in surplus position

- The University responsible for the deficit pertaining to the pre-2016 period and will make the deficit amortization payments required by law on the basis of the overall shortfall position (50% paid from the Reserve)

4. Overall Plan: in shortfall position

Pre-2016 period: in shortfall position

Post-2015 period: in shortfall position

Although the risk management framework put in place minimizes the likelihood of future actuarial deficits occurring, this eventuality must nevertheless be taken into consideration.

- Pre-2016 period: University fully responsible for deficit amortization payments pertaining to the pre-2016 period (50% paid from the reserve)
- Post-2015 period: Active members and the University share the deficit amortization payments pertaining to the post-2015 period in the proportion established in the Plan Text, currently at 45%-55% (50% paid from the reserve)

If the amortization payments required from the active members make so that their total contribution rate exceeds the tolerance level defined at Section 4 of this Policy, a review of ancillary retirement benefits can be undertaken as a way to reduce the current service cost of the Plan. For such purpose, consideration will be given for the reduction or removal of the below components for future service, listed in no particular order of prioritization:

- Change the basic lifetime formula from 3-year Final Average Earnings to 5-year Final Average Earnings;
- Increase in age for eligibility to unreduced early retirement from 55 to ...;
- Increase in years of service required for eligibility to unreduced early retirement, from 10 to ...;
- Post-retirement indexation;
- Reduction of the early retirement bridge benefit;
- Removal of the 10-year guarantee as part of the normal form of pension.

The estimated cost proportion of these components relative to the basic lifetime pension is presented at Appendix B.

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SECTION 8 - STATUTORY / REGULATORY FRAMEWORK

Various official documents, legislation and regulations having an impact on the actual funding of the Plan were considered when establishing this Funding Policy.

Here is a list of the most relevant ones:

- Supplemental Pension Plans Act of Quebec: Prescribes the minimum level of contributions.
- Specific funding rules apply to the university sector:
 - Since December 31, 2006, pension plans of Quebec universities are exempted from funding on a solvency basis. However, it is still necessary to present the Plan's financial situation on a solvency basis when filing an actuarial valuation report. If the Plan is not fully solvent, additional contributions are required for the full payment of transfer values to members in the event of their termination of employment, death, transfer under a reciprocal agreement, etc.
 - The Plan is funded based upon actuarial valuations on a going-concern basis. The assets of the Plan must be determined according to their market value. Since December 31, 2006, it is no longer permitted to use a smoothed value of assets, which leads to a greater volatility in contributions required to the Plan.
 - Effective December 31, 2012 is an obligation to create a Reserve with the objectives to provide prudence, increased financial health of plans and greater stability of contributions. Ultimately, the Reserve is aimed at ensuring a degree of stability for the funding of pension plans. It is created with actuarial gains, transferred to the Reserve up until the level of the Provision for Adverse Deviation

(PfAD) is reached. The PfAD is calculated based upon a formula that is a function of the Investment Policy, the Plan's level of maturity and the duration of the liabilities and was equal to approximately 11% of the solvency liabilities and 15% of the funding liabilities as at December 31, 2015. It is used to pay 50% of required amortization payments due to a deficit established on a going-concern basis.

- As of January 1, 2018, the cost for service after December 31, 2015 is to be shared between the active members and the employer at the minimum in the proportion of 45%-55%. The contributions to be taken into consideration in the cost sharing are:
 - the current service contributions;
 - any amortization payments related to an unfunded actuarial liability in connection with service subsequent to December 31, 2015; and
 - the newly required stabilization contributions (the stabilization contribution is equal to 10% of the current service cost without margins).
- Income Tax Act of Canada: Stipulates allowable contributions to a pension plan and the maximum level of contributions allowed.
- Standards of Practice of the Canadian Institute of Actuaries: Provides rules that actuaries must follow when performing valuations on a going-concern and solvency basis and for the determination of assumptions used. Such rules now require an active involvement from the Pension Committee in establishing the desired level of conservatism inherent to the funding process.
- Retraite Québec: Regulatory body, which also provides actuaries with instructions for establishing appropriate and sufficiently conservative actuarial assumptions.

- Pension Plan Text: Determines how required contributions are split between the Plan Sponsor and Plan Members and outlines benefits provided under the Plan.
- Quebec Provincial Government: Establishes funding framework pertaining to the university sector, which conditions the Sponsor must adhere to.

At all times legislation prevails over any Plan adopted document or policy

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APPENDIX A - INVESTMENT POLICY AND ASSET ALLOCATION

Investment Policy

- Designed in 2013 in alignment with the Funding Policy adopted by the Pension Committee in 2011, which objective is to maintain the Plan fully funded at a sustainable and stable cost over both the short and long terms.

Asset Allocation

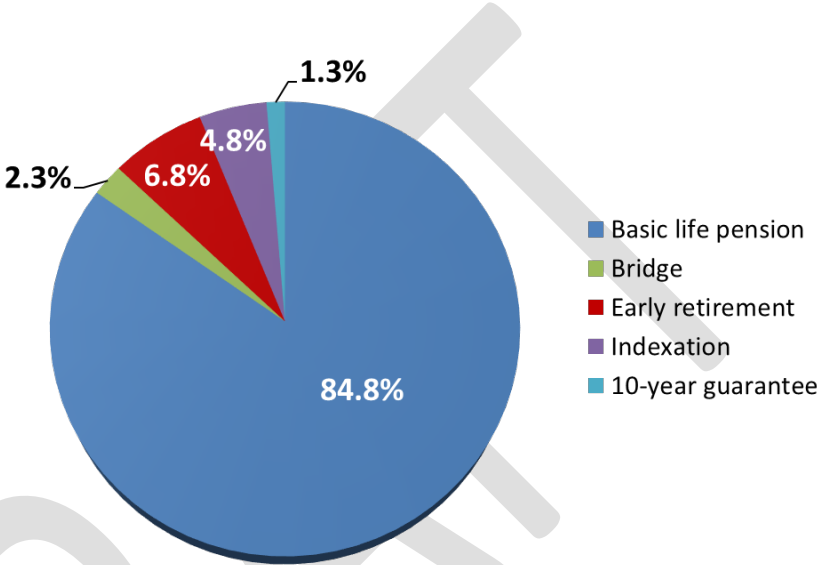
- In order to achieve the objectives defined in the Funding Policy and the Investment Policy, the asset allocation was built in the following manner:
- Focus placed on risk-adjusted results, to have the ability and skill to meet the Plan's target return of net 6% at the lowest total portfolio risk possible;
- Allocated by financing objectives rather than to specific asset classes;
- Absolute/skill oriented investment products as opposed to relative/passive products;
- Composed of complementary investment products that are expected to behave differently (move in different directions in specific market conditions);
- By limiting the concentration of all investment related risks.

Pension Plan for the Employees of Concordia University - Asset Allocation

	Target	Range
Capital Preservation		
Cash and Cash equivalents	1.5%	
Tactical asset allocation	12.0%	
Absolute return - Credit	11.5%	
Absolute return - Multi-strategy	25.0%	
	50.0%	30% - 70%
Growth		
Deep value	11.0%	
Private equity	6.0%	
Public real assets	3.0%	
	20.0%	10% - 30%
Diversification		
Private real estate	7.5%	
Private debt	8.5%	
Farmland and Timberland	4.0%	
Insurance linked strategies	5.0%	
General partnership ownership	5.0%	
	30.0%	20% - 40%

APPENDIX B - BREAKDOWN OF CURRENT SERVICE COST BY TYPE OF BENEFITS

The breakdown of the current service cost shown below is based upon the results of the actuarial valuation performed as at December 31, 2015.



**APPENDIX C - SUMMARY TABLE OF RELEVANT POTENTIAL
FUNDING POSITIONS OF THE PLAN AND RESULTING ACTIONS**

	Funding Status	Pre-2016	Post-2015	Overall Plan	Reserve is full?	Stabilization Contributions*?	Deficit Responsibility?	Amortization Payments?
1	SURPLUS	√	√	√	YES	CEASE UNLESS DECIDED OTHERWISE BY THE PENSION COMMITTEE	N/A	NO
	SHORTFALL							
2	SURPLUS		√	√	NO	YES	University	NO
	SHORTFALL	√						
3	SURPLUS		√		NO	YES	University	YES
	SHORTFALL	√		√				
4	SURPLUS				NO	YES	Pre-2016: University (100%)	Pre-2016: University (100%)
	SHORTFALL	√	√	√			Post-2015: Active members (45%) + University (55%)	Post-2015: Active members (45%) + University (55%)

*No longer required when the Reserve has reached the full-prescribed level (currently estimated at \$147M)

**APPENDIX D - NUMERICAL EXAMPLES ILLUSTRATING
RELEVANT POTENTIAL FUNDING POSITIONS OF THE PLAN AND
RESULTING ACTIONS**

		Pre-2016	Post-2015	Overall Plan
1	Assets	1045	218	1263
	Reserve (full = 150)			150
	Liabilities	900	200	1100
	Surplus/Shortfall	5	8	13
	Amortization payment based on shortfall of	0 (no overall shortfall)		

		Pre-2016	Post-2015	Overall Plan
2	Assets	947	220	1167
	Reserve			65
	Liabilities	900	200	1100
	Surplus/Shortfall	-3	5	2
	Amortization payment based on shortfall of	0 (no overall shortfall)		

		Pre-2016	Post-2015	Overall Plan
3	Assets	940	220	1160
	Reserve			65
	Liabilities	900	200	1100
	Surplus/Shortfall	-10	5	-5
	Amortization payment based on shortfall of	-5 paid by the University (University remains fully responsible for -10)		

		Pre-2016	Post-2015	Overall Plan
4	Assets	940	210	1150
	Reserve			65
	Liabilities	900	200	1100
	Surplus/Shortfall	-10	-5	-15
	Amortization payment based on shortfall of	-10 (paid by the University)		
	-5 shared between active members (45%) and University (55%)			