

FACULTY SENATE MINUTES

September 10, 2020

Continuation of the 9/10 meeting on 9/17

Call to order:

A regular meeting of the University of North Alabama's Faculty Senate convened via Zoom Video Conferencing at 3:30pm with President Williams presiding.

NOTE: The meeting on Sept. 10th was interrupted by a widespread power outage. The meeting was continued on Sept. 17th at 3:30pm via Zoom with President Williams presiding.

I. Proxies

Proxies for the September 10th meeting

Miranda Bowie for Jillian Stupiansky (Department of Mathematics) and Xihui Zhang for Mark Terwilliger (Department of Computer Science and Information Systems)

Proxies for the September 17th meeting

Natasha Lindsey for John McGee (Department of Educational Technology Services), Jonathan Sullivan for Ravi Gollapalli, (Department of Engineering and Technology), and Terri Garrison for Lisa Clayton (Teaching, Learning, & Leadership)

Members in attendance

Members in attendance for the September 10th meeting

Lori Alford, Lisa Ann Blankinship, Tabitha Blasingame, Cory Cagle, Justin Carter, Stephanie Clark, Lisa Clayton, Sarah Franklin, Ravi Gollapalli, Felicia Harris, Betsy Heckert, John Hodges, Scott Infanger, Lisa Kirch, Christopher Klein, Ian Loeppky, Thomas Luckowicz, Jennifer Maddox, Janna Malone, John McGee, Janet McMullen, Prema Monteiro, Eric O'Neal, Katie Owens-Murphy, Gary Padgett, Cheryl Price, Jason Price, Chris Purser, Ansley Quiros, Terry Richardson, Craig Robertson, Sunhui Sim, Michael Stocz, Kevin Stoltz, Jessica Stovall, Alexander Takeuchi, Brian Thompson, Jason Watson, Laura Williams, Pete Williams, and Gretchen Windt. Dr. Lee Renfroe, serving as past Faculty Senate President was also in attendance.

Members in attendance for the September 17th meeting

Lori Alford, Lisa Ann Blankinship, Tabitha Blasingame, Tim Butler, Cory Cagle, Justin Carter, Stephanie Clark, Frank Diaz, Sarah Franklin, Felicia Harris, Betsy Heckert, John Hodges, Scott Infanger, Lisa Kirch, Christopher Klein, Ian Loeppky, Thomas Luckowicz, Jennifer Maddox, Janna Malone, Janet McMullen, Prema Monteiro, Eric O’Neal, Katie Owens-Murphy, Gary Padgett, Cheryl Price, Jason Price, Chris Purser, Ansley Quiros, Terry Richardson, Craig Robertson, Michael Stocz, Kevin Stoltz, Jessica Stovall, Jillian Stupiansky, Alexander Takeuchi, Brian Thompson, Jason Watson, Laura Williams, Pete Williams, and Gretchen Windt. Dr. Lee Renfroe, serving as past Faculty Senate President was also in attendance.

Members not in attendance (without proxy)

Members not in attendance (without proxy) for the September 10th meeting

Rae Atencio (Department of Military Science), Tim Butler (Department of Management and Marketing), and Frank Diaz (Department of Chemistry and Industrial Hygiene)

Members not in attendance (without proxy) for the September 17th meeting

Rae Atencio (Department of Military Science), Sunhui Sim (Department of Geography), and Mark Terwilliger (Department of Computer Science and Information Systems)

II. Approval of agenda

President Williams requested approval to approve the meeting agenda.

Senator Harris motioned to approve the agenda. Senator Robertson seconded the motion.

The meeting agenda was approved.

III. Approval of the Minutes from June 30, 2020 (Special Called Faculty Senate Meeting)

Senator Watson moved to approve the June 30, 2020 minutes and Senator Richardson seconded the motion.

Senator Stovall mentioned the minutes presented an incorrect spelling of Senator Stupiansky’s first name. Secretary Robertson will address this error before publishing the minutes from that meeting to the Faculty Senate website.

The minutes were subsequently approved.

IV. Remarks from Dr. Ken Kitts, UNA President

President Kitts began his remarks by discussing the fall semester. Three weeks into the fall semester (Note: 160 days without an in-class course being taught at UNA), UNA is responding to the longest period of inactivity in its history. President Kitts was pleased to see the campus coming back to life as long-periods of inactivity are not good for any school. He stated how pleased he was with the level of cooperation in getting the campus ready for the fall reopening.

Related to the fall semester reopening, current indicators related to student enrollment and residence hall occupancy look positive. However, UNA is still six weeks away from final enrollment numbers for the fall semester.

President Kitts expected questions regarding how the fall is progressing regarding campus safety. He asked Faculty Senate President William's permission to invite Dr. Greenway to address the Senate about this issue (see notes below marked with **).

President Kitts then discussed UNA's budgetary issues for fiscal year 2020-2021 which begins Oct. 1st with the proposed budget going to the Board of Trustees for review next week.

The President noted that the Covid-19 pandemic will negatively impact UNA. For example, UNA may have 200-300 less international students (the vast majority of those students would have lived on campus so this contributes toward a deficit both on tuition and auxiliary revenue). Costs were also incurred regarding UNA's response to Covid-19. Money from federal government programs did not cover all those costs and UNA did not propose a tuition increase for the 2020-2021 academic year. This, combined with a reduction of anticipated state funds from \$5 million to \$1.7 million produces an overall budget deficit of approximately \$3.9 million.

In response to these budgetary figures, President Kitts noted that Mr. Evan Thornton is working on a plan to address that deficit with limits to operations and staff cuts. UNA should be able to account for this deficit from travel savings, minimized athletic travel, open positions that will not be filled, and carry over funds from FY 20. Despite these responses, President Kitts stated that this will likely be a "tight" fiscal year.

Speaking to the Faculty Senate's special called meeting on June 30th, 2020 to consider the resolution to rename UNA buildings, President Kitts acknowledged the complete support of the UNA SGA, the UNA Staff Senate, and the UNA Faculty Senate to rename UNA's buildings and that this would be a "Board prerogative". The Board of Trustees will have all this information before its September meeting and is ultimately responsible for making recommendations.

President Kitts concluded his comments by stating that "The last six months have been hard but we are still standing and thriving". He reinforced that sentiment with the following points:

Faculty Senate Minutes – September, 2020

- A Division of Diversity, Equity, and Inclusion was created on May 1, 2020.
- UNA has received final approval from SACS for Level 5 membership as a doctoral program approving institution.
- NCAA has notified UNA that it has been advanced to year three of its four year transition to D1 status.
- Faculty/Staff have been involved with local economic and social developments that will produce dividends for the region and UNA.

V. Remarks from Dr. Ross Alexander, Provost and Executive Vice President for Academic Affairs

Dr. Alexander began his remarks by discussing current enrollment data for the fall, 2020 semester. Although the census date for the fall semester is October 30th, we may safely predict a 4% increase in student enrollment over fall, 2019. Approximately 8,400 students are attending UNA this fall. This increase in part comes from a 35% increase in online graduate enrollment, a small increase in adult online transfer students, and better than expected numbers from the new freshman cohort. These enrollment numbers are a testimony to our online teaching (30% of UNA students are online students), the faculty's ability to effectively teach face-to-face, hybrid, and online, and to the growth of UNA's brand across the state, region, nation, and world. UNA students currently represent 47 US states and approximately 60 countries. This enrollment growth crosses all colleges but significant growth is coming from the MBA and MSN-Family Nurse Practitioner programs.

Dr. Alexander then discussed UNA's new academic programs beginning this fall. He specifically referenced the nearly two dozen new programs including micro-credentials in the COB, new minors, certificate programs, the new Master of Social Work degree, and two programs in Engineering Technology (Bio-Engineering option in the B.S. in Engineering Technology and an online M.S. in Applied Manufacturing Engineering). Dr. Alexander also mentioned UNA's new learning agreement with the State of Alabama. This agreement is the first of its kind and applies to all Alabama state agencies. Dr. Amber Paulk, the academic deans, and department chairs are conducting targeted outreach to personnel in these state agencies.

Speaking to UNA facilities and their construction/renovation, Dr. Alexander mentioned that Harrison Hall should be occupied by the nursing faculty later this semester. The University Success Center staff will be moving from the Gunn Commons to the second floor of Collier Library. This move will be completed before the end of September. Phase II of Norton Auditorium is on schedule and should be completed by the end of the fall, 2020 semester. Renovations to Harrison Plaza and the repair of the fountain are ahead of schedule. The fountain should be completed by late fall and the plaza completed by early spring. New benches have been put in place around the UNA Amphitheater. Renovations to LaGrange Hall should begin this fall and renovations to the College Street building

(near the old site of the ECM hospital) are on-going. Dr. Alexander closed his comments by mentioning the completed renovation of the darkroom in the Art building.

VI. Remarks from Dr. Laura Williams, UNA Faculty Senate President

President Williams yielded the floor to Vice President Greenway to discuss issues related to COVID-19 and the COVID-19 Recovery Task Force (CRTF).

Dr. Greenway began her remarks by stating that the fall 2020 semester is going well. Compliance with health related rules pertaining to students is getting better and that Sentinel testing has just begun. The data dashboard will be accessible soon. She reported that the CRTF meets every other week at a minimum but is ready to meet as needed. At the end of October, the CRTF will make recommendations for the spring 2021 semester.

Dr. Greenway then invited questions from the floor.

An initial question asked for clarification regarding Sentinel testing. Dr. Greenway responded that Sentinel testing is required for students but voluntary for staff/employees. Out of state students online students should not be receiving requests to participate in Sentinel testing. If they get a request they should contact the task force and they will be removed from the sampling frame.

Senator Loeppky asked if there was a specific number of positive COVID-19 cases that, when reached, would trigger UNA to go all online. Dr. Greenway responded that this decision would be based on several indicator and that UNA would consult with the Alabama Department of Public Health in order to make such a determination.

Senator Franklin asked whether a quarantined student who elected to leave UNA and then subsequently tested positive would be recorded on UNA's data. Dr. Greenway said such cases would be recorded.

Following up on this issue, Senator Richardson asked how close UNA might currently with COVID-19 cases to trigger the move to 100% online instruction. Dr. Greenway stated that "we are not even close" as less than 1% of the students, staff, and faculty on campus are positive cases.

President Williams thanked Dr. Greenway for her comments.

President Williams then thanked senators for their work over the summer to discuss building renaming and the COVID-19 recovery process. She also extended thanks to the Faculty Senate Executive Committee and to Senator Richardson for agreeing to serve of the Senate's parliamentarian for the academic year.

VII. Shared Governance Committee Vacancy Elections

A. UG Readmissions Committee (2020-2023) COB Faculty Member

Nominations for the position were accepted from the floor: Senator Carter nominated Dr. Lindsey Sherrill for this position. Senator Richardson moved to close nominations. Senator Robertson seconded the motion. Dr. Sherrill received 39 votes. There were no “nay” votes or abstentions.

(This vote was taken to start the Sept. 17th meeting)

B. Institutional Effectiveness Committee (2020-2023) Faculty with institutional reporting responsibilities

Senator Blasingame nominated Dr. Kristi Oden. There were no other nominations. Senator Richardson motioned to close the nominations. Senator Stovall seconded the motion. There were 38 votes cast for Dr. Oden. There were no “nay” votes or abstentions.

(At this point during the Sept. 10th meeting a campus-wide power outage resulted in President Williams’ decision to cancel the meeting.

C. International Programs/Offering (2020-2022) Faculty who have led study abroad within the last three years

Nominations for this position were accepted from the floor: Dr. Gabriela Carrasco was nominated from the floor with a second from Senator Monteiro. There were 27 votes for Dr. Carrasco. There were no “nay” votes or abstentions.

VIII. Reports

A. Standing Committees

1. Faculty Attitude Survey: Presentation of the 2019-2020 Faculty Attitude Survey to Faculty Senate

See Appendix A

Dr. Jason Imbrogno, Chair of the Faculty Attitude Survey Committee, provided President Williams with the complete report. Dr. Williams provided the report to the Senate prior to today’s meeting for review.

Senator Robertson motioned to release the report to the Faculty Senate, for senators to distribute the report to their department faculty and instructional staff, and for President Williams to send a copy of the report to President Kitts and Dr. Alexander. Senator Richardson second the motion.

There were 40 votes in favor of the motion with no “nay” or abstention votes.

The 2019-2020 Faculty Attitude Survey report will be published to the Faculty Senate website.

IX. New Business

A. Visual Arts and Design (VAD) Department Proposal (VAD).

See Appendix B

Senator Monteiro presented this proposal from the Department of Visual Arts and Design. The proposal aims to revise section 3.2.4 of the Faculty Handbook (Department Chairperson—Appointment, Workload, and Supplement).

Putting the proposal in context, Senator Monteiro stated the current administration is willing to explore and utilize new approaches to departmental administration that are impacting the traditional definition, roles and compensation patterns traditionally applied to the role of department chair. New positions are being created such as Program Coordinator, Assistant Chair, Co-Chair, and Associate Director. This is creating confusion and inconsistency with established policy.

The Visual arts and Design faculty proposed language change to section 3.2.4 of the Faculty Handbook to address/define these new administrative positions.

Discussion related to this proposal noted that it parallels the School of the Arts proposal presented by Dean Sara Lynn Baird. Senator Infanger stated that a solution is needed to address both issues. A chair selection process must be clearly outlined and standardized across departments or a least standardized within colleges.

Senator Franklin asked Senator Monteiro for help in understanding how this proposal would adjust current policy? Senator Monteiro said her colleagues developed the proposal to emphasize the importance of consultation by the department faculty and having a standardized method to evaluate department chairs.

Senator Stovall stated that the Department of Mathematics faculty also want clear definitions of these positions and roles.

President Williams moved this policy to old business for discussion and resolution at the October, 2020 Faculty Senate meeting.

B. School of the Arts Proposal (SG: F) (Dean Baird)

See Appendix C

Dean Baird spoke of the need for Cinematic Arts and Theater, as a program area, to have Faculty Senate representation. Currently, the four faculty in this program area do not have senate representation.

Addressing the second part of this proposal, Dean Baird stated that new administrative titles have been created for programs and or departments within the School of the Arts (e.g., Executive Director, Associate Director, Coordinator, Co-Chair, and Chair).

Dean Baird is requesting the following statement be added at the first mention of “department chair” in the Faculty Handbook: “Hereafter, Department Chair is defined as the appointed head of the department, school, or program with a fiduciary and supervisory role in the leadership of the department, school, or program. Dean Baird’s proposal also requests that instances of “Department Chair” in the Faculty Handbook be changed to “Department Chair/Equivalent”.

Questions from the Faculty Senate floor addressed the following issues:

Use of term “Equivalent” is rather broad. Dean Baird said that “equivalency” is grounded in the equivalency of administrative responsibilities. Other comments echoed the need to better define these terms as well as the difference between a traditional academic department and an academic program (the latter, relative to the Faculty Senate Constitution, does not have Senate representation).

Executive Directors are normally 12-month appointments. Is this the intent in creating such positions? This question was not really addressed.

Senator Stovall questioned the merits of having co-chairs within a department and the appropriateness of assigning co-chairs the same work but with half the normal stipend.

Senator Richardson suggested President Williams reach out to the impacted faculty and try to identify an established Senator to serve as a representative proxy for the program/s until the Faculty Senate Constitution can be properly amended. Non-provisional bylaws within the Faculty Senate Constitution “may be amended by a two-thirds vote of the faculty present and voting at a faculty meeting, provided that two-thirds of the faculty are present and provided that all faculty members will have been given copies of the proposed amendment(s) at least ten (10) days before such a meeting.

Amendments adopted by the faculty shall become effective when approved also by the President of the University” (Faculty Senate Constitution, Article VIII-Amendments, section A).

President Williams moved this policy to old business for discussion and resolution at the October, 2020 Faculty Senate meeting.

C. Interim Sexual Misconduct Policy (SG: F/S/SGS) (Student Affairs)

See Appendix D

Vice President Greenway and Ms. Kayleigh Baker were present to speak to this Title IX related issue.

Vice President Greenway spoke to the interim policy currently being used as approved by the Executive Council. It currently is not in compliance with US DOE regulations that became effective on August 14, 2020. Relative to the new US DOE regulations, UNA has less flexibility and faces more regulations in addressing allegations of sexual misconduct.

Ms. Baker, UNA’s Title IX Coordinator and Compliance Administrator proceeded to discuss the most substantive changes within the new federal mandate. She provided the following:

An overview of jurisdictional/definitional changes

- Procedural aspects now must apply to students, staff, and faculty more evenly in order to ensure a fair, unbiased, neutral process for all
- Strict grievance process that requires a live-hearing, cross examination, and the use of advisors that applies even in cases involving tenured faculty

With regard to the hearing, Ms. Baker addressed concerns from the Senate floor. Concerns were varied but largely addressed the following:

- Due process concerns
- Title IX Process compared to the “Due Process Hearing” process in Faculty Handbook
- Victim’s Rights
- Advisors
- Time limits

Senator Owens-Murphy moved that a town hall meeting be conducted via Zoom organized by Dr. Greenway and Ms. Baker. Senator Robertson seconded the motion. There were 39 votes to approve, 0 nay votes and 0 abstentions. It was suggested that Ms. Baker send out the new policies with notations/highlights as to what is nonnegotiable relative to the new federal standards.

Senator Richardson requested that President Williams ask SGEC for an extension of the deadline to approve this policy. President Williams moved this policy to old business for discussion and resolution at the October, 2020 Faculty Senate meeting.

D. Graduate Grading Policy (SG: F/SGA) (COAD; Graduate Council)

See Appendix E

Dr. Jana Beaver began discussion on this issue noting that a workgroup within the graduate advisory council produced the proposed policy and that they reported to the graduate council. Improvements to the graduate grading policy have been needed for some time and are proposed here after input was received from all UNA graduate programs.

The proposed policy emphasizes that graduate students must maintain a minimum graduate cumulative GPA of 3.0. No grade below “C” can be applied toward graduation. Edits to the current policy were also made as such previously policy referenced only master degree programs. Individual graduate programs are free to have quality of work standards that are greater than proposed here.

Regarding grades and academic progress, the “IP” grade is removed. Dismissals were also discussed. Any student earning two grades below “C” would be dismissed. Repeat/recompute is available for one course where a “C”, “D”, or “F” grade was earned with the replacement grade being a grade of “B” or higher. All grades earned will be used for the purpose of calculating graduate cumulative GPA.

Dr. Beaver then invited questions from the floor.

Senator Infanger questioned whether there is a need to use a plus-minus policy for our graduate programs? Dr. Beaver responded that this issue did not surface during the workgroup’s deliberations. Dr. Paulk mentioned that through SGA, students thought a plus-minus policy was punitive. She said this is a really a separate conversation relative to the proposed policy.

Senator Pete Williams mentioned that grades allow students to compete with others. The grade is a signal of their worth. Limiting the fine-grained ability of professors to send a signal does not allow students to establish their place within a ranking system. He argued that what we have is a mixed-signaling approach that really does not allow us to validly rank students.

Senator Owens-Murphy asked a question regarding students who could receive a grade of “C” or less. How does this policy couple with medical leave or withdrawal for such students and what would a struggling student do? Mr. Mitch Powell said UNA has a retroactive withdrawal request initiated by university medical services for students with such needs.

Senator Richardson inquired as to whether graduate students have representation on SGA? Dr. Paulk said she thought graduate students were extended opportunities to participate in SGA. There is an opportunity for graduate students to be part of SGA but perhaps consideration should be given to creation of a graduate SGA.

Senator Stovall commented that if such a body were created it must consider graduate students in 100% online programs.

President Williams moved this policy to old business for discussion and resolution at the October, 2020 Faculty Senate meeting.

E. Diversity, Equity and Inclusion Statement proposal (SG: F/S) (Office of Diversity, Equity, and Inclusion)

See Appendix F

This proposal comes from Mr. Ron Patterson, Vice President for Diversity, Equity, and Inclusion. The proposed policy aims to “further strengthen UNA’s commitment to hiring diverse individuals among the ranks of faculty and staff”. It advances the idea that “applicants for all full-time faculty positions and staff positions at the director level or higher be required to submit a diversity, equity, and inclusion statement as part of their application materials. The purpose of the statement is to identify candidates who have the professional skills, experience, and/or willingness to engage in activities that will advance institutional diversity and equity goals.”

The proposal advances guidance for applicants and appropriate language for job postings,

There was no discussion regarding this item.

President Williams moved this policy to old business for discussion and resolution at the October, 2020 Faculty Senate meeting.

F. Office of Grants and Sponsored Programs: Research Misconduct Policy, Policies for Proposals, Acceptance, and Use of Externally Funded Grants and Contracts, and UNA Patent Policy (SG: F/S/SGA) (OSP)

See Appendix G

Mr. Nathan Willingham was present at the Faculty Senate meeting to discuss the three policy initiatives.

Mr. Willingham introduced the **research misconduct policy**. Mr. Willingham described the research misconduct policy as a requirement of federal regulations containing three stages of allegation, inquiry, and investigation with each stage designed to eliminate false accusations and protect confidentiality and due process. The research integrity officer administers the policy and receives initial allegations, validating them to see if they meet the definition of research misconduct under the policy, which is limited to fabrication, falsification or plagiarism in reporting results including in those proposals submitted for funding. If the allegation meets the definition it is referred to an inquiry committee appointed by the research integrity officer and having 3 or 5 members. If the inquiry committee sees evidence of misconduct, that is reported and an investigation committee having at least three and an odd number of members is appointed. The investigation committee conducts a full investigation and presents a report of its findings to the deciding officer, who is the Provost, who then determines the course of action to take, whether accepting, rejecting or referring back the report for further action. At the end of the research misconduct policy, the deciding officer makes the final decision as to the course of action to take, which can be pursued through other due process procedures.

Mr. Willingham introduced the **policies for acceptance and use of externally funded grants or “grants policies”** stating that federal regulations were update din 2014 under the uniform Guidance and that UNA had updated parts of the grants policies to stay compliant but had not completed a full review and revision of the policies. The purpose of the policies was to conduct a full review and revision to align pre award and post award policies and to update several outdated references to OMB circulars as well as to have a comprehensive policy for grant related activities that referenced the policies connected to grants such as human resources, personnel, and financial management but that were not directly related to grants. The new policy updates and compiles all grant policies while cross referencing these outside policies.

Mr. Willingham introduced the **UNA patent policy** stating the goal of this policy is to promote innovation in a way that a traditional policy with a 50/50 distribution of ownership between inventors and the University may not accomplish. The existing policy operates through a Patent Committee that has not been established and it has a traditional 50/50 split of ownership. With the new programs in COAS and COB, engineering technology and innovation engineering, there has become a need to look at different arrangements of ownership to accomplish more innovation. The policy proposed will provide for 7 categories or principles of ownership that comprehensively classify different ownership arrangements based on the relationship of the University to the faculty and any outside sponsors. In this way the distribution of ownership can be adjusted from the traditional 50/50 to an appropriate arrangement to produce more innovation on campus.

After concluding his presentation, Mr. Willingham invited questions from senators.

Senator Owens-Murphy asked if this policy would conflict with IRB practices regarding data destruction versus retention. Mr. Willingham said he will specifically look into this issue and will address the question at the next Faculty Senate meeting.

Senator Richardson drew attention to language on page 130 of the agenda specific to Section XI. Adoption and Amendment, Section A. This language states: “This policy shall be in effect from the date of adoption by Shared Governance of the University of North Alabama”. Senator Richardson recommended an amendment to that language as policy is not approved until signed by the University’s President. SGEC approval is not the final point of approval.

An additional extension on this set of proposals has been given by the SGEC.

President Williams moved this policy to old business for discussion and resolution at the October, 2020 Faculty Senate meeting.

X. Information Items

A. UNA promising alumni nominations close September 14th

President Williams noted that although the nomination period has closed, the campus community will be able to vote on these nominations soon.

Senator Richardson commented that the Faculty Senate’s senators should be aware of their right to motion to move a meeting to “executive session”. He brought this to the floor to remind Senators they are free to discuss issues without the presence of administrators or other agents/guests.

XI. Adjourn

Senator Richardson moved to adjourn the Faculty Senate meeting. The motion was simultaneously seconded by many senators.

The meeting adjourned at 5:44pm.

Appendix A

The 2019-2020 Faculty Attitude Survey report has been published to the Faculty Senate Website at https://www.una.edu/faculty-senate/docs/Faculty_Attitude_Survey_Reports/2020%20Faculty%20Attitude%20Survey%20Report.pdf

Appendix B



Department of VISUAL ARTS and DESIGN
College of Arts and Sciences

MEMORANDUM

To: Laura Williams, 2020–21 Faculty Senate President

From: Department of Visual Arts and Design

Re: Proposal for Faculty Handbook Policy Revision

Date: August 20, 2020

The Department of Visual Arts and Design submits to the Faculty Senate and the Shared Governance Executive Committee the attached proposal for revision of the current Faculty Handbook policy.

3.2.4. Department Chairperson—Appointment, Workload, and Supplement.

This summer, the restructuring of the School of the Arts directed by the Office of the Dean of the College of Arts and Sciences resulted in the replacement of the traditional Department Chair with two Co-Chairs and the creation of new administrative positions and titles: Associate Director, the Assistant Chair, and the Program Coordinator. The Arts and Sciences faculty also observed the establishment of Co-Chairs as a result of the Psychology and Sociology Departments merger.

These changes signal the University administration's interest in utilizing new governance structures and therefore raise the need to examine current policies concerning the role and responsibility of the academic Department Chair—an important middle management position that necessarily serves both the faculty and the administration. These changes also raise the need to define: Program Coordinator, Assistant Chair, Co-Chair, and Associate Director.

In the spirit of shared governance and in fulfillment of our civic responsibility as members of the University community, the faculty of the Department of Visual Arts and Design therefore propose the 3.2.4. policy change and urge the definition of the aforementioned new administrative positions.

3.2.4. Department Chairperson—Appointment, Workload, and Supplement

Department chairpersons are appointed to four-year term appointments that are renewable at the option of the University. Renewals shall be on a four-year term. All department chairpersons hold "at will" appointments which are not replaced by indicating the term of appointment.

While department chairpersons are appointed by the Vice President for Academic Affairs and Provost, they report to the respective college dean who supervises their work. Thus, the college dean has the major responsibilities in the selection and supervision of the department chairperson. This responsibility includes utilization of a standardized plan for selection of department chairpersons, revision of the generic job description for department chairpersons specific to each department, and development of a standardized plan of evaluation that will be used for all department chairpersons during the review of a completed term and before recommendations are made for the renewal of a term. Recommendations for appointment and renewal or non-renewal of a term are made by the college dean to the Vice President for Academic Affairs and Provost.

[...]

PROPOSED CHANGES

Department chairpersons are appointed to four-year term appointments that are renewable at the option of the University. Renewals shall be on a four-year term. All department chairpersons hold "at will" appointments, ~~which independent of any~~ ~~are not replaced by indicating the term of~~ ~~appointment.~~ A department's faculty will receive advance communication when a chair transitions to a different administrative position beyond the home department. Department faculty will also receive prompt notice of vacancy at the end of a chair's term or termination of appointment, whichever comes first. Upon receiving such notice the faculty will elect a ranked slate of candidates to present to the college dean and Vice President for Academic Affairs and Provost for selection of the new chair.

While department chairpersons are appointed by the Vice President for Academic Affairs and Provost, they report to the respective college dean who supervises their work. Thus, the college dean has the major responsibilities in the selection and supervision of the department chairperson. This responsibility includes ~~utilization of~~ ~~using~~ a standardized plan ~~for selection of~~ ~~to select~~ department chairpersons ~~from the slate of elected candidates, consulting with the department faculty while in revision of~~ ~~revising~~ the generic chair job description ~~for department chairpersons to make it department-specific to each department,~~ as well as developing ~~development of a standardized~~ ~~evaluation~~ plan ~~of evaluation that will be used for~~ ~~applicable to~~ all department chairpersons during the review of a completed term and before recommendations are made ~~for the subsequent~~ renewal of a term. ~~The department chair selected will be informed of the standardized evaluation plan prior to finalizing the appointment.~~ Recommendations for appointment and renewal or non-renewal of a term are made by the college dean to the Vice President for Academic Affairs and Provost.

Appendix C



College of Arts and Sciences
Office of the Dean
Bibb Graves Hall 217
sbaird@una.edu 256-765-4288

CAMPUS CORRESPONDENCE

MEMORANDUM

TO: Felicia Harris, Chair, Shared Governance Executive Committee

FROM: Sara Lynn Baird, Dean, College of Arts and Sciences *Sara Lynn Baird*

RE: Organizational Structure in the School of the Arts

DATE: June 9, 2020

The development of the School of the Arts has created the need to refine some language in the Faculty Handbook. I respectfully request that the Shared Governance Executive Committee consider and send forward to the Faculty Senate the following proposal:

1. The move of the Cinematic Arts and Theatre program under the School of the Arts, was approved by the board of Trustees in the March 2020 meeting. As a result of this action, the four faculty in this area currently have no representation in the Faculty Senate. I request that this program area be recognized as equivalent to a department for the purposes of representation in the Faculty Senate.
2. Units within the School of the Arts will have administrators with various titles: Executive Director, Associate Director, Coordinator, Co-Chair, and Chair. I request that for clarity in the Faculty Handbook, the following statement be added at the first mention of "department chair": Hereafter, Department Chair is defined as the appointed head of the department, school, or program with a fiduciary and supervisory role in the leadership of the department, school, or program. I also request that instances of "Department Chair" in the handbook be changed to: "Department Chair/Equivalent."

Appendix D



Vice President for
STUDENT AFFAIRS

August 7, 2020

MEMORANDUM

To: Dr. Leah Whitten
Shared Governance Executive Committee, Chair 2020-2021 Chair

From: Dr. Kimberly Greenway *KAG*
Vice President for Student Affairs

Re: 2020 Title IX Interim Policy

On May 19, 2020, the United States Department of Education published new Title IX regulations, which become effective on August 14, 2020. The regulations include a number of substantial changes, which will render the UNA Sexual Misconduct policy approved by the Board of Trustees in 2019 invalid as of August 14. In order to meet required compliance, an interim policy was approved by the University Executive Council and became effective on July 27, 2020.

Please find attached the Interim Sexual Misconduct policy. To ensure that the policy is appropriately vetted and approved by Shared Governance, we respectfully submit it to the Shared Governance Executive Committee for consideration and proper distribution through Shared Governance channels.

If you are amenable, Kayleigh Baker, Title IX Coordinator and Compliance Administrator, and I would appreciate the opportunity to speak to SGEC regarding the policy to provide an overview of the substantive changes and what is mandated by the new regulations. She and I are also available to attend Senate and other related meetings. Additionally, we plan to host several informational and question/answers Zoom sessions during the fall semester to ensure broad input from faculty, staff, and students before approval of a final policy.

Thank you for supporting UNA's efforts to remain compliant with federal Title IX regulations. We look forward to working with all appropriate Shared Governance bodies on the newly required policy.

Please let me know if you have any questions or need additional information.

Thank you.

UNA Interim Policy against Sexual Harassment and other Sexual Misconduct

This policy supersedes all other policies that may be listed in the student, staff, and/or faculty handbooks. This policy may be referred to, in its entirety, as UNA's Sexual Misconduct Policy.

Effective Date: July 27, 2020

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ATIXA 2020 ONE POLICY, TWO PROCEDURES MODEL
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Interim UNA Sexual Misconduct Policy 1

I. Title IX Coordinator

The University has designated Kayleigh Baker as the University's Title IX Coordinator. As the Title IX Coordinator, this individual has been authorized to effectively coordinate the University's compliance efforts and responsibilities under Title IX. Further, the Title IX Coordinator oversees implementation and enforcement of this Policy and compliance with all other applicable rules and regulations.

The Title IX Coordinator's contact information is as follows:

Kayleigh Baker, Title IX Coordinator and Compliance Administrator
titleix@una.edu
202 Guillot University Center
UNA Box 5023
Florence, AL 36832
(256) 785-4223

The Title IX Coordinator acts with independence and authority free of conflicts of interest. To raise any concern involving a conflict of interest by the Title IX Coordinator, contact the University President in 110 Bibb Graves Hall, (256) 785-4211.

Any additional reference to the Title IX Coordinator under this Policy should be read to include the Title IX Coordinator or designee.

II. Glossary

1. Advisor: person of a party's choice, who may be an attorney, who may accompany the party during any meeting or proceeding under this Policy
2. Complainant: an individual who is alleged to be the victim of conduct that could constitute sexual harassment or another form of sexual misconduct under this Policy.
3. Days: All references to "days" under this Policy is construed to mean "Business Days" when the University is in normal operation.
4. Decision-Maker: This refers to those who have decision-making and sanctioning authority within the Formal Grievance process.
5. Determination: A conclusion by a preponderance of the evidence that the alleged conduct occurred and whether it did or did not violate policy.
6. Employee: An employee is an individual who receives compensation for work or services for which the University has the right (whether or not it exercises the right) to supervise and control the manner of performance as well as the result of the work or service. For purposes of this Policy, University faculty, staff, and student employees are considered "employees." Volunteers and independent contractors are not considered "employees."
7. Finding: A written conclusion by a preponderance of the evidence, issued by the decision-maker(s), that the conduct did or did not occur as alleged.

8. Formal Complaint: a document filed by a Complainant or signed by the Title IX Coordinator alleging sexual harassment or another form of sexual misconduct against a Respondent and requesting that the University investigate the allegation of sexual harassment.
9. Formal Grievance Process: The formal Grievance Process is one method of formal resolution designated by the University to address conduct that falls within this Policy and which complies with the requirements of 34 CFR Part 106.45. All Formal Complaints go through the Formal Grievance Process unless dismissed or an informal or alternative resolution is agreed upon by all parties and the Title IX Coordinator.
10. Grievance Process Pool: This includes any investigators, hearing officers, appeals officers, and Advisors who may perform any or all of these roles (though not at the same time or with respect to the same cases.)
11. Informal Resolution/Alternative Resolution: In lieu of the formal grievance process, upon the agreement of the parties and the Title IX Coordinator, a formal complaint may be resolved via an informal or alternative resolution. This could include an alternative mechanism such as mediation or restorative justice, situations in which the Respondent accepts responsibility for violation Policy, or when the Title IX Coordinator can resolve the matter by providing supportive measures to remedy the situation.
12. Notice: Notice means that an employee, student, or third-party informs the Title IX Coordinator or other Official with Authority of the alleged occurrence of harassing, discriminatory, and/or retaliatory conduct.
13. Notice of Investigation and Allegations: Notice of allegations of Prohibited Conduct is deemed to have been properly provided when written notification of the allegations and alleged code of conduct violation is sent to the student's assigned University of North Alabama email address, delivered via Certified Mail to the local or permanent address(es) of the parties as indicated in official University records, or personally delivered to the student. University email (userID@una.edu) is the University's primary means of communication with students, staff, and faculty. Students, staff, and faculty are responsible for all communication delivered to their University email address.
14. Parties: Parties include the Complainant(s) and Respondent(s), collectively.
15. Respondent: An individual, or group of individuals such as a student organization, who has been reported to be the perpetrator of conduct that could constitute harassment or discrimination based on a protected class; or retaliation for engaging in a protected activity.
16. Student: A student, under this Policy, is any individual who has accepted an offer of admission or who has registered or enrolled in coursework or University education programs, including, but not limited to, SOAR and Study Abroad, or anyone who otherwise is participating in, or attempting to participate in the University's education programs or activities as a student and who maintains an ongoing relationship with the University.
17. Title IX Team: This includes the Title IX Coordinator, all staff in the Office of Title IX, any deputy coordinators, and anyone in the Grievance Process Pool.

18. University Provided Advisor: A person, who may be, but is not required to be, an attorney, provided by the University, without fee, to any party, to conduct cross-examination on behalf of that party at a live hearing before the Decision-makers.

III. Confidentiality and Privacy

Information learned through a report or Investigation under this Policy is kept as private as possible and shared only on a need to know basis in order to comply with state or federal laws or to assist in the active review, investigation, or resolution of the report and related issues. University employees and/or agents assisting with any alleged Prohibited Conduct falling under this Policy are expected to safeguard private information in accordance with applicable laws (including, but not limited to, FERPA and other privacy laws). Information about incidents of alleged Prohibited Conduct must be shared with relevant administrators if the Title IX Coordinator determines that the University needs to take action in order to provide a safe and non-discriminatory environment for the entire campus community, but that disclosure will be as limited as possible.

Nothing in this Policy should be construed to unreasonably or unlawfully limit a party's ability to prepare for, or participate in, the process used to address potential violations of this Policy. Notwithstanding, the concern for privacy extends to the parties, advisors, and witnesses. The misuse of information provided by the Office of Title IX, including the disclosure, duplication, or dissemination of information for a purpose unrelated to the gathering of evidence and/or witnesses or otherwise not for the purpose of participating or preparing for the Investigation may result in violations under this Policy.

IV. Reporting

The University of North Alabama takes allegations of Prohibited Conduct under this Policy seriously and is committed to taking immediate action to combat Prohibited Conduct, prevent its recurrence, and remedy its effects. The University will address all reports under this Policy with a prompt, thorough, and impartial inquiry to determine what is more likely than not to have occurred and to take appropriate steps to resolve the situation and determine an equitable resolution.

1. Prompt Reporting

There is no time limit on reporting or filing complaints of violations of this Policy; however, prompt reporting is encouraged. The University strongly encourages individuals to timely report alleged incidents of Prohibited Conduct or related retaliation to the Office of Title IX and to law enforcement agencies. Timely reporting of alleged Prohibited Conduct allows the University to take steps toward ending the Prohibited Conduct, preventing its recurrence, and remediating its effects. With regard to criminal investigations, preservation of evidence (such as clothing, bodily fluids, and other physical evidence) may strengthen law enforcement's ability to investigate.

A delay in reporting may limit the University's ability to pursue a formal investigation in certain circumstances. Further, a delay in reporting may limit the University's ability to address inappropriate behavior. Delays may also mean that certain witnesses, evidence, and/or parties are no longer affiliated with or available to the University. Regardless, as previously stated, there is no time limit to report violations under this Policy.

2. Reporting to Law Enforcement

A Complainant has the option to speak with the University Police Department (UPD) or local law enforcement about the alleged Prohibited Conduct. A Complainant may alternatively or additionally notify the Office of Title IX, another Official With Authority (OWA), or other University employees about the incident. These campus representatives can also assist the Complainant with contacting law enforcement if the Complainant would like to file a formal criminal complaint; however, a Complainant is not required to report to law enforcement. The initial decision to report the alleged Prohibited Conduct to anyone ultimately rests with the Complainant.

The University encourages individuals to immediately report acts or threats of sexual assault/rape, dating and domestic violence, sexual exploitation, stalking, or any dangerous behavior to UPD, local police authorities, or law enforcement where the alleged incident took place. Law enforcement agencies can be contacted by calling Emergency 911. UPD may be contacted in the Basement of Keller Hall, University of North Alabama; www.una.edu/police; 256-765-4357.

Local law enforcement agencies are not required to share with the University when they receive notice of an alleged incident (Florence Police Department, Muscle Shoals Police Department, Lauderdale County Sheriff's Office, Colbert County Sheriff's Office, etc). Therefore, to enable the University to assist a Complainant with supportive measures, individuals who have contacted law enforcement are encouraged to also report to the Title IX Coordinator.

3. Reporting to the Title IX Coordinator, other Officials with Authority, and Mandated Reporters

The Title IX Coordinator and all staff in the Office of Title IX can receive complaints of Prohibited Conduct. Reports may also be made to the following individuals who have been identified as Officials with Authority (OWAs):

- Members of the Shared Governance Executive Council
- Assistant Vice President for Human Resources
- Associate Vice President for Student Affairs
- Director of Student Conduct
- Title IX Coordinator and Compliance Administrator

Reports under this policy may be made directly to the Title IX Coordinator by phone, email, in-person, through the mail, or online¹. Contact information for the Title IX Coordinator is:

Kayleigh Baker, Title IX Coordinator and Compliance Administrator
titleix@una.edu
202 Guillot University Center
UNA Box 5023
Florence, AL 35632
(256) 765-4223
www.una.edu/titleix

The Office of Student Conduct professional staff can also receive complaints of Prohibited Conduct when the Respondent is a University student. Contact information for the Office of Student Conduct is available at www.una.edu/student-conduct

The Office of Human Resources can also receive complaints of Prohibited Conduct involving faculty, staff, or student employees. Contact information for the Office of Human Resources is available at www.una.edu/humanresources

All employees of the University (including student employees), with the exception of those who are designated as Confidential Resources, are Mandated Reporters and must promptly share with the Title IX Coordinator all known details of a report made to them in the course of their employment.²³ Employees must also promptly share all details of behaviors under this policy that they observe or have knowledge of, even if not reported to them by a Complainant or third-party. Complainants may want to carefully consider whether they share personally identifiable details with non-confidential Mandated Reporters, as those details must be shared with the Title IX Coordinator.

Generally, disclosures in climate surveys, classroom writing assignments or discussions, human subjects research, or at events such as "Take Back the Night" marches or speak-outs do not provide notice that must be reported to the Coordinator by employees, unless the Complainant clearly indicates that they desire a report to be made or a seek a specific response from the University. Supportive measures may be offered as the result of such disclosures without formal University action.

Failure of a Mandated Reporter, as described above in this section, to report an incident of harassment or discrimination of which they become aware is a violation of University policy and can be subject to disciplinary action for failure to comply.

¹ Reports may be made online at: <https://www.una.edu/titleix/reporting.html>

² When a Mandated Reporter is engaged in harassment or other violations of this policy, they still have a duty to report their own misconduct, though the University is technically not on notice when a harasser is also a Mandated Reporter unless the harasser does in fact report themselves.

³ A Mandated Reporter who is themselves a target of harassment or other misconduct under this policy is not required to report their own experience, though they are, of course, encouraged to do so.

4. Confidential Resources

In order to make informed choices, it is important to be aware of confidentiality and mandatory reporting requirements when consulting campus resources. On campus, some resources may maintain confidentiality, meaning they are not required to report actual or suspected discrimination or harassment to appropriate university officials. They can offer options and advice without any obligation to inform an outside agency or campus official unless a Complainant has requested information to be shared. Therefore, those individuals whose offices have been designated as a "Confidential Resource" are not Mandated Reporters and are not required to make reports to the Title IX Coordinator. However, these individuals are encouraged, in appropriate circumstances, to recommend that the Complainant contact the Office of Title IX.

If a Complainant would like the details of an incident to be kept confidential, the Complainant may speak with the following on-campus Confidential Resources:

- Student Counseling Services 256-765-5215
- University Health Services 256-765-4328
- Women's Center 256-765-4380
- Center for Social Inclusion 256-765-5137
- University Case Manager 256-765-4531

For the most up to date list of on-campus Confidential Resources, as well as Community Resources, please visit www.una.edu/titleix

All of the above-listed individuals will maintain confidentiality except in extreme cases of immediacy of threat or danger or abuse of a minor. For UNA students, licensed counselors from Student Counseling Services are available to assist UNA students. Students can be seen by appointment or on a walk-in basis for crisis intervention during usual UNA operating hours.⁴

For UNA employees, counseling benefits are available through a Blue Cross Blue Shield (BCBS) provider. To obtain provider information, visit <https://www.una.edu/humanresources/benefits/health-insurance.html> to view the providers.

5. Student Organizations and Teams

The grievance process described in this Policy will be utilized related to violations by the individual(s) implicated in a formal complaint. If evidence discovered in an investigation proves the incident(s) constituting Prohibited Conduct were sanctioned by a student

⁴ In instances where in-person counseling is not available for an extended period of time, such as during times where the University may rely exclusively on remote learning, Student Counseling Services may offer tele-mental health services. Tele-mental health services may be limited to those students residing in the State of Alabama due to licensure requirements. The Office of Title IX or Student Counseling Services may be able to assist out-of-state students in finding alternate resources in these circumstances.

organization or team, a follow-up investigation into the organization's role may be undertaken. For more information about Student Organizational Misconduct, please refer to the Student Code of Conduct.

6. Amnesty for Parties and Witnesses

The University of North Alabama community views the safety of our students as a top priority. A student who is under the influence of alcohol or drugs at the time of an incident should not be reluctant to seek assistance or participate in an investigation for that reason. The University will not pursue minor disciplinary violations against a student for their improper use of alcohol or drugs (e.g., underage drinking) if the student makes a good faith report of Prohibited Conduct or participates in a Title IX investigation. These policy violations will not be overlooked; however, rather than punishment, the University will provide education options and referrals. For more information, please visit, <https://www.una.edu/policies/medical-amnesty-good-samaritan-policy.html>

7. Mandatory Reporting of Child Abuse to UPD

For child protection purposes, a child is any person under 18 years of age. A freshman student, a "dual enrolled" high school student, or a summer camp participant, among others, may fall into the category of a "child." Alabama law imposes a mandatory reporting duty of known or suspected child abuse on certain individuals, including all University employees, who must report to UPD. The University further encourages those with responsibilities that involve interaction with children, including students, volunteers, and representatives as well as third-party vendors and their employees, representatives, and/or volunteers, that contract for use of University facilities to report (orally and then in written form) known or suspected child abuse to UPD. Sexual abuse, which is one element of the more comprehensive term "abuse" under the Alabama law, includes actual or attempted rape, molestation, sexual exploitation, etc. To review additional information relating to reporting potential child abuse, including how to report to UPD, please visit the Office of Title IX's website.

8. Federal Statistical Reporting Obligations

Reports under this Policy may also be reportable for Federal Statistical Reporting Purposes under the Clery Act. Campus Security Authorities (CSAs), including the Title IX Coordinator, have a duty to report statistical information regarding sexual assault, domestic violence, dating violence and stalking reports to UPD. All personally identifiable information is kept confidential, but information regarding the type of incident and its general location is required for publication in the Annual Security Report. This report helps to provide the community with a clear picture of the extent and nature of campus crime, to ensure greater community safety.

For further information about Campus Security Authorities, the Annual Report, or obligations under the Clery Act, please contact UPD.

V. Applicable Scope

Students, staff, administrators, and faculty are entitled to a working and educational environment free of sexual harassment and other forms of sexual misconduct. When an alleged violation of this Policy is reported, the allegations are subject to resolution under the University's grievance process as determined by the Title IX Coordinator.

When the Respondent is a member of the University community, a grievance process may be available regardless of the status of the Complainant. The community includes, but is not limited to, students, student organizations, faculty, administrators, staff, and third parties such as guests, visitors, volunteers, invitees, and campers. The procedures accompanying this Policy may be applied to incidents, patterns, and/or to campus climate, all of which may be addressed and investigated in accordance with this Policy. Other forms of discriminatory harassment may be addressed by procedures set out in accordance with other University policies.

As explained in the University's Faculty Handbook, Prohibited Conduct under this Policy

Faculty members with property interests

As set out in the Faculty Handbook, in certain situations faculty members may have a property interest in their jobs in the form of tenure or a set amount of time remaining on a contract. Therefore, to assure the protection of individual rights and due process in actions involving the disciplinary suspension, dismissal, or other termination for cause (see Faculty Handbook 2.6.2, Termination for Cause), faculty members are entitled to procedural due process. As outlined in the Faculty Handbook, 2.8, Title IX grievances are exceptions to the Due Process procedures outlined within the Faculty Handbook and instead fall under this Policy (i.e. the Title IX grievance process will be followed rather than the procedures explained in section 2.8 of the Faculty Handbook). A Title IX violation under this Policy may result in the revocation of tenure and/or termination without any additional hearing.

VI. Prohibited Conduct Defined

For purposes of this Policy, conduct, or attempted conduct, that is deemed, by a preponderance of the evidence to be sex or gender-based and meets the definitions of any of the types⁵ of Prohibited Conduct identified below constitutes a violation of this Policy.

1. Type 1 Prohibited Conduct: Sexual Harassment and Retaliation

⁵ Pursuant to 34 CFR part 106, certain types of sexual misconduct, specifically, sexual harassment require certain procedural components. This is illustrated in this Policy's accompany procedures. Under certain circumstances, federal regulations require technical dismissals of conduct that is outside of 34 CFR part 106; however, that conduct is permitted to, and in fact would, violate other aspects of this Policy. Therefore, in order to ensure clear compliance with 34 CFR part 106, the University of North Alabama has divided this Policy into types based on whether or not it falls under Sexual Harassment as defined by 34 CFR part 106. Except to the extent required by the federal regulations, whether the Prohibited Conduct is Sexual Harassment as defined by 34 CFR part 106 or another form of sexual misconduct, there is no other distinction between Type 1 and Type 2 prohibited conduct. One level of conduct is not "better" or "worse" than another in the eyes of the Title IX Coordinator or the University.

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The Department of Education's Office for Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC) regard Sexual Harassment, a specific form of discriminatory harassment, as an unlawful discriminatory practice. The University has adopted the following definition of Sexual Harassment in order to address the unique environment of an academic community, which consists not only of employer and employees, but of students as well.

Acts of sexual harassment may be committed by any person upon any other person, regardless of the sex, sexual orientation, and/or gender identity of those involved.

Sexual Harassment, as an umbrella category, includes the offenses of sexual harassment, sexual assault, domestic violence, dating violence, and stalking as defined below.

- a. Quid Pro Quo sexual harassment: Under this Policy, quid pro quo sexual harassment occurs when, on the basis of sex, an employee of the University conditions the provision of an aid, benefit, or service of the University on an individual's participation in unwelcome sexual or sex- and/or gender-based⁶ conduct.

Examples of aid, benefit, or service include, but are not limited to: an individual's employment, academic standing, or participation in any University programs and/or activities or is used as the basis for University decisions affecting the individual. Violations of the University's Consensual Relationship Policy may also be deemed instances of "unwelcome sexual conduct" and therefore constitute Quid Pro Quo sexual harassment.

- b. Hostile Environment sexual harassment: Under this Policy, hostile environment sexual harassment occurs when unwelcome sexual or sex- and/or gender-based⁷ conduct occurs that is determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the University's education program or activity.
- c. Sexual Assault:⁸ Under this Policy, sexual harassment in the form of sexual assault occurs when the following incidents of forcible and non-forcible sex offenses occur.

Forcible sex offenses are defined as any sexual act, directed against another person, without the consent of the Complainant, including instances where the

⁶ Includes gender.

⁷ Includes gender.

⁸ Defined in 20 USC 1092(f)(6)(A)(v)

Complainant is incapable of giving consent. Forcible sex offenses include the following:

- i. Rape is the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the Complainant.
- ii. Sodomy is oral or anal sexual intercourse with another person without the consent of the Complainant.
- iii. Sexual assault with an object occurs when an object or instrument is used to penetrate, however, slightly, the genital or anal opening of the body of another person, without the consent of the Complainant.
- iv. Fondling is the touching of the private body parts of another person, including the buttocks, groins, and breast, for the purpose of sexual gratification without the consent of the Complainant.

Non-forcible sex offenses include:

- v. Incest is nonforcible sexual intercourse between persons who are related to each other as prohibited under the laws of the state in which the intercourse occurs.
 - vi. Statutory Rape is nonforcible sexual intercourse with a person who is under the statutory age of consent in the state in which the intercourse occurs.⁹
- d. Dating Violence:¹⁰ Under this policy, sexual harassment in the form of dating violence occurs when, on the basis of sex, violence, or sexual violence, is committed by a person who is or has been in a social relationship of a romantic or intimate nature with the Complainant. The existence of such a relationship will be determined based on the parties' statements and with consideration of:
- i. the length of the relationship,
 - ii. the type of relationship, and
 - iii. the frequency of interaction between the persons involved in the relationship.

Dating violence includes, but is not limited to, sexual or physical abuse or the threat of such abuse.

Dating violence does not include acts covered under the definition of domestic violence.

- e. Domestic Violence:¹¹ Under this policy, sexual harassment occurs in the form of Domestic Violence when, on the basis of sex, any felony or misdemeanor crimes of violence are committed:

⁹ In Alabama, this would include individuals under the age of 16

¹⁰ Defined in 34 USC 12291(a)(1)

¹¹ Defined in 34 USC 12291(a)(8)

- i. by a current or former spouse or intimate partner of the Complainant,
 - ii. by a person with whom the Complainant shares a child in common,
 - iii. by a person who is cohabitating with or has cohabitated with the Complainant as a spouse or intimate partner,
 - iv. by a person similarly situated to a spouse of the Complainant under Alabama law, or
 - v. by any other person against an adult or youth Complainant who is protected from that person's acts under the domestic or family violence laws of the State of Alabama.
- f. Stalking:¹² Under this policy, sexual harassment occurs in the form of stalking when, on the basis of sex, a person engages in a course of conduct directed at a specific person that would cause a reasonable person to:
- i. Fear for the person's safety or the safety of others; or
 - ii. Suffer substantial emotional distress.

For the purposes of this definition:

- i. Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property.
 - ii. Reasonable person means a reasonable person under similar circumstances and with similar identities to the Complainant.
 - iii. Substantial emotional distress means significant mental suffering or anguish that may but does not necessarily require medical or other professional treatment or counseling.
- g. Retaliation:¹³
- i. It is prohibited for the University or any member of the University community to take materially adverse action by intimidating, threatening, coercing, harassing, or discriminating against any individual for the purpose of interfering with any right or privilege secured by law or policy, or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under this policy and procedure.
 - ii. Acts of alleged retaliation should be reported immediately to the Title IX Coordinator and will be promptly investigated. The University prepared to take appropriate steps to protect individuals who fear that they may be subjected to retaliation.
 - iii. Charges against an individual for code of conduct violations that do not involve sex discrimination or sexual harassment but arise out of the

¹² Defined in 34 USC 12291(a)(30)

¹³ As defined under 34 CFR part 108

- i. by a current or former spouse or intimate partner of the Complainant,
 - ii. by a person with whom the Complainant shares a child in common,
 - iii. by a person who is cohabitating with or has cohabitated with the Complainant as a spouse or intimate partner,
 - iv. by a person similarly situated to a spouse of the Complainant under Alabama law, or
 - v. by any other person against an adult or youth Complainant who is protected from that person's acts under the domestic or family violence laws of the State of Alabama.
- f. Stalking:¹² Under this policy, sexual harassment occurs in the form of stalking when, on the basis of sex, a person engages in a course of conduct directed at a specific person that would cause a reasonable person to:
 - i. Fear for the person's safety or the safety of others; or
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For the purposes of this definition:

 - i. Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property.
 - ii. Reasonable person means a reasonable person under similar circumstances and with similar identities to the Complainant.
 - iii. Substantial emotional distress means significant mental suffering or anguish that may but does not necessarily require medical or other professional treatment or counseling.
- g. Retaliation:¹³
 - i. It is prohibited for the University or any member of the University community to take materially adverse action by intimidating, threatening, coercing, harassing, or discriminating against any individual for the purpose of interfering with any right or privilege secured by law or policy, or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under this policy and procedure.
 - ii. Acts of alleged retaliation should be reported immediately to the Title IX Coordinator and will be promptly investigated. The University prepared to take appropriate steps to protect individuals who fear that they may be subjected to retaliation.
 - iii. Charges against an individual for code of conduct violations that do not involve sex discrimination or sexual harassment but arise out of the

¹² Defined in 34 USC 12291(a)(30)

¹³ As defined under 34 CFR part 106

- viii. Knowingly exposing another individual to a sexually transmitted disease/infection or HIV without their consent.

3. Type 3 Prohibited Conduct:

a. Making False Statements

- i. It is a violation of this Policy to report intentionally dishonest or malicious allegations of Prohibited Conduct. If a complaint is brought in bad faith as demonstrated by a preponderance of the evidence, disciplinary action may be taken against the person making the complaint. In addition to violating this Policy, a person filing a bad faith report of Prohibited Conduct may be in violation of other University policies or state law.
- ii. A determination regarding Responsibility, alone, is not sufficient to conclude that any party made a false statement in bad faith.

b. Failure to Comply

- i. Failure to comply means a failure to comply with directions of University officials, who include, but are not limited to, any employee of the Office of Title IX Office or any other member of the Title IX team.
 - ii. For purposes of this Policy, failure to comply includes a failure to comply with a No Contact Order or other directive issued by the Title IX Office or Title IX team in response to a report of alleged Prohibited Conduct where the individual's failure to comply directly impacts the other party or parties to the No Contact Order. Failure to comply also includes disseminating documents received in the Grievance Process for an unauthorized purpose.
- c. For students and student organizations, charges resulting from this category Prohibited Conduct will be charged as a violation Section 20 of the Code of Student Conduct - Abuse of Conduct Process.
 - d. For staff, charges resulting from this category of Prohibited Conduct will be charged through Human Resources and will constitute Conduct Warranting Disciplinary Action pursuant to the Staff Handbook.
 - e. For Faculty, charges resulting from this category of Prohibited Conduct will be charged through Human Resources pursuant to the Faculty Handbook.

4. Consent

- a. Consent is clear permission to engage in sexual activity, given knowingly and voluntarily, by words or action.
 - i. While consent may be expressed by words or by actions, it is highly recommended that consent be expressed and obtained verbally. Non-verbal consent expressed through actions may lead to confusion and potential for misunderstandings.
 - ii. If consent is not clearly provided prior to engaging in the activity, consent may be ratified by word or action at some point during the interaction or thereafter, but clear communication prior to engaging in the activity is highly recommended.

- iii. For consent to be valid, there must be a clear expression in words or actions that the other individual consented to that specific sexual conduct. Reasonable reciprocation can be implied. For example, if someone kisses you, you can kiss them back (if you want to) without the need to explicitly obtain *their* consent to being kissed back.
- iv. A lack of resistance does not grant consent.
- v. Previous consent does not grant consent to future sexual acts.
- vi. Consent to some sexual acts cannot be presumed to be consent for other sexual acts.
- vii. A current or previous intimate relationship is not sufficient to constitute consent.
- b. Consent can also be withdrawn once given, as long as the withdrawal is reasonably and clearly communicated. If consent is withdrawn, that sexual activity should cease within a reasonable time.
- c. It is the responsibility of the initiator of any sexual activity to obtain their potential partner's consent; however, proof of consent or non-consent is not a burden placed on either party involved in an incident. The University must determine whether a policy has been violated based on the totality of the circumstances evaluated from the perspective of a reasonable person in the same or similar circumstances.
- d. Consent to a sexual act is not freely given if the consent is obtained by force or coercion.¹⁴
 - i. Force is the use of physical violence and/or physical imposition to gain sexual access. Force also includes threats, intimidation (implied threats), and coercion that is intended to overcome resistance or produce consent.

Sexual activity that is forced is, by definition, non-consensual, but non-consensual sexual activity is not necessarily forced. Silence or the absence of resistance alone is not consent. Consent is not demonstrated by the absence of resistance. While resistance is not required or necessary, it is a clear demonstration of non-consent.
 - ii. "Coercion" is unreasonable pressure for sexual activity. Coercive conduct differs from seductive conduct based on multiple factors, including the type or extent of pressure used. If a person makes clear that they do not want to engage in certain sexual activities or that they want to stop, continued pressure beyond that point may constitute coercion.
- e. Incapacitation: A person cannot consent if they are unable to understand what is happening or is disoriented, helpless, asleep, or unconscious, for any reason, including by alcohol or other drugs. Therefore, in situations when the Respondent knew or should have known that the Complainant is physically or mentally incapacitated, any "consent" obtained is invalid. "Should have known" is an

¹⁴ Consent in relationships must also be considered in context. When parties consent to BDSM or other forms of kink, non-consent may be shown by the use of a safe word. Resistance, force, violence, or even saying "no" may be part of the kink and thus consensual, so any evaluation of communication in kink situations will be guided by reasonableness, rather than strict adherence to policy that assumes non-kink relationships as a default.

objective, reasonable person standard that assumes that a reasonable person is both sober and exercising sound judgment. Incapacitation is based on the totality of the circumstances and all relevant indicators of an individual's state of mind. Situations wherein an individual is deemed to have an inability to give consent in situations where the individual is include:

- i. Incapacitated due to alcohol, drugs, or other substances including, but not limited to, prescription medications;
 - A. Determining consent when alcohol or other drugs are involved: In incidents involving alcohol, drugs, or other substances, the totality of the circumstances is analyzed to determine whether the use of alcohol, drugs, or other substances caused an inability to make rational, reasonable decisions about sex activity. Whether a Respondent knew or reasonably should have known of the Complainant's inability to give knowing consent is an element of the policy violation. An individual's use of alcohol or drugs does not diminish that individual's responsibility to obtain consent if that individual is the one who initiates sexual activity. Incapacitation differs from drunkenness or intoxication. Incapacitation is a state where an individual cannot make a rational, reasonable decision because they lack the capacity to make informed judgments about the situation.

Some factors considered to determine whether an individual is incapacitated due to alcohol, drugs, or other substances and therefore not able to give consent include, but are not limited to:

- o whether the individual was conscious or unconscious,
 - o whether the individual became sick due to intoxication,
 - o the individual's ability to communicate and/or slurred speech,
 - o the individual's coordination (ex. ability to walk, dress/undress, perform simple tasks),
 - o and any other action that would be indicative of a level of cognitive functioning.
 - o The existence of any one of these factors may support a finding of incapacitation for purposes of this policy. The mere presence of alcohol, drugs, or other substances does not equate to an inability to give consent. Stated differently, it is possible for an individual to have alcohol, drugs, or other substances in their system and not be incapacitated.
- ii. Unconscious, asleep, or in a state of shock.
 - iii. Under the age of consent as defined by the jurisdiction in which the act occurred, which, in Alabama, is less than 16 years of age.
 - iv. Mentally or physically incapacitated and not reasonably able to give consent.

5. Collateral Conduct

- a. In the event that an allegation of an additional University policy violation, such as a violation of the Code of Student Conduct, arises out of the same facts or circumstances of a violation under this Policy, all related offenses may be addressed under this Policy as collateral behavior at the discretion of the Title IX Coordinator.

VII. Jurisdiction

1. For Type 1 Prohibited Conduct, the University has jurisdiction under 34 CFR Part 108 and this Policy when the conduct occurs:
 - a. In the United States, and
 - b. As part of a University's education program or activity, including
 - i. On-campus locations,
 - ii. Off-campus locations that are owned or controlled by a University Registered Student Organization, or
 - iii. Off-campus locations, events, or circumstances over which the University exercised substantial control over both the Respondent and the context in which the sexual harassment occurs
2. Jurisdiction, generally
 - a. Notwithstanding the considerations under subsection (1), the University retains jurisdiction to address all categories of prohibited conduct under this Policy when:
 - i. The Respondent is a University student, staff-member, or faculty-member;
 - ii. The conduct occurs on-campus or at a University-sponsored event; or
 - iii. The conduct directly relates to a University investigation under this or a related University Policy.
 - b. Online Harassment and Misconduct: This Policy is written and interpreted broadly to include online and cyber manifestations of any of the behaviors prohibited below, when those behaviors occur in or have an effect on the University's education program and activities or use University Networks, technology, or equipment. While the University may not control websites, social media, and other venues in which harassing communications are made, when such communications are reported to the Title IX Coordinator, the University will engage in a variety of means to address and mitigate the effects.

Members of the community are encouraged to be good digital citizens and to refrain from online misconduct, such as feeding anonymous gossip sites, sharing inappropriate content via SnapChat or other social media, unwelcome sexting, revenge porn, breaches of privacy, or otherwise using the ease of transmission and/or anonymity of the Internet or other technology to harm another member of the University community.

Any online postings or other electronic communication by students, including cyber-bullying, cyber-stalking, cyber-harassment, etc., occurring completely outside of the University's control (e.g., not on University networks, websites, or between University email accounts) will only be subject to this policy when such online conduct can be shown to cause a substantial in-program disruption. Otherwise, such communications are considered speech protected by the First Amendment. Supportive measures for Complainants will be provided, but protected speech cannot legally be subjected to discipline. Off-campus harassing speech by employees, whether online or in person, may be regulated by the University only when such speech is made in an employee's official or work-related capacity.

3. With regard to allegations of Prohibited Conduct as outlined herein, this Policy will supersede all other policies and procedures. Where there is a delayed report of Prohibited Conduct, the Policy in effect on the date of the alleged incident will be applied with regard to what is considered Prohibited Conduct the procedures in effect on the date of the report will be applied with regard to the applicable procedures. If an investigation involves multiple reports of Prohibited Conduct where it would be appropriate to consider all reports with regard to a totality of the circumstances analysis, the Policy in effect as of the date of the most recent alleged Prohibited Conduct will be applied unless the previous conduct would not have constituted a policy violation.

VIII. Burden of Proof/Standard of Evidence

1. Burden of proof, including the burden of production, rests on the University. This means that the University is obligated to prove any and all allegations of Prohibited Conduct brought forth under this Policy and obligated to come forward with sufficient evidence to support any determination made. However, nothing in this policy should be interpreted to place any restrictions on the ability of any party to gather and present relevant evidence.
2. All cases pursuant to this Policy will be determined based on the preponderance of the evidence standard (i.e. whether it is more likely than not that the Respondent committed each alleged violation).
3. Unless ultimately proven otherwise pursuant to the standards and processes of this Policy and any related grievance process, individuals accused of Prohibited Conduct are presumed to be not responsible for any alleged violation.

IX. Supportive Measures

1. Supportive measures are non-disciplinary, non-punitive, and individualized services offered as appropriate, as reasonably available, without fee or charge to the parties before or after the filing of a formal complaint or where no formal complaint has been filed. Such measures are designed to restore or preserve equal access to the University's education program or activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties or the University's educational environment, or deter sexual harassment.
2. The University will institute supportive measures to the parties upon receiving a formal complaint or to a Complainant once a report is brought forth to the Title IX Coordinator.

At the time that supportive measures are offered, the Title IX Coordinator will inform the Complainant, in writing, that they may file a formal complaint with the University either at that time or in the future, if they have not done so already.

3. If a supportive and remedial response is preferred, the Title IX Coordinator works with the Complainant to identify their wishes and then seeks to facilitate implementation. The grievance process is not initiated, though the Complainant can elect to initiate it later, if desired.
4. The Title IX Coordinator is responsible for coordinating the effective implementation of supportive measures.
5. Supportive measures will be provided confidentiality, to the extent they can be, without interfering with the University's ability to provide the supportive measures, and will always be provided in a way that is as private as possible.
6. Support measures will be implemented under this Policy pursuant to procedures developed by the Title IX Coordinator.

X. Emergency Removal

1. After a complaint has been received, the Title IX Coordinator may remove a Respondent from University education programs and/or activities on an emergency basis, if an individualized safety and risk analysis determines:
 - a. An immediate threat
 - b. To the physical health OR safety of
 - c. Any student or other individual
 - d. And that the threat arises from the allegations under this Policy
2. If, after an individualized safety and risk analysis, an Emergency Removal occurs, the Respondent will be provided with notice and an opportunity to challenge the decision immediately following the removal.
3. Procedures for conducting the individualized safety and risk analysis will be determined by the Title IX Coordinator, in coordination with appropriate University offices.
4. Procedures for conducting the opportunity to challenge the decision will be determined by the Title IX Coordinator.
5. Non-student employee Respondents may be placed on Administrative Leave during the pendency of any investigation under existing University policies and procedures regardless of the outcome of any individualized safety and risk analysis.

XI. Grievance Process

1. Grievance Process, generally
 - a. The formal grievance process and accompanying procedures are used after the signing of a Formal Complaint. The formal grievance process continues until there is a final resolution under the grievance process, the Formal Complaint is dismissed, or an informal resolution is agreed to, adopted, and completed.
 - b. All meetings, discussions, and/or hearings that occur as part of the Grievance Process are closed to the general public.

- c. All parties will have the same opportunity to have others present during any grievance proceeding, including the opportunity to be accompanied to any related meeting or proceeding by the advisor of their choice, who may be, but is not required to be, an attorney.
 - d. The University sets out to resolve all Formal Complaints, including appeals and the completion of any Informal Resolutions, in a reasonably prompt manner. In most instances, this is accomplished within 90 days from the time the Formal Complaint has been filed.
 - e. Delays for good cause are allowed under this Policy pursuant to procedures developed by the Title IX Coordinator so long as:
 - i. Any extension for good cause is a limited extension (i.e. not indefinite) and
 - ii. Written notice is provided to all parties for the reason for delay.
2. Filing of a Formal Complaint
- a. Upon receipt of a report of sexual harassment or sexual misconduct under this Policy, the Title IX Coordinator will promptly contact the Complainant to discuss the availability of supportive measures, with or without the filing of a Formal Complaint. The Title IX Coordinator will also explain to the Complainant the process for filing a Formal Complaint. If a Formal Complaint is not filed at this time, it may be filed at a later time. There is no time limit for filing a Formal Complaint.
 - b. A Formal Complaint may only be filed by the Complainant¹⁵ or the Title IX Coordinator, on behalf of the Complainant. The Title IX Coordinator may file a Formal Complaint on behalf of the Complainant if the Title IX Coordinator makes a determination that a Formal Complaint should be filed pursuant to the procedures developed under this Policy by the Title IX Coordinator.¹⁶
 - c. If a Formal Complaint is pursued, the investigation and grievance process will determine whether or not any Policy has been violated. If so, the University will promptly implement effective remedies designed to ensure that it is not deliberately indifferent to harassment or discrimination, their potential recurrence, or their effects.
3. Dismissal/Consolidation of a Formal Complaint:
- a. In the case of an allegation of Type 1 Prohibited Conduct, the Title IX Coordinator will dismiss the formal complaint if:
 - i. The Complainant was not participating or attempting to participate in the University's education program or activities at the time the Complaint was filed, or
 - ii. A determination is made that the conduct, even if proved:

¹⁵ In the case where a parent or guardian has a legal right to act on behalf of any party, or other individual, this Policy does not limit their ability to do so. This would include the ability to file a formal complaint.

¹⁶ If the Title IX Coordinator signs a Formal Complaint, this does not make the University or the Title IX Coordinator a party in the Grievance Process. The Complainant would still be offered supportive measures and the opportunity to participate in all aspects of the Grievance Process, including the hearing.

- A. Would not satisfy the definitions under Type 1; or
 - B. Did not occur in the University's education program or activity; or
 - C. Did not occur in the United States.
- iii. If the Title IX Coordinator must dismiss the formal complaint with regard to the Type 1 Prohibited Conduct, the allegation may be pursued elsewhere under any applicable section of this or any other University Policy.
- b. The Title IX Coordinator will consider dismissing the formal complaint if:
 - i. The Complainant notifies the Title IX Coordinator, in writing, that they would like to withdraw the Formal Complaint; and/or
 - ii. The Respondent is no longer enrolled or employed by the University; and/or
 - iii. The University is unable to gather evidence sufficient to reach a determination as to the formal complaint and the allegations therein.
- c. For prohibited conduct that falls outside of Type 1, permissive dismissals are permitted under the Policy for any of the above reasons and pursuant to any additional procedures developed by the Title IX Coordinator.
- d. Any dismissal must be accompanied by prompt written notice to all parties indicating the dismissal and the reasons why.
- e. Following a dismissal, all parties will have the option to appeal based on any of the following grounds:
 - i. Procedural irregularity that affected the outcome of the matter;
 - ii. New evidence that was not reasonably available at the time the dismissal was made, that could affect the outcome of the matter; OR
 - iii. The Title IX Coordinator, investigator(s), or decision-maker(s), had a conflict of interest or bias for or against complainants or respondents generally or the individual complainant or respondent that affected the outcome of the matter.
 - iv. Any other appeals rights may be permitted under this Policy pursuant to procedures developed by the Title IX Coordinator so long as:
 - A. All parties are notified in writing when an appeal is filed and given a reasonable, equal opportunity to submit a written statement in support of, or challenging, the outcome
 - B. Appeal procedures are implemented equally for all parties,
 - C. Appellate decision-makers will not be the same person or person(s) as the decision-maker that reached the determination for responsibility
 - D. Appellate decision-makers will issue a written determination, provided simultaneously to the parties, describing the result of the appeal and the rationale for the result
 - E. The same person will not hear both an appeal of a dismissal and an appeal of a hearing result.
- f. If all or a portion of a formal complaint is dismissed as described above, any remaining allegations under this Policy will continue using an appropriate

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grievance process set out under this Policy. Likewise, a claim may be dismissed under this policy and referred to or reinstated by another University department for investigation.

- g. Consolidation of complaints may be permitted, at the discretion of the Title IX Coordinator, under the following circumstances:
 - i. When there are allegations by one Complainant against more than one Respondent;
 - ii. When there are multiple complaints against the same Respondent;
 - iii. When there are allegations against each party brought by the other party; or
 - iv. When the allegations otherwise arise out of the same facts or circumstances.

4. Investigation

- a. After the receipt of a formal complaint, a Notice of Investigation and Allegations (NOIA) will be sent to the parties. Notice will include:
 - i. Sufficient details known at the time, including:
 - A. Identities of the parties involved in the incident,
 - B. The conduct allegedly constituting Prohibited Conduct, and
 - C. The date and location of the alleged incident.
 - ii. A statement that the Respondent is presumed not responsible for the alleged conduct and that a determination regarding responsibility is made at the conclusion of the grievance process.
 - iii. Inform the parties that they may have an advisor of their choice, who may be, but is not required to be, an attorney, as described under this Policy.
 - iv. Inform the parties that they may inspect and review evidence as described under this Policy.
 - v. Inform the parties of prohibitions, under this Policy or any other, against knowingly making false statements or knowingly submitting false information during the grievance process.
 - vi. Provide notice of any additional allegations added after the initial Notice
 - vii. Include time to prepare a response before any initial interview.
- b. The Title IX Coordinator will assign one or more Investigators to meet with the parties and witnesses, gather evidence, and otherwise conduct the Investigation.
- c. Evidentiary Review
 - i. Once the investigator(s) has made reasonable attempts to obtain all relevant inculpatory and exculpatory evidence, the Investigator will sort information into three types of groups: relevant, irrelevant but directly related, and neither relevant nor directly related.
 - A. Relevant information is that which either could prove or disprove an issue in the complaint. Relevant information is the information that the Investigator will use to draft the Investigative Report.
 - B. Irrelevant information may be directly related when it is connected to the complaint, but is neither inculpatory (tending to prove a violation) nor exculpatory (tending to disprove a violation) and as

such, it will not be relied upon in creating the Investigation Report; however, parties will have the opportunity to review this category of evidence.

- C. Evidence that is neither relevant nor directly related is not shared with any party.
- ii. After the Investigator(s) have sorted the evidence and begun working on the Investigative Report, the parties will be given a reasonable opportunity to review and respond, in writing, to all directly related evidence obtained.
- iii. Each party will have a minimum of 10 days to review the evidence.
- iv. Each party, along with their advisor(s), will have the opportunity to review and respond to all directly related evidence collected pursuant to procedures developed under this Policy by the Title IX Coordinator.
- d. After all parties have had a minimum of 10 days to review all evidence collected, the Investigator(s) will prepare the Investigative Report.
 - i. The Investigative Report will include all relevant evidence collected during the investigative stage.
 - ii. The Investigative Report will include other information, as deemed necessary by the Investigator(s), pursuant the procedures developed under this Policy by the Title IX Coordinator.
 - iii. Each party, and their advisor, will receive a copy of the Investigative Report and have the opportunity to review and respond to the Report.
- 5. The investigation will be followed by a live-hearing.¹⁷
 - a. The live-hearing will be conducted no sooner than 10 days after each party, and their advisor, received a copy of the Investigative Report.
 - b. The hearing will be recorded. A recording and/or a transcript of any live hearing will be made available to the parties for inspection and review.
 - c. The hearing may be overseen by a non-voting Hearing Administrator.¹⁸
 - d. The hearing will consist of three individuals who serve as "decision-makers."
 - i. The Title IX Coordinator is prohibited from serving as a decision-maker.
 - ii. Any Title IX Investigators who investigated a case are prohibited from serving as decision-makers.
 - iii. Individuals who have served as an Advisor to any party in the case are prohibited from serving as decision-makers.
 - e. In situations where questioning is required or permitted, all questioning must be conducted by the party's advisor.
 - f. The decision-makers, after making a determination of responsibility, will issue a Finding, simultaneously, to all parties. It must include
 - i. The allegations;
 - ii. A description of the procedural steps taken from the receipt of the formal complaint through the determination, including any notifications to the

¹⁷ As required under 34 C.F.R. Part 106

¹⁸ At times, if no other conflict occurs, the Title IX Coordinator may serve in this role.

- parties, interviews with parties and witnesses, site visits, methods used to gather other evidence, and hearings held;
 - iii. Findings of fact supporting the determination;
 - iv. A statement of, and rationale for, the result as to each allegation including:
 - A. Any disciplinary sanctions the University imposes on the respondent, and
 - B. Whether remedies designed to restore or preserve equal access to the University's education program or activity will be provided by the Office of Title IX to the Complainant
 - g. Procedures will be developed pursuant to this Policy by the Title IX Coordinator
6. Appeals
- a. All parties will be entitled to appeal based on the following grounds:
 - i. Procedural irregularity that affected the outcome of the matter;
 - ii. New evidence that was not reasonably available at the time of the determination regarding responsibility, that could affect the outcome of the matter; and/or
 - iii. The Title IX Coordinator, investigator(s), or decision-maker(s), had a conflict of interest or bias for or against complainant or respondents generally or the individual complainant or respondent that affected the outcome of the matter
 - b. In faculty cases, after a sanction including the revocation of tenure is issued, each party will have an automatic opportunity to appeal the sanction to the University provost, or designee.
 - c. All appeals require that:
 - i. All parties are notified in writing when an appeal is filed and given a reasonable, equal opportunity to submit a written statement in support of, or challenging, the outcome
 - ii. Appeal procedures are implemented equally for all parties,
 - iii. Appellate decision-makers will not be the same person or person(s) as the decision-maker that reached the determination for responsibility
 - iv. Appellate decision-makers will issue a written determination, provided simultaneously to the parties, describing the result of the appeal and the rationale for the result
7. Informal Resolutions
- a. For Type 1 Prohibited Conduct:
 - i. The University will not offer an Informal Resolution process unless a Formal Complaint is filed.
 - ii. In instances where a Formal Complaint has been filed and the Respondent is an employee and one or more Complainants are students, Informal Resolutions will not be offered.
 - b. For Type 2 Prohibited Conduct:
 - i. Informal Resolutions may be offered at any time after a report of Prohibited Conduct is received by the Title IX Coordinator.

- c. Informal Resolutions and Alternative Resolutions require the agreement of all parties and the Title IX Coordinator.
 - d. The University will not require as a condition of enrollment or continuing enrollment, or employment or continuing employment, or enjoyment of any other right, waiver of the right to an investigation and adjudication of formal complaints of sexual harassment consistent with this section.
 - e. Informal Resolutions are otherwise permitted under the Policy pursuant to procedures developed by the Title IX Coordinator.
8. Sanctions and Remedies
- a. Following any determination of Responsibility under this Policy, the University may implement Sanctions and/or Remedies.
 - b. After a determination is made by the decision-maker(s) that a Respondent is responsible for a policy violation, the decision-maker(s) may review additional information for the limited purpose of determining sanctions, including, but not limited to:
 - i. Written impact statements prepared and provided, in advance, from any parties;
 - ii. Circumstances surrounding or contributing to the incident, including the inherent severity of the incident, whether the behavior intentional, or premeditated and whether there was physical violence or a weapon involved;
 - iii. Factors specific to the Respondent, such as a history of misconduct, evidence of a pattern of behavior, and/or multiple violations within the same occurrence; and
 - A. In the case of a faculty Respondent, after determining that a responsible finding is forthcoming, the decision-maker(s) will make a recommendation on sanctions to the Vice Provost. The Vice Provost will consult with the Dean of the faculty member's college and review any relevant employee files in determining whether to agree with or deviate from the decision-maker(s) sanction. The Vice Provost will return their determination regarding sanctions, and a rationale for such sanctions and any deviation from the decision-maker(s) recommendation, to the decision-maker(s) in no more than 10 days.
 - iv. Whether any additional mitigating, aggravating, or compounding factors are at play.
 - c. Sanctions may be implemented pursuant to the specifications laid out in the accompanying procedures to this Policy. Those procedures will also include a non-exhaustive list of sanctions pursuant to the following ranges:
 - i. A staff member found responsible for violation of this Policy is subject to sanctions up to and including termination from the University.
 - ii. A faculty member found responsible for violation of this Policy is subject to sanctions up to and including the revocation of tenure and/or termination from the University.

- iii. A student found responsible for violation of this Policy is subject to sanctions up to and including expulsion from the University.
- iv. A student organization found responsible for violation of this Policy is subject to sanctions including deactivation, de-recognition, and loss of all privileges for a specified or indefinite amount of time.
- d. Remedies are designed to restore or preserve a Complainant's equal educational access if a Respondent is found responsible for Prohibited Conduct under this Policy. The Title IX Coordinator is responsible for effectively implementing remedies. Upon finding a Respondent in violation of this Policy, remedies will be provided to the Complainant pursuant to the specifications laid out in the accompanying procedures to this Policy.

Remedies may include:

- i. Permanent one-sided No-Contact Orders, preference in class registration; preference in student-group, club, or athletics participation;
- ii. Counseling, extensions of deadlines or other course-related adjustments, modifications of work or class schedules, campus escort services, mutual restrictions on contact between the parties, changes in work or housing locations, leaves of absence, increased security and monitoring of certain areas of the campus, and other similar measures.
- iii. The continuation or implementation of any service the Complainant could have been eligible for or was receiving as Supportive Measures.
- iv. Other remedies determined by the Title IX Coordinator.

XII. Advisors

- 1. Each party is required to have an Advisor present during the live hearing. It will be the responsibility of the Advisor to conduct questioning for the party at the live hearing. All questioning is subject to procedures developed by the Title IX Coordinator.
- 2. The University will provide an Advisor to any party who does not otherwise have an Advisor present for any reason at the time of the live hearing. This Advisor will be provided under this Policy pursuant to procedures developed by the Title IX Coordinator.
- 3. Aside from the live hearing, a party is permitted, but not required, to use an Advisor under this Policy pursuant to procedures developed by the Title IX Coordinator.
- 4. Any Advisor under this Policy may be, but is not required to be, an attorney.

XIII. Training and Records

- 1. Members of the Title IX Team will be trained on an annual basis.
 - a. The University will provide training under this policy pursuant to procedures developed by the Title IX Coordinator to the following individuals:
 - i. Title IX Coordinator(s), including Deputy Title IX Coordinators
 - ii. Title IX Investigators
 - iii. Decision-Makers
 - iv. Appeals Officers

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- v. Facilitators of Informal Resolutions
 - vi. University-provided Advisors
 - b. The University will provide training to the above-listed individuals under this policy pursuant to procedures developed by the Title IX Coordinator on the following topics:
 - i. The definition of Sexual Harassment under 34 CFR 106.30;
 - ii. The scope of the University's education program and activity;
 - iii. Conducting an investigation;
 - iv. The Grievance Process, including hearings, appeals, and informal resolution processes; and
 - v. Impartiality, including avoiding prejudgment, conflicts of interest, and bias.
 - vi. The University will provide additional training to Investigators on the following topics:
 - i. Relevancy; and
 - ii. How to create an investigative report.
 - vii. The University will provide additional training to decision-makers on the following topics:
 - i. Technology that may be used at a live hearing; and
 - ii. Relevancy, including questions about the Complainant's sexual predisposition or prior sexual behavior.
 - viii. The University will provide additional training to the Title IX Team on other topics as determined by the Title IX Coordinator.
 - c. The University will not provide any training that "relies" on sex stereotypes in training Title IX personnel on how to serve in those roles impartially and without prejudgment, so that decisions are made on the basis of the individualized facts at issue and not on stereotypical notions of what "men" or "women" do or do not do.
2. Publication of Training
- a. The University will make current materials used to train the Title IX Coordinator, investigators, decision-makers, appeals officers, and facilitators of informal resolutions publicly available on the University's website.
 - b. The training will be published under this Policy pursuant to procedures developed by the Title IX Coordinator.
3. Records Retention
- a. The University will maintain all records under this Policy for a minimum of 7 years.
 - b. The types of records that will be retained include:
 - i. Documents related to any investigation under this Policy, including any recordings and/or transcripts of any hearing conducted;
 - ii. Documents related to any appeal or results from an appeal;
 - iii. Documents related to any informal resolution or results from an informal resolution;
 - iv. Documents related to training as discussed elsewhere in this Policy;
 - v. Documents related to any supportive measure taken;

- vi. Documents related to the University's rationale for not implementing supportive measures;
- vii. Any other types of documentation in compliance with procedures developed by the Title IX Coordinator
- c. Notwithstanding other provisions under this Section, the University will maintain and dispose of all records in accordance with the Public Universities of Alabama General Records Disposition Authority.
- d. The records will be retained under this Policy pursuant to procedures developed by the Title IX Coordinator.

XIV. Prevention and Awareness

The University of North Alabama is committed to providing preventive, informative, and supportive programming for all members of the University community. Among other things, the University's comprehensive education and awareness plan consists of the implementation of this Policy, educational programming that addresses all aspects of Prohibited Conduct, the University's response to allegations of Prohibited Conduct, and University provided support systems to remediate the effects of Prohibited Conduct.

The objectives of the comprehensive education and awareness plan are to:

- Widely disseminate this Policy to the University community through email communications, publications, websites, training programs, and other appropriate channels of communication.
- Identify conduct that is considered a violation of this Policy by defining Prohibited Conduct.
- Create multiple reporting options and inform students, employees, and community members of those options to encourage reporting.
- Educate students, employees, and community members about University disciplinary procedures.
- Inform students, employees, and community members of available University resources.
- Provide safe and positive options for bystander intervention.
- Provide information regarding risk reduction, general safety recommendations, and the warning signs of abusive behaviors.
- Provide information about healthy relationships and encounters.

For specific information about prevention, education, or awareness programs offered by the University, contact the Title IX Coordinator.

XV. Applicability

1. In cases of allegations under this Policy, the protections of the First Amendment must be considered if issues of speech or artistic expression are involved. Free speech rights apply in the classroom and in all other educational programs and activities of public institutions, and First Amendment rights apply to the speech of students and employees. Great care must be taken not to inhibit open discussion, academic debate, and

expression of personal opinion, particularly in the classroom. Nonetheless, speech or conduct of a harassing or hostile nature that occurs in the context of educational instruction may exceed the protections of academic freedom and constitute prohibited harassment if it meets the definition of sexual harassment.

2. Nothing in this Policy and related procedures should be interpreted to restrict any rights guaranteed under existing law, including the First Amendment, Due Process Clause of the Fifth and Fourteenth Amendments, or the Fourth Amendment of the United States Constitution.
3. Nothing in this Policy and related procedures should be interpreted to restrict or limit any rights under the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, or the Americans with Disabilities Act.

XVI. Conflicts of Interests

The Title IX Coordinator acts with independence and authority free of conflicts of interest. To raise any concern involving a conflict of interest by the Title IX Coordinator, contact the University President in 110 Bibb Graves Hall, (256) 765-4211. The members of the Title IX Team are vetted and trained to ensure they are not biased for or against any party in a specific case, or for or against Complainants and/or Respondents, generally. To raise concerns regarding a potential conflict of interest with any other individual involved in the procedures set forth under this Policy, please contact the Title IX Coordinator.

Matters related to this Policy should be addressed by people free of any actual or reasonably perceived conflicts of interest. Any person exercising investigative or decision-making authority under this Policy who believes they may have a conflict of interest or bias that would prevent them from impartially exercising their authority will disclose the potential conflict/bias to the Title IX Coordinator (or designee) as soon as practicable after it is discovered. Arrangements will then be made to designate a conflict/bias-free alternative investigator or decision-maker in the case at issue. Furthermore, if a party believes a person exercising investigative or decision-making authority under this Policy has a conflict of interest or bias relating to a party that would prevent the person from exercising their authority impartially, the party may make a prompt objection to the Title IX Coordinator (or designee) within five (5) days of becoming aware of the potential conflict. The Title IX Coordinator shall conduct an inquiry into any such potential conflict, and in the case of an actual conflict, Arrangements will then be made to designate a conflict/bias-free alternative investigator or decision-maker in the case at issue.

XVII. Inquiries about the Policy

1. Inquiries about and reports regarding this policy and procedure may be made internally to:

Kayleigh Baker, Title IX Coordinator and Compliance Administrator
202 Guillot University Center
UNA Box 5023
Florence, AL 35632
(256) 765-4223

kbaker5@una.edu

2. Inquiries may be made externally to:
 - a. Office for Civil Rights (OCR)
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-1100
Customer Service Hotline #: (800) 421-3481
Fax: (202) 453-6012
TDD#: (877) 521-2172
Email: OCR@ed.gov
Web: <http://www.ed.gov/ocr>
 - b. Atlanta Office
Office for Civil Rights
U.S. Department of Education
61 Forsyth St. S.W., Suite 19T10
Atlanta, GA 30303-8927
Telephone: 404-974-9406
Fax: 404-974-9471; TDD: 800-877-8339
Email: OCR.Atlanta@ed.gov
 - c. Equal Employment Opportunity Commission (EEOC)
Contact: <http://www.eeoc.gov/contact/>
Birmingham Office
Equal Employment Opportunity Commission (EEOC)
Ridge Park Place
1130 22nd Street South, Suite 2000
Birmingham, AL 35205
(800) 669-4000

XVIII. Revision

1. These policies and all accompanying procedures will be reviewed annually by the Title IX Coordinator. The University reserves the right to make changes to this document as necessary and once those changes are posted online, they are in effect. If government regulations change in a way that impacts this document, this document will be construed to comply with government regulations in their most recent form.
2. Any technical changes, including locations, confidential resources, contact information, and other related changes may be made by the Title IX Coordinator in consultation with the University General Counsel without going through Shared Governance. Any additional changes required by law may be approved by the University General Counsel and updated with the appropriate date of effect identified without going through Shared Governance. Shared Governance Executive Committee and the University Executive Council will be notified of those changes.
3. This document does not create legally enforceable protections or confer rights beyond the protection and rights of the background state and federal laws which frame such codes generally.

Interim UNA Sexual Misconduct Policy 30

Appendix E

Memo

To: Dr. Ross Alexander and Council of Academic Deans

From: University Graduate Grading Policy Workgroup from the Graduate Advisory Council

Members: Dr. Joy Borah, Ms. Bliss Adkison, Dr. Jana Beaver, Dr. Wendy Darby, Dr. Kelly Latchaw, Dr. Quinn Pearson, Mr. Mitch Powell, Ms. Leana Wilson

Date: 4/13/20

Re: University Graduate Grading Policy Proposal for 2020-2021 Catalog

Current university graduate grading policy allows students to graduate with 'D's. After issues arose related to this in early January, Dr. Alexander requested that this policy be made more stringent and become effective next catalog year. He asked Dr. Borah and Dr. Beaver to put together a group to address the issues. This workgroup consists of representatives from each college serving on the Graduate Advisory Council as well as individuals from the VPAA's Office and Registrar's Office.

The issues and proposal have been reviewed at two Graduate Advisory Council meetings this semester and all graduate programs have had input. The suggested changes to the 2020-2021 Graduate Catalog are ready to be reviewed and voted on by COAD and Graduate Council this month. Please see the attached proposed changes.

To summarize our proposal, the sections which were edited in the graduate catalog should make clear that nothing below a C is acceptable. In all three sections, we include language which states individual programs may have more strict policy than university policy, and students should refer to those program requirements (i.e. higher GPA requirement, no repeat/recompute allowed, etc.). Other items addressed are the removal of the word 'master's' to account for new doctoral programs and verbiage the Registrar's Office suggested to remove/change.

Due to these university changes, individual graduate programs may need to re-evaluate the wording in their narrative sections of the Graduate Catalog for 2020-2021. The Registrar's Office is allowing submission until April 24th for any catalog narrative changes related to the grading policy. All Graduate Advisory Council members are aware of the deadline extension allowance, and our workgroup will remind them of this. While these catalog edits do not need to be voted on at Graduate Council, Deans may want to have oversight on any narrative changes their graduate programs are making.

Dr. Borah will bring any suggested edits back to the group to change before Graduate Council votes on these items.

University Graduate Grading Policy Proposed Changes for 2020-2021

CURRENT “Quality of Work” Policy Wording (under Degree and Program General Requirements)

Satisfaction of master's degree and program requirements includes an overall grade average of B or better (3.00) on all valid work attempted at the University of North Alabama, with not more than six semester hours of C work or below. If two C's are earned, the student must have at least two A's in his/her program to achieve an overall 3.00 or better. The minimum completion grade point average requirement for teacher certification is 3.25 in the traditional master of arts in education (M.A.Ed.) program and 3.50 in the education specialist (Ed.S.) program.

PROPOSED “Quality of Work” Policy Wording

All graduate students are expected to maintain a consistently high quality of academic performance. Satisfaction of degree and program requirements includes an overall grade average of B or better (3.00) on all work attempted. No more than two courses with a C grade may be applied towards the degree. No grade below C may be applied towards the degree; however, all grades are included in the calculation of the cumulative GPA. Some graduate programs may have more stringent requirements than university policy, and students should refer to their program for specific requirements.

CURRENT “Grades and Retention” Policy Wording (Under Academic Procedures and Requirements section)

Grades on graduate courses at the University of North Alabama are reported as A, B, C, D, F, I, IP, S, SP, U, and UP. Graduate students must maintain a grade average of B or better on work attempted. A student who makes a grade of C or below on more than six semester hours of work is automatically eliminated from the program. For a student whose progress in a course has been satisfactory, but who is unable to receive a final grade because of circumstances beyond control, such as illness or similar contingency, a grade of I (Incomplete) may be reported. An I grade which is not removed within the term (fall, spring) immediately following will automatically be changed to a grade of F. Students who receive a grade of I at the end of the spring semester will have until the end of the following fall semester to remove it. It is the student's responsibility to follow up with the appropriate instructor to complete the required work. No quality or quantity credits are earned with a grade of I. IP indicates work in progress. IP is used to designate coursework which cannot be completed within a given semester, i.e. Dauphin Island, Study Abroad credit, etc. In progress work must be completed in the following semester (fall, spring). Students who receive a grade of IP at the end of the spring semester will have until the end of the following fall semester to remove it. An IP which is not removed within the period prescribed automatically becomes an F unless an extension of time has been granted by the appropriate college dean. Scholastic ratios are determined on the 4.0 scale with each semester hour of credit attempted producing four quality points on a grade of A, three quality points on a grade of B, two quality points on a grade of C, one quality point on a grade of D, and no quality points on grades other than these.

PROPOSED "Grades and Academic Progress" Policy Wording

Grades on graduate courses at the University of North Alabama are reported as A, B, C, D, F, I, S, SP, U, and UP. Graduate students must maintain a grade average of B or better (3.00) on work attempted.

*Any student who earns three grades of C will be dismissed; this dismissal can occur at any point in their program of study, including the last semester.

*Any student who earns two grades below C will be dismissed.

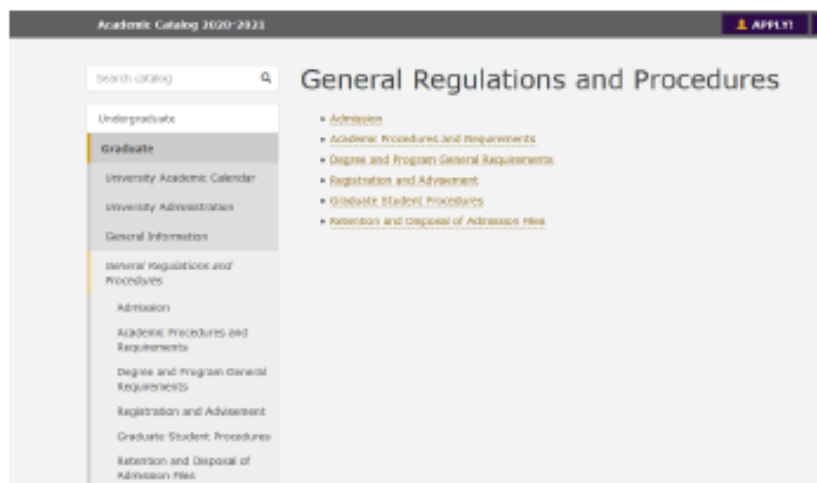
*No grade below C may be applied towards the degree. However, it will be used in the GPA calculation.

Some graduate programs may have more stringent requirements than university policy, and students should refer to their program for specific requirements.

For a student whose progress in a course has been satisfactory, but who is unable to receive a final grade because of circumstances beyond control, such as illness or similar contingency, a grade of I (incomplete) may be reported. An I grade which is not removed within the term (fall, spring) immediately following will automatically be changed to a grade of F. Students who receive a grade of I at the end of the spring semester will have until the end of the following fall semester to remove it. It is the student's responsibility to follow up with the appropriate instructor to complete the required work. No quality or quantity credits are earned with a grade of I.

Scholastic ratios are determined on the 4.0 scale with each semester hour of credit attempted producing four quality points on a grade of A, three quality points on a grade of B, two quality points on a grade of C, one quality point on a grade of D, and no quality points on grades other than these.

What the Online Catalog Links look like:



Appendix F



Proposal

The University of North Alabama Division of Diversity, Equity, & Inclusion

To: Dr. Ken Kitts, President
Dr. Ross, Alexander, Provost and Executive Vice President for Academic
Affairs
Shared Governance Executive Committee

From: Ron Patterson, Ed.S.
Vice President for Diversity, Equity, and Inclusion

CC: Dr. Andrea Hunt, Director of Mitchell-West Center for Social Inclusion

Date: 08/07/2020

Re: Diversity, Equity, and Inclusion Statement

The external recruitment and selection process for open faculty and staff positions is ultimately governed by the Protocol for External Faculty/Staff Searches. The goal of the process is to recruit and retain a diverse and highly-qualified staff and faculty who demonstrate excellence in teaching, scholarly activities, and public service. To further strengthen UNA's commitment to hiring diverse individuals among the ranks of faculty and staff, the Division of Diversity, Equity, and Inclusion proposes that applicants for all full-time faculty positions and staff positions at the director level or higher be required to submit a diversity, equity, and inclusion statement as part of their application materials. The purpose of the statement is to identify candidates who have the professional skills, experience, and/or willingness to engage in activities that will advance institutional diversity and equity goals. This process is facilitated by the Office of Human Resources in collaboration with the Division of Diversity, Equity, and Inclusion.

Accordingly, guidelines and resources related to the required statements will be developed and posted on an appropriate university website.

Recommendations:

- Link the new Strategic Diversity and Inclusion plan to all faculty and staff position ads. <https://www.una.edu/vpem/diversity/index.html>.

Guidance for Staff Applicants:

- One-page document explaining your experiences and commitments to diversity, equity, and inclusion with a focus on one or more of the following:
 - Experiences working with diverse populations
 - Describe previous activities mentoring members of underrepresented groups in an inclusive working environment
 - Explore how as a staff member one might contribute to working to build and sustain an equitable and inclusive work environment where diversity is celebrated and valued
 - Explore how as a staff member one might contribute to achieving goals outlined in the university's strategic diversity and inclusion plan
 - Explaining how previous work and experience would advance university's strategic diversity and inclusion plan

Guidance for Faculty Applicants:

- One-page document explaining your experiences and commitments to diversity, equity, and inclusion with a focus on one or more of the following:
 - Experiences working with diverse populations
 - Explanation of how teaching will contribute to a culture of inclusion on campus
 - Explore how as a faculty member one might contribute to achieving goals outlined in the university's diversity strategic plan
 - Explaining how one incorporate diversity and inclusion into research, teaching and service
 - Explaining how previous work and experience would advance university's diversity strategic plan

Recommended language for inclusion in job postings:

Examples of statements for use in position descriptions:

- We are actively seeking faculty who aspire to educate a student body rich in diversity with respect to gender, ethnicity, first-generation students, socioeconomic status, and academic interests.
- We particularly value faculty who are committed to mentoring and educating students from the broadest possible cross-sections of their communities and countries.

- We, especially, welcome applicants whose research, teaching, and service (community outreach) demonstrably attest to their commitment to inclusion of underrepresented and/or non-majority individuals into their respective area of specialization within their discipline.
- We welcome applicants who have shown a commitment to educating and mentoring a diverse student body to expand opportunities and enhance personal growth, retention, and academic success.
- UNA celebrates the multicultural diversity of its student body by creating a welcoming and inclusive environment for students through centers, organizations, clubs, and programs such as the Center for Women's Studies; Mitchell-West Center for Social Inclusion; Diversity Student Ambassadors; Black Student Alliance; Presidential Mentors Academy; Multicultural Education Club; Student Alliance for Equality; Global Learning Community; Global Lions; CultureFEST; Diversity Education Week; Hispanic Culture Organization; Japanese Student Organization; Chinese Student Organization; Affinity Groups (LGBTQIA, First-Generation Students, and Students on the Autism spectrum).

Appendix G

DRAFT

***University of North Alabama
Research Misconduct Policy***

Prepared for
The University of North Alabama

By
The Office of Grants and Sponsored Programs
<http://www.una.edu/sponsored-programs>

Nathan Willingham
Director, Office of Grants and Sponsored Programs
cnwillingham@una.edu
Box 5187
Florence, AL 35632-0001
(256) 765-4607

Dates of Approval

General Counsel: 11/20/2019
University Grants Council (review and comment): 01/15/2020;
Council of Academic Deans: June 8, 2020
Faculty Senate:
Staff Senate:
Student Government Association Senate:

**POLICY AND PROCEDURES FOR RESPONDING TO ALLEGATIONS OF
RESEARCH MISCONDUCT RELATED TO FABRICATION, FALSIFICATION, OR
PLAGIARISM**

I. Introduction

A. General Policy

The University of North Alabama (UNA) takes seriously its responsibility to ensure ethical conduct of research. All personnel involved in research at the University of North Alabama are required to comply with all laws and regulations governing their research activities. UNA strictly prohibits research misconduct and applies the following definition of research misconduct, consistent with Federal Policy on Research Misconduct (65 FR 76262), subsequently adopted and codified in law and federal regulation of agencies and departments of the U.S. Government:

Research misconduct is fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Three conditions must be met for a finding of research misconduct: (1) a significant departure from accepted practices of the relevant research community; and (2) misconduct is committed intentionally, knowingly, or recklessly; and (3) the allegation is proven by a preponderance of evidence.

UNA will protect the position, reputation, and privacy of the Complainant and Respondent, to the extent possible. The University will also protect against any type of retaliation toward any individual(s) who reports or provides information in good faith, about suspected or alleged misconduct. Furthermore, if the initial inquiry or the subsequent Investigation indicates that the Allegations are unsubstantiated, UNA will diligently work to restore the reputation of those accused.

B. Scope

This statement of policy and procedures is intended to carry out this institution's responsibilities under federal law related to Research Misconduct, including but not limited to Public Health Service (PHS) Policies on Research Misconduct, 42 CFR Part 93, National Science Foundation's (NSF) Research Misconduct regulation (45 CFR689) and other federal requirements for research misconduct policies and procedures. This document applies to all allegations of research

misconduct (fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results) of any type, regardless of source of funds, for any person who, at the time of the alleged research misconduct, was employed by, was an agent of, or was affiliated by contract or agreement with this institution, and includes applications or proposals for research, research training or activities related to research or research training, research records produced in the course of research, research training or activities related to research or research training. This includes any research proposed, performed, reviewed, or reported, or any research record generated from research, regardless of whether an application or proposal for funds resulted in a grant, contract, cooperative agreement, or other form of support.

This statement of policy and procedures does not apply to authorship or collaboration disputes and applies only to allegations of research misconduct that occurred within six years of the date the institution or a sponsoring agency received the allegation, subject to the subsequent use, health or safety of the public, and grandfather exceptions in 42 CFR § 93.105(b).

II. Definitions

Allegation: a disclosure (written or oral or other communication) of possible research misconduct made to a University official.

Complainant: an individual who makes an allegation of research misconduct.

Deciding Official: the University official who makes final determinations on allegations of research misconduct and any subsequent University actions in response to the allegations. At UNA, the Vice President for Academic Affairs and Provost (hereinafter referred to as VPAA) will be the Deciding Official. Under no circumstance will the Deciding Official be the same individual as the Research Integrity Officer.

Evidence: any document, tangible item, or testimony offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact.

Fabrication: making up data or results, and recording or reporting them.

Falsification: manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record

Good faith: as applied to Complainant means an allegation made with the honest belief that research misconduct may have occurred. An allegation is not in good faith if it is done with reckless disregard for or willful ignorance of information that would disprove the allegation. As applied to Committee members, good faith means cooperating with the research misconduct proceedings by performing the designated, impartially-assigned duties. A Committee member does not act in good faith if acts or omissions, while on the Committee, are dishonest or influenced by professional, personal, or financial conflicts of interest with those involved in the research misconduct proceeding. As applied to a witness, good faith means fully and truthfully disclosing information during a research misconduct proceeding. A witness does not act in good faith if an act or omission is untruthful or misrepresents or intends to misrepresent evidence relevant to the research misconduct proceeding.

Inquiry: process conducted by the Inquiry Committee consisting of information-gathering and initial fact-finding to determine whether an allegation, or apparent instance of research misconduct, warrants investigation.

Inquiry Committee: the committee charged with conducting the inquiry into potential research misconduct allegation(s).

Investigation: the formal examination and evaluation of all relevant facts to determine if research misconduct has occurred; and, if so, to determine the person(s) responsible and the seriousness of the research misconduct.

Investigation Committee: the committee charged with conducting the investigation of inquiry findings regarding potential research misconduct allegations.

Plagiarism: the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

Record of Research Misconduct Proceedings: the records secured for the research misconduct proceedings, to the extent records that are secured or sequestered are determined to be relevant to the proceedings, and copies of the inquiry report, final documents (not draft) of that report, the written determination to pursue/not pursue a research misconducting investigation; written notices to respondents, complainants, or external funders; the investigation report and all records, other than drafts of the report, in support of the report and all recordings or transcriptions of each interview conducted pursuant to the investigation; the written concurrence/non-concurrence with the investigation report; and copies of all written notifications pursuant to an investigation report.

Research: a systematic experiment, study, evaluation, demonstration, survey, or other scholarly work designed to develop or contribute to general or specific knowledge.

Research Integrity Officer (RIO): the individual with primary responsibility for implementation of the institution's policies and procedures on research misconduct and for assisting with inquiries and investigations.

Research misconduct proceeding: any actions related to alleged research misconduct taken under this policy, including but not limited to, allegation assessments, inquiries, investigations, and hearings.

Research record: record of data or results that encompass the facts resulting from scientific inquiry, including but not limited to, data, documents, computer file, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of research misconduct. A research record includes, but is not limited to, grant or contract applications, whether funded or non-funded; grant or contract progress and other reports; laboratory notebooks; notes; correspondence; videos; photographs; slides; biological materials; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient files.

Respondent: the individual against whom an allegation of research misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one Respondent in an inquiry or investigation.

Retaliation: any action that is taken by the institution or employee that adversely affects the employment or other University status of an individual because the individual has, in good faith, made an allegation of research misconduct or of inadequate University response thereto or has cooperated in good faith with an investigation of such allegation.

Sequestration: the collection and segregation of research records, equipment, and other tangible or intangible information for the specific purpose of assessing allegations as part of the research misconduct proceedings.

III. Rights and Responsibilities

A. Research Integrity Officer

The Senior Associate Vice President for Academic Affairs shall serve as the RIO who will have primary responsibility for implementation of the institution's policies and procedures on research misconduct. In the event of a conflict of interest, the Provost and Vice-President for Academic Affairs shall appoint an alternate to serve as the RIO. These responsibilities include the following duties related to research misconduct proceedings:

- Consult confidentially with persons uncertain about whether to submit an allegation of research misconduct;
- Receive allegations of research misconduct;
- Assess each allegation of research misconduct in accordance with Section V.A. of this policy to determine whether it falls within the definition of research misconduct and warrants an inquiry;
- As necessary, take interim action and notify federal agencies of special circumstances, in accordance with Section IV.F. Of this policy;
- Sequester research data and evidence pertinent to the allegation of research misconduct in accordance with Section V.C. of this policy and maintain it securely in accordance with this policy and applicable law and regulation;
- Provide confidentiality to those involved in the research misconduct proceeding as required by 42 CFR § 93.108, other applicable law, and institutional policy;
- Notify the respondent and provide opportunities for him/her to review/comment/respond to allegations, evidence, and committee reports in accordance with Section III.C. of this policy;
- Inform respondents, complainants, and witnesses of the procedural steps in the research misconduct proceeding;
- Appoint the chair and members of the inquiry and investigation committees, ensure that those committees are properly staffed and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence;
- Determine whether each person involved in handling an allegation of

research misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding;

- In cooperation with other institutional officials, take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and committee members and counter potential or actual retaliation against them by respondents or other institutional members;
- Keep the Deciding Official and others who need to know apprised of the progress of the review of the allegation of research misconduct;
- Notify and make reports to ORI as required by 42 CFR Part 93;
- Ensure that administrative actions taken by the institution and ORI are enforced and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions; and
- Maintain records of the research misconduct proceeding and make them available to ORI in accordance with Section VIII.F. of this policy.

B. Complainant

The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation. As a matter of good practice, the complainant should be interviewed at the inquiry stage and given the transcript or recording of the interview for correction. The complainant must be interviewed during an investigation, and be given the transcript or recording of the interview for correction.

C. Respondent

The respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry and investigation. The respondent is entitled to:

- A good faith effort from the RIO to notify the respondent in writing at the time of or before beginning an inquiry;
- An opportunity to comment on the inquiry report and have his/her

comments attached to the report;

- Be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of, or refers to 42 CFR Part 93 and the institution's policies and procedures on research misconduct;
- Be notified in writing of the allegations to be investigated within a reasonable time after the determination that an investigation is warranted, but before the investigation begins (within 30 days after the institution decides to begin an investigation), and be notified in writing of any new allegations, not addressed in the inquiry or in the initial notice of investigation, within a reasonable time after the determination to pursue those allegations;
- Be interviewed during the investigation, have the opportunity to correct the recording or transcript, and have the corrected recording or transcript included in the record of the investigation;
- Have interviewed during the investigation any witness who has been reasonably identified by the respondent as having information on relevant aspects of the investigation, have the recording or transcript provided to the witness for correction, and have the corrected recording or transcript included in the record of investigation; and
- Receive a copy of the draft investigation report and, concurrently, a copy of, or supervised access to the evidence on which the report is based, and be notified that any comments must be submitted within 30 days of the date on which the copy was received and that the comments will be considered by the institution and addressed in the final report.

The respondent should be given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the advice of the RIO and/or other institutional officials, the Deciding Official may terminate the institution's review of an allegation that has been admitted, if the institution's acceptance of the admission and any proposed settlement is approved by ORI.

D. Deciding Official

The DO will receive the inquiry report and after consulting with the RIO and/or other institutional officials, decide whether an investigation is warranted. An investigation is warranted if there is (1) A reasonable basis for concluding that the allegation falls within the definition of research misconduct under this part and

involves research, research training or activities related to that research or research training; and (2) Preliminary information-gathering and preliminary fact-finding from the inquiry indicates that the allegation may have substance.

Any finding that an investigation is warranted must be made in writing by the DO and must be provided to appropriate federal agencies, together with a copy of the inquiry report within 30 days of the finding. If it is found that an investigation is not warranted, the DO and the RIO will ensure that detailed documentation of the inquiry is retained for at least 7 years after termination of the inquiry, so that federal agencies may assess the reasons why the institution decided not to conduct an investigation.

The DO will receive the investigation report and, after consulting with the RIO and/or other institutional officials, decide the extent to which this institution accepts the findings of the investigation and, if research misconduct is found, decide what, if any, institutional administrative actions are appropriate. The DO shall ensure that the final investigation report, the findings of the DO and a description of any pending or completed administrative actions are provided to appropriate federal agencies.

- E. University General Counsel
The University General Counsel shall have opportunity to advise RIO, DO, Inquiry Committee members and Investigation Committee members at any stage of a research misconduct proceeding, and shall have the right to review all evidence and be present at all hearings conducted under the UNA Research Misconduct Policy.

IV. General Policies and Principles

A. Responsibility to Report Misconduct

All parties subject to this policy, including but not limited to all institutional employees or individuals involved in research, will report observed, suspected, or apparent research misconduct to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may meet with or contact the RIO at [\[contact information\]](#) to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the RIO will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

At any time, an institutional member may have confidential discussions and consultations about concerns of possible misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations.

B. Cooperation with Research Misconduct Proceedings

Institutional members will cooperate with the RIO and other institutional officials in the review of allegations and the conduct of inquiries and investigations. Institutional members, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the RIO or other institutional officials.

C. Confidentiality

The RIO shall (1) limit disclosure of the identity of respondents, complainants, and witnesses to those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding; and (2) except as otherwise prescribed by law, limit the disclosure of any records or evidence from which research subjects might be identified to those who need to know in order to carry out a research misconduct proceeding. The RIO should use written confidentiality agreements or other mechanisms to ensure that the participants do not make any further disclosure of identifying information.

D. Protecting complainants, witnesses, and committee members

Institutional members may not retaliate in any way against complainants, witnesses, or committee members. Institutional members should immediately report any alleged or apparent retaliation against complainants, witnesses or committee members to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

E. Protecting the Respondent

As requested and as appropriate, the RIO and other institutional officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made.

During the research misconduct proceeding, the RIO is responsible for ensuring that respondents receive all the notices and opportunities provided for in the

policies and procedures of the institution. Respondent may consult with legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the case) to seek advice and may bring the counsel or personal adviser to interviews or meetings on the case. While lawyers or personal advisors may be present at interviews and meetings to counsel and advise, they may not speak for or represent the respondent.

F. Interim Administrative Actions and Notifying External Funders of Special Circumstances

Throughout the research misconduct proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the supported research process. In the event of such a threat, the RIO will, in consultation with other institutional officials and federal officials take appropriate interim action to protect against any such threat. Interim action might include additional monitoring of the research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal funds and equipment, additional review of research data and results or delaying publication. The RIO shall, at any time during a research misconduct proceeding, notify federal sponsors immediately if he/she has reason to believe that any of the following conditions exist:

- Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
- Federal resources or interests are threatened;
- Research activities should be suspended;
- There is a reasonable indication of possible violations of civil or criminal law;
- Federal action is required to protect the interests of those involved in the research misconduct proceeding;
- The research misconduct proceeding may be made public prematurely and federal action may be necessary to safeguard evidence and protect the rights of those involved; or
- The research community or public should be informed.

V. Conducting the Assessment and Inquiry

A. Assessment of Allegations

Upon receiving an allegation of research misconduct, the RIO will immediately assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, whether it is within the jurisdiction of this policy, and whether the allegation falls within the definition of research misconduct in this policy. An inquiry must be conducted if these criteria are met.

The assessment period should be brief, preferably concluded within a week. In conducting the assessment, the RIO need not interview the complainant, respondent, or other witnesses, or gather data beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The RIO shall, on or before the date on which the respondent is notified of the allegation, obtain custody of, inventory, and sequester all research records and evidence needed to conduct the research misconduct proceeding, as provided in paragraph C. of this section.

B. Initiation and Purpose of the Inquiry

If the RIO determines that the criteria for an inquiry are met, he or she will immediately initiate the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation.

C. Notice to Respondent; Sequestration of Research Records

At the time of or before beginning an inquiry, the RIO must make a good faith effort to notify the respondent in writing, if the respondent is known. If the inquiry subsequently identifies additional respondents, they must be notified in writing. On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the RIO must take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the

instruments. The RIO may consult with federal funding agencies for advice and assistance in this regard.

D. Appointment of the Inquiry Committee

The RIO, in consultation with other institutional officials as appropriate, will appoint an inquiry committee and committee chair within 15 days of the initiation of the inquiry. The inquiry committee must consist of three or five total members, including the appointed chair. Members must be individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry.

E. Charge to the Committee and First Meeting

The RIO will prepare a charge for the inquiry committee that:

- Sets forth the time for completion of the inquiry;
- Describes the allegations and any related issues identified during the allegation assessment;
- States that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent, complainant and key witnesses, to determine whether an investigation is warranted, not to determine whether research misconduct definitely occurred or who was responsible;
- States that an investigation is warranted if the committee determines: (1) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and is within the jurisdiction of this policy; and, (2) the allegation may have substance, based on the committee's review during the inquiry.
- Informs the inquiry committee that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of this policy.

At the committee's first meeting, the RIO will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee with organizing plans

for the inquiry, and answer any questions raised by the committee. The RIO will be present or available throughout the inquiry to advise the committee as needed.

F. Inquiry Process

The inquiry committee will normally interview the complainant, the respondent, and key witnesses as well as examining relevant research records and materials. Then the inquiry committee will evaluate the evidence, including the testimony obtained during the inquiry. After consultation with the RIO, the committee members will decide whether an investigation is warranted based on the criteria in this policy. The scope of the inquiry is not required to and does not normally include deciding whether misconduct definitely occurred, determining definitely who committed the research misconduct or conducting exhaustive interviews and analyses. However, if a legally sufficient admission of research misconduct is made by the respondent, misconduct may be determined at the inquiry stage if all relevant issues are resolved. In that case, the institution shall promptly consult with appropriate federal agencies, if any, to determine the next steps that should be taken.

G. Time for Completion

The inquiry, including preparation of the final inquiry report and the decision of the DO on whether an investigation is warranted, must be completed within 60 calendar days of initiation of the inquiry, unless the RIO determines that circumstances clearly warrant a longer period. If the RIO approves an extension, the inquiry record must include documentation of the reasons for exceeding the 60-day period. The respondent will be notified in writing of the extension.

VI. The Inquiry Report

A. Elements of the Inquiry Report

A written inquiry report must be prepared that includes the following information: (1) the name and position of the respondent; (2) a description of the allegations of research misconduct; (3) the sources of support, including, for example, grant numbers, grant applications, contracts and publications listing federal support; (4) the basis for recommending or not recommending that the allegations warrant an investigation; (5) any comments on the draft report by the respondent or complainant.

The inquiry report should include, as a separate attachment: the names and titles of the committee members and experts who conducted the inquiry; a summary of

the inquiry process used; a list of the research records reviewed; summaries of any interviews; and whether any other actions should be taken if an investigation is not recommended.

Institutional counsel should review the report for legal sufficiency. Modifications should be made as appropriate in consultation with the RIO and the inquiry committee.

B. Notification to the Respondent and Opportunity to Comment

The RIO shall notify the respondent whether the inquiry found an investigation to be warranted, include a copy of the draft inquiry report for comment within 10 working days, and include a copy of the institution's policies and procedures on research misconduct. The complainant shall certify confidentiality prior to accessing the report by executing a confidentiality agreement with the University.

Any comments that are submitted by the respondent or complainant will be attached to the final inquiry report. Based on the comments, the inquiry committee may revise the draft report as appropriate and prepare it in final form. The committee will deliver the final report to the RIO.

C. Institutional Decision

1. Decision by Deciding Official

The RIO will transmit the final inquiry report and any comments to the DO, who will determine in writing whether an investigation is warranted. The inquiry is completed when the DO makes this determination.

2. Documentation of Decision Not to Investigate

If the DO decides that an investigation is not warranted, the RIO shall secure and maintain for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by outside funding agencies including the Federal Government of the reasons why an investigation was not conducted. These documents must be provided to funding agencies or other authorized personnel of those agencies or their parent entities upon request.

VII. Conducting the Investigation

A. Initiation and Purpose

The investigation must begin within 30 calendar days after the determination by the DO that an investigation is warranted. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged research misconduct involves clinical trials or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. The findings of the investigation must be set forth in an investigation report.

B. Notifying External Funding Agencies and Respondent; Sequestration of Research Records

Within 30 days of the DO's decision to conduct an investigation but prior to the first day of the investigation, the RIO must: (1) notify external funders of the decision to begin the investigation and provide them a copy of the DO's written decision and a copy of the inquiry report; and (2) notify the respondent in writing of the allegations to be investigated. The RIO must also give the respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

The RIO will, prior to notifying respondent of the allegations, take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry. The need for additional sequestration of records for the investigation may occur for any number of reasons, including the institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

The RIO must provide the following information to external funders including upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation.

C. Appointment of the Investigation Committee

Within 15 days after the DO's written decision to pursue an investigation, the RIO, in consultation with other institutional officials as appropriate, will appoint an investigation committee consisting of not less than three members and having an odd number of members. The RIO shall select a committee chair from the appointed members. Members must be individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the respondent and complainant and conduct the investigation. Individuals appointed to the investigation committee may also have served on the inquiry committee. When necessary to secure the necessary expertise or to avoid conflicts of interest, the RIO may select committee members from outside the institution.

The RIO will inform the respondent in writing of the proposed committee membership to give the respondent an opportunity to object to a proposed member based upon a personal, professional, or financial conflict of interest. The respondent shall have five calendar days to object in writing to the appointments. The DO make the final determination of whether a conflict exists.

D. Charge to the Committee and the First Meeting

1. Charge to the Committee

The RIO will define the subject matter of the investigation in a written charge to the committee that:

- Describes the allegations and related issues identified during the inquiry;
- Identifies the respondent;
- Informs the committee that it must conduct the investigation as prescribed in paragraph E. of this section;
- Defines research misconduct;
- Informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research

misconduct occurred and, if so, the type and extent of it and who was responsible;

- Informs the committee that in order to determine that the respondent committed research misconduct it must find that a preponderance of the evidence establishes that: (1) research misconduct, as defined in this policy, occurred (respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion); (2) the research misconduct is a significant departure from accepted practices of the relevant research community; and (3) the respondent committed the research misconduct intentionally, knowingly, or recklessly; and
- Informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy.

2. First Meeting

The RIO will convene the first meeting of the investigation committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of this statement of policy and procedures. The RIO will be present or available throughout the investigation to advise the committee as needed.

E. Investigation Process

The investigation committee and the RIO must:

- Use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of each allegation;
- Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
- Interview each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent, and record or transcribe each interview, provide the recording

or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation; and

- Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct, and continue the investigation to completion.

F. Time for Completion

The investigation is to be completed within 120 days of beginning it, including conducting the investigation, preparing the report of findings, providing the draft report for comment and sending the final report to external agencies, as required by those agencies. However, if the RIO determines that the investigation will not be completed within this 120-day period, he/she will submit to appropriate external agencies a written request for an extension, setting forth the reasons for the delay. The RIO will ensure that periodic progress reports are filed with external agencies, if such agency grants the request for an extension and directs the filing of such reports.

VIII. The Investigation Report

A. Elements of the Investigation Report

The investigation committee and the RIO are responsible for preparing a written draft report of the investigation that:

- Describes the nature of the allegation of research misconduct, including identification of the respondent;
- Describes and documents the sources of external support, including, for example, the numbers of any grants that are involved, grant applications, contracts, and publications listing external support;
- Describes the specific allegations of research misconduct considered in the investigation;
- Includes the institutional policies and procedures under which the investigation was conducted;
- Identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed; and

- Includes a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings must: (1) identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly; (2) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent, including any effort by respondent to establish by a preponderance of the evidence that he or she did not engage in research misconduct because of honest error or a difference of opinion; (3) identify the specific external sources of support, if any; (4) identify whether any publications need correction or retraction; (5) identify the person(s) responsible for the misconduct; and (6) list any current support or known applications or proposals for support that the respondent has pending with external agencies.

B. Comments on the Draft Report and Access to Evidence

1. Respondent

The RIO must give the respondent a copy of the draft investigation report for comment and, concurrently, a copy of, or supervised access to the evidence on which the report is based. The respondent will be allowed 30 days from the date he/she received the draft report to submit comments to the RIO. The respondent's comments must be included and considered in the final report.

2. Confidentiality

In distributing the draft report, or portions thereof, to the respondent, the RIO will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the RIO may require that the recipient sign a confidentiality agreement.

C. Decision by Deciding Official

The RIO will assist the investigation committee in finalizing the draft investigation report, including ensuring that the respondent's comments are included and considered, and transmit the final investigation report to the DO, who will determine in writing: (1) whether the institution accepts the investigation report, its findings, and the recommended institutional actions; and

(2) the appropriate institutional actions in response to the accepted findings of research misconduct. If this determination varies from the findings of the investigation committee, the DO will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the findings of the investigation committee. Alternatively, the DO may return the report to the investigation committee with a request for further fact-finding or analysis.

When a final decision on the case has been reached, the RIO will notify both the respondent and the complainant in writing. After informing external funders as necessary, the DO will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case. The RIO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

D. Notice to External Agencies of Institutional Findings and Actions

Unless an extension has been granted or external agency policy differs, the RIO must, within the 120-day period for completing the investigation submit the following to external funding agencies: (1) a copy of the final investigation report with all attachments; (2) a statement of whether the institution accepts the findings of the investigation report; (3) a statement of whether the institution found misconduct and, if so, who committed the misconduct; and (4) a description of any pending or completed administrative actions against the respondent.

E. Maintaining Records for Review by External Agencies

The RIO must maintain and provide to external agencies upon request records of research misconduct proceedings. Unless custody has been transferred to another agency or an external funder has advised differently, in writing, that the records no longer need to be retained, records of research misconduct proceedings must be maintained in a secure manner for 7 years after completion of the proceeding or the completion of any subsequent proceeding involving the research misconduct allegation. The RIO is also responsible for providing any information, documentation, research records, evidence or clarification requested by external funders to carry out a review of an allegation of research misconduct or of the institution's handling of such an allegation.

IX. Completion of Cases; Reporting Premature Closures

Generally, all inquiries and investigations will be carried through to completion and all significant issues will be pursued diligently. The RIO must notify appropriate external funders in advance if there are plans to close a case at the inquiry, investigation, or appeal stage on the basis that respondent has admitted guilt, a settlement with the respondent has been reached, or for any other reason, except: (1) closing of a case at the inquiry stage on the basis that an investigation is not warranted; or (2) a finding of no misconduct at the investigation stage, which must be reported as prescribed in this policy.

X. Other Considerations

A. Termination or Resignation Prior to Completing Inquiry or Investigation

The termination of the respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the research misconduct proceeding or otherwise limit any of the institution's responsibilities to investigate research misconduct.

If the respondent, without admitting to the misconduct, elects to resign his or her position after the institution receives an allegation of research misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent refuses to participate in the process after resignation, the RIO and any inquiry or investigation committee will use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent's failure to cooperate and its effect on the evidence.

B. Restoration of the Respondent's Reputation

Following a final finding of no research misconduct, including external funder's concurrence, as required, the RIO must, at the request of the respondent, undertake all reasonable and practical efforts to restore the respondent's reputation. Depending on the particular circumstances and the views of the respondent, the RIO should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in any forum in which the allegation of research misconduct was previously publicized, and expunging all reference to the research misconduct allegation from the respondent's personnel file. Any institutional actions to restore the respondent's reputation should first be approved by the DO.

C. Protection of the Complainant, Witnesses and Committee Members

During the research misconduct proceeding and upon its completion, regardless of whether the institution or external funder determines that research misconduct occurred, the RIO must undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant who made allegations of research misconduct in good faith and of any witnesses and committee members who cooperate in good faith with the research misconduct proceeding. The DO will determine, after consulting with the RIO, and with the complainant, witnesses, or committee members, respectively, what steps, if any, are needed to restore their respective positions or reputations or to counter potential or actual retaliation against them. The RIO is responsible for implementing any steps the DO approves.

D. Allegations Not Made in Good Faith

If relevant, the DO will determine whether the complainant's allegations of research misconduct were made in good faith, or whether a witness or committee member acted in good faith. If the DO determines that there was an absence of good faith he/she will determine whether any administrative action should be taken against the person who failed to act in good faith.

XI. Adoption and Amendment

- A. This policy shall be in effect from the date of adoption by Shared Governance of the University of North Alabama
- B. Any changes required by law may be approved by the General Counsel and updated with appropriate date of effect identified without going through Shared Governance. Shared Governance Executive Committee and the University Executive Council will be notified of those changes.

DRAFT

***Policies for Proposals, Acceptance, and Use of
Externally Funded Grants and Contracts
and
Policies for the Conduct of Research***

Prepared for
The University of North Alabama

By
The Office of Grants and Sponsored Programs
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Staff Senate:
Student Government Association Senate:

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I. POLICIES FOR PROPOSALS, ACCEPTANCE AND USE OF EXTERNALLY FUNDED GRANTS AND SPONSORED PROGRAMS

1 General Policies

Introduction:

The University of North Alabama, through the [Office of Grants and Sponsored Programs](#) (OGSP), supports the acquisition of external grants and contracts to help University faculty and staff fully participate in research and service activities. The OGSP helps faculty and staff with associated grant and contract pre-award activities such as locating funding sources, reviewing proposals, obtaining appropriate endorsements, and other related efforts. The OGSP also participates in the post-award administration of grants and contracts as well as maintaining and administering such institutional policies as the Intellectual Property Policy, policies of the Institutional Review Board for research involving human subjects, Research Misconduct and Conflict of Interest policies, and the Animal Care and Use Policy. Federal and state agencies require these programs, which provide the ethical framework within which the University of North Alabama manages research and related results. In addition, this office provides guidance on meeting requirements for fiscal compliance, record keeping, reporting and evaluation.

The [Office of Grants and Sponsored Programs](#) (OGSP) can assist faculty to [secure external funds](#) that will advance the University of North Alabama's mission as a teaching, research, and service institution. This includes research to advance understanding of education, pedagogy, and educational processes; research to expand the scientific and technological base and to support both basic and applied research; and proposals that extend the service reach of the University to adjacent communities and beyond. These efforts include opportunities for community service, collaboration in pursuit of economic, community, and workforce development as well as proposals that extend the academic expertise of the University outward for the benefit of the State of Alabama, local communities and the public at large. The [Office of Grants and Sponsored Programs](#) assists faculty to [identify funding opportunities](#), [develop proposals](#), [prepare budgets](#), and to strengthen proposals. The OGSP will also submit proposals requiring an organizational account and centralize proposal review and submission processes. The office can serve as a liaison between the principal investigator and various stakeholders and assist with research compliance including [human subjects \(IRB\) reviews](#), conflict of interest, and other research policies.

The University of North Alabama and its external grants and sponsored programs are governed by numerous laws and regulations. These include the requirements of federal grants imposed by law and regulation of the U.S. Government and its various departments, the laws of the State of Alabama, and the contractual obligations, terms, and conditions of respective grant agreements. Each award of funds from external sources carries with it a contractual obligation to obey the terms and conditions specified by the external funder. The [Office of Grants and Sponsored Programs](#) will assist to administer these as they may apply, separately or collectively, to each award.

In addition to external authority, OGSP actions are subject to all internal UNA policies. This includes all policies related to human resources and financial management, including the [Faculty Handbook](#), [Staff Handbook](#), and the financial management policies of the Office of Business and Financial Affairs, [Controller's Office](#), and Office of [Purchasing/Grants & Contracts Accounting](#) of the University. Although the infusion of grant management and oversight requirements may alter procedures to the extent necessary to adequately and accountably administer external funds, procedural decisions shall be guided by the appropriate policies, and deviations in procedure shall be allowed only when approved by

appropriate legal, administrative, or financial personnel. While procedures may vary in some circumstances, deviations from UNA policy will not be allowed.

- 1.1 **Mission Statement.** To promote a culture connecting the University of North Alabama to external supporters sharing the University's mission and values of teaching, research, and service.
- 1.2 **Organization of the Office of Grants and Sponsored Programs.** The Office of Grants and Sponsored Programs (OGSP) is located in the Academic Affairs Division of the University of North Alabama. The OGSP is headed by the Director of Grants and Sponsored Programs, who is the principal administrative representative of the University of North Alabama for grants and sponsored programs. The Director of OGSP acts as the University's Authorized Organizational Representative, or equivalent, for each grant-making agency with which the University of North Alabama may contract. The Director of OGSP is the principal contact for all activities related to pre-award proposal development. The Office of Grants & Contracts Accounting is the principal contact for post-award financial activities, and OGSP assists to administer awards and to develop policies related to grants and sponsored programs at the University of North Alabama.
 - 1.2.1 **OGSP Primary Roles and Responsibilities.** The Office of Grants and Sponsored Programs will help UNA faculty and staff to prepare grants for submission, assisting to develop proposal budgets and proposal content, to complete administrative, technical, and financial reviews, to assist the Institutional Review Board (IRB) or equivalent to conduct human subjects reviews, to submit completed proposals, and to administer funded projects. The OGSP endeavors to maintain accurate and timely communications with potential applicants regarding the availability of funding opportunities. In addition, the OGSP coordinates policies related to the pursuit of grant funds, compliance with regulation and contractual obligations of funders, and the integration of external requirements with the internal processes necessary for accountability and efficiency in the conduct of research and service activities funded by external sponsors.
 - 1.2.2 **Relationship to Grants and Contracts Accounting.** The Office of Grants & Contracts Accounting is the division within the Office of Business and Financial Affairs that is primarily responsible for the financial and accounting functions necessary for the administration of grants and sponsored programs. Most post-award actions are reviewed by both OGSP and OGCA and move from the Principal Investigator in charge of the grant award through the Office of Grants and Sponsored Programs and to the Office of Grants & Contracts Accounting. In addition, the Vice President of Business and Financial Affairs requires the OGCA to review all pre-award budgets before submitting to the funding agency. The grants accounting staff is available to assist with pre-award proposal development questions related to the administration of a proposed grant-funded activity. Separate lines of authority, roles and responsibilities, exist between the administrative (OGSP) and post-award financial accounting (OGCA) functions of grant-funded projects, with both units working as seamlessly as possible to serve and protect the interests of the Principal Investigator, the University, and the funding agent.
 - 1.2.3 **Supplemental Guidance and Official Websites.** Supplemental guidance may be published periodically to the official websites of the [Office of Grants and Sponsored Programs](#), [Office of Grants & Contracts Accounting](#), and other business offices including

procurement and the Controller to be subsequently incorporated, as appropriate, into these policies and procedures.

- 1.3 **Fidelity to Law, Regulation and Contract Obligations.** The UNA OGSP will operate within the authority provided by federal, state, and local law and regulation and the requirements of contractual obligations within awards. The OGSP will not deviate from the requirements of applicable laws and regulations in the course of business. The OGSP staff will not approve the submission of documents or any proposed activity that is in violation of any law or regulation, including but not limited to, financial transactions and reimbursement of expenditures by UNA personnel, or any third party under contract to UNA to perform grant funded activities, that do not comply with policy and regulation. Under rare circumstances, where a question arises regarding the interpretation of these requirements, OGSP policy will be first to seek guidance from internal subject matter experts before seeking guidance from external funders. The OGSP will authorize deviations from policy as interpreted by OGSP in rare circumstances, with written permission from the funder, and only with the concurrence of appropriate UNA legal, administrative, or financial personnel.
- 1.4 **Principal Investigator's Responsibility for Proposal Development and Award Administration; OGSP and OGCA to Assist.** Although the OGSP's role is to assist with the development of proposals and the administration of awards, and the execution of that responsibility entails certain checks and balances, the ultimate responsibility for adequately understanding and applying agency rules and regulations in the development of proposals and the administration of awards resides with the project's principal investigator. OGSP has a responsibility to research and resolve questions related to the application of policies and regulations, including the development of policy and policy interpretations to assist the PI, and has an obligation to apply these to the administration of awards. OGCA provides financial management and ensures compliance with contract requirements and university policies prior to authorizing financial transactions related to grants and contracts.
- 1.5 **Assumption of Responsibility.** In the event the PIs are unable to complete the terms of an agreement, the funder will be notified to determine if the project can be completed by another PI at the University, or whether the award may be transferred in whole or in part, or cancelled.
- 1.6 **Subrecipient Monitoring.** UNA shall be responsible for monitoring performance under external awards and ensuring that all project activity, including that of subrecipients, is compliant with award terms, conditions, and applicable regulations. OGSP shall be responsible for oversight of subrecipient monitoring. In some cases, it may be necessary to determine whether the University's relationship with a third party is that of a contractor-vendor or a recipient-subrecipient to ensure compliance with policies, and OGSP shall assist to determine when subrecipient monitoring is required. OGSP will ensure the subrecipient or its principal agents are not debarred or suspended from receiving federal funds, ensuring the identification of federal awards in subagreements, assist to advise subrecipients of requirements imposed on them by receipt of federal funds for the subaward; requiring access to subrecipient records, monitoring compliance with the terms of the subagreement, and assisting to assess and mitigate the risk of contracting with subrecipients.
- 1.7 **Official Communications.** Official communication with regard to grants and sponsored programs shall be by University email or by memo on University letterhead and signed by the appropriate official. Communications by other means, including telephone calls, text messaging, instant messaging applications, or personal communication may be used to communicate informally and expediently, but shall not be considered official communications for the purposes of

documentation or recordkeeping responsibilities of the OGSP and OGCA. The Office of Grants and Contracts Accounting shall receive and transmit all financial reporting. Other official communication will be transmitted by the Director of Grants and Sponsored Programs. PIs are encouraged to include OGSP in routine communications affecting award administration, as well as OGCA in correspondence affecting budgets and financial affairs.

- 1.8 Compliance Policies.** All grants and sponsored programs will follow The University of North Alabama's Drug-Free Workplace Policy; Policy on Conflict of Interest/Financial Disclosures in Research and Other Sponsored Programs; Human Subjects Research Policy; Animal Use Policy; Policy for Record Retention, Data Management, and Ownership; Research Misconduct; and Research Ethics Policy.
- 1.9 Covered Activities, Adoption and Amendments.** This policy shall be in effect for all externally funded grants and sponsored programs proposed, awarded, or accepted by the University of North Alabama. Gifts and donations without contracts and compliance requirements shall be exempt from this policy. This policy shall be in effect from the date of adoption by Shared Governance of the University of North Alabama. Any changes required by law may be approved by the General Counsel and updated with appropriate date of effect without approval by Shared Governance. Other changes that, in the opinion of General Counsel and with approval of the appropriate member(s) of the Executive Council, do not have substantive impact on the rights and responsibilities of employees, may be approved as editorial changes in accordance with the Shared Governance Document of the University of North Alabama.

1.10 Acronyms.

- 1.10.1** Code of Federal Regulations (CFR)
- 1.10.2** Institutional Base Salary (IBS)
- 1.10.3** Institutional Review Board (IRB)
- 1.10.4** Office of Grants and Contracts Accounting (OGCA)
- 1.10.5** Office of Grants and Sponsored Programs (OGSP)
- 1.10.6** Principal Investigator (PI)
- 1.10.7** University of North Alabama (UNA)

1.11 Definitions

- 1.11.1 Principal Investigator (PI), Co-Principal Investigator and Faculty Participants:** The Principal Investigator is the primary individual responsible for the preparation, conduct, and administration of a research grant, cooperative agreement, training or public service project, contract, or other sponsored project in compliance with applicable laws and regulations and institutional policies. Co-Principal Investigators (Co-PIs) are key personnel who may share responsibilities similar to the Principal Investigator while the PI has primary responsibility for the project, Co-PIs are also responsible for compliance. Faculty Participants are individuals who may participate in the project but who do not bear direct responsibility for compliance.
- 1.11.2 Institutional Base Salary (IBS)** is the total compensation provided to University personnel for the period of their annual employment contract (typically 9-months or 12-months). IBS includes any administrative supplements such as compensation received as chair of a department but excludes any overload,

overtime, or other additional pay and compensation. See 2.5.3.

- 1.11.3 Institutional Base Salary Rate** is the proportionate share of IBS for the period during which an employee works on an award.
- 1.11.4 Extra Service Pay** is compensation subject to University compensation policies for services above and beyond Institutional Base Salary.
- 1.11.5 Voluntary Committed Cost Share** additional resources voluntarily provided as a commitment to match an award, which become a contractual obligation of the University.
- 1.11.6 Voluntary Uncommitted Cost Share** additional resources voluntarily provided in support of an award, which are not a contractual obligation of the University.

2 Pre-Award Development Policies.

Introduction.

A proposal for external funding has many requirements and commitments that the University must review for compliance with University policies and for feasibility within constraints of current or projected operational needs. Budgets, work plans and proposals, cost sharing requirements, and faculty course releases, in particular, are of concern to financial and administrative officials and, therefore, appropriate personnel must be afforded time to review details regarding these and other aspects of the proposal prior to submission

- 2.1 General Roles and Responsibilities.** Responsibility for preparing a proposal rests with the faculty/staff acting as the Principal Investigator(s), along with the administrators of the University's Departments, Offices, Colleges and Divisions, whose work will be affected by the proposed activities. Prior approval is required by all parties affected by participation in a grant proposal.
 - 2.1.1 OGSP** will assist to locate funding and to coordinate planning and resources for grant proposals.
 - 2.1.2 The Principal Investigator** is responsible for the proposal and all of the content.
 - 2.1.3 The College Dean and Department Head (or Vice President)** must approve the use of resources within their division, including the use of space and financial resources awarded under a grant agreement.
- 2.2 Principal Investigator to Coordinate with OGSP.** The principal investigator is required to coordinate with OGSP for completing the budget and submitting the application. The PI has sole responsibility for the contents of the application and for developing all required supporting documents. However, PIs are strongly encouraged to notify OGSP of their research and grant interest well in advance of the submission deadline, as soon as possible, so that OGSP may assist with researching grant opportunities and help coordinate the planning necessary for the proposal. Beyond reviewing budgets and submitting the proposal, OGSP will assist with the review of proposals and preparing supporting documents at the request of the PI, subject to time and expertise available from OGSP.
- 2.3 Proposal Approvals Required, OGSP Review and Submission Required.** Administrative and financial staff must approve proposed use of University resources prior to submission to funding agencies. Where feasible, OGSP will submit all proposals regardless of the agency to which the proposal will be submitted. The Vice-President of Business and Financial Affairs must authorize the acceptance of all funding prior to submission to funding agencies. PIs are encouraged to

schedule a time for submission and to be present during submission by OGSP. Where direct submission is required or more practical, PIs must still provide copies of all proposal materials and proposal budgets to OGSP for review.

- 2.3.1 **Full Proposal Deadline.** Full proposals including final budgets and all supporting documentation must be received by OGSP at least 7 business days prior to the proposal deadline. OGSP staff will submit proposals at least 48 hours in advance of proposal deadline.
 - 2.3.2 **PI to Remain Available.** The PI must remain available to answer questions between submission of the proposal to OGSP and the final submission to the funder. At their request, the PI may be present for a final review of documents and the final submission. For last minute changes, OGSP will attempt to coordinate revisions with the PI and to resolve any issues identified during submission and final review; however, OGSP cannot be responsible for last minute changes, and may not always be able to accommodate these.
 - 2.3.3 **Effect of Missed Deadlines.** Failure to meet deadlines for submitting documents to OGSP may affect the submission of the proposal.
- 2.4 **Budget Preparation.** The following policies relate to the preparation of the proposal budget.
- 2.4.1 **Budget to Describe Proposal in Detail.** All proposal budgets must specify with sufficient detail the proposed activities by the University of North Alabama, its faculty and staff, or any contracts necessary to completing the scope of work.
 - 2.4.2 **Budgets to Be Approved.** Budgets must be approved by OGSP, OGCA, and the Vice-President of Business and Financial Affairs in advance of submission to the funding agency regardless of the agency to which the proposal will be submitted. A Request for External Funding Proposal Routing Form must be received not less than 7 business days in advance of the proposal deadline.
 - 2.4.3 **Treatment of Direct and Indirect Costs to Be Consistent.** Federal guidelines require the University to account for charges consistently. With rare exceptions, all charges that are considered direct or indirect costs will be treated consistently as direct or indirect costs. The only exceptions will be those narrowly allowed by federal guidelines and provided for in the written contract or agreement.
 - 2.4.4 **Cost Sharing.** Cost sharing provided by the University of North Alabama must be approved by the appropriate cost center head and the Vice-President of Business and Financial Affairs prior to submission of any proposal. The university does not normally provide voluntary committed cost share above the committed cost share that is required by a program sponsor, but may do so in circumstances where it favors the University, for example, when additional cost share results in greater competitiveness.
 - 2.4.5 **Cost share in excess of \$250,000 per year (\$500,000 aggregate) per vendor to be approved by the University Board of Trustees.** The UNA Board of Trustees must approve all contractual relationships and other legal obligations with an annual expenditure of \$250,000 or more per vendor or of \$500,000 total aggregate per vendor executed in the name of the University of North Alabama. Notice of cost share in excess of these thresholds must be provided at least 90 days in advance of the proposal deadline, or with sufficient time to obtain approval. PIs must plan well in advance for programs with this magnitude of cost

sharing required.

- 2.4.6 **Cost Share Tracking.** Salaries and other costs provided as mandatory committed or voluntary committed cost share shall be documented and accounted separately from other departmental expenditures.
- 2.5 **Personnel Considerations for Proposals.** The following policies relate to personnel costs included in proposals, including financial and administrative requirements for funding personnel costs in grants and sponsored programs. (See CFR 200.430)
 - 2.5.1 **Salary to Include Allowance for Fringe Benefits.** All salary budgets must include an allowance for a proportionate share of fringe benefits to be paid as direct costs from grant direct funds.
 - 2.5.2 **Salary Budgets to Reflect Estimate of Time and Effort and Base Salary Rate.** All salary budgets are to reflect the employee's effort to be compensated from grant funds as a proportionate share of the employee's institutional base salary.
 - 2.5.3 **Institutional Base Salary and Institutional Base Salary Rate.** Institutional base salary (IBS) is the total compensation provided to University personnel for the period of their annual employment contract (typically 9-months or 12-months). IBS includes any administrative supplements such as compensation received as chair of a department but excludes any overload, overtime, or other additional pay and compensation. Institutional base salary rate shall be the proportionate share of the IBS for the period during which the employee worked on an award.
 - 2.5.4 **Academic Year Defined.** The academic year shall reflect the contract period for each employee, which is typically either 9 months or 12 months for faculty and 12 months for staff employees.
 - 2.5.5 **Grants Prohibited from Increasing Institutional Base Salary.** Direct salary charges to federally funded grants and sponsored research awards will be proportionate to the share of time and effort expended and will be compensated at a rate that does not exceed the employee's institutional base salary rate, except as permitted for interdepartmental consultation. The acquisition or use of grant funds may not solely justify an increase the institutional base salary of employees.
 - 2.5.6 **Payment of Extra Service Pay to Faculty During the Academic Year.** Extra service pay is allowed during the academic year, which is normally the full 9 or 12 month period of appointment, and will be paid out at a rate not to exceed institutional base salary rate proportionate to the time and effort expended outside of normal business hours. Faculty on either 9-month or 12-month appointment must certify normal business hours upon request for payment of stipends for extra service pay.
 - 2.5.7 **Payment of Stipends to Faculty for Periods Outside the Academic Year (Summer Pay).** Faculty on 9-month appointments may be compensated in excess of normal academic year institutional base salary for sponsored research and grant funded activities that take place outside of the academic year, typically during summer months. A faculty member on 9-month appointment may request up to one-third (1/3) of the academic year institutional base salary to be compensated outside of the academic year. Total income earned as extra compensation for periods outside of the academic year, including pay for

summer teaching, may not exceed 1/3 of the academic year institutional base salary. Compensation received for course overloads, online course development, and large class overloads are not counted in the one-third (1/3) salary cap.

- 2.5.8 Intra-Institution of Higher Education Consulting.** Intra-Institution of Higher Education (IHE) consulting is assumed to be undertaken as an obligation requiring no additional compensation for faculty or staff. However, in unusual cases where the IHE consulting takes place across departmental lines and the work performed is in addition to regular responsibilities and has received approval from the funder, charges for consulting will be allowed at the IBS rate and in addition to normal compensation provided charges are reasonable in comparison to charges for similar services.
- 2.5.9 Course Releases.** A faculty member may request a course release to provide time to work on an externally funded research project or grant. The Department Chair and Dean must approve all course releases whether they are to be paid from grant funds or from internal resources. Course releases included in a proposal budget shall be estimated at a rate of 1/8th of the faculty member's institutional base salary, plus a proportionate share of the cost of fringe benefits, for each course release during the academic year. Funds for releases may be provided from grant or institutional funds. Funds from the same grant may not normally be used for both course release and extra service pay for the same individual at the same time.
- 2.5.10 Restrictions on Salary Expenditures by Certain Agencies.** Certain agencies restrict the amount of grant funds that can be expended on salaries, e.g. NSF restricts total salary compensation to 2 months of an investigator's Institutional Base Salary. Responsibility for budgeting appropriately for the program rests with the application's principal investigator. OGSP will assist to estimate costs and to develop budgets in compliance with all applicable requirements the application's principal investigator.
- 2.5.11 Level of Effort Required for Grants and Sponsored Programs Permitting Direct Salary Payments (Cost Share and Voluntary Committed Cost Share).** Each funded project will require some effort from the principal investigator and other personnel. Where programs permit direct salary charges, the budget proposal shall reflect the level of effort required to conduct program activities and shall include any effort contributed as cost share. Level of effort provided to support grants and sponsored projects is generally aligned with the level of direct salary funding available within the award. However, there are circumstances where cost sharing is a mandatory feature of an award. When this level of effort will be provided as salaries, fringe benefits, or indirect costs that are paid by UNA and provided as cost share or matching funds, then the cost share shall be approved prior to the submission of the proposal, and it shall be included within the proposal or grant agreement. Salaries and other costs provided as mandatory cost share or voluntary committed cost share shall be documented and tracked separately from other departmental expenditures and shall be included in time and effort reported.
- 2.5.12 Level of Effort Required for Programs Without Cost Share Requirements or That May Limit Direct Salaries (Voluntary Uncommitted Cost Share).** If direct salary

payments are restricted by the funder or no cost share is required, then effort may not be committed as voluntary committed cost share above that which is required by the sponsor. The effort actually provided in support of an award then becomes voluntary uncommitted cost share, and the University does not require tracking such contributions as cost share, nor are these considered within time and effort reporting.

- 2.5.13 **Restrictions on Direct Charges for Clerical and Administrative Staff.** The salaries of clerical and administrative staff should normally be treated as indirect costs. Direct charges for these costs may be appropriate if *all* of the following conditions are met: the services are integral to the project, the personnel involved can be specifically identified with the project or activity, such costs are explicitly allowed in the federal award or contract, and the costs are not included or recovered through indirect costs.

2.6 Indirect Cost Considerations for Proposals. The following policies apply to indirect cost recovery in grant and sponsored program proposals.

- 2.6.1 **Proposals to Include Indirect Cost Recovery.** All grant proposals are to include the full negotiated cost recovery rate currently in effect for the university of North Alabama unless specific rules for the funder do not allow for full cost recovery or approval has been obtained from the funder and the University to utilize indirect cost as cost sharing for a proposal.
- 2.6.2 **Alternative Indirect Cost Rates and Indirect Cost Recovery.** Alternative indirect cost recovery must be disclosed as part of the grant budget. Alternative indirect cost considerations may affect the rate of indirect cost distributed to principal investigators and other recipients of indirect cost share upon completion of a project.
- 2.6.3 **On Campus and Off Campus Indirect Costs.** Where program activities take place substantially on campus (including within any facility owned by UNA), the proposal budget shall use the indirect cost rate for on campus activities. Where program activities take place substantially off campus, the proposal budget may use the off campus indirect cost rate. Where activities take place on campus and off campus, the proposal shall use the single rate that represents the greatest share of the indirect basis (typically salary and fringe benefits paid) paid at that location. Rates are available on the OGCA website.
- 2.6.4 **Indirect Cost Distributions.** At the conclusion of a grant, accrued indirect costs shall be allocated per the Indirect Cost Distribution Policy.
- 2.6.5 **Negotiations Related to Indirect Cost Distributions.** Any recipient of indirect cost recovery funds may notify OGSP of their desire to forgo a portion or all of the indirect cost recovered under a grant award. Any changes to indirect cost where a portion of the cost would be voluntarily waived must be approved by the appropriate stakeholder including the Vice-President of Business Affairs, Dean, and Department head. Where indirect cost rates are reduced or are entirely disallowed by the funder, the University reserves the right to reduce indirect cost disbursements for that program or contract in the following order of priority, from first to be reduced to last: Principal Investigator, Department, College Dean, Office of Grants and Sponsored Programs, Office of Business and Financial

Affairs. Where indirect costs are reduced or disallowed, the Department Chair or Dean or Cost Center Head may authorize OGSP to capture and transfer a portion of the PIs indirect cost share from any program in order to pay departmental overhead and indirect costs of grants.

- 2.7 Other Considerations for Proposals.** The following policies apply to other considerations which may be important for proposal development.
- 2.7.1 Data Management Plan.** Every proposal must anticipate the data collection, storage, and retention needs of the project. Federal regulations require retention of financial and research data for a minimum of 3 years; however, agency or research-specific aims may require longer periods, and specific events may trigger longer retention requirements. Many proposals require a formal data management plan. Regardless of the requirement to submit a data management plan, each proposal should anticipate the requirements of the funder and the university about the physical, digital, or other storage of financial and other related data, as well as the retention of results upon separation of the PI from UNA service. All data management shall be compliant with the UNA Policy for Record Retention, Data Management, and Ownership.
 - 2.7.2 Equipment Costs.** Items of equipment (as defined by UNA policy, see purchasing website) require special consideration. Questions related to equipment purchases may be addressed to purchasing@una.edu
 - 2.7.3 Computer Equipment Purchases.** Computer equipment purchases must be coordinated with the UNA Information Technology Services; therefore, prior review of proposed computer equipment purchases is required.
 - 2.7.4 Certain Direct Charges Disallowed.** Items such as office supplies, postage, local telephone costs, and memberships are normally treated as indirect costs in federal awards. However, narrow circumstances may exist where these and similar charges are permitted when those costs are above normal costs and can be directly allocated to an award. Exceptions must be in writing and included in the grant agreement from the funding agency.
 - 2.7.5 Travel.** All travel expensed to grants and sponsored awards must follow the University of North Alabama's Travel Policies. Exceptions may be authorized by certain funders for certain subrecipients and contractors, however, these must be specified in the grant agreement. In certain circumstances, a funding agency may apply a stricter standard than the University, in which case reimbursement will be limited to the amount allowable by the award, except where separate funds are committed (e.g. from departmental resources) to pay the difference in costs allowable by funder and those allowable by UNA.
 - 2.7.6 Subrecipient Contracts.** Costs specified for subrecipient contracts must be included in the proposal budget and the award or agreement. Subrecipients and contractors are governed by the terms and conditions of grants and sponsored agreements and must demonstrate compliance. Subrecipient contracts must be properly procured even when specific vendors or subrecipients are specified within the award.
 - 2.7.7 Program Income.** Income generated by the grant must be considered carefully in its application to the award. For many awards, program income may not be used

as match or cost share against the award that generated it and must be reduced from the total of funds to be reimbursed by the funder. Where income will be generated by an award, contact OGSP for guidance on budgeting and managing the funds.

- 2.7.8 Scholarships. The cost of scholarships is allowed if the purpose of the program is to provide training; however, scholarships and tuition payments are allowed as compensation for graduate students in certain circumstances (2 CFR § 200.466).
- 2.7.9 Office of University Advancement and UNA Foundation Involvement in Awards. Where UNA Foundation is engaged as part of an award, all proposals must have approval of the UNA Office of University Advancement. Prior to submission of a proposal requiring the participation of the UNA Foundation, OGSP and the Office of University Advancement must determine the responsibility for managing the award, the location of accounts for funding, and the stipulations for UNA Foundation's participation.

3 Post Award Management and Compliance Policies

Introduction.

Responsibility for administering an award is shared by OGSP, the Office of Grants & Contracts Accounting (OGCA), and faculty/staff acting as the Principal Investigator(s), along with the administrators of the University's Departments, Offices, Colleges and Divisions, whose authorization is required for the administration of financial and other tasks associated with a grant's scope of work. The Office of Grants & Contracts Accounting is responsible for monitoring and oversight of all post-award financial transactions. Grant administration, potentially, interacts with every aspects of University administration, from finance, purchasing and procurement, human resources, facilities administration, to public relations and marketing, and many more. The role of the PI is to have overall responsibility for the award, while OGSP serves as a resource to both navigate the University's administrative processes and to enforce policies that protect the University in cooperation with the Office of Grants & Contracts Accounting. The website of the [Office of Grants & Contracts Accounting](#) maintains an up to date list of post-award finance procedures, which should be monitored by PIs.

- 3.1 Establishing a New Award. Prior to commencing any funded activities under a new award, the award must be officially accepted and established within the University's financial management system.
 - 3.1.1 PI to Notify OGSP of New Award. As soon as practicable upon being notified that an award has been approved by the funder, the Principal Investigator shall notify OGSP. The PI should be aware of any contracting requirements, signatures to be obtained, and deadlines to be met to accept the award.
 - 3.1.2 OGSP to Coordinate Acceptance. The OGSP will obtain all necessary signatures and, if required, will provide an official acceptance to the funding agency. Authorization of the Vice President of Business and Financial Affairs or President of the University are required for the acceptance of all external funding.
 - 3.1.3 OGSP to Participate in Any Contract Negotiations. The OGSP must participate in contract negotiations, sharing responsibility with the PI to ensure that no contract clauses are beyond the capacity of the University.

- 3.1.4 **OGSP to Request Banner Account.** Upon acceptance of an award, OGSP will provide a copy of the signed contract or award agreement, a copy of the award budget, budget narrative, and a request to establish an account for financial management in Banner to the Controller's Office, which will initiate the establishment of the fund by OGCA.
- 3.1.4.1 **Negotiated Indirect Costs.** Indirect costs that have been negotiated with the sponsor or internally must be indicated prior to the establishment of a new Banner account.
- 3.1.5 **PI to Participate in Kickoff Meeting with OGSP and OGCA.** As soon as practicable following the establishment of a new award, the PI and his/her administrative assistants, if any, as well as any other person to be involved in the management of the award, shall meet with the Director of OGSP and the Office of Grants & Contracts Accounting to hold a kickoff meeting. The kickoff meeting will provide an orientation of the project scope of work, contractual requirements, likely expenditures, budget constraints, and review other compliance and financial management requirements anticipated in the execution of the award.
- 3.1.6 **PI to Execute Statement of Agreement or Assignment Approvals.** In accordance with the University's policies for faculty and staff research and consulting activities, the PI shall ensure that the appropriate Statement of Agreement or other assignment approvals are secured prior to commencing any work on a grant or sponsored project.
- 3.2 **Time and Effort Reporting.** The use of federal funds in grants and sponsored programs at the University of North Alabama carries the federal requirement (2 CFR 200.430) to maintain adequate internal controls to ensure that the compensation from federal funds is no greater than the proportionate share of the employee's salary earned in devotion to the sponsored or grant funded program. UNA uses an after-the-fact reporting system to certify effort expended on all sponsored projects, including non-federal programs. Each employee compensated with any funds from grants and sponsored programs first assigns effort as a payroll distribution based on anticipated activities or one-time pay request based on services performed. Responsible parties (typically employee and principal investigator) then certify the time and effort after they have been compensated from the project. Time and effort certification need not be perfect, but it must be a reasonable estimate of the time and effort expended. Additional guidance on Time and Effort Certification procedures can be found on the website of the [Office of Grants & Contracts Accounting](#).
- 3.3 **Financial Oversight.** The Principal Investigator is to maintain direct oversight of all activities and expenditures for awards and contracts. The Principal Investigator is the individual primarily responsible for the management of the grant award or sponsored research project, including financial management. While the PI may have assistance, the PI must maintain oversight of all activities and expenditures; therefore, the delegation of financial responsibility is not allowed. To ensure fiscal control, the PI will be required to provide direct approvals, either electronically by approved methods or by direct signature, of all activities and expenditures related to grants and sponsored research.
 - 3.3.1 **The Principal Investigator to Monitor Budgets, Obligations, and Expenditures.** The PI is responsible for monitoring and oversight of expenditures and must review budgets, financial obligations, and expenditures to ensure conformity with approved budgets and to detect errors and irregularities.

- 3.3.2 Regular Review of Budgets Required.** The PI shall monitor budgets and expenditures regularly, preferably once each month, but no less frequently than each quarter, to ensure conformity, identify irregularities, and to evaluate progress toward completion of the terms of the award within the period of performance.
- 3.3.3 General Conditions of Fiscal Control.** Grant awards shall be managed in accordance with the following policies:
- 3.3.3.1** All expenditures made under grant awards or contract, including under subrecipient contracts, shall be necessary, reasonable, and allocable in accordance with federal regulations and the terms and conditions of an approved contract. No expenditures of funds shall be made under a grant award or contract until a valid contract has been executed and a fund has been established in Banner, unless prior authorization for pre-award costs has been approved by the funder and the Vice President of Business and Financial Affairs.
- 3.3.3.2** All subrecipient expenditures shall be made on a cost reimbursable basis.
- 3.3.3.3** All expenditures shall be made during the period of performance of the contract. All invoices from vendors or subrecipients shall be presented for goods purchased or services rendered during the term of an approved contract.
- 3.3.3.4** All expenditures shall be made within the terms of an approved budget.
- 3.3.3.5** Requests for reimbursement of any expenditures, including travel, purchase card, purchase orders, payment requisitions, and personnel action forms, must be submitted within 60 days of expenditure and/or effort date, except that the following shall apply within the final month of a contract:
- All non-payroll related expenditures are due within 3 days of project end.
 - In the event that a personnel action is for the PI, certification must come from a Co-PI or the PI's supervisor.
 - Requests submitted after the policy deadlines are subject to non-payment due to reporting restrictions from funding agencies.
- 3.3.3.6** All required cost share shall be committed to the project prior to expenditure of any funds for which cost share is required.
- 3.3.4 The Principal Investigator Solely Responsible for Certain Actions.** The Principal Investigator is solely responsible for initiating certain actions taken with respect to awards and contract for grants and sponsored research. These include initiating and approving the following:
- 3.3.4.1 Personnel Action Forms.** A PAF is used to establish or change a payroll distribution. PAFs are used to set up payroll assignments, which are recurring charges for salaries that are distributed across one or more programs in regular, established percentages, and to request one-time payments for stipends to be paid from grant funds. PAFs must be approved by OGSP and OGCA. In the event a PAF is for the PI, the PAF must also be approved by the PI's supervisor.
- 3.3.4.2 Time and Effort Reporting.** The PI is responsible for certifying all time and effort reports for grant funded projects.

- 3.3.4.3 **Payment Requisitions.** The PI is responsible for initiating all payment requisitions. Guidelines and forms for Payment Requisitions can be found at the website of the UNA [Controller's Office](#).
- 3.3.4.4 **Purchasing Card Payment Requisitions.** PIs are responsible for managing purchases made with a P Card issued for an account using grants or sponsored programs. The PI is solely authorized to make purchases with the P Card. Proxies may be allowed to upload supporting documents, but these must bear the signature or electronic approval of the PI to ensure the charges were properly authorized.
- 3.3.4.5 **Purchase Order Requisitions.** The PI is responsible for authorizing Purchase Order Requisitions. Procedures for Purchase Order Requisitions may be found on the website of the UNA [Purchasing Office](#).
- 3.3.4.6 **Payment for Invoices.** Invoices must be approved by the PI prior to payment. Procedures for the Payment of Invoices may be found on the website of the UNA [Purchasing Office](#).
- 3.3.4.7 **Travel Requests.** The PI's signature must accompany all travel requests along with the signature of the traveler (if other than the PI) and all supporting documents. UNA travel policies apply to all travel, regardless of funding source. In the event a travel request is for the UNA personnel, the request must also be approved by the individual's supervisor.
- 3.3.4.8 **Budget Adjustments.** Requests for adjustments to budgets must be made by the PI and must be accompanied by a contract authorizing the adjustment or the approval of the funder to reallocate funds within the project budget and must be submitted to the Office of Grants & Contracts Accounting.
- 3.3.4.9 **Cost Reallocation.** Requests to reallocate costs to or from a grant or sponsored program must come from the PI and must be submitted to the Office of Grants & Contracts Accounting. Reallocation should be rare and exceptional with proper oversight and financial management.
- 3.3.4.10 **No Cost Extensions.** The PI must originate requests for time extensions.
- 3.3.4.11 **Progress Reports.** The PI is responsible for agency progress reports. The Office of Grants & Contracts Accounting will perform financial reporting to request reimbursements on behalf of the University; however, PIs are required to maintain adequate progress reporting to funders in order to maintain compliance and documentation for regular reimbursement requests.

- 3.3.5 **Cost Share Tracking.** Salaries and other costs provided as cost share shall be documented and accounted separately from other departmental expenditures.

3.4 **Procurement Actions.** Purchases are subject to the UNA Procurement Policies and any additional requirements of the grant agreement. Specific procurement related policies may be found on the website of UNA [Purchasing Office](#).

3.5 **Award Actions Requiring Prior Approval.** Many actions may require prior approval of the funder prior to being allowed within a grant or sponsored program. A list of common actions is provided below. However, check with the funder to ensure a proposed activity does not require approval. For any action requiring prior approval, OGSP must be notified of the action and must certify that all of the University's

internal approvals have been granted for that action. Activities affecting budgets, whether or not these require prior approval, must be disclosed to OGSP prior to authorizing any expenditure of funds.

- 3.5.1 **Budget Changes.** Recipients are often allowed to make minor revisions to budgets under agency's standard terms and conditions or as a result of agency policy. Changes outside of the allowable alterations require prior approval of the funder.
- 3.5.2 **Changes to Scope of Work.** Changes that affect the scope of work, period of performance, or the projects results or outcomes of the project may require prior approval.
- 3.5.3 **Assignment of New Principal Investigator.** The removal or replacement of PI or senior personnel from a grant or sponsored program will typically require the approval of the funding agency.

3.6 Grant Closeout Policies. Closeout policies may vary by funder and will be determined on a project basis and reviewed with PIs. As a courtesy, OGCA monitors contract end dates, provides notices of upcoming closing dates to PIs at 90 and 30 days from the end of the period of performance, and initiates project closeout at the end of the award. The PI must notify OGCA of any events that would affect closeout such as early completion of grant activities. Additional information on the closeout process may be found at the website of the [Office of Grants & Contracts Accounting](#).

- 3.6.1 **Indirect Cost Distribution.** Indirect cost (if applicable) will be allocated to the home department of the grant at the termination of the award as part of the closeout procedures. At the completion of the grant, accrued indirect cost recovery will be allocated as follows: Vice President of Business and Financial Affairs (50%), Office of Grants and Sponsored Programs (10%), Principal Investigator (15%), Department (15%), and Dean (10%). Indirect costs may be allocated differently with prior approval of authorized personnel.
- 3.6.2 **Residuals.** Upon request, any unused funds that the University may be allowed to retain shall be placed in a fund to be used for the original grant's purposes. Funds not expended by the PI within 2 years shall be allocated to the Dean of the College.
- 3.6.3 **Notifications for Human Subjects Review and Animal Use Committee.** For research involving human subjects or animals, the PI must notify the chair of the human Subjects Review Committee and the Animal Use Committee of project completion.
- 3.6.4 **Data Management.** The PI must ensure that data storage, retention, and access is compliant with all UNA and other policies. Retention is required for a minimum of 3 years; however, certain circumstances may lengthen this requirement.

DRAFT

***University of North Alabama
Patent Policy***

Prepared for
The University of North Alabama

By
The Office of Grants and Sponsored Programs
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Staff Senate:

Student Government Association Senate:

Patent Policy

I. Purpose

In the course of research and scholarship activities conducted at The University of North Alabama (UNA or the University), new discoveries and inventions will develop. UNA is dedicated to ensuring the public service mission of the university is served through the development of patents and intellectual property rights related to scientific discoveries and inventions. Patent laws and legal ownership rights are an important tool for maintaining accountability and oversight of discoveries and inventions made with support from the University. Employees and students may require assistance evaluating the patentability of new discoveries and inventions and pursuing patents where they may reasonably result in benefits such as future royalties. Questions of ownership may be uncertain as a result of sponsorship or use of facilities in partnership with other entities than UNA, which may require substantial guidance to resolve. The purpose of this policy is to protect the public interest by applying reasonable standards to the development of patents to ensure equity and ownership of new discoveries and inventions that may be generated by UNA, to specify the rights of parties to inventions and discoveries, and to establish a procedure to determine the equity, ownership, and patentability of such inventions and discoveries.

II. Policy and Procedure

A. UNA policies shall encourage and promote inventions and discoveries and provide for their disclosure and ownership for the public benefit. UNA's participation in the production of new inventions through support for research and facilities creates an equity position in new inventions and it is reasonable for UNA to share in the benefits of such inventions, including reimbursement of reasonable expenses. Therefore, UNA will participate in the patent process and commercialization of inventions where such activities and inventions are judged to be sound investments of University resources. Activities undertaken will be performed in the interest of the public, the inventor, and the University.

B. The Vice-President for Academic Affairs and Provost (VPAA) of the University shall administer this policy and may appoint a patent administrator to administer this policy.

C. Adherence to this patent policy shall be a condition of employment at the University of North Alabama for all employees regardless of status of their employment, including student employees, all faculty and staff, and contract employees. This policy shall apply to all students enrolled and attending the University of North Alabama. Its contractual obligations shall extend beyond employment and attendance and continue in perpetuity as necessary to enforce its provisions.

D. Any invention or discovery which is the result of research carried on by or under the direction of an employee of the University and/or having the costs thereof paid from funds provided by, controlled or administered by the University, or which is made by an employee of the University and which relates to the employee's field of work, or which has been developed in whole or in part by the utilization of resources or facilities belonging to the University, shall be the property of the University, subject to the ownership principles set out below. These principles are presented in order of precedence for clarity and when one applies the higher ordered principles shall not apply. In order of precedence, ownership of intellectual property shall be specified as follows:

(1.) Sponsored Project Agreements: The University may negotiate and sign Sponsored Project Agreements including contracts and grants between external sponsors such as corporations,

government agencies or foundations and the University that specify completely or partially the ownership of Intellectual Property created as a result of specific sponsored projects. This category includes ownership requirements that result from a government funding source by operation of law (e.g., laws pertaining to Intellectual Property created using federal funds). All individuals working on a project under such a Sponsored Project Agreement shall be notified in advance of the terms of ownership in said agreement for any Intellectual Property they may create during the project. Although most sponsored project agreements would be for funded research projects, they should be available for other kinds of work including pro bono projects.

(2.) Individual Project Agreements: The University may negotiate and sign Individual Project Agreements between the University and an individual member(s) of the faculty, staff or student(s) that specify completely or partially the ownership of Intellectual Property created as a result of work conducted on a specific project. Individual Project Agreements by the University and potential creators are encouraged especially in situations that lack precedent and do not naturally fit into standard Intellectual Property practices.

(3.) University Sponsored Projects: The University may initiate and fund specific projects that produce Intellectual Property and shall own the Intellectual Property created as a result of such projects. Whether or not a project should be undertaken as a University Sponsored Project shall be determined by the purpose of the work and not the form of the Intellectual Property to be created. In particular, the University shall own Intellectual Property created by University employees and students who were assigned or employed specifically to produce (work-for-hire) a particular piece of Intellectual Property. The financial terms or other terms of support for University Sponsored Projects can vary from project to project as long as the participants are properly informed of the terms of the agreement for the project before they begin work on it.

(4.) Traditional Academic Rights: In keeping with academic traditions at the University, the creator shall retain ownership to the following types of Intellectual Property, without limitation unless part of an agreement under the above principles of ownership: books (fiction, nonfiction, poetry, textbooks etc.), articles, poems, published standardized tests, student papers (theses, term papers, reports, exams, etc.) musical works, dramatic works including any accompanying music, pantomimes and choreographic works, pictorial, graphic and sculptural works, motion pictures, video recordings, and sound recordings. This provision does not automatically include computer software, databases, and other electronic media because no academic tradition exists for them. Until standard practices emerge creators of any innovative Intellectual Property are encouraged to pursue Individual Project Agreements with the University.

(5.) Consulting Agreements: Intellectual Property created by University personnel who are consulting with external entities (corporations, businesses, government agencies, foundations, etc.) without making essential use of University funds, resources or facilities and while abiding by University policies on consulting is presumed retained by the external entity or the individuals as specified by the terms of the consulting agreement. Student employment with external entities will be considered as consulting under this policy, and externally employed students will be responsible for respecting the Intellectual Property policies of both the University and their employers.

(6.) Independent Projects: Any Intellectual Property created by a University employee that is not part of its creator's employment responsibilities and that is developed on his/her own time

without making essential use of University funds, resources or facilities shall be owned by the creator.

When a student creates Intellectual Property independently, using only resources available in common to all students such Intellectual Property is owned by the student. However, Intellectual Property created by a student(s) when working for pay or academic credit, or voluntarily working on faculty projects or University Sponsored Projects is subject to the other six ownership principles.

(7.) Other Intellectual Property Generated by University Activities: University personnel and/or students frequently produce Intellectual Property from their work within the scope of the mission of the University that is not covered by the above ownership principles. The University shall be the owner of Intellectual Property, when its ownership is not governed by any of the previous items and when said Intellectual Property was created within the normal scope of employment and/or study or a direct result thereof, and shall share any revenues from it as prescribed in section H. The creator of any Intellectual Property that is or might be owned by the University under this policy is required to make reasonably prompt written disclosure of the work to the University. Depending on the nature of this Intellectual Property, it may be subject to patent or copyright policies.

The applicability of the above stated criteria to any invention or discovery will be determined at the sole discretion of the VPAA or his/her designee..

E. Each faculty member, employee and student agrees to report to the VPAA or patent administrator so designated by the VPAA any invention or discovery that such faculty member, employee or student has conceived, discovered, developed and/or reduced to practice at any time following their initial appointment, employment, or enrollment with the University. All inventions and discoveries are hereby assigned according to section II.D. Faculty members, employees and students do not have the authority to assign University rights in such inventions and discoveries to third parties. The patent administrator so designated by the VPAA shall manage and commercialize such inventions and discoveries with the technical support of the faculty member, employee, or student. The University may contract with the inventor to facilitate and provide technical support for commercialization following their appointment, employment, or enrollment at UNA. The VPAA is authorized to further assign any invention or discovery UNA is deemed to own pursuant to this policy to a designated nonprofit organization established for the benefit of the respective campus of the University, which said assignment shall be conditioned on full compliance with this policy, regulations promulgated hereunder by the University, and appropriate state and federal law.

F. If the invention or discovery is one which is determined to be owned by the University, the VPAA or his/her designee shall further evaluate the invention or discovery and determine if and how best to develop, commercialize and protect the invention as he/she deems appropriate, including, but not limited to, specifying the form and procedures for disclosure and recordkeeping, applying for patent protection, or requesting further development of the invention or discovery, or referring the invention to outside counsel for further evaluation. In making this determination, the benefits that might accrue to both the University and the inventor(s) shall be considered. The designee shall act promptly in carrying out these duties so that the rights of the inventor(s) and the University may be protected.

G. If it is determined that the invention or discovery is one which is owned by the University pursuant to this policy but is one in which the University has no interest in retaining ownership, the University (or the non-profit organization to which an invention may have been assigned in accordance with the terms of this policy) may release its ownership rights to the inventor(s) on terms and conditions determined by the VPAA or his/her designee, subject to any third party rights. Neither the University nor any nonprofit entity to which ownership may have been assigned in accordance with this policy is obligated whatsoever under any circumstances to release any right of ownership.

H. In consideration of the assignment of ownership to the University as set forth in this policy, the VPAA or his/her designees are authorized to pay to the inventors, their heirs or assigns, fifty percent of the royalties, fees, or other financial returns received by the University (or the non-profit organization to which an invention may have been assigned in accordance with the terms of this policy) from such invention after a deduction of fifteen percent (15%) thereof for overhead costs, plus a deduction for costs of patenting and protection of intellectual property rights and any unusual expenses paid by the University or its non-profit designee or the inventor (which have been approved by the University or its non-profit designee).

I. Annual reports of patent matters will be made to the Board of Trustees for their information within 180 days following the end of each fiscal year, to include as a minimum identification of each patent and patent applied for, the distribution of patent revenue including the share going to the inventor, and the expenses of obtaining and managing patents. The VPAA may prescribe the appropriate format for such reports.

The Office of Grants and Sponsored Programs is responsible for the review of this policy every four years or as needed.

This policy was adapted in part from policies of the University of Alabama at Birmingham and Lehigh University.